

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 27 May 2025** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	Welcome, Apologies and Confirmation of Quorum		09.30
2.	Declaration(s) of Interest(s)		
3.	(a) <u>Minute of Forth Valley NHS Board meeting held on 25 March 2025</u> (b) <u>Minute of Special Meeting of Forth Valley NHS Board held on 29 April 2025</u>	For Ratification Pages 5 to 32	
4.	<u>Matters Arising from the Minute / Action Log</u>	For Approval Pages 33 to 37	
5.	Chair's Report (Verbal update by Ms Neena Mahal, Board Chair)	For Discussion	9.40
6.	<u>Board Executive Team Report</u> (Paper presented by Professor Ross McGuffie, Chief Executive)	For Discussion Pages 38 to 42	9.50
7. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD			10.00
Governance Committee Minutes			
7.1	<u>Audit & Risk Committee – 28 March 2025</u> (Presented by Cllr Fiona Collie, Committee Chair)	For Assurance Pages 43 to 52	
7.2	<u>Clinical Governance Committee – Minute of Meeting of 11 March 2025 and Verbal Update from Meeting of 6 May 2025</u> (Presented by Mr John Stuart, Committee Chair)	For Assurance Pages 53 to 65	
7.3	<u>Staff Governance Committee – Minute of Meeting of 14 March 2025 and Verbal Update from Meeting of 13 May 2025</u> (Presented by Mr Martin Fairbairn, Committee Chair)	For Assurance Pages 66 to 76	
7.4	<u>Strategic Planning, Performance & Resources Committee – Minute of Meeting of 29 April 2025</u> (Presented by Ms Neena Mahal, Committee Chair)	For Assurance Pages 77 to 91	
Advisory Committee Minutes			
7.5	<u>Area Clinical Forum – 13 March 2025 and Verbal Update from Meeting of 15 May 2025</u> (Presented by Ms Kirstin Cassells, ACF Chair)	For Noting Pages 92 to 97	

7.6	<u>Area Partnership Forum Minute – 25 February 2025 and Verbal Update from Meeting of 22 April 2025</u> (Presented by Mr Robert Clark, APF Co-Chair)	For Noting Pages 98 to 104	
FOR APPROVAL			
8.	<u>Strategic Risk Register Update – March – May 2025</u> (Paper presented by Ms Vicky Webb, Corporate Risk Manager)	For Approval Pages 105 to 127	10.20
9.	<u>Escalation Assurance Report</u> (Paper presented by Professor Ross McGuffie, Chief Executive and Ms Neena Mahal, Board Chair)	For Approval Pages 128 to 156	10.30
10.	<u>Model Hours for Pharmacy</u> (Paper presented by Ms Gail Woodcock, Chief Officer Falkirk HSCP)	For Approval Pages 157 to 173	10.50
11.	<u>Pharmaceutical Care Services Plan</u> (Paper presented by Ms Laura Byrne, Director of Pharmacy and Ms Kirstin Cassells, Lead Pharmacist: Community Pharmacy, Public Health and Integrated Services)	For Approval Pages 174 to 218	11.05
BREAK 11.20 to 11.35			
12.	<u>Digital Delivery Plan 2025-2026</u> (Paper presented by Mr Scott Jaffray, Director of Digital)	For Approval Pages 219 to 240	11.35
FOR DISCUSSION & ASSURANCE			
13.	<u>Performance Report</u> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Assurance Pages 241 to 262	11.45
14.	<u>Shifting the Balance of Care</u> (Paper presented by Ms Gail Woodcock, Chief Officer Falkirk HSCP)	For Assurance Pages 263 to 275	12.00
15.	<u>Finance Report</u> (Paper presented by Mr Scott Urquhart, Director of Finance)	For Assurance Pages 276 to 282	12.15
16.	<u>Celebrating Success – Nursing Workforce Review</u> (Paper presented by Professor Karen Goudie, Director of Nursing)	For Assurance Pages 283 to 291	12.25
17.	Update on Safety: (a) <u>Quality Assurance and Improvement Report</u> (Paper presented by Mr Andrew Murray, Medical Director and Professor Frances Dodd, Executive Nursing Director) (b) <u>Healthcare Associated Infection (HAI) Report April 2025</u> (Paper presented by Mr Jonathan Horwood, Infection Control Manager & Clinical Lead)	For Assurance Pages 292 to 306 Pages 307 to 334	12.45

18.	Whistleblowing (a) Annual Report (b) Standards and Activity Report (Papers presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance Pages 335 to 354 Pages 355 to 364	1.00
19.	Schedule of Business (Paper presented by Mr Jack Frawley, Board Secretary)	For Information Pages 365 to 366	
20. INTEGRATION JOINT BOARDS			
20.1	Minutes of Clackmannanshire & Stirling Integration Joint Board – 29 January 2025 and 7 February 2025 (Paper presented by Cllr David Wilson, Clackmannanshire & Stirling IJB Chair)	For Information Pages 367 to 381	
20.2	Minute of Falkirk Integration Joint Board – 31 January 2025 (Paper presented by Cllr Fiona Collie, Falkirk IJB Chair)	For Information Pages 382 to 391	
20.3	Direction from Clackmannanshire & Stirling IJB – CSIJB – 2025 26/001 (Paper presented by Ms Joanna MacDonald, Clackmannanshire & Stirling IJB Interim Chief Officer)	For Noting Pages 392 to 394	
21. ANY OTHER COMPETENT BUSINESS			
22. RISKS AND REFLECTIONS			
23.	Date and Time of Next Meeting Tuesday 29 July, 9.30am	For Noting	

Forth Valley NHS Board

Record of Attendance: 1 April 2025 to 31 March 2026

MEMBERS	29 April (special)	27 May	17 June (private)	29 July	30 September	25 November	27 January	31 March
Neena Mahal (Chair)	✓							
Kirstin Cassells	✓							
Robert Clark	✓							
Fiona Collie	✓							
Frances Dodd	✓							
Martin Fairbairn	✓							
Graham Foster	X							
Gordon Johnston	✓							
Fiona Law	✓							
Stephen McAllister	✓							
Ross McGuffie	✓							
Andrew Murray	✓							
Allan Rennie	✓							
John Stuart	✓							
Scott Urquhart	✓							
David Wilson	✓							

Key:

- ✓ In attendance
- X Apologies
- O Non-attendance

FORTH VALLEY NHS BOARD

3a. Minute of the Forth Valley NHS Board Meeting held on Tuesday 25 March 2025 For: Ratification

Minute of the Forth Valley NHS Board Meeting held on Tuesday 25 March 2025 at 9.30am in the Boardroom, Carseview House.

- Present:**
- Ms Neena Mahal (Board Chair)
 - Ms Kirstin Cassells (Non-Executive Director)
 - Mr Robert Clark (Non-Executive Director)
 - Cllr Fiona Collie (Non-Executive Director)
 - Professor Frances Dodd (Executive Nurse Director)
 - Mr Martin Fairbairn (Non-Executive Director)
 - Mr Gordon Johnston (Non-Executive Director)
 - Mr Stephen McAllister (Non-Executive Director)
 - Dr Michele McClung (Non-Executive Director)
 - Professor Ross McGuffie (Chief Executive)
 - Mr Allan Rennie (Vice Chair)
 - Mr John Stuart (Non-Executive Director)
 - Mr Scott Urquhart (Director of Finance)
 - Cllr David Wilson (Non-Executive Director)
- In Attendance:**
- Ms Elsbeth Campbell (Head of Communications)
 - Dr Jennifer Champion (Acting Director of Public Health)
 - Mr Tom Cowan (Head of Strategic Planning and Transformation, Falkirk HSCP) Item 19
 - Dr Sara Else (Associate Medical Director, Scheduled Care)
 - Mrs Morag Farquhar (Director of Facilities)
 - Mr Garry Fraser (Director of Acute Services)
 - Ms Janette Fraser (Head of Strategic Planning)
 - Mr Jack Frawley (Board Secretary)
 - Mr Jonathan Horwood (Area Infection Control Manager) Item 21(b)
 - Mr Scott Jaffray (Director of Digital)
 - Ms Joanna MacDonald (Interim Chief Officer, Clackmannanshire & Stirling HSCP)
 - Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
 - Mr Andrew McCall (Out of Hours Lead) Item 18
 - Ms Louise McCallum (Interim Primary Care Senior Service Manager) Item 19
 - Ms Jackie McEwan (Corporate Business Manager)
 - Mr Kevin Reith (Director of People)
 - Ms Jillian Thomson (Deputy Director of Finance)
 - Ms Nicola Watt (Resilience & Emergency Planning Manager) Item 20
 - Ms Vicky Webb (Corporate Risk Manager)
 - Dr Scott Williams (Deputy Medical Director, Primary Care) Item 19
 - Ms Gail Woodcock (Chief Officer, Falkirk HSCP)

1. **Welcome, Apologies for Absence and Confirmation of Quorum**

The Chair welcomed all present to the meeting.

Apologies had been received from Mr Andrew Murray. The Board meeting was quorate.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Forth Valley NHS Board Meeting held on Tuesday 28 January 2025

The minute of the meeting held on 28 January 2025, subject to previous electronic circulation and Board member approval, was **confirmed** as a correct record.

4. Matters Arising from the Minute / Action Log

The Action Log was **reviewed** by the Board Chair and consideration was given to the actions still in progress. Board Members noted all updates and timeframes for actions 049, 058 and 070.

Professor McGuffie provided an update on Action 70 to confirm that the Falkirk Integration Scheme had been submitted to Scottish Government. The Clackmannanshire & Stirling Integration Scheme had not yet been submitted to Scottish Government as it was awaiting consideration by Clackmannanshire Council.

Board members noted that all other actions, 039, 048, 055, 059, 060, 064, 065, 066, 067, 068, 069, 071, 072 and 073, were marked as complete and would be removed from the Action Log.

The Forth Valley NHS Board noted the Action Log.

5. Chair's Report – Verbal Update by Ms Neena Mahal

The Board Chair highlighted the following:

- (a) The Board Chair had undertaken a number of visits since the previous meeting, including HMP Stirling and the Sim Safety Club. She had also attended the Clackmannanshire & Stirling HSCP management meeting.
- (b) Together the Chief Executive and the Board Chair had met with the Chair of Forth Valley College to discuss strengthening of the Forth Valley University College Partnership.
- (c) An MP/MSP Briefing Meeting had been held on 28 February.
- (d) Board Seminars on understanding Value Based Health & Care, and Board Members' responsibilities in relation to Equality, Diversity & Inclusion had taken place since the last Board meeting. The Chair confirmed that the next Board Seminar would take place on Tuesday 15 April to discuss areas including the Financial Plan, with a further April date to be confirmed in due course.

The Forth Valley NHS Board noted the update from the Board Chair.

6. Board Executive Team Report

The Forth Valley NHS Board considered the Board Executive Team report, presented by Professor McGuffie, which provided an update on service areas celebrating success, key areas of activity by the Senior Leadership Team, and upcoming issues.

Key messages in the report included:

- (i) A local Emergency Nurse Practitioner who helped build a leading emergency medicine unit for patients in one of the world's poorest countries had been nominated for the prestigious 'People's Choice' title in the Royal College of Nursing Scotland awards. Charlie McCarthy, who works in FVRH, has been instrumental in developing lifesaving treatment for children and adults in Malawi.

- (ii) Kay Mair, NHS Forth Valley Lead Nurse for Parkinson's, and one of Scotland's longest serving Parkinson's Nurse Specialists, attended an afternoon tea reception hosted by the Duchess of Gloucester, Patron of Parkinson's UK at St James's Palace, London to celebrate and recognise the 35th anniversary of the Parkinson's Nurse.
- (iii) The third CT scanner was due to be installed at FVRH arrived on site on Sunday 2nd March following extensive preparatory work. The scanner is due to be fully functional by the end of the month, with an aim of creating capacity for an additional 6,500 scans per year and reducing the need for patients to travel to other sites for imaging services.
- (iv) The first meeting of the Shadow Regional Anchor Board was held on 5th March, with positive agreement to focus on a small number of 'pillars' as priorities. It was agreed that task and finish groups would be developed to support progress with great buy in from local partners.
- (v) High level feedback had been received following the HIS inspection of HMP Glenochil. Overall, the feedback was very positive, with the draft report due at the end of April, the final report to be published in June and any action plans to be in place by mid-September.

The following points were made in discussion:

- (i) Discussion took place on the process for Board recognition and congratulations to staff who had notable achievements. The Board Chair noted that recognition of achievements was very important and that having a systematic process with clarity of approach should be reviewed. The Executive Nurse Director highlighted that this was a stream in the culture programme and was in train.
- (ii) It was highlighted by Councillor Collie that the Falkirk IJB Budget had been passed at the meeting held on Friday 21 March 2025. There had been positive engagement during the budget preparation process and savings had been made while managing to fund the majority of third sector partners. Other significant items at the meeting had been the approval of the Moving On Policy and the Eligibility Criteria.

The Forth Valley NHS Board noted the report.

Action:

- (1) **Consider a consistent approach for the Board to recognise and thank staff.**

Kevin Reith &
Neena Mahal

7. Committee Minutes

7.1 Audit & Risk Committee – 24 January 2025

The Forth Valley NHS Board received the minute of meeting of the Audit & Risk Committee held on 24 January 2025. Key items had previously been highlighted at the January Board meeting. The minute was commended to the Board for noting.

The Forth Valley NHS Board noted the minute of the Audit & Risk Committee meeting of 24 January 2025.

7.2 Clinical Governance Committee – 7 January 2025

The Forth Valley NHS Board received the Clinical Governance Committee Minute of the meeting held on 7 January 2025. Key items had previously been highlighted at the January Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 11 March 2025.

The Chair of the Committee, Dr McClung, noted that the 2025/26 planner and Committee Terms of Reference had been approved. There were no emerging clinical issues to highlight from the March meeting.

The Forth Valley NHS Board noted the minute of the Clinical Governance Committee meeting of 7 January 2025 and the verbal update on the meeting of 11 March 2025.

7.3 Staff Governance Committee – 13 December 2024

The Forth Valley NHS Board received the Staff Governance Committee Minute of the meeting held on 13 December 2024. Key items had previously been highlighted at the January Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 14 March 2025.

The Chair of the Committee, Mr Fairbairn, highlighted that at the March meeting there had been discussion on sickness absence and pdp processes. The Committee resolved that further assurance and more progress on these matters was required, with detail of further actions being implemented. In future, reports on Health and Care Safe Staffing legislation required clarity on how the legal obligations were being met. In relation to Health and Safety reporting, further assurance was required on how to deliver the required improvements in areas of mandatory training compliance. The committee had taken limited assurance on this item and noted the significant risk to the organisation and staff.

The Chief Executive advised that performance reviews were in place for each operational division with action plans in place for each to report through to the Staff Governance Committee in due course. It would be ensured that staff had time to undertake their mandatory training.

The Forth Valley NHS Board noted the minute of the Staff Governance Committee meeting of 13 December 2024 and the verbal update on the meeting of 14 March 2025.

7.4 Strategic Planning, Performance & Resources Committee (SPPRC) – 25 February 2025

The Forth Valley NHS Board received the Strategic Planning, Performance & Resources Committee Minute of the meeting held on 25 February 2025. The minute was commended to the Board for noting.

The Chair of the Committee, Ms Mahal, highlighted that Committee Members had been provided with early sight of and an opportunity to influence and comment on a number of items at the Board today including the Draft Financial Plan, the Board's Corporate Objectives, the Participation and Engagement Framework and the Draft Population Health and Care Strategy.

She highlighted that the Committee had discussed in detail their concerns in relation to a change in escalation level from 1 to 3 relating to FOI performance by the Information Commissioner with further assurance sought at the next meeting of the Committee.

The Chief Executive advised the Board that since SPPRC, he and colleagues had met with the Commissioner. The processes in place were correct but performance had been impacted by a combination of sickness absence and vacancies within the team. Recruitment was being taken forward for two Information Rights Officers

in late summer and this combined with returns from sickness absence should deliver improvements. There had been a commitment to the Commissioner to provide improvement trajectories.

The Forth Valley NHS Board noted the minute and key issues highlighted from the Strategic Planning, Performance & Resources Committee meeting of 25 February 2025.

Advisory Committee Minutes:

7.5 Area Clinical Forum (ACF) - 16 January 2025

The Forth Valley NHS Board received the Area Clinical Forum Minute of the meeting held on 16 January 2025. Key items had previously been highlighted at the January Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 13 March 2025.

Ms Cassells, ACF Chair, highlighted consideration by the Forum of Workforce Planning and Workforce Development. Noelle Mackay, Employability Manager would be invited to a future meeting in this regard.

The Forth Valley NHS Board noted the minute of the Area Clinical Forum meeting of 16 January 2025 and the verbal update on the meeting of 13 March 2025.

7.6 Area Partnership Forum - 17 December 2024

The Forth Valley NHS Board received the Area Partnership Forum Minute of the meeting held on 17 December 2024. Key items had previously been highlighted at the January Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 25 February 2025.

Mr Clark, APF Chair, highlighted that the Scheme of Delegation regarding dismissal hearings had been agreed and that a short life working group had been established to review the Partnership Agreement. The work on Once for Scotland Policies Phase 2.2 had been paused with no date for implementation at the moment.

The Forth Valley NHS Board noted the minute of the Area Partnership Forum meeting of 17 December 2024 and the verbal update on the meeting of 25 February 2025.

8. Strategic Risk Register Update – January – March 2025

The Forth Valley NHS Board considered a report for approval, presented by Ms Webb which provided an update to the Strategic Risk Register for the period of January to March 2025.

Key messages in the report included:

- (i) 8 actions had been completed to mitigate the strategic risk profile.
- (ii) There was 1 overdue action reported, SRR015: Cyber Resilience.
- (iii) There were 33 controls which were due to be completed by Quarter 4 24/25.
- (iv) Two Focused Reviews had been conducted in the quarter, SRR003: Information Governance and SRR005: Financial Sustainability.

The following points were made in discussion:

- (i) Discussion took place on overdue actions, recognising that although only 1 action was currently overdue there were many due by the end of March and

if these were not met, then a significant number would be overdue. The Corporate Risk Manager advised that the actions would be picked up in the review process of each risk and if deadlines were revised these changes would be captured. The Chief Executive confirmed that the rationale would be included in future reports if dates were changed. He commented that the progress bars in the report did not reflect progress being made and that the Senior Leadership Team (SLT) were taking forward work to review the dates and progress against the risks.

The Forth Valley NHS Board:

- (1) approved the changes to the Strategic Risk Register for the period January to March 2025;**
- (2) noted the work by SLT to give up to date progress information on work undertaken, and**
- (3) noted the progression of the mitigating actions identified.**

9. Health and Care Staffing Act Annual Report

The Forth Valley NHS Board considered a report for approval, presented by Professor Dodd, Executive Nurse Director, which sought publication of the HCSSA Annual Report. It was noted that this report had been discussed at the recent Staff Governance Committee.

Key messages in the report included:

- (i) NHS Forth Valley had made good progress towards full compliance with engagement from all professions.
- (ii) Monitoring arrangements were in place across the operational delivery units to understand compliance with the legislation and to ensure appropriate mechanisms of accountability and responsibility were in place and functioning.
- (iii) eRoster and Safecare systems were being rolled out across Forth Valley as part of the improvement work and aligned with the ability to comply with the legislative duties to have a real time staffing (RTS) assessment in place with processes to mitigate or escalate risk daily and record decisions as well as monitor over time to understand any severe or recurring risk. It was anticipated that the rollout would be completed by March 2026.
- (iv) Work was ongoing on a national basis to establish a Once for Scotland approach to Protected Learning Time. The OD team was leading on the work for the implementation of the Protected Learning Directive. The Leadership Development Framework would be updated as part of this work. eJob plan would be implemented and include time to lead. eRoster would capture non-clinical time given to leaders.

The following points were made in discussion:

- (i) A question was asked on whether E-Roster and SafeCare would be fully rolled out by March 2026. The Executive Nurse Director highlighted the positive work of the team and role of the Director of People. All in-patient areas had been completed with work ongoing amongst others. A flexible approach had been taken to work with teams when their capacity best allowed it. There was confidence that delivery would be complete by March 2026. The Director of People noted that Forth Valley was well positioned in the roll out and was one of the more advanced Boards nationally.
- (ii) Members asked about Protected Learning Time and were advised that the national position had caused some delay. Development of nine essential modules was ongoing. NHS Forth Valley would maintain a focus on local mandatory modules while the national programme was developed. In future

- an individual's development would be passported no matter what Board it was undertaken at.
- (iii) Members queried areas of risk and were advised that although there was a risk around Physio services within the Acute system, work was ongoing to understand the options around the flexibility of the AHP resource within the system.
 - (iv) E-Roster was progressing nationally with work regarding the medical workforce.

The Forth Valley NHS Board:

- (1) **approved for publication the Health and Care Safe Staffing Act Annual Report 2025, and**
- (2) **noted that the annual report was produced using the required national template provide by Health Improvement Scotland.**

Action:

- (1) **Staff Governance Committee to continue to monitor Health and Care Safe Staffing legislative requirements and the associated risks as part of their workplan.** Kevin Reith

10. Finance

(a) Finance Report

The Forth Valley NHS Board considered a report for approval, presented by Mr Urquhart, which presented a high-level summary of the financial results for the 11-month period ending 28 February 2025 together with an updated outturn projection for the year.

Key messages in the report included:

- (i) The revised projected outturn for 2024/25 was a break-even position against budget.
- (ii) The forecast position remained subject to a small number of outstanding assumptions and risks including receipt of drug rebates, final written confirmation of funding allocations, and confirmation of IJB outturns and associated risk share contributions between partner organisations.
- (iii) Whilst the in-year financial position had moved in a positive direction, the non-recurring nature of the improvements did not address the underlying recurring financial gap which would roll forward into 2025/26.

The following points were made in discussion:

- (i) Members commented that the balanced position was welcomed but noted the significant negative variances in some areas. Discussion highlighted that future challenges to achieve financial sustainability were clear.
- (ii) Board members expressed their thanks to all staff who had been part of contributing to the delivery of savings and noted the significant work undertaken.

The Forth Valley NHS Board:

- (1) **noted that a break-even position projected for 2024/25 against both revenue and capital budgets, in line with the statutory requirement for NHS Boards;**
- (2) **noted that the projected outturn included provision for additional payments in respect of contributions towards estimated IJB financial pressures;**
- (3) **approved delegated authority for the Chief Executive and Director of Finance to work with partner organisations to finalise and agree the**

- value of IJB risk share payments, to be reported back through the Strategic Planning, Performance and Resources Committee, and**
- (4) noted the significant level of ongoing service and financial pressure across the whole health and care system and the underlying recurring implications which will be carried forward into 2025/26.**

(b) Draft Financial Plan

The Forth Valley NHS Board considered a report for approval, presented by Mr Urquhart and Ms Thomson, which set out a 3 year financial plan covering the period from 2025/26 to 2027/28. It was noted that the Strategic Planning, Performance and Resources Committee had considered and commented on an initial draft of this Plan.

Key messages in the report included:

- (i) The plan set out a 3-year strategy to restore recurring financial balance through whole system reform and innovation, guided by the principles of Value Based Health and Care.
- (ii) The plan reflected feedback from the Scottish Government on the earlier draft submitted in February together with a number of changes in funding assumptions and costs which had been confirmed in the last month. The plan also reflected the refreshed 15 box grid and associated actions issued by the Scottish Government on 13 March 2025.
- (iii) There were four key priorities which underpinned the plan, aligned with the emerging Population Health & Care Strategy, which were:
 - Stewardship & Culture
 - Refreshed Financial Sustainability Action Plan
 - Value Based Health & Care Programme
 - Exit Strategies for Unfunded Service Areas

The following points were made in discussion:

- (i) A question was asked on whether there were detailed action plans to ensure achievement of the 15 box grid with supporting timelines. The Deputy Director of Finance advised that there were detailed action plans and that a number of the actions were already underway with good progress being made.
- (ii) Members discussed the financial impact of reduction in sickness absence levels and asked if there was modelling against specific percentage projections. The Director of Finance advised that sickness absence was a key cost pressure and would be further considered at the April Board Seminar. Factors included hours lost through absence and the additional cost in covering those hours. Modelling work of the financial impact if sickness absence reduced to 4% or 5% was being undertaken.
- (iii) A question was asked about the overall programme plan for Value Based Health and Care. The Director of Finance advised that Value Based Health and Care was a key component of the financial plan. The Plan would be monitored at the Financial Stewardship Board with reporting through the Strategic Planning, Performance & Resources Committee. The detail and phasing of the plan was being worked through. There would be frontloading of areas with financial challenge where it was thought that Value Based Health and Care could address this. He was hopeful that early wins would build confidence in the plan.
- (iv) Members asked about remote outpatient appointments and if these were being encouraged where appropriate or beneficial. The Deputy Director of Finance noted that this was a higher risk target in the plan but that the figure

was calculated by Scottish Government. The outcome of benchmarking information would be presented at the April Board Seminar. The Chief Executive noted that remote appointments were an option that patients were keen to remain open.

- (v) Discussion took place on funding arrangements in relation to the area's prisoner population and the lack of ability the Board had to mitigate a number of the key risks due to their external nature. The Director of Finance advised that the Strategic Risk was split by assurance on internal environment controls and the external environment. The Service worked closely with Scottish Government and influenced matters where possible. There would remain a focus on how to manage resources as effectively as possible for the people of Forth Valley. The Prison healthcare budget was c.£7m with £1m overspend. There was ongoing conversation with Scottish Government in relation to prison healthcare funding and any developments would be reported back.
- (vi) Comments were made in relation to communicating the challenging financial position and whether we are maximising the benefits of digital developments and innovation. This would be considered further at the April Board seminar.

The Forth Valley NHS Board:

- (1) approved the 3-year financial plan, including the key financial planning assumptions and estimates applied;**
- (2) noted the significant level of financial challenge identified and the associated risk to delivery of financial balance during the 3-year period, and**
- (3) approved the proposed payments to IJBs for financial year 2025/26 which reflected the agreed uplift as advised by the Scottish Government, and which were considered by the Strategic Planning, Performance and Resources Committee in February.**

Action:

- (1) An update on areas raised in discussion would be provided at the April Board Seminar on Finance.** Scott Urquhart
- (2) Board members were encouraged to highlight any further areas they wished covered at the April Board seminar directly to the Director of Finance.**

11. Draft NHS Forth Valley Corporate Objectives

The Forth Valley NHS Board considered a report for approval, presented by Professor McGuffie, which set out draft Corporate Objectives for 2025/26. It was noted that the Strategic Planning, Performance and Resources Committee had considered and commented on an earlier version of the Draft Objectives.

Key messages in the report included:

- (i) The NHS Forth Valley Corporate Objectives reaffirmed the ambition and purpose of the organisation, setting out the response to key priorities for NHS Forth Valley in 2025/2026. They were aligned with the first 3-year Delivery Plan.
- (ii) The Board annually revisited its corporate objectives (in line with national policy) to provide direction for staff whilst promoting action towards goal-related activities and behaviours that aligned with values. Staff would be supported when developing and agreeing their objectives and personal development plans.

- (iii) The NHS Forth Valley Vision was: To improve the health and wellbeing of everyone living in Forth Valley by preventing people from becoming unwell, reducing inequalities and making the best use of the resources available to achieve better outcomes.

The following points were made in discussion:

- (i) Members sought clarity on how the corporate objectives informed performance objectives throughout the organisation. The Chief Executive advised it was key to have full alignment. The Pentana system was central and the objectives permeated through to individual triumvirate level. Areas would be able to self-serve and monitor. Pentana would also be used for assurance information and pull right through the organisation.
- (ii) Discussion took place on how the Vision and Corporate Objectives would be communicated throughout the organisation and with the public. The Chief Executive noted the connections to the Population Health and Care Strategy. There would be staff communications undertaken and the information would be published on the Board's website. The Acting Director of Strategic Planning & Performance highlighted the links to the Delivery Plan, the draft of which had been submitted to Scottish Government on 17 March.

The Forth Valley NHS Board approved the Corporate Plan which also set out the Health Board's vision and corporate objectives for 2025/26.

12. Communications

(a) Update on Communication Priorities 2025/26

The Forth Valley NHS Board considered a report for approval, presented by Ms Campbell, which provided an update on the key communication plans and priorities over the next year. It was noted that the Strategic Planning, Performance and Resources Committee had considered and commented on an initial outline of these Priorities.

Key messages in the report included:

- (i) The key areas which would be supported in the coming year were:
 - NHS Reform
 - Population Health & Care Strategy
 - Culture Change & Compassionate Leadership Programme
 - Value Based Health & Care
 - Climate Change & Sustainability
 - Equality & Inclusion
 - National Treatment Centre
 - Patient Hub
 - Prison Healthcare

The following points were made in discussion:

- (i) Members considered the use of social media and the merits of being reactive to stories which carried reputational risk or misinformation. The Head of Communications advised that reactive work was a large demand on the service. Social media responses were considered on a case-by-case basis and the team worked closely with Patient Relations and lots of work went on in the background. The team always sought to get inaccurate information from media outlets corrected.
- (ii) A question was asked on whether there would be further information on CAMHS communications to Board. The Head of Communications stated that there had been numerous communications on CAMHS, including around performance

improvements. When referrals to the service were made, the link to CAMHS information on the website was issued to families. This information would be made available to Members.

- (iii) Discussion took place on the value of including the EQIA with Board Papers. It was noted that it was important to be intentional around Equality, Diversity & Inclusion work and that the importance of EQIAs would be included in the review of the Board paper template. The Chief Executive advised that where any significant service change was undertaken there should be an EQIA undertaken as part of developing the change. The Board Chair emphasised the importance of EQIAs being used as part of the Board's decision making, noted that a review was underway around the EQIA process and paperwork and that there would be a follow up opportunity to discuss Equality, Diversity & Inclusion and the use of EQIAs.
- (iv) Ms Campbell confirmed there would be an annual update on the Communication Priorities reported to the Board.

The Forth Valley NHS Board approved the key plans and priorities outlined in the update.

Action:

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| <ul style="list-style-type: none">(1) Further discussion to take place on EQIA in the future with Board Members.(2) Add annual update on Communication Priorities to Board Schedule of Business. | <div>Kevin Reith</div> <div>Jack Frawley</div> |
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(b) Participation & Engagement Strategic Framework 2025-2028

The Forth Valley NHS Board considered a report for approval, presented by Ms Campbell, which provided a draft Participation & Engagement Strategic Framework (staff and public versions). It was noted that the Strategic Planning, Performance and Resources Committee had considered and commented on an early draft of this Framework.

Key messages in the report included:

- (i) The Framework outlined NHS Forth Valley's commitment to working collaboratively with staff, patients, service users, partner organisations, local communities and other key stakeholders to plan, develop and improve local health services and the approach which would be used to undertake engagement against best practice standards.
- (ii) Examples of engagement underway across the organisation was detailed as well as information on key plans and priorities for the next three years.
- (iii) An EQIA had been carried out on the Framework and was attached for reference.

The following points were made in discussion:

- (i) A question was asked on how delivery against the framework would be assessed. The Head of Communications advised that measurement against the standards would be built into evaluation. Work would look at the impact of the framework and evaluation would be built into the beginning of every engagement process. There would be awareness raising of sources of advice and standards across the organisation.
- (ii) Discussion included the difference between engagement and formal consultation as required by Healthcare Improvement Scotland where there was major service change.

The Forth Valley NHS Board approved the Participation and Engagement Framework (staff and public versions) and noted the key plans and priorities highlighted.

13. Board Assurance Framework

The Forth Valley NHS Board considered a report for approval, presented by Ms Mackenzie, which set out a draft Board Assurance Framework (BAF).

Key messages in the report included:

- (i) To support the delivery of good governance, the NHS Forth Valley Board Assurance Framework, brought together the organisation's strategic planning, risk management and assurance information systems.
- (ii) The outputs from a Board Development Session on Active Governance had been considered in the development of the draft Board Assurance Framework.
- (iii) The Framework set out the key controls in place to support delivery of NHS Forth Valley priorities and to mitigate risk.
- (iv) The Risk Management Strategy would be revised over the summer period along with risk appetite and tolerance statements. A short life working group would be convened to support this work with presentation and discussion scheduled for the Board Seminar on 12 August 2025 ahead of approval by the Forth Valley NHS Board.
- (v) It was acknowledged that the BAF was an iterative document, it had been circulated for comment prior to the Board meeting and took cognisance of comments received.

The following points were made in discussion:

- (i) The Board Chair highlighted the two outstanding areas from the Active Governance Session of: review of the Board Paper template, and a further Development Seminar on data.
- (ii) Discussion took place on further refinements, including the need to produce a complementary organisational chart of local and national policies, and how they interact. The Acting Director of Strategic Planning & Performance advised that this would be the next phase of work undertaken.
- (iii) There was a question on areas of duplication or any gaps. The Acting Director of Strategic Planning & Performance provided assurance that the Framework had been shared with Internal Audit with no specific gaps highlighted. The document would be iterative and continued to evolve going forward.
- (iv) Members discussed the removal of the assurance section from the Board and Committee paper template, as agreed at the Active Governance Board Seminar, as this was being misinterpreted and was causing confusion. At the Active Governance Board Seminar there had been discussion on the need for the Board to indicate whether it was assured or not, rather than levels of assurance, which had resulted in variation of practice. The Board Chair advised that the review of paper template would seek to make the purpose of papers, the risks and mitigating actions and their recommendations clearer. The Board Secretary indicated that benchmarking was taking place of the Board template against model national guidance.

The Forth Valley NHS Board:

- (1) considered the draft Board Assurance Framework in line with the Blueprint for Good Governance and NHS Forth Valley Board functions and responsibilities;**
- (2) noted the work underway aligned to the Board Assurance Framework that supported governance improvements;**

- (3) noted that the Board Assurance Framework was an iterative document;**
- (4) agreed the next steps as detailed within the report, and**
- (5) approved the Board Assurance Framework.**

Action:

- (1) Review of Board Paper Template to report to May Board.**

Jack Frawley

The Board adjourned at 11.15am and reconvened at 11.30am with all members present as per the attendance list.

14. Code of Corporate Governance – Annual Review

The Forth Valley NHS Board considered a report for approval, presented by Mr Frawley, which set out the revised Code of Corporate Governance following its annual review.

Key messages in the report included:

- (i) The Standing Orders had been revised to align more closely with the national model Code.
- (ii) All Committee Terms of Reference had been reviewed and developed in a new consistent corporate format.
- (iii) The Code had been the subject of review by the Audit & Risk Committee members, in line with their Terms of Reference.
- (iv) The Code had been circulated for comment prior to the Board meeting and cognisance had been taken of comments received.

The following points were made in discussion:

- (i) It was highlighted that standardisations should be drawn through into other documentation where possible.
- (ii) It was noted that the revised Code contained the revised Terms of Reference for all Committees in a standard format, a revised Scheme of Delegation and revised Standing Financial Instructions.
- (iii) The Board Chair commended the work which had taken place to bring this document together.

The Forth Valley NHS Board approved the Code of Corporate Governance.

15. NHS Forth Valley Blueprint for Good Governance Board Development Plan:

(a) Progress Against Actions from the 2024/25 Plan

(b) 2025/26 Board Development Plan

The Forth Valley NHS Board considered a report for approval, presented by Ms Mahal, which provided an update on the position against the Board Development Plan 2024/25 and set out an initial Plan for the coming year which carried over actions still in progress and new actions identified for 2025/26.

The key messages in the report included:

- (i) The recommendations from the External Review of Governance received in October 2023 were mapped against outputs from the Board Self-Assessment conducted in September 2023.
- (ii) The Plan set out high-level actions against a number of Blueprint Functions: Setting Direction; Engaging Stakeholders; Influencing Culture; Diversity, Skills & Experience; Assurance Framework, and Integrated Governance.
- (iii) It was proposed that the Board approved the outcomes of the 2024/25 Board Development Plan with significant progress made and a number of actions closed.

- (iv) It was proposed to carry over to the 2025/26 Plan, with actions under:
- Equality, Diversity & Inclusion;
 - Active Governance – Data and Triangulation;
 - Undertaking a review (identified through the active governance session) of the Board’s management of risk, including risk appetite and tolerance, and
 - Influencing culture – work on evaluating the Culture and Compassionate Leadership Programme.

The following points were made in discussion:

- (i) In terms of mapping strategies, Members requested that this work was undertaken in advance of the March 2026 deadline. The Board Chair noted that while the document was a one year plan the intention was to progress actions as soon as possible. The Acting Director of Strategic Planning, Performance & Resources noted that work would be undertaken in the near future to progress the next stage of the Board Assurance Framework.
- (ii) Discussion took place on the progress of the Culture Change & Compassionate Leadership Programme. It was noted that there would be an opportunity for Board Members to consider the progress of workstreams in more detail. The role of the Staff Governance Committee in monitoring progress was also highlighted.

The Forth Valley NHS Board:

- (1) approved the 2024/25 Board Development Plan outcome;
- (2) approved the draft 2025/26 Board Development Plan, and
- (3) noted that the 2025/26 Plan was an iterative document and that further areas would be considered for inclusion following Non- Executive appraisals and considerations arising from discussions on strategic issues.

Actions

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|--|---|
| <ol style="list-style-type: none"> (1) Progress work on the mapping of strategies at the earliest opportunity. (2) Consider how Board Members will receive more detailed feedback on the culture work. | <p>Kerry Mackenzie</p> <p>Kevin Reith</p> |
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16. Board Schedule of Business 2025/26

The Forth Valley NHS Board considered a report for approval, presented by Mr Frawley, which provided a draft Schedule of Business for review.

The key messages in the report included:

- (i) The Schedule of Business would be a standing item on Board agendas going forward.

The Forth Valley NHS Board:

- (1) approved the draft Schedule of Business 2025/26, and
- (2) noted that the Schedule of Business would be a standing item on Board agendas.

17. Population Health & Care Strategy Development

The Forth Valley NHS Board considered a report for assurance, presented by Ms Mackenzie, which provided an update on the development of the Population Health & Care Strategy. It was noted that the Strategic Planning, Performance and Resources Committee (SPPRC) had considered and commented on an initial draft of the Strategy.

The Board Chair invited the Chair of the Task & Finish Group, Mr Rennie, to highlight key points from their most recent meeting and reminded Board Members that the Task and Finish Group were supporting the development of the Strategy. The Task and Finish Group had made comments following the SPPRC including:

- ensuring that language in the strategy document was accessible
- that there was consistency and read across to other strategies
- that EQIA evidence had been used to shape the strategy
- the questions for engagement with stakeholders required review

The next stage was to have a written draft of the plan for review by the Task & Finish Group before consideration by Board Members at a seminar in April, with any final changes being made before sign off by the Board.

The key messages in the report included:

- (i) The draft Strategy had been presented to the SPPR Committee in February for review and discussion. Detailed comments were received at the meeting with an opportunity for further feedback. This informed the discussion of the Strategy by the Task and Finish Group on 6 March 2025.
- (ii) The Task and Finish Group acknowledged the work undertaken thus far in the development of the Strategy and confirmed that the content was broadly aligned with expectations. However, in light of comments received, the Task and Finish Group agreed that further work was required. This would result in a short delay with the timeline for engagement and support for this additional work and delay would be sought at a future Board meeting.

The following points were made in discussion:

- (i) Although there was an impact on the initial timetable, Board Members agreed it was important to ensure the strategy was right and that a short delay was acceptable.
- (ii) Comments were made that the Strategy was ambitious in its intent and Forth Valley was ahead of other areas in this regard.
- (iii) A question was asked on the development timeline for the national Population Health Framework. The Acting Director of Public Health advised that the local strategy was in alignment and that the national strategy was not yet available for circulation.
- (iv) Board members were also assured that the Third Sector had been asked to input into the devising of the engagement questions.

The Forth Valley NHS Board:

- (1) noted that development of the Population Health & Care Strategy continued with support from the Task and Finish Group.**
- (2) noted the advice from the Task and Finish Group that the Strategy development required further work.**
- (3) supported and accepted the advice from the Task and Finish Group that further work was required in the development of the Strategy and accepted the delay to the previously approved timeline.**

- (4) **noted that the Task and Finish Group would meet on 10 April 2025 to review progress ahead of further discussion at a Board Development Session on 15 April 2025.**

18. Patient/Staff Story – Out of Hours Service

The Forth Valley NHS Board considered a report for assurance, presented by Mr McCall, which provided an update on the Out of Hours Service.

The Board received a video and written story items which highlighted the personal experiences of both a service user and staff member of Out of Hours. The Board thanked those involved in the preparation of the stories for their work.

Key messages in the report included:

- (i) In response to concerns raised by Scottish Government regarding the resilience of OOH services in Forth Valley, an OOH Service Redesign & Sustainability Plan Project Initiation document was developed in June 2022 with the final action plan agreed in November 2022.
- (ii) The key actions included strengthening of the senior team with the appointment of a permanent service manager, establishing enhanced MDT, development of OOH as a learning environment and establishing strategic partnerships with other OOH services, including SAS.
- (iii) Improvements had resulted in the service becoming a fully staffed, stable, robust and resilient service. The improvements included consistent high rota fill, consistently achieving 98% of patient journeys within a 6-hour period and significantly reducing the number of occasions the service operated within Red and Purple OPEL level.
- (iv) Both the staff story and patient story demonstrated the positive change in the culture of the OOH service. The importance of the well-being of staff was now prioritised within the service.
- (v) The report included letters from Sir Lewis Ritchie and the Scottish Government Out of Hours Unit Head which commended the positive changes which had been made and thanked staff for their hard work, dedication and commitment towards making the improvements that had shaped Out of Hours into a more robust and resilient service.

The following points were made in discussion:

- (i) There was discussion on the complaints data. Mr McCall advised that feedback provided opportunities to further develop the service. Complaints were reviewed through Clinical Governance meetings.
- (ii) A question was asked on how assurance would be provided that the service would not get into this position again. Mr McCall provided assurance that there was reporting to the HSCP including awareness of challenges and how to address these. Ms Woodcock, Chief Officer Falkirk HSCP, stated that there was strong, joined up leadership in the service, both clinical and managerial who worked well together. Reporting was open and transparent.
- (iii) Comments were made that clinicians were given time to support other clinical colleagues such as within pharmacy, which led to increased support for people in their communities through partnership working.
- (iv) The Board commended the excellent work which had taken place and acknowledged the positive changes and that escalation measures by Scottish Government had been lifted. They had been assured that the OOH service was functioning well and passed on their thanks to all staff in the OOH Service for their efforts.

The Forth Valley NHS Board:

- (1) noted the significant improvements OOH had achieved between November 2022 and December 2024. These included:**
 - **successful recruitment to full salaried staff establishment**
 - **increased engagement with local GPs**
 - **dedicated management structure appointed**
 - **consistent high rota fill**
 - **increased positive impact on staff wellbeing**
- (2) recognised the positive development which had taken place in the service, exemplified by the Patient and Staff Stories;**
- (3) noted the formal notification lifting the Scottish Government escalation measures & the reasonable assurance level proposed, and**
- (4) noted that, based on the formal notification from Scottish Government; the Clinical Governance Committee had approved the closure of OOH Strategic Risk SR16 at its January 2025 meeting.**

19. GP Primary Care Sustainability Update Report

The Forth Valley NHS Board considered a report for assurance, presented by Mr Cowan, Ms McCallum and Dr Williams which highlighted challenges in General Practice, such as recruitment, financial sustainability, rising public expectations, and growing demand, exacerbated by the pandemic. It also addressed these challenges in the context of sustainability and health improvement.

Key messages in the report included:

- (i) In October 2022, responsibility for Forth Valley Primary Care strategic planning and operational management was transferred to Falkirk Health & Social Care Partnership including GP Out of Hours/Urgent Care Services. This transfer was completed in February 2023.
- (ii) Recent national challenges, including economic factors and growing demands, had raised concerns about the sustainability of General Practice.
- (iii) The Primary Care Improvement Plan (PCIP) sought to address these challenges. However, full implementation of the GMS Contract required more resources than the current PCIP funding allowed.
- (iv) The focused risk review would be considered at the SPPRC

The following points were made in discussion:

- (i) Discussion took place on the potential for more capacity with the right resourcing.
- (ii) A question was asked on how many patients were seen by Community Link Workers and what outcomes were generated. The Head of Strategic Planning and Transformation advised that the Link Workers could open doors for individuals to access other opportunities rather than medications. Work was ongoing to make the connections between the Community Link Workers and wider Primary Care Services stronger. The Interim Primary Care Senior Service Manager noted that the nature of the role meant outcomes were more qualitative than quantitative and that their work was particularly effective alongside Mental Health Nurses.
- (iii) An update was sought on the pilot of Consultant Connect, which provided a direct route of communication from GPs to Consultants. The Deputy Medical Director, Dr Williams, advised that the pilot provided a quick connection for GPs to the Hospital and smoothed out the journey when considering admission. The Out of Hours Service and Scottish Ambulance could also use the service. The pathway could be used for advice and help avoid admissions.

The pilot had been available at 9 practices and early feedback was that it had been useful.

- (iv) A question was asked about where assurance was provided on the Primary Care Improvement Plan (PCIP). The Chief Officer, Falkirk HSCP advised that both Integration Joint Boards and the NHS Board had an interest in oversight. The HSCPs had been working to develop the performance framework and performance reviews were up and running. It was acknowledged that further clarity was required on the monitoring of hosted services and the governance reporting.
- (v) Members discussed GP sustainability and the gap between reported performance and public/media perception. The Deputy Medical Director highlighted the difference between Primary Care and GPs. GP services were provided through a specific contract within a set funding envelope. Primary Care was a wider set of services. He highlighted that GPs were willing to take on more work, but demand did not match available capacity and that wider opportunities existed in Primary Care to support increased demand. He noted that there was a significantly different contract in place in England but that the media did not always pick up on the impact of that in reporting. It was highlighted that over the last 20 years there had been a significant increase in Consultant numbers while the number of GPs had stayed relatively static, against a backdrop of increased demand.
- (vi) Discussion took place on the impact of the Population Health & Care Strategy and Value Based Health & Care on shifting the balance of care from secondary care into the community. The Chief Executive stated that there would be a strategic shift in the balance of care toward community first. He noted that people want to access services as locally as possible and that this shift was key in the prevention agenda.

The Forth Valley NHS Board noted:

- (1) **that the focussed risk review on SRR018 Primary Care Sustainability would be presented to the Strategic Planning, Performance & Resources Committee;**
- (2) **the challenges to sustainability for GP Practices across Forth Valley.**
- (3) **the actions being taken to support GP Practices, and**
- (4) **the activity to clarify and mitigate the risks within Primary Care.**

Action:

- (1) **Consider and review the assurance routes for monitoring of the Primary Care Improvement Plan & wider Primary Care Services and GP Sustainability.**

Ross McGuffie /
Gail Woodcock /
Tom Cowan

20. Power Outage – Forth Valley Royal Hospital 24 January 2025

The Forth Valley NHS Board considered a report for assurance, presented by Mr Fraser, which provided an update on the power outage at Forth Valley Royal Hospital on 24 January 2025.

Key messages in the report included:

- (i) On 24 January 2025 at 14:45 there was a full loss of power to the Forth Valley Royal Hospital site which resulted in a Major Infrastructure Failure being declared.
- (ii) The site had to implement a process of contingency plans to enable the site to function and care for the patients and staff. There was already a command structure in place due to the red weather warning for Storm Eowyn and within minutes a structure was in place to manage the situation.

- (iii) There was no interruption to the continuity of care, with staff working together to support patients and each other. Contrary to some initial media reports – no patients required to be manually ventilated as a result of the power loss.
- (iv) A full site Black Start test had taken place on the FVRH site on 26 November 2024, prior to the Major Infrastructure Failure; at that time with no major issues identified. The power loss occurred as a result of a power fluctuations and a surge which tripped the generators that were running in parallel. This was also exacerbated by the communications being out due to the Storm.
- (v) Key actions and recommendations were set out in an appendix to the report.

The following points were made in discussion:

- (i) The Board Chair led the Board in re-iterating thanks to all staff across the whole system for stepping up during Storm Eowyn and ensuring that no harm came to patients.
- (ii) Discussion took place on the Uninterruptible Power Supply (UPS) System, generator use and the availability of engineers on site. The Director of Acute Services noted that the Serco Authorising Electrical Engineer, who had been contacted at the onset of the outage, attended the site and working with the local site team was able fully restore the power.
- (iii) A question was asked in relation to whether anything could be done to maintain Wi-Fi even during a power loss scenario. The Director of Digital advised that the wi-fi on site was supported on site in two locations, each with 100Kva UPS, the capacity of these are 8-10 mins, which allow for generators to come into operation. In the lifetime of the Hospital this was the only occurrence of such issues. There needed to be a balance of risk and spend. It was limited what further actions which could be taken in mitigation which had not already been implemented. Further work would look at the internal communication arrangements at the Hospital.
- (iv) Assurance was sought that Service and Business Continuity Plans would be updated if needed in light of learning from the incident. The Director of Acute Services and the Resilience & Emergency Planning Manager advised that all areas had Business Continuity Plans in place which were reviewed, based on risk, at a frequency of between 1 and 3 yearly. It would be essential that these plans took account of the power loss. The Emergency Planning & Resilience Manager stated that monitoring the status of Business Continuity Plans was a standing item on the Emergency Planning & Resilience Group.
- (v) A question was asked on the timescales for additional training, as highlighted in the report, to be completed. The Director of Acute Services confirmed that the required training by Serco staff had already been undertaken.
- (vi) A question was asked on the recording of decision making. The Director of Acute Services advised that log books had been compiled by hand and that recording of patient care had been done on paper and then manually entered into the systems when they were back online.
- (vii) The Chief Executive also commended the staff for their response and highlighted the leadership of the Director of Acute Services. Learning from the incident would be vital and feed into national resilience structures. The response on site had been very impressive with staff knowing where to go and effective implementation of actions. Although the existing response worked well, the debrief with staff had highlighted areas for improvements and updates to improve Business Continuity Plans (BCPs) would be made. Key learning included being clear on what services would be on and off during red weather warnings in the future.

- (viii) The Chair requested that oversight of the updated BCPs should be taken through the appropriate governance routes to confirm that lessons learned had been incorporated.

The Forth Valley NHS Board:

- (1) noted the findings of the review report and details of the root cause of the power loss;**
- (2) acknowledged that learning would be shared through the local, regional and national resilience partnerships;**
- (3) took assurance that lessons had been learned and actions taken to prevent and enhance Forth Valley's response, and**
- (4) discussed and commented on any additional actions and learning required.**

Actions

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| (1) Provide assurance that Business Continuity Plans have been reviewed and updated to SPPR Committee. | Nicola Watt |
| (2) Any actions from the Resilience Partnership to be reported to SPPR Committee. | |
| (3) Development of an internal communications solution for the Forth Valley Royal Hospital site to be considered and an update to be provided to SPPR Committee. | Scott Jaffray |

21. Update on Safety

(a) Quality Assurance and Improvement Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Dodd, which described the Board's quality assurance position, gave an update on progress with key quality improvements across NHS Forth Valley and use of evidence to plan for quality.

Key messages in the report included:

- (i) Assurance of Quality
- (ii) Quality Improvement
- (iii) Key metrics progress
- (iv) An update on the Safer Together Collaborative and the recent Learning Session.

The following points were made in discussion:

- (i) A question was asked on the SAER guideline to develop an improvement plan within 10 working days from a report being approved. The Executive Nurse Director advised that this had not been reported on previously but would be included going forward. Forth Valley was not a massive outlier in the national context. HIS were trying to achieve more consistency in reporting across the country. Work was in progress in this area.
- (ii) Members noted that while the detailed oversight work should take place at Clinical Governance Committee that in order to give the Board assurance there should be more detail included going forward on actions being taken to address the challenging position. The Executive Nurse Director highlighted the driver diagram which showed the intended improvements.
- (iii) The Board Chair requested that the most recent Clinical Governance Committee paper on SAERs be circulated to Board members along with inclusion of Clinical Governance Committee points being captured in the paper going forward. The Executive Nurse Director highlighted that all Board members could attend meetings of the Committee.

- (iv) Members asked about the whole system role in the Safer Together Collaborative and commented that outputs needed to be captured within the reports. The Executive Nurse Director drew attention to the Safer Mobility Work and that there had been limited falls data previously to understand the categories around falls. There had been some under reporting of falls but work had been progressed to align with the HIS fall with harm definition. Reporting was encouraged even if only near incidents or falls with no harm as learning was the key output. At the most recent learning session an example was given of the Bellfield Team who had looked at movement sensor toilet lighting and believed that the timing of the lights turning off was too short for people with lower mobility and was leading to further falls. The time the lights stayed on for had been extended to minimise the falls risk to patients.

The Forth Valley NHS Board:

- (1) **noted the overall delivery of quality assurance, quality improvement and using evidence to plan for quality;**
- (2) **noted the current quality assurance position and quality improvements being made in relation to specific quality measures and compliance with national safety standards and targets;**
- (3) **supported the progress and further development of the quality management system.**

Action

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| (1) Circulate the SAER Clinical Governance Committee paper to Board members. | Jack Frawley |
| (2) Include points from Clinical Governance Committee discussions in future reporting of SAERS to provide further assurance. | Frances Dodd /
Andrew Murray |

(b) Healthcare Associated Infection (HAI) Reporting Template February 2025

The Forth Valley NHS Board considered a report for assurance, presented by Mr Horwood, which was a mandatory reporting tool for oversight of HAI targets and other activities.

Key messages in the report included:

- (i) Total SABS remained within control limits. There were two hospital acquired SABs in February.
- (ii) Total DABs remained within control limits. There was one hospital acquired DAB in February.
- (iii) Total CDIs remained within control limits. There were two hospital acquired CDIs in February.
- (iv) Total ECBs remained within control limits. There was one hospital acquired ECB in February.
- (v) There had been no deaths with MRSA or C.difficile recorded on the death certificate.
- (vi) There were no mandatory surgical site infections in February.
- (vii) There was one outbreak reported in February.

The Forth Valley NHS Board noted the:

- (1) **HAIRT report;**
- (2) **performance in respect for SABs, DABs, CDIs & ECBs, and**
- (3) **detailed activity in support of the prevention and control of Health Associated Infection.**

22. Performance Report

The Forth Valley NHS Board considered a report for assurance, presented by Ms Mackenzie, which provided key performance information to support effective monitoring of system-wide performance.

Key messages in the report included:

- (i) Overall compliance with the 4-hour emergency access standard (EAS) in January 2025 was 53.6%; Minor Injuries Unit 99.7%, Emergency Department 46.4%.
- (ii) Cancer target compliance in December 2024: 62-day target – 78.8% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. 31-day target – 97.8%.
- (v) Psychological Therapies - in January 2025, draft data showed 68.3% of patients started treatment within 18 weeks of referral.
- (vi) Child & Adolescent Mental Health Services – in January 2025, 98.6% of patients started treatment within 18 weeks of referral.

The following points were made in discussion:

- (i) There had been significant flu pressure with a high volume of patients requiring isolation which had impacted on performance in terms of urgent and unscheduled care. The Director of Acute Services advised that work was ongoing with the urgent & unscheduled care action plan and discussion continued with Scottish Government regarding improvement plans and short-term funding to support this activity.

The Forth Valley NHS Board:

- (1) considered and noted the current key performance issues, and**
- (2) noted the detail within the Performance Report.**

23. Integration Joint Board Minutes – for information

- (a) Minute of Clackmannanshire & Stirling IJB – 20 November 2024, and
- (b) Minute of Falkirk IJB – 29 November 2024.

24. Any Other Competent Business

(a) Valedictory

The Board Chair noted that this was Dr Michele McClung's last meeting as a Non-Executive Director. Dr McClung had served eight years on the Board of NHS Forth Valley and had served as Chair of the Staff Governance and Clinical Governance Committees. The Chair and Professor Dodd led the Board in a vote of thanks to Dr McClung for her hard work and dedication over the years and wished her well for the future.

25. Risks and Reflections

The Forth Valley NHS Board did not resolve to recommend any further items for consideration for inclusion on the Risk Register.

26. Date and Time of Next Meeting: Tuesday 27 May 2025 at 9.30am.

FORTH VALLEY NHS BOARD

3(b). Minute of the Forth Valley NHS Board Special Meeting held on Tuesday 29 April 2025 For: Ratification

Minute of the Forth Valley NHS Board Meeting held on Tuesday 29 April 2025 at 1.30pm in the Boardroom, Carseview House.

- Present:**
- Ms Neena Mahal (Board Chair)
 - Ms Kirstin Cassells (Non-Executive Director)
 - Mr Robert Clark (Non-Executive Director)
 - Cllr Fiona Collie (Non-Executive Director)
 - Professor Frances Dodd (Executive Nurse Director)
 - Mr Martin Fairbairn (Non-Executive Director)
 - Mr Gordon Johnston (Non-Executive Director)
 - Cllr Fiona Law (Non-Executive Director)
 - Mr Stephen McAllister (Non-Executive Director)
 - Professor Ross McGuffie (Chief Executive)
 - Mr Andrew Murray (Medical Director)
 - Mr Allan Rennie (Vice Chair)
 - Mr John Stuart (Non-Executive Director)
 - Mr Scott Urquhart (Director of Finance)
- In Attendance:**
- Ms Elsbeth Campbell (Head of Communications)
 - Dr Jennifer Champion (Acting Director of Public Health)
 - Mrs Morag Farquhar (Director of Facilities)
 - Ms Janette Fraser (Head of Strategic Planning)
 - Mr Jack Frawley (Board Secretary)
 - Mr Scott Jaffray (Director of Digital)
 - Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
 - Ms Jackie McEwan (Corporate Business Manager)
 - Mr Kevin Reith (Director of People)
 - Ms Rachel Tardito (Equality, Diversity and Wellbeing Lead)
-

1. **Welcome, Apologies for Absence and Confirmation of Quorum**

The Chair welcomed all present to the meeting.

There was an apology from Cllr David Wilson. The Board meeting was quorate.

Mr Garry Fraser, Ms Joanna MacDonald and Ms Gail Woodcock were not in attendance.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Health Board Collaboration and Reform**

The Forth Valley NHS Board considered a report for approval, presented by Professor McGuffie, Chief Executive, which provided an update on the NHS Renewal Plan. All Boards had been asked to take update papers on the emergent governance arrangements including the establishment of the NHS Scotland

Executive Group. Board members had the benefit of a presentation and discussion on Collaboration and Reform at a recent Board Seminar.

Key messages in the report included:

- (i) NHS renewal and reform was focused on enhancing healthcare services through increased capacity, expanded primary care, and the use of digital innovations.
- (ii) The initiative aimed to shift more care into communities and homes, reduce hospital admissions, and improve access to treatment.
- (iii) The Scottish Government had committed to publishing three key plans to support the reform agenda.
 - Health & Social Care Operational Improvement Plan (published in March 2025)
 - 10 year Population Health Framework
 - Service Reform Framework
- (iv) The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.
- (v) NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland setting out expectations about collaboration. This letter reaffirmed the expectation for increased collaboration between NHS Boards to help improve the health and wellbeing of the citizens and communities of Scotland and aligned to the principles of co-operation and assistance.
- (vi) The paper from the NHS Scotland Executive Group set out further information regarding: governance arrangements; renewal and reform, and improvements in planned care.

The following points were made in discussion:

- (i) It was raised that both the NHS Board Chairs and Chief Executives Group had discussed the collaboration and reform agenda and that while things would be done differently that services would be delivered in the best way for the best outcomes, safety and quality.
- (ii) Members discussed patient safety and clinical outcomes highlighting that these would need to remain a focus of the collaborative work. A question was asked regarding the implications for Forth Valley patients. The Chief Executive noted that to date when able to do so NHS Forth Valley had offered mutual aid to other Boards. Where services in other Board areas were under pressure there was a moral imperative to assist. Although there could be a local impact this approach had been in place for many years without significant detriment to the people of Forth Valley. Procedures would be offered out where there was capacity but it would be for NHS Forth Valley to identify where there was capacity and offer out. Local control would be retained. The wider approach to population health would be mutually beneficial, particularly in specialities with challenges in staff numbers.
- (iii) Discussion took place on the structure of regional planning arrangements. The Chief Executive confirmed that NHS Forth Valley was part of the West of Scotland Regional Planning Board with a similar structure for West of Scotland Chairs and that the structure had been in place for many years. Due to the geographic location of NHS Forth Valley there could be linkages into 3 regions. There were potential disadvantages of three different

approaches but if Forth Valley needed mutual aid support there were three regions to reach out to. Despite being part of the West of Scotland Regional Planning Board the central location of Forth Valley meant that services could still connect with other areas including the East. It was noted that Forth Valley was also part of a number of regional structures and particular examples of with Tayside and Grampian were given.

- (iv) It was raised that work was needed to ensure appropriate governance oversight was undertaken by the Board and Committee processes. Specifically, clinical governance needed to be addressed. The Board Chair noted that it had been recognised nationally that further work on the governance arrangements was needed.
- (v) Responding to discussion on financial governance it was confirmed that funding was calculated by resident population so there needed to be clear underpinning arrangements for finance in terms of recharge arrangements.
- (vi) There was discussion that the approach should not be a numbers game and that it was important to think of the value of services being provided. It was advised that repatriation arrangements and through care were already working well in terms of the mutual aid provided by and to Forth Valley. There would be criteria set on which patients would be accepted for mutual aid and that more complex cases would be retained at their host Board, consistent with the desire of clinicians.
- (vii) Members highlighted that there would need to be a clear approach to communications going forward, both for staff and public. There was also discussion on how cross border patients would access transport and how this would be funded. To date patients and staff who had been part of mutual aid arrangements had provided good feedback on their experiences. It was acknowledged that in general people reported that they were happy to travel for scheduled surgery and across Board boundaries. Members noted that it was important to ensure that no patients were disadvantaged by the ability to travel and that the access policy would need review.
- (viii) It was important that there was an opportunity for productivity gains and that the level of demand was not hardwired in to future service provision, an important factor in changing approach would be Value Based Health & Care.

The Forth Valley NHS Board:

- (1) considered the emergent position with the NHS Renewal agenda and determined that the local plans to embed the required actions within the Annual Delivery Plan 2025/26 and their associated impact measures within the revised performance management arrangements were suitably robust.**
- (2) considered the paper from the NHS Scotland Executive Group on Collaboration, the implications of this, formally noted the requirements and endorsed them for adoption by Officers.**
- (3) noted the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.**
- (4) noted the evolution of the new governance arrangements which were intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.**
- (5) endorsed the duality of its role for the population served as well as its contribution to the population that would cross traditional Board boundaries and approved local implementation of the approach, consistent with DL(2024)31 and 12(J) of the 1978 NHS Scotland Act.**

- (6) **endorsed the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there was a requirement to deliver the principles set out by the First Minister in his speech of 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.**

4. Equality Inclusion Strategic Framework

The Forth Valley NHS Board considered a report for approval, presented by Mr Reith, Director of People, which presented the draft Equality Inclusion Strategic Framework which had been co-developed with members of local communities, workforce and key stakeholders and would be monitored through the Staff Governance Committee.

Key messages in the report included:

- (i) In line with legal obligations, as set out within the Public Sector Equality Duty, a series of equalities reports must publish by 30 April 2025, these were embedded within the Equality and Inclusion Strategic Framework as:
 - Equality Mainstreaming Report
 - Equality Outcomes for 2024 to 2029
 - Gender Pay Gap
 - Equal Pay Statement
 - Workforce Monitoring Report
- (ii) The Strategy and Equality Outcomes were developed in response to feedback from ongoing engagement with staff and communities. In February 2025, Board members participated in a dedicated Equality, Diversity and Inclusion Seminar which enabled them to comment and influence the priorities within the Framework.
- (iii) The Strategic Framework would be published on the NHS Forth Valley website and shared with colleagues and key stakeholders as part of a wider launch over coming months.

The following points were made in discussion:

- (i) A question was asked on whether including a Modern Slavery Statement had been considered. The Director of People suggested that this matter could be given further consideration offline and developed as appropriate through the Area Partnership Forum and Staff Governance Committee. The Equality, Diversity and Wellbeing Lead noted that this was an area of ongoing action and that she would look to make that more clear in the document for publication.
- (ii) In relation to health inequalities, members asked for more information on the liaison with stakeholders referenced in the Framework. The Equality, Diversity and Wellbeing Lead advised that when published, the Health Equity Plan would be included as required by Scottish Government.
- (iii) It was noted that there had been a positive Board Seminar on Equality, Diversity & Inclusion (EDI) with a further session to come in the future on matters including using EDI to inform decision making and how the Board could hear lived experience and diverse voices. It was suggested that the Staff Governance Committee could look at how to do this in a proactive way.

The Forth Valley NHS Board:

- (1) **noted the content of the report, providing feedback and suggestions for any further improvements to the Strategic Framework, and**

- (2) **approved the Strategic Framework for publication and launch on 30 April 2025, in line with the statutory duty.**

5. Draft Population Health & Care Strategy and Draft Engagement Plan

The Forth Valley NHS Board considered a report for approval, presented by Ms Fraser, Head of Strategic Planning, which set out the draft Population Health and Care Strategy 2025-2035 along with the plan for further engagement with a wide range of stakeholders.

Key messages in the report included:

- (i) The draft Strategy had been prepared following engagement with service users, staff and partner organisations. The Strategy also reflected the Falkirk and Clackmannanshire and Stirling HSCPs Strategic Plans, national plans and policy.
- (ii) A further period of engagement was proposed from 1 May to 15 June 2025, as outlined in the Communication and Engagement Plan.
- (iii) The Strategy would be revised to take into consideration the engagement responses and the final Strategy would be presented to the Board for approval by September 2025.
- (iv) A Strategy Steering Group was established in 2024, chaired by the Medical Director, to lead the work to develop the Population Health and Care Strategy.
- (v) A short life Task and Finish Group was established to shape and develop the Strategy. The Group is chaired by Mr Allan Rennie, Board Vice Chair. The Group reports to the SPPRC, prior to any decisions required by the Board. The Group met on 4 occasions and provided input to the development of the Strategy. The Group would continue to meet until the Strategy was finalised, approved by the NHS Board and published.

The following points were made in discussion:

- (i) There were comments on format and small accuracy points raised in relation to the version of the draft Strategy which would be used for engagement purposes.
- (ii) A question was asked on how the local media would be involved in the engagement. The Head of Communications advised that a media release was ready for issue and included a call to action. There would be a link to a dedicated webpage for the Strategy and the Communications Team would support the activity around promotion of the engagement period.
- (iii) Members noted the inclusion of Community Councils in the list of key groups and suggested that Development Trusts would be a good point of contact who could support in reaching groups of people who may otherwise be missed.
- (iv) There was discussion on how exciting this area of work was with the potential to be radical and different in Forth Valley's approach. It would be important for the Board to think on how to interact with implementation of the approach including resources and further engagement. The Chief Executive noted that when engaging on strategy creation it was important to ensure that engagement was ongoing.
- (v) The Task and Finish Group would meet to review the responses received to the engagement and it was noted that indicative approval for a finalised Strategy was the August Board with an opportunity to discuss this at the August Board Seminar. The Board Chair requested that information on feedback from the engagement exercise, what was taken on board and what was not and why should be included in a future paper. It was suggested that this could also be included when the feedback was published on the website.

The Forth Valley NHS Board:

- (1) approved the draft Population Health & Care Strategy 2025 – 2035;**
- (2) approved the Strategy Communications and Engagement Plan;**
- (3) approved the further engagement from 1 May to 15 June 2025;**
- (4) noted the extensive engagement which had been undertaken to date, and**
- (5) agreed that the final Population Health & Care Strategy and engagement plan were brought to the Board for approval by September.**

6. Any Other Competent Business

There was no other competent business.

7. Risks and Reflections

The Forth Valley NHS Board did not resolve to recommend any further items for consideration for inclusion on the Risk Register.

8. Date and Time of Next Meeting: Tuesday 27 May 2025 at 9.30am.

4. Action Log

Forth Valley NHS Board – 27 May 2025

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
049	24.09.24	Realistic Medicine and Value Based Health & Care Update	That information on how Realistic Medicine will be embedded in all aspects of reporting is provided to a future meeting.	Andrew Murray & Jack Frawley	27.05.25	A revised Board report template is being developed with the Board Chair. Embedding Realistic Medicine/Value Based Health & Care will be a consideration in this process.	In progress
058	26.11.24	Falkirk Health & Social Care Partnership Assurance Report	Consideration of the reporting and assurance of HSCP delivery to the Board as part of its new performance framework.	Ross McGuffie	27.05.25	The new performance framework will include reporting and assurance of the HSCPs delivery to the Board. The schedule of reporting will include both HSCPs and the Acute Directorate.	Complete
070	28.01.25	Integration Schemes	An update on any Ministerial feedback received.	Jillian Thomson	25.03.25	The Falkirk Integration Scheme was approved by Board on 28 January and subsequently by Falkirk Council at its meeting on 30 January 2025. The Clackmannanshire & Stirling Integration Scheme	In Progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
						was approved by Board on 28 January and subsequently Stirling Council at its meeting on 6 February 2025.	
074	25.03.25	Board Executive Team Report	Consider a consistent approach for the Board to recognise and thank staff.	Frances Dodd & Neena Mahal	15.04.25	Connection made with the Invest & Celebrate workstream of Culture Change & Compassionate Leadership Programme to ensure Board role is reflected in outputs to deliver staff feedback.	Complete
075	25.03.25	Health and Care Staffing Act Annual Report	Staff Governance Committee to continue to monitor Health and Care Safe Staffing legislative requirements and the associated risks as part of their workplan.	Kevin Reith	27.05.25	Safe Staffing reports are included on the Staff Governance Committee workplan and will be presented throughout the year.	Complete
076	25.03.25	Draft Financial Plan	An update on areas raised in discussion would be provided at the April Board Seminar on Finance.	Scott Urquhart	15.04.25	The update was provided at the Board Seminar.	Complete
077	25.03.25	Draft Financial Plan	Board members were encouraged to highlight any further areas they wished covered at the April Board seminar directly to the Director of Finance.	Scott Urquhart	15.04.25	Complete	Complete

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
078	25.03.25	Update on Communication Priorities 2025/26	Further discussion to take place on EQIA in the future with Board Members.	Kevin Reith	27.05.25	Further discussion on EQIA will take place with Board Members at the Board Development Session on 12 August 2025.	Complete
079	25.03.25	Update on Communication Priorities 2025/26	Add annual update on Communication Priorities to Board Schedule of Business.	Jack Frawley	27.05.25	The Communication Priorities Update is included in the updated Schedule of Business presented to this meeting.	Complete
080	25.03.25	Board Assurance Framework	Review of Board Paper Template to report to May Board.	Jack Frawley	29.07.25	Development of the Board Paper Template is ongoing with the Board Chair and appropriate officers. This will include the role of the EQIA in Board reporting.	In Progress
081	25.03.25	NHS Forth Valley Blueprint for Good Governance Board Development Plan	Progress work on the mapping of strategies at the earliest opportunity.	Kerry Mackenzie	27.05.25	Mapping of Strategies and work programmes to governance committees is being taken forward as part of the ongoing update and development of the Board Assurance Framework. There will be a formal review and update of the Board Assurance Framework annually as presented to the NHS Board in March 2025.	Complete
082	25.03.25	NHS Forth Valley Blueprint for Good Governance	Consider how Board Members will receive more detailed feedback on the culture work.	Kevin Reith	27.05.25	Sessions for presenting outputs of Phase 1 & 2 workstreams have been included in the Board	Complete

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
		Board Development Plan				Development sessions in June 2025 and February 2026.	
083	25.03.25	GP Primary Care Sustainability Update Report	Consider and review the assurance routes for monitoring of the Primary Care Improvement Plan & wider Primary Care Services and GP Sustainability.	Ross McGuffie / Gail Woodcock / Tom Cowan	29.07.25	A risk based approach to the mapping of assurance routes has been undertaken. Initial work completed with further discussion to take place.	In progress
084	25.03.25	Power Outage – Forth Valley Royal Hospital 24 January 2025	Provide assurance that Business Continuity Plans have been reviewed and updated.	Nicola Watt	27.05.25	All BCPs are the subject of continual review within a 1 – 3-year cycle, based on risk. There are 119 BCPs in Acute which will be reviewed in a systematic way. As learning will also be applicable to High Impact Amber warnings the Severe Weather plan will be reviewed to take account of this.	Complete
085	25.03.25	Power Outage – Forth Valley Royal Hospital 24 January 2025	Any actions from the Resilience Partnership to be reported to SPPR Committee.	Nicola Watt		Any actions from the Resilience Partnership will be reported to the SPPR Committee in due course.	Complete
086	25.03.25	Power Outage – Forth Valley Royal Hospital 24 January 2025	Development of an internal communications solution for the Forth Valley Royal Hospital site to be considered and an update to be provided to SPPR Committee.	Scott Jaffray	29.04.25	The SPPR Committee received an update and this matter is included on the Committee's action log.	Complete

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
087	25.03.25	Quality Assurance and Improvement Report	Circulate the SAER Clinical Governance Committee paper to Board members.	Jack Frawley	27.05.25	Paper circulated to Board Members.	Complete
088	25.03.25	Quality Assurance and Improvement Report	Include points from Clinical Governance Committee discussions in future reporting of SAERS to provide further assurance.	Frances Dodd / Andrew Murray	27.05.25	Matters raised at the Clinical Governance Committee will be reflected in future reporting of SAERs.	Complete

STATUS:
Overdue
In progress
Complete

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

6. Board Executive Team Report

For: Discussion

Executive Sponsor: Professor Ross McGuffie, Chief Executive

Author: Mr Jack Frawley, Board Secretary

1. Executive Summary

- 1.1 This report provides an opportunity to deliver a wide update from the Board's Executive Team, covering celebrating success; general updates; inspection activity; visible leadership; and horizon scanning.

2. Recommendation

- 2.1 The Forth Valley NHS Board is asked to **note** the report.

3. Key Issues to be Considered

3.1 Celebrating Success

- 3.1.1 Celebrating success is an essential part of reinforcing positive outcomes, enhancing staff morale and strengthening commitment to our organisational values. Recognising the great achievements of our dedicated workforce helps foster a positive culture, encourage collaboration and remind both staff and Board Members of the great impact we have on the population of Forth Valley.
- 3.1.2 Since the last Board meeting, there have been a number of positive areas of success, including:
- NHS Forth Valley's Research and Development Unit has announced a significant achievement as the first unit in Europe to open a new **clinical trial focused on research into advanced and recurrent lung cancer**. The trial, led locally by Dr Nicola Steele, NHS Forth Valley Consultant Oncologist with support from Co-Investigators Dr Ben Fulton, Consultant Clinical Oncologist, Jennifer Wilson, Lung Clinical Nurse Specialist and Professor Euan Cameron, Consultant Respiratory Physician and NHS Forth Valley Clinical Director for Research and Development, will test a novel immunotherapy treatment plan, offering hope for patients with limited treatment options. Michelle Thomson, MSP, raised a motion in parliament congratulating NHS Forth Valley and thanking the team for their team for the dedicated work.
 - NHS Forth Valley's **Culture Change and Compassionate Leadership programme** has been chosen as one of the spotlight sessions at the upcoming NHS Scotland Event, providing great recognition for Jo Tolland and all of the project team for their hard work and innovation.
 - Jennifer Miller and Sharon Faulds from the Practice Development Unit have been nominated as one of the highest scoring abstracts for their submission to the NHS Scotland Event on '**Enhancing Student Nurse Experience in Care Homes: Challenging Stereotypes Through Innovation and Collaboration.**' As one of the

highest scoring submissions, they have also been selected to give a presentation at the event.

- Jo Stewart, Paediatric Dietician, has also had a poster abstract accepted for the NHS Scotland Event on '**Improving quality of care for infants with cows milk protein allergy (CMPA) from diagnosis to treatment**'. With over 300 abstracts received, to be chosen is great recognition of the dietetic work being undertaken within the board.
- The new **NHS Forth Valley Rapid Cancer Diagnostic Service** has been launched, with NHS Forth Valley now one of six Boards across Scotland offering this service. The new service aims to provide faster answers for patients and peace of mind as the majority of those referred will not have cancer. The primary goal is to rule out cancer quickly, reduce uncertainty, and ensure that anyone who does need further care is identified and treated without delay.
- Jenni Minto, Minister for Public Health and Women's Health, attended FVRH on Tuesday 13 May to officially launch this the new **National Framework for Cardiology Nursing**, which has been developed by Leeanne Macklin, NHS Forth Valley Senior Cardiology Advanced Clinical Nurse Specialist and National Heart Disease Coordinator for Scottish Government, in partnership with NHS Education for Scotland.
- A Forth Valley student, Kayla MacDonald, has been recently received the 2025 **Radio Royal Robyn Jenkins Memorial Award** for her outstanding contributions to Forth Valley Royal Hospital Radio.
- Katie Dickenson, Senior Charge Nurse, has been chosen as a **finalist in the Mental Health Nursing Award category at the 2025 Scottish Nursing Awards**. Katie has been recognised for her exceptional leadership and dedication to transforming care within the Intensive Psychiatric Care Unit (IPCU) at Forth Valley Royal Hospital.
- Clackmannanshire & Stirling Health and Social Care Partnership has been awarded the **Gold Level Two Digital Telecare Implementation Award** by Digital Telecare for Scottish Local Government. This award celebrates the successful rollout of a live digital telecare service to over 50% of service users, with the service operating reliably for a minimum of six weeks - free from major issues or call failures. The recognition highlights the partnership's commitment to enhancing safety and independence for service users through digital innovation.
- Community Link Workers in Clackmannanshire and Stirling HSCP have won the prestigious '**Community Link Worker Team of the Year**' award at the Voluntary Health Scotland (VHS) CLW annual conference in Glasgow. Based in GPs practices, CLWs provide person-centred support, addressing a wide range of challenges impacting on mental health and wellbeing including depression and anxiety, social isolation, financial or money worries among others.

3.2 General Updates

3.2.1 Since the last Board meeting, there have been a number of developments of note:

- Pauline Bearne, **AHP Director**, retires on 31st May after over three years in NHS Forth Valley. Pauline has led significant transformation across AHP services in her time with the Board and we'd like to place on record our huge thanks to Pauline for her significant contribution.
- Professor Paul Cameron has been appointed as our new **AHP Director**, taking up the new role at the beginning of June. Paul is well known as the current Head of Community Health and Care for Clackmannanshire and Stirling HSCP where he has led on changes to enhance collaborative working across community and acute settings.
- Karen Goudie has been appointed as our new **Executive Nurse Director**, commencing in post from 16th July. Karen will be well known to Board members as our current Director of Nursing and will bring a wealth of both local and national experience

to the role. Karen will succeed Frances Dodd, our existing Executive Nurse Director who will retire from the Board on 15th July.

- Following the recent targeted **cyber-attacks** on several major UK retailers by cyber-criminals pretending to be staff members, work has been undertaken to update password reset processes through the Service Desk to minimise risk. All staff have been reminded of the importance of multi-factor authentication to ensure passwords are kept safe.
- The latest **Step into my shoes** week commences on Monday 26th May, supporting staff to learn about our diverse teams, services and departments. Staff can identify other teams where they can shadow, providing them with a great opportunity to broaden skills, gain fresh understanding and discover how other teams work.
- A **NMAHP Development Day** was held on Friday 9th May to give staff an opportunity to share their ideas and head from a number of NMAHP leaders from across the organisation. The day covered a range of topics including emotional intelligence, culture change, compassion and self-care and succession planning.
- NHS Forth Valley has joined a new three-year project to support independent living and enhance the quality of life for people living with dementia. The **CONSOLIDATE network**, led by Herriot-Watt University, brings together a number of NHS Boards, universities and charities, carers and community organisations to focus on how technology can enhance and support the social, mental and physical capabilities of people living with dementia.
- A new **charging hub for NHS Forth Valley fleet and pool vehicles** has opened at NHS Forth Valley Royal Hospital, providing 16 chargers (a mixture of 7, 22 and 50kW chargers). The hub is located within the purple car park at the rear of the hospital and can be accessed via a barrier operation by a wipe card.
- NHS Forth Valley's **draft Population Health and Care Strategy 2025-2035** is currently out for public engagement from 1st May to 15th June 2025. Extensive feedback from local people, staff and public partners has already helped shape the development of the strategy, but this provides an opportunity to review the draft to ensure it reflects what matters most to our local communities.
- At a special meeting of the Clackmannanshire & Stirling IJB on 2 May 2025 the budget for 2025/26 was approved and the Interim CO and CFO can now manage this with budgetary controls in place.
- The **Mental Health and Wellbeing Strategic Commissioning Plan** engagement is underway and closes on 3 June 2025.
- The Right Care Right Time (RCRT) – Front Door Service allows referrals to be directed to the right place at the earliest opportunity, which enables a positive impact for those accessing care and support and bringing together a Multi-Disciplinary Team (MDT) each day allows staff to concentrate on their role of supporting people and reduces duplication of work. This was put in place on 1 April, initial data will be analysed to continue to develop the RCRT dashboard.

3.3 Inspection Activity

3.3.1 Since the last Board meeting, there has been ongoing activity around:

- The inspection report relating to the MWC visit to HMP & YOI Polmont on 27th August has been published. This was an overall positive report, with two identified recommendations relating to the regular clinical review and managerial audit of care plans. The service has three months to compile an action plan against these recommendations which will be brought through the Clinical Governance Committee for assurance.
- The Care Inspectorate inspected Parklands Care Home in Alloa, which provides a care home service to 62 older adults, including support to people who are living with dementia. This was an unannounced inspection which took place on 8 & 9 April 2025. The assessed grades from the inspection were:

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 – Good

3.4 Visible Leadership

3.4.1 In line with the Board's culture programme, the Executive Team are programming regular walk rounds and visits to provide an opportunity for positive engagement with staff. This programme aims to make it easier for staff to raise concerns or ideas with senior staff, foster a culture of collaboration and allow leaders to set a positive example, demonstrating commitment to our organisational goals and values.

3.4.2 Since the last Board meeting, members of the senior team have visited:

- Practice Development Unit
- Specialist Rehabilitation Unit (Thistle Suite, Bellfield Centre)
- HMP Polmont
- Forth Valley Royal Hospital Discharge Lounge
- Division of Psychiatry
- Forensic Community Mental Health Service
- Neonates
- Community Substance Misuse Team
- Physiotherapy, Falkirk
- Carers Centre
- Falkirk Community Hospital
- Burnbrae Care Home

3.5 Horizon scanning

3.5.1 Moving forward, Board members can anticipate further updates around the following areas of activity:

- The Scottish Government are currently developing three plans, which will set the immediate and longer-term priorities for the NHS in Scotland. The Operational Delivery Plan was launched at the end of March; the Population Health plan will focus on the need to change towards a much more preventative and population health focus moving forwards; and the Reform plan will set out the aims of creating a much more NHS Scotland centred approach through collaboration between Boards and a new methodology around the Scottish Approach to Change.
- Care staff at Enable Care announced a series of targeted strikes at the end of May. As there are no planned strikes in the Forth Valley area it will not directly affect the 50 people who receive support from Enable locally, however, social work and commissioning staff have worked to put in place a contingency plan if the strike action does escalate so people in Clackmannanshire and Stirling are safe and get the support that they need.

4. Implications

4.1 Financial Implications

There are no financial implications within this update report.

4.2 Workforce Implications

The report details a range of positive development for staff wellbeing, including celebrating success, staff engagement and visible senior leadership.

4.3 Infrastructure Implications including Digital

There are no infrastructure implications within this update report.

4.4 Sustainability Implications

There are no sustainability implications within this update report.

4.5 Sustainability Declaration

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

☐ Yes

☒ N/A

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

4.6 Quality / Patient Care Implications

This report outlines inspection activity currently underway within the Board but has no implications around quality of care.

4.7 Information Governance Implications

There are no information governance implications within this update report.

4.8 Risk Assessment / Management

No risk assessment has been undertaken on this update report.

4.9 Relevance to Strategic Priorities

This update report demonstrates coherence with our organisational goals and values, highlighting staff engagement, celebrating success and providing transparency around inspection activity and future developments.

4.10 Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that: (please tick relevant box)

☒ Paper is not relevant to Equality and Diversity

☐ Screening completed - no discrimination noted

☐ Full Equality Impact Assessment completed – report available on request

4.11 Communication, involvement, engagement and consultation

There has been no engagement activity around the completion of this update report, though it does outline ongoing walk rounds and staff engagement.

FORTH VALLEY NHS BOARD

7.1 Minute of the Audit & Risk Committee Meeting held on Friday 28 June 2025

For: Assurance

Minute of the Audit & Risk Meeting held remotely on Friday 28 March 2025.

Present: Cllr Fiona Collie – Chair (Non-Executive Member)
Mr Robert Clark (Non-Executive Member)
Mr Martin Fairbairn (Non-Executive Member)
Mr Stephen McAllister (Non-Executive Member)
Cllr David Wilson (Non-Executive Member)

In Attendance: Mr Sandy Denholm, Deloitte LLP
Mr Jack Frawley (Board Secretary)
Ms Joceyln Lyall, Chief Internal Auditor
Ms Anne Marie Machan, Regional Audit Manager
Ms Neena Mahal (Board Chair)
Ms Sarah Smith (Corporate Services Assistant)
Mr Scott Urquhart (Director of Finance)
Ms Vicky Webb (Corporate Risk Manager)

1. **Welcome, Apologies for Absence and Confirmation of Quorum**

The Chair welcomed all present to the meeting. Martin Fairbairn; Stephen McAllister and David Wilson were welcomed as new members of the Committee.

There were no apologies from members of the Committee. The meeting was quorate.

Kerry Mackenzie was not in attendance.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minute of the Audit & Risk Committee Meeting held on 24 January 2025**

The minute of the meeting held on 24 January 2025 was **approved** as a correct record.

4. **Matters Arising from the Minute / Action Log**

The Action Log was **reviewed** by the Chair and consideration was given to the actions still in progress. Members noted all updates and timeframes for action 2.

Members noted that action, 3, was complete and would be removed from the Action Log.

The Audit & Risk Committee noted the Action Log.

5. **Internal Audit**

5.1 **Internal Audit Progress Report**

The Audit & Risk Committee considered a report for assurance, presented by Anne Marie Machan, Regional Audit Manager, which provided an update on progress with

the 2024/25 Internal Audit Plan and the outcome of the External Quality assessment (EQA) of the internal audit service.

Key messages in the report included:

- (i) Audit work was continuing inclusive of the Falkirk Integration Joint Board.
- (ii) 2 finalised Audit reports had been issued with summary provided in papers.
- (iii) Active fieldwork for the Supplementary Staffing Audit A20/25 would commence 31 March 2025 as staff become available.
- (iv) Falkirk IJB Audit confirmed 2024/25 field work was complete with audit findings to be issued shortly.
- (v) For External Quality Assessment of Internal Audit an agreed draft report was issued in March 2025. This confirmed NHS Forth Valley internal audit service conformed with the Internal Audit standards framework.
- (vi) Work to progress on the Annual Audit Report with field work to commence in May 2025.

The following points were made in discussion:

- (i) Clarity was sought around inclusion of the Falkirk Integration Joint Board. It was confirmed this formed part of the NHS Forth Valley Plan and a sharing protocol for reporting was in place. Audit coverage for the Integrated Joint Boards was provided on a rotational basis.
- (ii) All Audit Reports were taken to the Senior Leadership Team. A follow up report was also provided to the relevant Governance Committee to ensure actions were complete. This would ensure alignment with other key strategies.
- (iii) It was recognised outputs from Audit Reports should be reflected in the Population Health & Care Strategy.

The Audit & Risk Committee: Noted the Internal Audit Progress Report.

Action:

- (1) Induction Session to be held prior to the next Audit Committee in recognition of the new members of the Committee. This would include Internal Audit and External Audit.**
- (2) Audit Recommendations to be shared directly with Janette Fraser, Head of Planning and Kerry Mackenzie, Acting Director of Strategic Planning and Performance to ensure appropriate incorporation within the Population Health & Care Strategy.**
- (3) For the June Committee the Annual Reporting Accounts Governance Statement; Chief Internal Auditors Annual Report and finalised EQA Report would be presented.**

5.2 Internal Audit Follow Up Report

The Audit & Risk Committee considered a report for Assurance presented by Anne Marie Machan, Regional Audit Manager, which showed the implementation position on existing Internal Audit recommendations and actions to 28 February 2025.

Key messages in the report included:

- (i) Status update of all management actions with comparator against December 2024.
- (ii) Appendix 1 detailed the extended significant actions and the overdue actions with RAG status provided.
- (iii) Appendix 2 listed the validated and completed actions within this cycle.
- (iv) One action had a red status and the Committee had previous knowledge of this, which related to the consistency of the Consultants Job Plans. Update from Director of Acute Services advised expectation was majority would be completed

by end March 2025. A validation update on this action would be provided within the next report to Committee.

The following points were made in discussion: -

- (i) The Committee raised concern around the number of extensions granted with assurance provided. It was confirmed this area would have greater focus within the Audit Follow Up Reporting for 2025/26.
- (ii) An Audit Follow Up Protocol was in place which was the mechanism for setting out process. This was due for update and would be brought to next Committee meeting, in accordance with new Global Internal Audit standards and the recent Internal Quality Assessment.
- (iii) A06/25 was marked as overdue as at time of writing the template for the Performance & Resources Committee was still awaited. This had now been received.
- (iv) In terms of the 2 actions around the Emergency Department, no update was recorded within Pentana. Contact had been made with responsible officer, with no response received. Assurance was provided this action related to a follow up report around the actions put in place.
- (v) In terms of the escalation process following no response, this was detailed within the Audit Follow Up Protocol. Scott Urquhart confirmed ongoing work to ensure audit actions were well disseminated. Circulation was made to the Senior Leadership Team and relevant Governance Committees. It was agreed follow up would be made with the Director of Acute Services to obtain a clear update around the ED Actions.
- (vi) In response to a request for assurance around Cyber Security, it was confirmed there was an External Audit Review Process in place (NISER). A recent review meeting took place for the latest update of the report, which was positive, with 90% compliance against requirements (+10% from last year). The need for ongoing vigilance was recognised. The recent presentation from Gordon Young, Counter Fraud Services outlined emerging cyber and AI challenges.
- (vii) Clarification was sought around the timeline for pending National Guidance around workforce planning. No date had yet been provided.
- (viii) Members praised the usefulness of the report with this providing clarity around findings and actions.

The Audit & Risk Committee thereafter noted the paper.

Action:

- (1) Audit Follow up protocol would be brought to June meeting with specific review around the escalation process.**
- (2) Scott Urquhart to follow up with Director of Acute Services to obtain clear update around outstanding ED actions and mechanism for provision of any additional support/capacity.**
- (3) Clarify whether NISER Report would be presented to SPPRC.**
- (4) Validation update on red risk (Consistency of Consultants Job Plans) to be provided in the next report to Committee.**

5.3 Global Internal Audit Standards

The Audit & Risk Committee considered a report for assurance presented by Jocelyn Lyall, Chief Internal Auditor, which informed members about the new Global Internal Audit Standard and meaning for both Internal Audit and the Committee.

Key messages in the report included:

- (i) Background to the new standards was provided, noting they would be applicable by the Public Sector from April 2025.
- (ii) Standards were worldwide, but the document had an application note, which outlined Global Internal Audit Standards within the UK Public Sector. Links were noted within the paper.
- (iii) These documents would replace the current internal audit standards.
- (iv) A Chartered Institute of Public Finance and Accountancy (CIPFA) Audit Committee Update 'Helping Audit Committees to be effective' was issued November 2024. This detailed the role of the Audit and Risk Committee in oversight of support of Internal Audit.
- (v) The EQA confirmed general conformity with the extant standards. A number of recommendations were also noted, with an improvement plan being prepared.
- (vi) The Audit and Risk Committee Terms of Reference would need further amendment to ensure that everything within the global standards was included and also to include the role of the Committee in monitoring the improvement plan.
- (vii) The role of the Internal Audit Service was outlined noting the new standards provided complete professional guidance, as well as the criteria for evaluation.
- (viii) Standards were based on 15 guiding principles across 5 domains. Each principle was supported by standards.
- (ix) Key aspects of the changes were outlined with requirement for an internal audit mandate and charter for approval by Committee. The Charter was already in place and would be updated to include the mandate and brought to the next Committee for approval.
- (x) Implementation of an Audit Strategy was also required which would be prioritised within the 2025/26 financial year. Detail of requirements and expectations were outlined.
- (xi) The standards also provided clarity around the roles and responsibilities for Senior Management and the Audit and Risk Committee. Detail was provided around some of the specific areas.

The Audit & Risk Committee noted the paper as presented.

Action:

- (1) Internal Audit Mandate and Charter to the next Committee meeting.**
- (2) Terms of Reference to be updated to reflect the new standards**

6. External Audit

6.1 NHS Forth Valley 2024/25 Audit Plan and Proposed Fee

The Audit & Risk Committee considered a report for approval presented by Sandy Denholm, Deloitte LLP, which provided the NHS Forth Valley 2024/25 Audit Plan and Proposed Fee.

Key messages in the report included:

- (i) Iain Howse had been appointed as Engagement Lead, replacing Pat Kenny.
- (ii) Materiality levels were outlined and would be reviewed and updated at year end.
- (iii) Current timetable had a deadline of 17 June 2026 for accounts sign off.
- (iv) Outcomes were focussed on 3 significant risk areas that had been identified:
- (v) Brief summary was provided around work to be undertaken around each of the three risk areas.
- (vi) A wider scope audit would also be performed in line with previous years with specific focus work undertaken within key identified areas.
- (vii) Current timelines were outlined with close working ongoing with finance colleagues to ensure alignment.

- (viii) Areas of sector development were included within the report, specifically Deloitte's State of the State 2025 which colleagues were encouraged to review.
- (ix) Audit fees were conveyed to NHS Forth Valley in January 2025 with outline provided within the paper.

The following points were made in discussion: -

- (i) A small fee increase was noted of circa 2% with confirmation fees were set by Audit Scotland.

The Audit & Risk Committee thereafter approved the fee as outlined within the paper.

6.2 Integration Joint Boards' Finance & Performance 2024

The Audit & Risk Committee considered a report for information presented by Scott Urquhart, which provided awareness of the wider financial pressures being seen across the whole system.

Key messages in the report included:

- (i) Relevance of report to NHS Board recognised given the associated risks in terms of risk share payments and unprecedented financial challenges.
- (ii) Exhaustion of general reserves noted within increased risk around additional payments through risk share mechanisms falling on partner organisations.
- (iii) Recommendations within the report were highlighted.

The following points were made in discussion: -

- (i) Added complexity recognised within NHS Forth Valley, noting the uniqueness of the position (2 IJBs) was not reflected within the document.
- (ii) Ian Howse confirmed the Auditors Report over the last 2 years had highlighted challenges with accounts commission discussing these issues at their meetings.
- (iii) Monitoring of risks across all constituent organisations was recognised as key.

The Audit & Risk Committee: Noted the report as presented.

7. Risk

7.1 Strategic risk Update January-March 2025

The Audit & Risk Committee considered a report for assurance presented by Vicky Webb, Corporate Risk Manager, which provided an update to the Strategic Risk Register for the period of January 2025 through to March 2025.

Key messages in the report included:

- (i) All risks within the reporting period had been reviewed and remained static.
- (ii) Two focussed reviews were undertaken and presented to the Strategic Planning and Performance Resources Committee with detail provided within the report.
- (iii) The closure of 2 risks was approved at the Board in January 2025 which resulted in a shift in the appetite profile of the strategic risks.
- (iv) Currently 0 risks within the Board's appetite with 25% within the tolerance rate and 75% outwith the Board's appetite and tolerance.
- (v) Overdue actions had been discussed at Board with the overdue risk discussed at SPPRC. A summary of discussion was provided.

The following points were made in discussion: -

- (i) Clarity was sought around the red risks with trend noting a static position. The impact of the external environment was recognised, noting there may be areas of minimal change.

- (ii) Focussed reviews were identified as being fundamental in managing risks. The ongoing development of the reviews was noted.
- (iii) Assurance was provided from Internal Audit around the benchmarking position within other Boards, recognising a similarity in risk profile.
- (iv) Target level and timeline were seen as fundamental. These were based on the appetite and tolerance level established by the Board.
- (v) The Chair noted an opportunity for the Board to review the risk management process within 2025, supported by a Non-Executive.

The Audit & Risk Committee: Noted the paper.

7.2 Risk Management Annual Report

The Audit & Risk Committee considered a report for Assurance presented by Vicky Webb, Corporate Risk Manager, which provided the Corporate Risk Management Annual Performance Report for 2024/25.

Key messages in the report included:

- (i) There had been a significant staffing impact over the last 12 months.
- (ii) Sections within the report were summarised.
- (iii) A new National Risk Assessment Matrix was now in place, published in February 2025. Alignment work would be undertaken.
- (iv) There had been a focus on increasing the awareness of risk throughout the whole organisation.
- (v) Training packages had continued with monthly increase being seen around e-learning.
- (vi) The Strategic Risk Profile was summarised over the last 12 months, with full detail provided in Section 2.1.2 of the Report.
- (vii) A qualitative analysis was also provided around the strategic risks.
- (viii) Focussed reviews had been conducted on all risks with the exception of a new risk added around Health Inequalities.
- (ix) The current risk profile for the organisation was provided with recognition of the need to further develop and enhance this area.
- (x) Key achievements over the last 12 months were outlined.
- (xi) Thanks were expressed to all colleagues for their support and commitment around risk.

The following points were made in discussion: -

- (i) Jocelyn confirmed she welcomed the report, having written formally to Scott Urquhart this week around the Governance Statement and Year End Assurances. A risk management report that provided adequacy and effectiveness of risk management arrangements was a key assurance and a key responsibility of this Committee. The report would form a key part of the evidence for the year end work.
- (ii) Colleagues recognised and praised the work undertaken by Vicky Webb and her team, especially in light of the significant staffing challenges experienced.

The Audit & Risk Committee: Considered and approved the report.

8. Governance

8.1 Audit & Risk Committee – Terms of Reference

The Audit & Risk Committee considered a report for approval presented by Jack Frawley, which provided the Audit and Risk Committee Terms of Reference.

Key messages in the report included:

- (i) The Terms of Reference were approved by the NHS Board on 25 March 2025.
- (ii) Representation would be made to the Board following amendments as noted.

The Audit & Risk Committee: Noted the updated Terms of Reference would be circulated to colleagues.

Action:

- (1) Document to be updated in line with comments received, reviewed and recirculated to Committee.**

8.2 Audit & Risk Committee – Annual Report

The Audit & Risk Committee considered a report for approval presented by Scott Urquhart, which provided the Audit and Risk Committee Annual Report.

Key messages in the report included:

- (i) This was a high-level document presented in a standardised format which aligned with other Committees within the Board.
- (ii) The document set out core pieces of information for the Committee.
- (iii) The proposed conclusion was the Committee had met the Terms of Reference and fulfilled its remit.
- (iv) In line with best practice, a self-assessment checklist had been completed and comment was sought from Committee. This would form part of the Annual Report as an appendix.

The following points were made in discussion: -

- (i) Comments were provided around the self-assessment checklist from Martin Fairbairn and Jocelyn Lyall. These were as follows:
 - Reasonableness of accounting estimate response to be changed to 'Yes.'
 - Draft Governance Statement to be circulated electronically to Committee.
 - Role of Risk Management to be amended to reflect this was now a 3 year plan.
 - Stewardship reports response to be amended to reflect Committee was receiving.
 - Document to be updated to reflect above changes and circulated to Committee.

The Audit & Risk Committee: approved the annual report and noted the self-assessment document would be amended and re-circulated.

Action:

- (1) Workplan for the Committee to be appended to the Annual Report.**
- (2) Self Assessment to be reviewed in line with comments received.**

8.3 Code of Corporate Governance

The Audit & Risk Committee considered a report for noting presented by Jack Frawley, Board Secretary, which provided the revised Code of Corporate Governance approved by the Board on 25 March 2025.

Key messages in the report included:

- (i) Engagement of the Committee was noted during review.
- (ii) Internal Audit have provided further material, Section F which would be reviewed and updated.

The Audit & Risk Committee: Noted the further amendments to be made.

Action:

- (1) Amendments to be made in line with discussion and further iteration to Committee and then the NHS Board for further approval.**

8.4 Audit & Risk Committee – Schedule of Business

The Audit & Risk Committee considered a report for approval presented by Jack Frawley, Board Secretary, which provided the Audit and Risk Committee Schedule of Business and highlighted the work to ensure full alignment with the Committees Terms of Reference.

The Audit & Risk Committee: Approved the Schedule of Business 2025/26 noting that this would be reviewed and updated on an ongoing basis.

9. Financial & Performance

9.1 NHS Scotland Accounting Manuals

The Audit & Risk Committee considered a report for noting presented by Jillian Thomson, which provided the 2024-25 Manual for the Annual Report & Accounts of NHS Boards and Scottish Financial Returns and the NHS Scotland Capital Accounting Manual 2024-25.

Key messages in the report included:

- (i) The Manuals were circulated through the Technical Accounting Group. Ordinarily these would be sent by the Director of Health Finance in Scottish Government, but letter was still awaited.
- (ii) Working to the usual timetable was noted, with a draft set of accounts to Scottish Government by end of May 2025 and final audited set by 30 June 2025. Board sign off would take place 17 June 2025.
- (iii) Limited changes were noted with annual review being undertaken. Key areas of change were outlined, particularly around enhanced disclosures.

The Audit & Risk Committee: Noted the report.

Action:

- (1) Letter from Director of Health Finance would be circulated upon receipt.**

9.2 Legal Claims Report

The Audit & Risk Committee considered a report for Assurance presented by Jillian Thomson, Deputy Director of Finance, which provided an overview of the current status of all clinical and non-clinical legal claims against the Board.

Key messages in the report included:

- (i) Document included clinical and non-clinical legal claims against the NHS Board. The contents was based on the return received from the Central Legal Office as at 31 December 2025.
- (ii) As at this date, there were 106 live claims against NHS Forth Valley with an estimated total value of £28m. This required reflection within the balance sheet,

- however any settled claims would be aggregated by Scottish Government and shared across all Boards at the end of the financial year.
- (iii) For NHS Forth Valley, there were 9 settled claims for the period April to December 2024 with total value around £10m, with one £8.4m claim which was highlighted within the report.
 - (iv) Total CNORIS cost was noted, with NHS Forth Valley contribution being around £2.6m.
 - (v) Claims were routinely added to the Safeguard System.
 - (vi) Increase in FOIs were being seen around this area.
 - (vii) CNORIS Scotland Wide report for 2022/23 distributed by NSS had been circulated to Committee. The 23/24 Report was circulated following submission of papers.

The following points were made in discussion: -

- (i) Assurance provided that any learning for Clinical Claims would be taken through Clinical Governance Committees.
- (ii) Benchmarking for Forth Valley queried, noting Forth Valley had a claims total that was slightly below similarly sized Boards.

The Audit & Risk Committee: Noted the content of the report.

Action:

- (1) CNORIS Report for 2023/24 to be circulated to Committee for information.**
- (2) Document to be amended to reflect Falkirk sat under NHS Forth Valley, not NHS Tayside as detailed.**

9.3 Proposed Change to the Treatment of Patient Fund Balances Upon Discharge

The Audit & Risk Committee considered a report for approval presented by Jillian Thomson, which provided a proposal to change the treatment of Patient Fund balances upon discharge of the patient into the care of an independent care provider.

Key messages in the report included:

- (i) Forth Valley currently managed the personal funds of long-term inpatients deemed incapable of managing their own finances. Totality was around £235k which was held in a separate bank account and subject to External Audit.
- (ii) Of this total, there remained around £60k being held for patients no longer within the care of NHS Forth Valley.
- (iii) Funds have never previously been transferred to an independent care provider in order to protect against risk of provider failure.
- (iv) Where formal appointeeship was in place, balances for discharged patients would be transferred.
- (v) Assurance was provided to Committee members around the due diligence checks that would be undertaken and these were detailed within the paper.

The following points were made in discussion: -

- (i) It was confirmed that current arrangements meant NHS Forth Valley were out of alignment with other Boards.
- (ii) External Audit have raised challenge around the time required to transfer funds.

The Audit & Risk Committee: approved the new process which would come into effect from 1 April 2025.

10. Counter Fraud Services

10.1 Counter Fraud Services Quarterly Report

The Audit & Risk Committee considered a report for assurance and decision presented by Anne Marie Machan, which provided the latest CFS Report for the third quarter of 2024/25 from a NHS Forth Valley perspective.

Key messages in the report included:

- (i) Sources of underpinning information were outlined.
- (ii) A small National reduction seen in the number of referral allegations to CFS.
- (iii) Of the 127 referrals, 8 related to NHS Forth Valley within the Q3.
- (iv) Proportion of Forth Valley referrals remained static at 6-8% of the national referral total.
- (v) Number and type of allegations remained unchanged.
- (vi) Training remained a key focus with Forth Valley proposed further promotion.
- (vii) Active Forth Valley referrals and live criminal investigations were detailed within the report.
- (viii) Annual Review meeting held with Counter Fraud Services who noted they were content with the Board's Fraud Arrangements.
- (ix) All reasonable assurance was proposed on arrangements.

The following points were made in discussion: -

- (i) Committee agreed the need to reinvigorate the organisations knowledge around Fraud, noting some issues may be due to a lack of knowledge and awareness by staff and managers.

The Audit & Risk Committee: Noted the report with agreement to promote the CFS Intranet Site and Fraud Awareness Training. Also to recirculate the Fraud Awareness Survey.

11. Any Other Competent Business

The Committee were advised of the proposed process for the sign off of the annual accounts on 17 June 2025.

12. Date and Time of Next Meeting: Tuesday 17 June 2025 at 9.45am.

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

7.2. Minute of the Clinical Governance Committee Meeting held on Tuesday 11 March 2025

For: Assurance

Minute of the Clinical Governance Committee Meeting held on Tuesday 11 March 2025 at 9.00am in the Boardroom, Carseview House.

Present: Mrs Kirstin Cassells (Non-Executive Director)
Mr Robert Clark (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Dr Michele McClung (Committee Chair)
Ms Neena Mahal (Board Chair)
Mr John Stuart (Non-Executive Director)
Cllr David Wilson (Non-Executive Director)

In Attendance: Miss Jennifer Brisbane (Corporate Services Assistant) Minute
Ms Laura Byrne (Director of Pharmacy)
Mr Ashley Calvert (Head of Clinical Governance)
Mr Jack Frawley (Board Secretary)
Mrs Eilidh Gallagher (Head of Person Centred Care) Item 10.1
Mr Jonathan Horwood (Infection Control Manager)
Prof Ross McGuffie (Chief Executive)
Mr Andrew Murray (Medical Director)
Dr Juliette Murray (Deputy Medical Director) Item 8.1
Dr Jennifer Rodgers (Dental Public Health Consultant) Item 9.1
Ms Jillian Taylor (Head of Service/ Chief Nurse) Item 12.3
Miss Vicky Webb (Corporate Risk Manager)

1. **Welcome, Apologies for Absence and Confirmation of Quorum**

Apologies from Committee Members were noted on behalf of Mr Stephen McAllister.

The Chair confirmed the meeting was quorate.

Apologies were also received on behalf of Dr Jennifer Champion, Professor Frances Dodd and Mr Kevin Reith.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minute of Clinical Governance Committee held on 7 January 2025**

The minute of the meeting held on 7 January 2025, subject to previous electronic circulation and committee member approval, was **confirmed** as an accurate record.

4. **Matters Arising from the Minute / Action Log**

The Clinical Governance Committee reviewed the action log and noted the complete actions, and below updates from the action log:

- (i) Action 50: It was agreed that the action's timescale would be extended to 6 May 2025 due to ongoing discussions on the oversight of risks.

- (ii) Action 56: Narrative on plans in place to address overdue policies and guidelines was added to Pentana therefore the action was noted as complete.

The Clinical Governance Committee noted the Action Log.

5.1 Clinical Governance Committee Planner

The Clinical Governance Committee noted the Committee Planner presented by Mr Ashlely Calvert.

Committee members were advised of the below amendments to the agenda and Committee Planner: -

- (i) Prisons Update was deferred to the 6 May 2025 meeting.
- (ii) Child to Adult Services Transition Age Agreement was deferred to the 8 July 2025 meeting.
- (iii) Scottish National Audit Programme (SNAP) Photonet and Scottish Cardiac Audit Programmes were removed from the agenda due to there being no papers available.
- (iv) Internal Audit Outstanding Actions Reports were removed from the planner due to the introduction of the Internal Audit Follow Up Actions Report as a standing item.
- (v) Risk Register Updates were removed following agreement at the 7 January 2025 committee meeting.

The Clinical Governance Committee noted the Committee Planner.

5.2 Clinical Governance Committee Planner 2025/2026

The Clinical Governance Committee received the 'Committee Planner 2025/2026' presented by Mr Ashlely Calvert.

Committee members were advised of the scheduled updates aligned to committee meetings within the 2025/2026 financial year.

The following points were made in discussion: -

- (i) It was agreed that the Controlled Drugs Accountable Officer Annual Report would be added for presentation at the 8 July 2025 meeting.
- (ii) Committee members were advised that the 2024/ 2025 Committee Planner was reviewed by Executive and Non-Executive Directors to ensure that the planner appropriately met the remit of the committee. Therefore, assurance was provided that the contents of the 2025/ 2026 Committee Planner was aligned with 2024/ 2025.
- (iii) Concern was raised over the frequency of the Public Protection reports where it was agreed that further consideration would be given to decide whether biannual updates would provide sufficient oversight.
- (iv) Following a proposal to extend the duration of meetings to allow presenters sufficient time. Reassurance was provided that the distribution of agenda items had been considered when developing the planner.

The Clinical Governance Committee approved the Clinical Governance Committee Planner 2025/2026 subject to the above amendment.

Actions: -

- | | |
|---|-------------------|
| (1) Add Controlled Drugs Accountable Officer Annual Report to Committee Planner for presentation at 8 July 2025 meeting. | Jennifer Brisbane |
| (2) Consider the frequency of Public Protection updates on Committee Planner. | John Stuart |

6. For Approval

6.1 Clinical Governance Committee Terms of Reference

The Clinical Governance Committee received the 'Clinical Governance Committee Terms of Reference' presented by Mr Ashley Calvert. The purpose of the paper was to present the proposed Terms of Reference (ToR) of the Clinical Governance Committee for approval prior to submission to the NHS Forth Valley Board.

Key messages in the report included: -

- (i) A review of all Assurance Committee ToR was undertaken, where a revised format to deliver consistency across NHS Forth Valley's Committee was developed and implemented.
- (ii) Committee members were advised of the change to membership, where it was noted that there was no longer a requirement for Public Involvement Network members.

The following points were made in discussion: -

- (i) Committee members reviewed the proposed ToR and sought the below amendments:
 - Removal of a duplicated bullet point within the Responsibilities section.
 - Provide further detail on the Organ & Tissue Donation Committee, specifically noting that the committee was chaired by a Non-Executive Director.
- (ii) Specific reference to educational governance was sought, where it was advised that such governance was undertaken by the Clinical Governance and Staff Governance Committee. It was agreed that further discussion would be undertaken by Mr Andrew Murray and Mrs Neena Mahal.

The Clinical Governance Committee approved the ToR subject to the above amendments.

Actions: -

- (1) Amend the Terms of Reference to capture the above changes, prior to the 25 March 2025 NHS Forth Valley Board.**
- (2) Discuss the suggestion to reference educational governance within the Terms of Reference.**

Jack Frawley

Andrew Murray &
Neena Mahal

6.2 Pharmaceutical Care Services Plan

The Clinical Governance Committee received the 'Pharmaceutical Care Services Plan' presented by Ms Laura Byrne. The purpose of the paper was to provide a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with Forth Valley. In addition to identifying local needs and gaps, providing recommendations of priorities and actions.

Key messages in the report included: -

- (i) A substantial level of assurance was provided on the basis that the Pharmaceutical Service Care Plan was up to date and had robust framework in place, therefore committee members were asked to consider and approve the plan.

The following points were made in discussion: -

- (i) Concern was raised over prescription costs becoming a risk to the organisation, where it was advised that such detail was not appropriate

within the plan. However, reassurance was provided that the Payment Verification Group and Medicines Management Group reviewed costs and were undertaking work to identify areas of cost savings.

- (ii) A question was raised on the governance of recommendations outlined within the plan, where it was noted that the governance was undertaken by the Local Pharmaceutical Negotiations Committee, Pharmacy Performance Review Group, and Falkirk Health & Social Care Partnership Senior Leadership Team.
- (iii) Consideration of the Population Health was sought within the plan to align with the NHS Forth Valley Board Strategy.
- (iv) A question was raised on the plans in place to address the limited access to 7-day provision of the Medicines Assisted Treatment (MAT) service, with no provision in Clackmannanshire. Committee members were advised that work was ongoing to review the model hours of pharmacies. However, assurance was provided that there were no patients at harm at the time of reporting, and mitigations were in place, such as a 7-day service in Stirling and the option of providing patients with long acting Buvidal where appropriate.
- (v) Detail on the Pharmacy Practice Committee and Pharmacy Model Hours was sought, where it was agreed that such detail would be added as appendices.

The Clinical Governance Committee approved the Pharmaceutical Care Services Plan subject to the addition of the above appendices.

Action:

- (1) Amend the Pharmaceutical Care Services Plan to include detail on the Pharmacy Practice Committee and Pharmacy Model Hours.**

Laura Byrne

7. In Our Services, Was Care Safe in the Past?

7.1 Emerging Clinical Issues

The Clinical Governance Committee were advised that there were no emerging clinical issues to be raised.

8. In Our Services, Was Care Safe in the Past?

8.1 Acute Directorate Safety and Assurance Report

The Clinical Governance Committee received the 'Acute Directorate Safety and Assurance Report' presented by Dr Juliette Murray. The purpose of the report was to support discussion, provide assurance of robust clinical governance within the Acute Services Department (ASD) and appropriate scrutiny at the Clinical Governance Working Group (CGWG) for the Clinical Governance Committee.

Key messages in the report included: -

- (i) Hospital Standardised Mortality Rate (HSMR) remained below the threshold of 1 for a fifth consecutive quarter.
- (ii) Adult Cardiac Arrest rate was at 1.84 per 1,000 admissions which saw an improvement from the previous reporting period of 2.28 as a result of treatment escalation and electronic observation work undertaken.
- (iii) Overall Stroke Bundle compliance had increased to 59.3% in December 2024 which was above the overall national position of 52.6%. Committee members were advised of the continued staff education on swallow screening.
- (iv) The Hospital Acquired Pressure Ulcer rate was 2.75 for overall grades per 1000 occupied bed days, and 1.79 for Grades 2-4 in December 2024.

- (v) The Falls with Harm rate for the Acute Directorate in December 2024 was noted at 0.83 per 1000 occupied bed days, with a fluctuation in rates.
- (vi) Following a Scottish Hip Fracture Audit, the below findings for Forth Valley Royal Hospital were noted:
 - Overall performance of 51.4% performance against the 'Big 6' bundle was achieved, which surpassed the national recorded performance.
 - There was a clear decline in the length of time patients spent in the Emergency Department.
 - Despite progress, significant improvement was required to meet the standard for delirium screening.
 - FVRH average length of stay was below the Scottish average therefore work was required to gain a greater understanding and analysis of potential areas of improvement.

The following points were made in discussion: -

- (i) Caution was raised on the terminology used when referencing to HSMR, where it was noted that there was a 'threshold' of 1 as opposed to a 'target'. Assurance was provided that the correct terminology would be used in future reports.
- (ii) A question was raised on funding received for post-stroke Community Rehab Nurses as referenced within the Annual Review, where detail on plans was sought. It was agreed that such detail would be provided at a future meeting.
- (iii) A committee member sought assurance on the implementation of the Electronic Observation System (eObs) where it was noted that progress was being made at pace.
- (iv) Recognition of the Safer Together Collaborative was provided, and further alignment of such work was sought by the committee.

The Clinical Governance Committee noted the current position, challenges, and quality improvements being made in relation to the specific Scottish Patient Safety Programme (SPSP) measures and compliance with national targets.

Actions: -

- (1) Provide detail on the plans in place for post-stroke Community Rehab Nurses following funding obtained.**

Juliette Murray &
David Watson

8.2 Whole System Assurance Report

The Clinical Governance Committee received the 'Whole System Assurance Report' presented by Mr Ashley Calvert. The purpose of the report was to provide assurance that the clinical governance processes within each directorate was working as intended.

Key messages in the report included: -

- (i) An overview of the continued improved format of the report was provided and areas of further improvement were noted.
- (ii) Committee members were advised of gaps within the quorum of meetings outlined on page 3 due to a lack of information provided. Assurance was provided that such meetings had taken place.
- (iii) Directorates continued to discuss risks pertinent to their service, and work was ongoing to create a portal on Pentana that would produce a standardised report for each service.

The following points were made in discussion: -

- (i) Concern was raised over Clackmannanshire & Stirling Health & Social Care Partnership's (HSCP) sickness levels exceeding the national average and factors were queried. It was agreed that further detail would be provided following the committee meeting however assurance was provided that such concerns were discussed at the Integration Joint Board.
- (ii) In order to address concerns within both HSCPs, representation from Falkirk and Clackmannanshire & Stirling HSCPs at the Clinical Governance Committee was proposed. It was agreed that such discussion would be undertaken outwith the meeting.
- (iii) A committee member noted concern with the 18-month gap in Drug Related Death (DRD) reviews undertaken within the Mental Health & Learning Disabilities Directorate and sought assurance that an Improvement Notice response was provided to the Health and Safety Executive (HSE). It was agreed that Mr Andrew Murray would liaise with HSCP colleagues to gain assurance.
- (iv) Following discussion, it was agreed that work would be undertaken to further refine the report in order to identify areas of concern and provide assurance.

The Clinical Governance Committee noted the: -

- (1) agenda items discussed and presented at the Directorate Clinical Governance meetings with exception of Clackmannanshire & Stirling HSCP;**
- (2) and data sources provided within the report.**

Action: -

- | | |
|--|--|
| (1) Provide further information on the increased sickness absence levels experienced within the Clackmannanshire & Stirling Health & Social Care Partnership. | Ashley Calvert |
| (2) Discuss the addition of HSCP representatives at future committee meetings. | Andrew Murray & Neena Mahal |
| (3) Provide assurance on the Mental Health & Learning Disabilities concerns regarding a lack of Drug Relation Death reviews and submission of an Improvement Notice response. | Andrew Murray |
| (4) Review and amend the report to include specific areas of concern and assurance. | Andrew Murray, Frances Dodd & Ashley Calvert |

8.3 Healthcare Associated Infection (HAI) Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Quarterly Report October- December 2024' presented by Mr Jonathan Horwood. The purpose of the report was to provide oversight of the HAI targets, Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), Device associated bacteraemias (DABs), Escherichia coli bacteraemias (ECBs) incidents, outbreaks and all other HAI activities across NHS Forth Valley.

Key messages in the report included: -

- (i) No further updates had been provided by the Scottish Government in relation to revised Annual Operational Plan (AOP) targets.
- (ii) Total SABs, DABs, CDIs and ECBs reported cases remained within controlled limits.
- (iii) Within the reporting period, there were:
 - 4 hospital acquired SABs.
 - 11 hospital acquired DABs.
 - 7 hospital acquired CDIs.

- 17 hospital acquired ECBs.
 - 4 surgical site infections recorded through mandatory reporting.
 - No MRSA or c.difficile recorded deaths.
 - No outbreaks.
- (iv) NHS Forth Valley's ECB cases exceeded control limits for the reporting period of July to September 2024 however reassurance was provided that work had progressed locally, with strategies in place to reduce infection rates. It was anticipated that the position would improve to within controlled limits for the next reporting period.
- (v) Committee members were reminded of the local decision to extend surgical site infection surveillance to hip, knee, arthroplasties, breast, large bowel, abdominal hysterectomies and C-sections to capture additional infections. Where it was noted that extension to hernial repair surgeries was being considered.
- (vi) An increase in ward visit compliance was noted due to improved ownership at a directorate level.
- (vii) The number of patients admitted with influenza peaked over the New Year with approximately 90 inpatients and patients within the Emergency Department. Reassurance was provided that the number of patients admitted had fallen significantly within the month of January.

The following points were made in discussion: -

- (i) Further detail was sought on the mandatory reporting of surgical site infections, where it was noted that NHS Forth Valley adhered to timescales specific to national criteria, however expanded local reviews to gain further insight into infections.

The Clinical Governance Committee noted the performance of AOP standards, and activity in support of the prevention and control of Healthcare Associated Infection outlined within the report.

9. In Our Service, Will Care Be Safe in the future?

9.1 Public Health Update

The Clinical Governance Committee received the 'Public Health Update' paper presented by Dr Jennifer Rodgers. The purpose of the paper was to provide assurance that all principles and standards of clinical governance were applied to the Public Health Directorate.

Key messages in the report included: -

- (i) Assurance was provided that the Public Health Directorate continued to apply NHS Forth Valley's principles and standards of clinical governance.
- (ii) Committee members were advised of the governance work undertaken within the Immunisation Service and Sexual Health and Blood Borne Viruses Managed Clinical Network.

The following points were made in discussion: -

- (i) A query was raised on the appropriateness of oversight of the East Regional Health Protection Service at the Clinical Governance Working Group. It was noted that despite the service being regional, oversight was sought due to it impacting care of patients within Forth Valley.
- (ii) Committee members sought further sight of Public Health Flash Reports in order to strengthen governance.

- (iii) It was agreed that Mr Andrew Murray, Dr Jennifer Champion and Mr John Stuart, as the Clinical Governance Committee Chair from May 2025, would discuss the future reporting of Public Health Directorate in order to gain assurance.

The Clinical Governance Committee noted the clinical governance arrangements implemented and established in the Public Health Directorate.

Action:

- (1) Discuss future reporting of the Public Health Directorate.**

Andrew Murray,
Jennifer Champion
& John Stuart

10. Is Our Care Person Centred?

10.1 Person Centred Care Report

The Clinical Governance Committee received the 'Person Centred Care Report: December 2024' presented by Mrs Eilidh Gallagher. The purpose of the report was to assess feedback mechanisms in place across NHS Forth Valley and performance in line with national key indicators.

Key messages in the report included: -

- (i) In comparison to the previous year, performance in 2024/2025 demonstrated a 10% increase.
- (ii) Marginal improvements were noted in Stage 2 performance however it was noted that due to annual leave, staff absence and vacancies work was required to achieve an acceptable performance level. Assurance was provided that additional Band 5 staff had commenced their positions, and risks associated with the limited Patients Relations workforce was captured on the Organisational Risk Register.
- (iii) A significant reduction in medication and prescription complaints was highlighted with an average of 12.8 fewer monthly complaints received in November and December 2024.
- (iv) As a result of changes made to signpost patients to alternative avenues, a reduction in waiting time complaints was recorded.
- (v) A risk matrix was developed in alignment with the National Risk Matrix and introduced in Summer 2024, categorising complaints into 4 levels. Committee members were advised that the newly appointed Assistant Patient Relations Officers were to support the management of category 1 and 2 complaints.

The following points were made in discussion: -

- (i) Assurance was sought on the implementation of the Patient Hub, specifically patient's ability to access information that may mitigate complaints. Committee members were advised that Mrs Eilidh Gallagher was a member of the Patient Hub Implementation Board and therefore had oversight of progress.
- (ii) In light of the consistent recurrence of Staff Attitude being recognised as one of the top complaint categories. A question was raised on the work undertaken to promote good feedback to staff, where it was noted that work was ongoing to encourage excellence reporting by introducing a QR code on outpatient discharge letters, and align excellence reporting with Safeguard.
- (iii) It was agreed that the Scottish Public Services Ombudsman (SPSO) report would be added to Committee Planner.

The Clinical Governance Committee: -

(1) noted the Person Centred Care Report.

(2) endorsed the ongoing performance monitoring with escalation via Clinical Governance Groups.

Action:

(1) Add SPSO report to Committee Planner.

Jennifer Brisbane

The Committee adjourned at 10.46am and reconvened at 10.56am with all members present as per the attendance list.

11. Are We Learning and Improving?

11.1 Significant Adverse Event Report

The Clinical Governance Committee received the 'Significant Adverse Event Report' presented by Mr Ashley Calvert. The purpose of report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key messages in the report included: -

- (i) A limited level of assurance was provided due to SAEs continuing to be outwith the performance indicators outlined by the Healthcare Improvement Scotland (HIS) Framework.
- (ii) Since the last reporting period,
 - 4 SAE Reports (SAERs) were commissioned, of which:
 - 3 were commissioned from incidents that occurred in the Acute Directorate.
 - 1 was commissioned from an incident that occurred within the Prison Service.
 - Due to delays in obtaining briefing notes to the Acute Directorate Adverse Event Review Group (AERG), none of the SAERs met the 10-day commissioning timeframe. However, assurance was provided that an improvement plan was in place to mitigate such delays.
 - 1 SAER was received by the commissioning group for approval however the 90-day process was not met due to significant delays in final agreement of the review panel and the availability of an external panel member.
- (iii) The number of facilitators supporting SAERs from Corporate Clinical Governance had increased from 3 to 6, and work was ongoing to ensure panel member availability for reviews was achieved.
- (iv) Committee members were advised that meaningful data could not be obtained for charts 4 and 5 however reassurance was provided that it would be included as a new measure within the improvement plan.
- (v) In reference to outcome codes, assurance was provided that all SAERs commissioned were regarded as appropriate for review.

The following points were made in discussion: -

- (i) Concern was raised over SAEs that took place in 2023 but were not commissioned until 2025, specifically noting the involvement of families and the representational risk associated with such delays. Assurance was provided that the delay in commissioning was as a result of the event not being identified as an SAE until review during the complaints process, and a family liaison was allocated to cases to provide assurance.

- (ii) A question was raised on the achievability of the target to complete 90% of all SAERs within the 140-day HIS framework timescale by December 2026. Where it was noted that the target felt appropriate from previous years and plans in place to drive improvements. Committee members sought further detail on the plans and actions in place to achieve the target to provide accountability through the scheduled SAER report updates.
- (iii) Following discussion, committee members endorsed a limited level of assurance due to issues experienced with timescales however noted the progress achieved by the directorate to undertake high quality SAERs.

The Clinical Governance Committee noted NHS Forth Valley's position on current SAERs with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.

Action:

- (1) Provide a report of the actions and plans in place to achieve the target to complete 90% of all SAERs within the 140-day HIS framework by December 2026.** Ashley Calvert

12. Are Our Systems Reliable?

12.1 Internal Audit Follow Up Actions

The Clinical Governance Committee received the 'Internal Audit Actions Follow Up' report presented by Mr Ashley Calvert. The purpose of the report was to provide oversight of the audit actions aligned to the remit of the Clinical Governance Committee.

Key messages in the report included: -

- (i) As of 26 February 2025, there were:
 - 3 actions with a status of 'check progress':
 - Annual Internal Audit Report 2024/24 Ref 3.
 - Internal Control Evaluation 2024/25 Ref 5.
 - Internal Control Evaluation 2024/25 Ref 6.
 - Annual Internal Audit Report 2023/24 Ref 2 had a status of 'assigned'.

The following points were made in discussion: -

- (i) In reference to the Annual Internal Audit Report 2023/24 Ref 3, reassurance was provided that the action was anticipated to be marked as complete prior to its due date of 1 May 2025.
- (ii) Further detail on Internal Control Evaluation 2024/25 Ref 5 was included within the Clinical Governance Working Group Update.
- (iii) Assurance was provided that plans were in place to understand and address out of date policies as referred to in Internal Control Evaluation 2024/25 Ref 6.
- (iv) Concern was raised over a lack of progress with Quality Strategy Reporting as referred to in Annual Internal Audit Report 2023/24 Ref 2.
- (v) Committee members were advised of additional actions within the report that were not aligned to the Committee due to the method in which the system extracted data. Following agreement on improvements to the style of the report and accountability of action leads, it was agreed that the format of the report would be reviewed.

The Clinical Governance Committee noted the status of internal audit follow up actions aligned to the Clinical Governance Committee.

Action:

- (1) Review the format of future Internal Audit Follow Up Actions Report and provide a revised paper at 6 May 2025 committee meeting.**

Ashley Calvert &
Andrew Murray

12.2 Internal Control Evaluation Report

The Clinical Governance Committee received the 'Internal Control Evaluation Report' presented by Mr Ashley Calvert. The purpose of the report was to highlight key sections of the Internal Control Evaluation Report relevant to the Clinical Governance Committee Terms of Reference.

Key messages in the report included: -

- (i) The Internal Control Evaluation report 2024- 2025 contained 11 recommendations, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance. Of the 11 recommendations, the below sections were highlighted for consideration by the committee:
 - Clinical Governance
 - Action Point Reference 5- Escalation of No and Limited Assurance Reports
 - Action Point Reference 6- Clinical Policies and Procedures.
 - Action Point Reference 7- SRR002- Urgent and Unscheduled Care was aligned to the Strategic Planning, Performance & Resources Committee as a result of changes in reporting structures.

The Clinical Governance Committee noted the outcomes of the 2024/25 Internal Control Evaluation and action points specific to the Committee.

12.3 Public Protection Report

The Clinical Governance Committee received the 'Public Protection Report' presented by Ms Jillian Taylor. The purpose of the paper was to describe key workstreams and relative data linked to assurance levels reported and provide an indication of whether the public protection activities of the NHS Forth Valley Board evidenced care as reliable.

Key messages in the report included: -

- (i) Committee members were advised of the ongoing work to establish a Public Protection Department. However, it was noted that Child Protection processes and guidance were significantly better established and resourced in comparison to other aspects of Public Protection practice therefore limited assurance was reported.
- (ii) In order to develop a Public Protection Model of service delivery, a service review and redesign to identify future requirements would be undertaken and a business case would be submitted to the Strategic Prioritisation and Implementation Group (SPRIG) in May 2025.
- (iii) An increase in child protection concern referrals from the Emergency Department was highlighted, however it was identified from detailed analysis that whilst departments considered the impact of parental issues on children, other referrals could be strengthened by including the wider family systems in discussions.
- (iv) Work to ensure compliance with national and local adult protection processes was established and scrutiny of the referral numbers and data quality had commenced.

- (v) A positive increase in the number of child Interagency Referral Discussions (IRDs) was highlighted, demonstrating a multi-professional workforce that were alert and ready to act when a child was identified as in need of protection and further investigation.
- (vi) Committee members were advised of the funding required to facilitate additional staff for the Prevent service due to an Adult Protection Nurse Consultant appointed as one of the single points of contact for the Prevent Multi Agency Panel (PMAP).

The following points were made in discussion: -

- (i) A question was raised on the gender based violence work undertaken within the Meadows, where it was noted that such work was functioning well with an increase in self-referrals and was managed by MARAC. Committee members were advised of the aim to extend the child court interview service to support adults.
- (ii) Further detail was sought from committee members due to limited assurance and resource reported, therefore it was agreed that an update outlining mitigations, actions and resource recommendations would be provided at a future meeting.
- (iii) Recognition of the organisation's financial position was given, where consideration was sought on the current organisational resource and championship through mandatory training was suggested. Assurance was provided that Child Right & Protection Ambassadors and Turas training was in place however it was noted that such support could be extended to adult protection.
- (iv) A query was raised on the reporting of the Public Protection Committee Annual Report, where it was noted that sufficient oversight was undertaken by a number of committees. In order to provide the Committee with assurance, it was agreed that a report would be devised to provide further detail on Public Protection governance arrangements.

The Clinical Governance Committee: -

- (1) noted the work undertaken to develop the Board's Public Protection capability.**
- (2) noted the significant risks associated with the work streams.**
- (3) endorsed future requests for additional resources and that link directly to safe patient care and capacity to provide assurances regarding the delivery of services and statutory obligations.**

Actions: -

- (1) Provide an updated Public Protection Report incorporating mitigations, actions and resource recommendations.** Jillian Taylor
- (2) Devise a paper providing assurance on Public Protection governance arrangements.** Ross McGuffie & Frances Dodd

12.4 Clinical Governance Working Group Update

The Clinical Governance Committee received the 'Clinical Governance Working Group Update' presented by Mr Ashley Calvert. The purpose of the paper was to provide the committee with an update from the Clinical Governance Working Group in relation to key items discussed, noted and approved.

Key messages in the report included: -

- (i) An overview of the report was provided, where the below key issues discussed at the Clinical Governance Working Group were noted:

- Theatre cancellations and rescheduling as a result of the red weather warning issued during Storm Eowyn.
- Strengthening of the Acute Services Directorate Safety & Assurance Report.
- Risk Management Updates.
- Update on the New Intervention Procedure (NIP) for Radiology.
- Progress with the Safe Together Collaborative.

The following points were made in discussion: -

- (1) In reference to the working group's discussion on papers with 'No' or 'Limited' assurance, committee members were advised of the changes being made to the NHS Forth Valley Board template papers, including the removal of the assurance section and strengthening of the risk section.

The Clinical Governance Committee endorsed the Clinical Governance Working Group Update and noted key issues outlined within the paper.

13. For Noting

13.1 Reports from Associated Clinical Governance Groups

The Clinical Governance Committee noted the minutes from the below associated Clinical Governance Groups: -

- (i) Clinical Governance Working Group Minute 12.12.24
- (ii) Organ & Tissue Donation Committee Minute 04.09.24
- (iii) NHS Forth Valley Infection Control Committee Minute 22.10.24

13.2 Standards and Reviews

13.2.1 The Clinical Governance Committee noted the Standards and Reviews Report November 2024.

13.3 Scottish National Audit Programme (SNAP) Update

The Clinical Governance Committee noted the below SNAP updates: -

- (i) Scottish Renal Registry
- (ii) Scottish Arthroplasty Project

14. Any Other Competent Business

15. Date and Time of Next Meeting

Tuesday 6 May 2025 at 9:00am, in the Boardroom, Carseview House.

Mr Andrew Murray led the Committee in paying tribute to Dr Michele McClung for her contributions to the Clinical Governance Committee whilst undertaking the role Committee Chair. Dr Michele McClung noted that she had very much enjoyed her time as Chair of the Clinical Governance Committee and gave thanks to a number of the key officers who had supported her during that time.

The Chair closed the meeting at 12.08pm.

FORTH VALLEY NHS BOARD

7.3 Minute of the Staff Governance Committee Meeting held on Friday 14 March 2025

For: Noting

Minute of the Staff Governance Committee Meeting held on Friday 14 March 2025 at 9.00am in the Boardroom, Carseview House and via MS Teams.

Present: Mr Robert Clark
Mr Martin Fairbairn (Chair)
Mr Nicholas Hill
Mr Gordon Johnston
Mrs Karen Morrison
Ms Janet Sneddon
Mr John Stuart

In Attendance:	Ms Chloe Archer	Mr Cameron Raeburn (Item 8.2)
	Mrs Elaine Bell	Ms Becky Reid (Minute)
	Mrs Morag Farquhar	Mr Kevin Reith
	Mr Garry Fraser	Mrs Linda Robertson
	Mr Jack Frawley	Mrs Katrina Robertson (Item 7.1)
	Mrs Neena Mahal	Ms Rachel Tardito
	Prof Ross McGuffie	Mr Scott Urquhart
	Mrs Julie McIlwaine (Item 6.1)	Ms Vicky Webb

1. Welcome, Apologies for Absence and Confirmation of Quorum

The Chair welcomed all present to the meeting. No apologies were received, and the chair confirmed the meeting was quorate.

2. Declarations of Interest

There were no declarations of interest.

3. Draft Minute of Staff Governance Committee Meeting held on Friday 13 December 2024.

The note of the meeting held on Friday 13 December 2024 was approved as an accurate record, subject to the below amendments:

- Item 7.2 should state that there had been 23 whistleblowing complaints collectively over three years since the process was implemented and not open at present.
- In reference to item 6.1, Mr Robert Clark raised concern against the accurate representation of information included within the table of figures for bullying & harassment, and it was agreed that further clarification would be provided.
- The spelling of Mrs Karren Morrison was to be corrected and both herself and Mr Nicholas Hill were to be noted as present due to being lay members of the committee.

4. Matters Arising from the Minute / Action Log

Items 2 and 4 from the action log would be discussed under item 6.1 on the agenda. The completion date for action point 30 was to be amended to the 13 May 2025 to align with reporting to the NHS Forth Valley Board.

5. Staff Governance Committee Workplan

The Staff Governance Committee noted the finalised version of the 2024/2025 workplan and the draft 2025/2026 committee workplan.

Key messages in the report included: -

- (i) Workforce Planning update would be discussed as a separate agenda item.
- (ii) Youth Framework and Employability had been removed whilst consideration was being given to how best to report this information to the committee going forward.
- (iii) The Personal Development plan, Medical Appraisal and Training Activity Report would be incorporated within the Staff Governance Report going forward.
- (iv) Staff Governance Standard Action Plans by Directorate/HSCP had been removed from the workplan for the meeting on 14 March 2025. This was due to the ongoing review of reporting in line with the updated performance reporting being developed through Pentana which would commence in the 2025/2026 cycle providing a performance report for activity across the organisation.
- (v) A standardised meeting cycle would be introduced during the 2025/2026 workplan to align with all other governance committees.
- (vi) The workplan was subject to change due to its continual development, however reassurance was provided that all changes would be highlighted to committee members.

The Following points were made in discussion: -

- (i) Mr Gordon Johnston highlighted that the Staff Governance committee considered the quarterly reports for Speak Up/Whistleblowing but noted that the annual report should be brought to the attention of committee members also. This could be presented at the 16 September 2025 meeting.
- (ii) Ms Neena Mahal raised a question on whether reporting from the Remuneration Committee should be considered as a standing item within the workplan due to this being a subcommittee of the Staff Governance Committee.

The Staff Governance Committee:

- **Noted** the final Committee Work Plan for 2024/25.
- **Considered** the proposed draft Committee Work Plan for 2025/26 recognising the changes highlighted.
- **Noted** that the 2025/26 workplan would be presented at the Staff Governance Committee on 13 May 2025 for approval.

6. FOR APPROVAL

6.1 Staff Governance Report – Including Workforce Performance Reporting

The Staff Governance Committee received the Staff Governance Report.

The purpose of this paper was to provide the Staff Governance Committee with an update on a range of Staff Governance and Partnership priorities.

Key messages in the report included: -

- (i) Further work had been undertaken within the Staff Governance Report to include high level reporting of activity and improved visibility of performance metrics as requested through feedback at previous Staff Governance Committee meetings.
- (ii) Work remained ongoing to reduce staff sickness levels, Mr Kevin Reith reported that absence for the month of February had reduced to 7.1% which was a significant reduction from the high-level absence experienced within the month of January.
- (iii) The next phase of reducing the working week to 36 hours in line with NHS Scotland's Agenda for change would be implemented in one final stage with effect from 1 April 2026. All NHS Boards were asked to create an action plan to highlight work being undertaken to assist with implementing this reduction.
- (iv) The Time to Hire KPI for NHS Forth Valley was in line with the national benchmark of 10-14 weeks at 13.5 weeks.
- (v) Mrs Julie McIlwaine was introduced to provide an overview of the exit interview process and the work ongoing to further improve the process which had been introduced in February 2022. Noting the benefits of Exit interviews it was noted that engagement within NHS Forth Valley was low with only 12% of leavers completing the process. To increase participation the process had been reviewed, and a modernised approach was implemented with a QR code linking to the exit interview being included within resignation acknowledgment letters. All exit interviews would be shared with directorates/Chief Officers anonymously as well as highlighting areas of concern. A communication plan was being developed to promote the process as well as a review of how information would be collated and reported going forward.

The following points were made in discussion: -

- (i) The anonymity of the questionnaires was highlighted, where it was confirmed that responses viewed by the HR team were not anonymous however were changed prior to being shared with directorates/Chief Officers.
- (ii) When questioned whether targeted work was being carried out in areas of high turnover it was confirmed that no target work was being undertaken at present but would be considered as part of dashboard development.
- (iii) Reasons for leaving were themed depending on what the individual had input on the free text field within their questionnaire.
- (iv) Clarity was sought on concern raised at the previous Staff Governance Committee meeting about Bullying and Harassment cases. It was confirmed that 4 cases had been closed in August 2024, 1 in September 2024 and 2 in January 2025. A new table had been formatted within the report to reflect this information. Staff side colleagues highlighted concerns for staff's emotional wellbeing considering the timeframe was considerably lengthy for completing an investigation.
- (v) Mr Kevin Reith referred to action point 2 from the action log noting that extensive work had been carried out to incorporate performance reporting within each section of the Staff Governance Report. As requested by action point 4 of the action log, work had been carried out to ensure the narrative within the Staff Governance report highlighted areas of higher risk.
- (vi) High level of absences raised considerable concern amongst committee members. Assurances were provided that work was being carried out through internal performance reviews for each directorate to consider best practice to improve absence rates. Various workstreams were in place to improve attendance and recognition was given to the work being carried out by the attendance management group and the feedback they were able to provide. To provide a better understanding of the reasoning behind the high absence rates a triangulation of factors would be considered.
- (vii) It was requested that operational level information and detailed trajectories were shared with the committee in future reports. Information appeared to be generalised therefore to gain further assurance, it was noted that a higher level

of detail would be developed in future reports. This high-level data was readily available within Pentana but thought would be given on how to incorporate this information in future updates to the committee.

- (viii) Concerns were raised regarding a high level of absences being Psychological and Mental Health related, and questions were raised on what was being done by the organisation to improve this. It was confirmed that this was an area of high focus particularly within Occupational Health and was a discussion that had taken place at a Board meeting.
- (ix) The terminology within item 3 on page 3 of the Staff Governance Report should clarify that the KPI refers to a back to work interview being carried out.
- (x) Questions were raised about a lack of resources available for counselling of staff, with a prolonged referral timeline which was not proactive when trying to provide the necessary support for staff to return to work. It was confirmed this was being reviewed as part of overall assessment of the service by the Head of Occupational Health.
- (xi) A request was made to consider benchmarking against other health boards regarding PDP's to better understand NHS Forth Valleys reporting position. Mr Reith advised that this information had previously been available but has not been routinely shared in recent years. He confirmed this would be checked at national level.

The Staff Governance Committee:

- **Noted** and discussed the content of the paper and appendices.
- **Requested** that consideration be given to benchmarking against other health boards PDP position and where reporting for NHS Forth Valley might differ.
- **Requested** that progress against actions be highlighted at the 13 May 2025 meeting.

Action:

Mr Kevin Reith to identify when an update on the review of Occupational Health Services including counselling could be reported back to the Committee.

Kevin Reith

7. STAFF GOVERNANCE STANDARD ACTIVITY

7.1 Safe Staffing Report

The Staff Governance Committee received a 'Safe Staffing' update.

This paper was presented to provide a high-level update on progress being made to comply with the Health and Care (Staffing) (Scotland) Act 2019 (HSCCA).

Key messages in the report included: -

- (i) A Board engagement call took place on 24 February 2025 in which progress to date and key areas of strength and good practice, opportunities for shared learning and identifying areas of risk were discussed.
- (ii) Following approval from the Staff Governance Committee for forward submission to the Board the annual report would be published along with the Board papers.
- (iii) The 3-year workforce plan detailed within appendix 4 had been superseded as requested by Scottish Government and would be incorporated within agenda item 7.3.

The following points were made in discussion: -

- (i) As the decision was made that the draft annual report was being endorsed for submission to the upcoming NHS Forth Valley Board meeting for approval, conversations would take place out with the meeting to schedule the report on an upcoming agenda.
- (ii) When questioned whether eRostering could have an impact against safe staffing legislations it was confirmed that this was a high focus area of the team to ensure safe staffing levels were still being met. eRostering remained within the implementation stage although all boards were expected to have implementation completed by the end of 2025/26. Thought was still being given as to how the data would be presented at future meetings.

The Staff Governance Committee:

- **Endorsed** the draft annual report for submission to the NHS Forth Valley Board for approval.
 - **Requested** clarity be provided at a future Staff Governance Committee meeting on whether legal obligations are being met.
- Jack Frawley/Neena Mahal

Action:

- (1) Conversation to arrange draft annual report being presented at the upcoming NHS Forth Valley Board meeting.**

7.2 Equality and Diversity Workplan

The Staff Governance Committee received an update of the 'Equality and Diversity Workplan'.

Key messages in the report included: -

- (i) The new Equality and Inclusion Strategy for 2025-2029 comprised of the following:
 - Our Equality Mainstreaming Report
 - Our Equality Outcomes for 2024 to 2029
 - Our Gender Pay Gap
 - Our Equal Pay Statement
 - Our Workforce Monitoring Report
- (ii) There was a requirement for the strategy to be published and launched by 30 April 2025. Committee members were invited to share any feedback prior to this deadline. The report would be subject to amendments following any feedback received from the committee, key stakeholders and the NHS Forth Valley Board.
- (iii) The contents of the Strategy and our Equality Outcomes have been developed in response to feedback from ongoing engagement with staff and communities.
- (iv) It was noted there were 6 equality outcomes that were deemed vital in making a real difference for the organisation. These outcomes were intentionally made broad with specific actions in each area due to initial feedback from the community and the workforce when creating the strategy. The broad nature of outcomes provided the agility to amend the approach if required to meet the longer-term strategic objectives.
- (v) It was noted that there would be continuous engagement and development to strengthen the strategy and in time an action plan would be created highlighting implementation.
- (vi) A collaborative approach amongst local partners, the Integration Joint Board and the Health and Social Care Partnerships was in the early stages, but work would continue in these areas to meet the needs of the local authority and improve integration.

The following points were made in discussion: -

- (i) Thought would be given to the possibility of a further iteration following any feedback being discussed at an upcoming Board Seminar prior to submission to the April NHS Forth Valley Board for final sign off.
- (ii) Comments were shared stating that the strategy was positive but there were concerns regarding the lack of resources for implementation. It was noted that consideration was being given to the resourcing and understanding the wider need to allow for successful implementation. Recognition was given to the small team behind the development and it was noted that the organisation had a legal requirement to implement this strategy.
- (iii) A committee member suggested that the development of a working timeline would be beneficial to allow for monitoring of the implementation and would allow for easy oversight of ongoing work. An action plan and delivery tool would be shared with the committee and would remain a live body of work to allow for continuous updates to be provided.
- (iv) Discussions were taking place with Organisational Development to understand the best solution to ensure all staff would be trained appropriately to support delivery of the strategy and whether it would be mandatory training. Awareness and training sessions would continue to be carried out for staff. Ms Rachel Tardito confirmed that she would link with NES to mirror their approach and to utilise the readily available resources.

The Staff Governance Committee:

- **Noted** and **discussed** the content of this paper, providing feedback and suggestions for any further improvements to our Strategy.
- **Noted** that subject to further engagement within the organisation and final approval the Equality Inclusion Strategy (2025 to 2029) will be published by 30 April 2025 in line with of our statutory duty.
- **Requested** the future update of the Equality and Inclusion Strategy included a detailed first year plan of implementation.
- **Endorsed** the report for submission to the NHS Forth Valley Board for approval.

7.3 Workforce Plan Submission

The Staff Governance Committee received a “Workforce Plan Submission” update.

Key messages in the report included: -

- (i) In recognition of the workforce pressures being faced by NHS Forth Valley Board and Health and Social Care Partnerships, Scottish Government provided the organisation with a template to submit highlighting National Workforce Planning Expectations. This would replace the usual format of a 3-year Workforce plan.
- (ii) The Scottish Government had requested the template to be submitted by 17 March 2025.
- (iii) Unlike previous years there were no expectations for templates to be published.
- (iv) A review of the Workforce Planning Guidance would be carried out by Scottish Government over the upcoming year to ensure it meets their aims of aligning planning process and any reform agenda.

The following points were made in discussion: -

- (i) Committee members were advised that NHS Forth Valley may decide to share the templates regardless of there being no requirement for them to be published. Despite the decision on whether to publish these templates it was agreed that it would be beneficial for NHS Forth Valley Board Members and Staff Side colleagues to receive sight of them.

- (ii) When questioned on the level of feedback likely to be received from Scottish Government it was confirmed that this may not cover specific areas but could emphasise areas where focus work could be required.

The Staff Governance Committee:

- **Noted** Scottish Government's decision to no longer ask Boards to submit a 3-year Workforce Plan.
- **Endorsed** the submission of specific workforce information to be sent to Scottish Government by 17 March 2025.
- **Noted** the intention to review workforce planning procedures in NHS Forth Valley.

7.4 Internal Control Evaluation Report

The Staff Governance Committee received an update on the "Internal Control Evaluation Report".

Key messages in the report included: -

- (i) On 24 January 2025 the Audit and Risk Committee noted the assurance on the overall system of controls provided within the ICE report and agreed that the final report be distributed to Standing Committees for consideration.
- (ii) The internal audit Internal Control Evaluation (ICE) aimed to provide early warning of any significant issues that may affect the Governance Statement.
- (iii) Of the 11 recommendations contained within the ICE 2024/25, 2 were relevant to the Staff Governance Committee and highlighted to committee members:
 - i. Action Point Reference 8 – Workforce Planning
 - ii. Action Point Reference 9 – Governance Improvements
- (iv) Ongoing work against each action point was positively reflected within the report and the delivery of action points would be reported back to committee members.

The following points were made in discussion: -

- (i) Prof Ross McGuffie confirmed that to strengthen internal audit action outcomes and the governance approach these topics would be incorporated into future committee meeting agendas and discussed at future Senior Leadership Team meetings.
- (ii) Following a question regarding the restructuring of the workforce plan it was confirmed that in depth work had been ongoing to provide a more collaborative approach to planning activity which would be presented at the May meet of the Staff Governance Committee.

The Staff Governance Committee:

- **Noted** the outcomes of the 2024/25 Internal Control Evaluation.
- **Considered** the action points of specific concern to the Staff Governance Committee.
- **Noted** that some aspects may be relevant in the production of the Staff Governance Committee annual report and assurance statement.
- Were **content** with the management response to both action points and anticipated a detailed update of the Workforce plan would be provided at the May meeting.

7.5 Internal Audit Actions Update

The Staff Governance Committee received an “Internal Audit Actions Update”.

This report had been prepared to provide the Staff Governance Committee with oversight of the audit actions that align with the remit of the Committee

Key messages in the report included: -

- (i) In reviewing the outstanding audit recommendations, the following had been proposed for closure:
 - Internal Control Evaluation Ref 11
 - Internal Control Evaluation Ref 9
 - Recruitment and Retention Ref 3,
 - Workforce Planning Ref 4 Report No. A17/23 (noting that this work would continue to be reported as part of the update to the new ICE report recommendation on Workforce Planning)
 - Workforce Planning Ref 2 23 (noting that this work would continue to be reported as part of the update to the new ICE report recommendation on Workforce Planning)
- (ii) Committee members were asked to note that the Primary Care Sustainability Risk had been removed from the Staff Governance Committee Actions Follow Up Report as this would now be reported to the Strategic Planning, Performance and Resources Committee.

The Staff Governance Committee:

- **Noted** the status of the current audit follow up actions aligned to the Staff Governance Committee.
- **Considered** the overdue actions and the progress update provided.
- **Considered** the proposed level of Assurance and highlight any specific issues to the Audit & Risk Committee if required.

7.6 Staff Governance Committee Terms of Reference

The Staff Governance Committee considered the “Staff Governance Committee Terms of Reference” for Approval.

Key messages in the report included: -

- (i) A review of all Assurance Committee Terms of Reference (ToR) had been undertaken. A revised format to deliver consistency across all Forth Valley’s Committees had been designed and implements following benchmarking undertaken within NHS Scotland aligned to best sector practice.
- (ii) The updated ToR would be presented to the NHS Forth Valley Board on 25 March 2025 following approval from the Staff Governance Committee.
- (iii) It was confirmed that there had been no substantial changes to highlight to committee members.
- (iv) The updated ToR was reviewed by the Chair of the Staff Governance Committee, the incoming Chair and Director of People.

The following points were made in discussion: -

- (i) Mrs Neena Mahal highlighted that the ToR reflected the Remuneration Committee being a subcommittee to Staff Governance Committee. Reports from the Remuneration Committee would regularly be presented at Staff Governance Committee meetings for consideration.

The Staff Governance Committee: -

- **Approved** the Staff Governance Committee Terms of Reference and the onward submission to Board caveat to the inclusion of reference to the Remuneration Committee.

7.7 Remuneration Committee Terms of Reference

The Staff Governance Committee considered the “Remuneration Committee Terms of Reference” for approval.

Key messages in the report included: -

- (i) Recognition was given to the length of time that had passed without a review of the Remuneration Committee Terms of Reference (ToR). The internal control Evaluation 2024/25 audit highlighted that the committees ToR had not been reviewed within the 2024/25 cycle.
- (ii) A comprehensive review had been carried out and benchmarking had been undertaken within NHS Scotland to develop the revised ToR to ensure that it aligned to the best sector practice.
- (iii) Formatting of the ToR had been updated to reflect the standard Committee template to guarantee consistency.

Key points made in discussion included: -

- (i) Clarity was sought in section 3.3 where it stated that the membership approval was within the Staff Governance Committees authority. Confirmation was provided that as the Remuneration Committee was classed as a subcommittee this was an accurate statement however consideration would need to be given to the respective portfolio of non-executives when deciding memberships.

The Staff Governance Committee: -

- **Approved** the Remuneration Committee Terms of Reference subject to the appropriate rephrasing of 3.3 to consider non-executives commitments when considering membership to the committee.

8. RISK MANAGEMENT

8.1 Strategic Risk Register

The Staff Governance Committee received the ‘Strategic Risk Register’.

Key messages in the report included: -

- (i) The below strategic risks had been reviewed and remained static:
 - SRR009 Workforce Plans
 - SRR019 Culture & Leadership
- (ii) The two strategic risks, SRR009 Workforce Plans and SRR019 Culture & Leadership, aligned to the Staff Governance Committee had been reviewed and remained static.
- (iii) SRR018 Primary Care Sustainability had been removed from the report to the Staff Governance Committee as this risk would now formally be reported to the Strategic Planning, Performance and Resources Committee.
- (iv) As a result of the NHS Forth Valley Board agreeing to close two strategic risks the risk appetite profile had changed. At the end of Q4 there were 0% of risks within the Board

- appetite, 25% were within the Boards tolerance and 75% were out with the Boards appetite and tolerance.
- (v) There were no actions overdue at the time of reporting with 8 actions being progressed.

The following points were discussed: -

- (i) Assurances were sought on the deadline provided against the implementation of controls for SRR019 Culture & Leadership as progress remained at 0% although the completion date was stated as May 2025. Mr Kevin Reith noted that work was progressing but would confirm whether the completion date would be achieved
- (ii) Following a question regarding the controls against SRR009 Workforce Plans and the timelines noted as March 2025 it was confirmed that these would be reviewed, and any changes would be explained to the committee.
- (iii) Confirmation was provided that completed actions from the ICE report could be incorporated within risk register.

The Staff Governance Committee:

- **Considered** the assurance provided regarding the effective management and escalation of Staff Governance risks.
- **Endorsed** the Staff Governance Strategic Risks for onward reporting to the NHS Board.
- **Noted** they were content with the report with recognition of the observations stated.

8.2 Health & Safety Quarterly Report

The Staff Governance Committee received the “Health & Safety Quarterly Report”.

Key messages in the report included:

- (i) Following a serious self-harm adverse event that occurred within the Mental Health unit in September 2024 which resulted in a death of a patient, the Health and Safety Executive (HSE) issued an Improvement Notice (IN) and a Notification of Contravention (NOC). HSE recognised that a plan was in place to reduce further ligature points although there was a requirement for consideration to be given to the potential high risk ligature points of windows and doors. The IN requested an action plan be submitted and the NOC identified the need for additional staff training on potential ligature risks. Following the submission of the action plan HSE were content, and the Improvement notice was removed.
- (ii) 4092 adverse events were reported within Q3. This was a continued increase however remained within the upper control limit. The increase in the reporting of events was suggestive of an improving reporting culture. 2304 non-clinical adverse events had been reported which was an increase from Q2 although remained within the expected norm.
- (iii) 90% of adverse events were reported within 3 days of them occurring and 73% were reviewed within the 9-day KPI which was below the required target. Historical adverse events awaiting review following the 9-day KPI had reduced significantly but required a continued focus to avoid future increases.
- (iv) In-person training compliance for Manual Handling (MH) had decreased by 6% and Management of Violence & Aggression (MVA) had decreased by 2%. The required 90% compliance target remains unmet within both areas. Focus was required to improve the current compliance figure.
- (v) To ensure success of the Health & Safety control Book audit programme actions identified during the audit were identified to be followed through. A self-reporting monitoring approach was adopted and 63% of departments audited provided feedback. Engagement from the Acute Services Directorate remained a concern.

- (vi) A new table had been incorporated within the report providing an overview of the performance of each Directorate against KPI's and highlighting the areas which required focus.

The following points were made in discussion:

- (i) The requirement to improve training compliance had been discussed in depth at management team meetings recognising failure to meet the compliance target provided both a staff and organisational risk.
- (ii) In line with the additional table highlighting each Directorates KPI performance it was discussed that action plans to improve compliance were incorporated within quarterly performance reviews. Oversight of action plans could be provided to the Staff Governance Committee to allow for assurance of progression and to track performance.
- (iii) A question was raised as to why lack of training compliance amongst staff was not considered a corporate level risk given the legal obligation to meet the compliance target. A conversation with Ms Vicky Webb could be taken out with this meeting to ensure this issue was effectively addressed.
- (iv) Following the removal of the Improvement Notice by HSE, a question was raised as to which committee would continue to monitor progress of the implementation of work against the ligature risks. Confirmation was provided that mitigation of the ligature risks would be monitored by Clackmannanshire & Stirling HSCP Leads along with Estates and a planned programme of work was in place.
- (v) Following a question on the attendance at the Health & Safety Committee it was confirmed that meetings were well attended.
- (vi) A committee member noted concern on the limited assurance provided within the report and emphasised the need of improved focus work to mitigate the risks to staff and the organisation.

The Staff Governance Committee:

- **Noted** the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley
- **Noted** the limited assurance provided highlighting significant concern and requested future updates of progress within the action plans created.

9. For Noting

9.1 Area Partnership Forum Minute 17122024

The Staff Governance Committee **noted** the Area Partnership Forum Minute.

9.2 Acute Services Partnership Forum Minute from 10122024

The Staff Governance Committee **noted** the Acute Services Partnership Forum Minute.

9.3 Health and Safety Committee Meeting 12112024

The Staff Governance Committee **noted** the Health and Safety Committee minute.

9.4 Joint Staff Forum Clackmannanshire & Stirling HSCP Minute 051224

The Staff Governance Committee **noted** the Joint Staff Forum Clackmannanshire & Stirling HSCP minute.

10. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

11. DATE OF NEXT MEETING

Tuesday 13 May 2025 at 09:00am, Boardroom Carseview, Stirling

FORTH VALLEY NHS BOARD
Tuesday 27 May 2025

7.4 Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 29 April 2025

For: Assurance

Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 29 April 2025 at 9.30am in the Boardroom, Carseview House.

- Present:**
- Ms Neena Mahal (Chair)
 - Mrs Kirsten Cassells (Non-Executive Director)
 - Mr Robert Clark (Non-Executive Director)
 - Cllr Fiona Collie (Non-Executive Director) until Item 13
 - Mr Martin Fairbairn (Non-Executive Director)
 - Mr Gordon Johnston (Non-Executive Director)
 - Cllr Fiona Law (Non-Executive Director)
 - Mr Stephen McAllister (Non-Executive Director)
 - Mr Allan Rennie (Non-Executive Director)
 - Mr John Stuart (Non-Executive Director)
 - Cllr David Wilson (Non-Executive Director)
- In Attendance:**
- Dr Jennifer Borthwick (Director of Psychological Services, Mental Health & Learning Disability) Item 12
 - Miss Jennifer Brisbane (Corporate Services Assistant) Minute
 - Ms Elsbeth Campbell (Head of Communications)
 - Dr Jennifer Champion (Acting Director of Public Health)
 - Mr Tom Cowan (Head of Primary Care Falkirk HSCP)
 - Professor Frances Dodd (Executive Nurse Director)
 - Mrs Morag Farquhar (Director of Facilities)
 - Mr Garry Fraser (Director of Acute Services)
 - Mrs Janette Fraser (Head of Strategic Planning) Item 11
 - Mr Jack Frawley (Board Secretary)
 - Ms Claire Giddings (Corporate Performance Manager)
 - Ms Laura Henderson (Senior Performance Management Officer)
 - Ms Sarah Hughes-Jones (Head of Information Governance) Item 9
 - Mr Scott Jaffray (Director of Digital)
 - Ms Louise McCallum (Interim Primary Care Senior Service Manager) Item 7c
 - Mr Kurt McClay (Acting Cyber and Information Security Manager) Item 10
 - Ms Jackie McEwan (Corporate Business Manager)
 - Professor Ross McGuffie (Chief Executive)
 - Ms Joanna MacDonald (Interim Chief Officer, Clackmannanshire & Stirling IJB)
 - Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
 - Ms Rachel Marshall (Digital Programme Delivery Manager) Item 17
 - Miss Rebecca Reid (Corporate Services Assistant) Observation
 - Mr Kevin Reith (Director of People)
 - Mr Paul Smith (Senior Planning Manager) Item 12
 - Mr Scott Urquhart (Director of Finance)
 - Miss Vicky Webb (Corporate Risk Manager)
 - Ms Gail Woodcock (Chief Officer, Falkirk IJB)

1. Welcome, Apologies for Absence and Confirmation of Quorum

No apologies were noted on behalf of Committee members. The Chair confirmed the meeting was quorate.

Mr Andrew Murray was not in attendance.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Strategic Planning, Performance & Resources Committee on 25 February 2025

The minute of the meeting held on 25 February 2025 subject to previous electronic circulation and committee member approval, was confirmed as an accurate record.

4. Matters Arising from the Minute / Action Log

The Strategic Planning, Performance & Resources Committee reviewed the action log and noted all actions that were complete.

In reference to Action 99, committee members were advised of the of the ongoing work to review the governance structures of NHS Forth Valley Programme Boards, where it was agreed that a paper outlining the alignment of Programme Boards and Committees would be brought to a future meeting. Assurance was provided that the Optimise Medicines Spending Programme Board reported into the Financial Stewardship Board therefore the action was noted as complete.

The Strategic Planning, Performance & Resources Committee noted the Action Log.

Action:

(1) Provide a paper outlining the alignment of Programme Boards and Committees. Ross McGuffie

Items 7a and 7c were taken at this point in the meeting.

7 Risk Management

7a. Strategic Risk Register Update

The Strategic Planning, Performance & Resources Committee received the 'Strategic Risk Register Update' paper presented by Miss Vicky Webb. The purpose of the report was to provide an update on the Strategic Risk Register as of April 2025, with a focus on the risks aligned to the Strategic Planning, Performance and Resources Committee.

Key messages in the report included: -

- (i) All 10 risks aligned to the Strategic Planning, Performance & Resources Committee were reviewed, where it was noted that:
 - 9 risks remained static.
 - SRR011: Digital & eHealth Infrastructure had increased in risk score however reassurance was provided that the increase did not impact the NHS Forth Valley Board's risk appetite profile due to the risk previously being reported as outwith appetite and tolerance.
- (ii) There were 81 internal controls and 37 further controls in place actively mitigating the strategic risk profile, of which there were:
 - 5 controls noted as complete.

- 1 overdue action aligned to SRR015 due to challenges with vacancies within the cyber security team.
- 21 actions due to be completed within the next quarter.

The following points were made in discussion: -

- Committee members were advised of the ongoing work to review the alignment of strategic risks to Committees, where it was noted that SRR002: Urgent & Unscheduled Care (UUSC) would be realigned to the Clinical Governance Committee due to the risk relating to patient harm. Reassurance was provided that UUSC performance would continue to be monitored by the Committee through the Performance Report. Members were supportive of the approach. It was agreed that the proposed risk realignment would be brought back for further discussion following review.
- A question was raised on the timeline required to realign risks and impact categories, where it was advised that due to work ongoing at the time of reporting, the timescale would be short.
- A Committee member highlighted the nature of SRR019: Culture & Leadership, noting that despite it being aligned to the Staff Governance Committee, the risk permeated through all Committees.

The Strategic Planning, Performance and Resources Committee: -

- (1) noted the assurance provided in relation to the effective management and escalation of risks aligned to the Committee.**
- (2) endorsed the Strategic Planning, Performance and Resources Strategic Risks for the period March to April 2025 for onward reporting to the NHS Forth Valley Board.**

Actions:

- (1) Provide committee with an update on the realignment of risks with Governance Committees.**

Vicky Webb &
Kerry
Mackenzie

7c. SRR018 Primary Care Sustainability Focused Review

The Strategic Planning, Performance & Resources Committee received the 'SRR018 Primary Care Sustainability Focused Review' presented by Mr Tom Cowan, Mrs Louise McCallum and Miss Vicky Webb. The purpose of the report was to provide an assurance assessment on SRR018 Primary Care Sustainability.

Key messages in the report included: -

- Following a review of the effectiveness of controls mitigating risk, a reduction in the risk score from 20 to 15 was reported, with a target of 10.
- There were 7 controls in place for the risk, of which:
 - 3 were assigned a Red Overall Control Status (RAG).
 - 1 was assigned an Amber RAG status.
 - 2 were assigned a Yellow RAG status.
 - 1 was assigned a Green RAG status.
- Committee members were advised that the controls identified to mitigate the strategic risk were implemented across a wide range workstreams and monitored closely by different committees and groups.
- The complexity of the risk was noted due to the extensive nature of the service, encompassing General Practices, and external factors such as national funding, recruitment challenges and the cost-of-living crisis. It was noted however that there were a number of actions linked to the controls to support the strengthening of the control environment.

The following points were made in discussion: -

- (i) Following discussion on the risk description, concern was raised on its focus on potential statutory responsibilities and reputational impact. Therefore, it was agreed that the risk description would be reframed to focus on the patient impact.
- (ii) A committee member noted a gap in reference to the Population Health & Care Strategy, noting the significant impact of the delivery of the strategy if the risk was not mitigated. Reassurance was provided that there were no concerns that the Population Health & Care Strategy would be unfunded, however it was agreed that such detail would be included within the risk.
- (iii) A further gap was raised by committee members in reference to the Capital Investment Programme control, where consideration of planning authorisation and health services was sought.
- (iv) A query was raised on the health board's ability to address Control 2 which referenced issues experienced with recruitment timescales. Committee members were advised that issues experienced were as a result of the complexity of private practices perceiving that shorter recruitment timescales could be met by health board. Therefore, it was agreed that the control would be reframed to provide clarity. Reassurance was provided that work was ongoing to address NHS Forth Valley recruitment timescales however it was advised that certain processes could not be negotiated.
- (v) Following a question raised on resources available, committee members were advised that local resources were not adequate however work was ongoing to address concerns.
- (vi) Reference to national strategies was sought within the report to reference the organisation's trajectory.
- (vii) When considering the importance of the risk, it was agreed that a further review would be provided within the year.

The Strategic Planning, Performance & Resources Committee endorsed the evaluation provided for SRR018 Primary Care Sustainability for onward reporting to the Audit & Risk Committee, subject to the above amendments.

Actions:

- (1) Make the below amendments, prior to onward reporting to the Audit & Risk Committee: -**

Vicky Webb &
Tom Cowan

- **Reframe risk description to focus on patient impact.**
- **Include reference to the Population Healthcare Strategy, national strategies, and planning authorisation.**
- **Consider reframing Control 2: Recruitment & Retention to reflect the complexity of expectations of General Practices.**

- (2) Schedule a further Primary Care Sustainability Strategic Risk Update within the year.**

Jennifer Brisbane
& Vicky Webb

Items 5a and 5b were taken in conjunction.

5(a) Draft Performance & Resources Committee Annual Report

The Strategic Planning, Performance & Resources Committee received the 'Draft Performance & Resources Committee Annual Report' presented by Ms Kerry Mackenzie. The purpose of the report was to evidence the work of the Committee during financial year 2024/25, until the Committee's dissolution in December 2024.

The NHS Forth Valley Annual Report template was reviewed and revised by the Board Chair and used for both reports.

5(b) Draft Strategic Planning, Performance & Resources Committee Annual Report

The Strategic Planning, Performance & Resources Committee received the 'Draft Strategic Planning, Performance & Resource Annual Report' presented by Ms Kerry Mackenzie. The purpose of the report was to evidence the work of the Committee during the financial year 2024/25, from the Committee's establishment in December 2024.

The Strategic Planning, Performance & Resources Committee: -

- (1) approved the draft Performance & Resources Committee and Strategic Planning, Performance & Resources Committee Annual Report.**
- (2) authorised the Committee Chair and Lead Executive to submit a finalised Annual Report to the Audit & Risk Committee in June 2025, taking account of any comments received at this meeting.**

Action:

- (1) Provide comments on the draft Performance & Resources Committee and Strategic Planning, Performance & Resources Committee Annual Reports to Ms Kerry Mackenzie and Mr Jack Frawley.**

All

6. Finance

Items 6a and 6b were taken in conjunction.

(a) Finance Report

The Strategic Planning, Performance & Resources Committee received the 'Finance Report' presented by Mr Scott Urquhart. The purpose of the paper was to provide a summary of the draft financial outturn position for the 12-month period ending 31 March 2025.

(b) Financial Sustainability Oversight

The Strategic Planning, Performance & Resources Committee received the 'Financial Sustainability Oversight' paper presented by Mr Scott Urquhart. The purpose of the paper was to provide a progress update on the work of the Financial Sustainability Oversight Board (FSOB) from 24 February to 31 March 2025 and summarise the savings progress reports reviewed.

Key messages in the reports included: -

- (i) The draft month 12 financial results reported achievement of statutory financial targets below set by the Scottish Government:
 - A surplus of £0.239m against the revenue resource limit of £953.9m.
 - A break-even position against the capital resource limit of £12.8m.
 - A break-even position against the cash requirement with a closing bank balance of less than £0.050m.
- (ii) Assurance was provided that NHS Forth Valley remained in a positive position with no requirement for brokerage support.
- (iii) The draft outturn position remained subject to External Audit review and receipt of the final Scottish Government budget allocation letter, anticipated to be received on 1 May 2025.
- (iv) Committee members were advised that further transfers to Clackmannanshire & Stirling Integration Joint Board (IJB) reserve balances, including a degree of cover for 2025-26, were factored into the year-end position maintaining a consistent approach to risk shares with previous years.
- (v) The test of change was making a positive impact, where resource was allocated to Value Based Health & Care initiatives, addressing challenges within the system such as reducing delayed discharges. The Chief Executive talked through proposals for

- the test of change for Ward A11. A business case would be presented to the NHS Forth Valley Board to support the challenge experienced with unfunded beds.
- (vi) As of March 2025, £34.1m of the £43.8m planned savings target had been achieved, of which £16.2m was identified as a recurring saving.

The following points were made in discussion: -

- (i) In response to a question raised on financial surplus, committee members were informed that NHS Forth Valley were not permitted to utilise accrued surplus.
- (ii) Clarity was sought on the figures outlined within Table 2, where it was noted that figures may have differed slightly from 2023-24 due to Scottish Government funding for 2024-25 not being received at the beginning of the financial year.
- (iii) Concern was raised over the overspend outlined within Table 1, despite a positive outturn reported. Assurance was provided that a positive outturn was achieved due to the reconciliation of allocations and additional non-recurring funding obtained.
- (iv) Committee members were advised on the positive progress of the third CT Scanner, where a 9-month turnaround was noted.

The Strategic Planning, Performance & Resources Committee noted the contents of the Finance Report and Financial Sustainability Oversight Paper.

8. Internal Audit Actions Follow Up

The Strategic Planning, Performance & Resources Committee received the 'Internal Audit Actions Follow Up' report presented by Ms Kerry Mackenzie. The purpose of the paper was to provide oversight of the audit actions aligned to the remit of the committee.

Key messages in the report included: -

- (i) As of 22 April 2025, there were 11 actions aligned to the committee. Of which:
 - There were no overdue actions.
 - 3 actions with a revised due date:
 - A08/24 Internal Control Evaluation
 - A13/23 Environmental Strategy
 - A25/23 Cyber Resilience
- (ii) Assurance was provided that as a result of work undertaken to revise action dates, there were no concerns with new timescales not being met.

The following points were made in discussion: -

- (i) A query was raised on the consideration of supply chains within A25/23 Cyber Resilience action. Reassurance was provided that work was ongoing within a short life working group to develop an options appraisal paper outlining solutions to incorporate supplier management into business-as-usual processes.
- (ii) Following discussion on the purpose of the status 'check progress', it was noted that such detail was to trigger owners to review their actions. In order to gain further clarity, it was agreed that a glossary would be added to future reports.
- (iii) Discussion took place on progress around the Risk framework being adopted across both partnerships and members noted that this work would be completed post summer.

The Strategic Planning, Performance & Resources Committee noted the status of the audit follow up actions aligned to the committee.

Actions:

- (1) Add a glossary to future reports.**

Kerry Mackenzie

9. FOI Intervention

The Strategic Planning, Performance & Resources Committee received the 'FOI Intervention' paper presented Mrs Sarah Hughes-Jones. The purpose of the paper was to provide an overview of NHS Forth Valley's Freedom of Information (FOI) performance after receiving a Level 3 Intervention from the Scottish Information Commissioner (SIC) regarding compliance with the statutory deadline to respond to FOI requests within 20 working days.

Key messages in the report included: -

- (i) Following concern raised at the 25 February 2025 meeting, a paper was devised to provide assurance that NHS Forth Valley had plans in place to improve FOI compliance, and an update on the outcome of the meeting with the SIC on 19 March 2025.
- (ii) Assurance had been provided to the SIC on the steps taken by NHS Forth Valley to remedy its performance, such as the repurposing of staff and the recruitment of 2 full-time Information Rights Officers.
- (iii) The overall number of open requests had plateaued at around 300, however due to a lack of increased resource with the Information Governance team progress remained static.

The following points were made in discussion: -

- (i) Concern was raised over the timescale of recruiting the Information Rights Officers due to the notification of Level 3 Intervention in November 2024. Reassurance was provided that interviews would be conducted in May, and it was anticipated that staff would be in-post and trained by July 2025. Further assurance was provided that the Head of Information Governance met with the SIC's Case Officer on a monthly basis and was content with timescales.
- (ii) Following discussion on the volume of overall open requests and a trajectory for improvement, clarity was provided that the figure of 300 reflected the backlog experienced which resulted in NHS Forth Valley being considered as a national outlier. A reduction in open requests was anticipated in August to September, where a target of 100 requests was noted.
- (iii) A question was raised on the potential use of digital search systems to support FOI requests, where it was advised that staff were required to address the complex requests and understand the information sought, whilst meeting statutory duties.

The Strategic Planning, Performance & Resources Committee noted the report with the performance and actions undertaken.

10. Network & Information Systems Regulations Update

The Strategic Planning, Performance & Resources Committee received the 'Network & Information System Regulations Update' presented by Mr Scott Jaffray. The purpose of the paper was to provide an update on the progress of the adoption and implementation of the NIS Regulations, audit and associated actions.

Key messages in the presentation included: -

- (i) A positive position was reported in terms of:
 - An increase in compliance from 80% in 2023/24 to 90% in 2024-25 progress review.
 - 359 of the 427 controls achieved with 45 of the remaining controls partially complete.
- (ii) Despite improvements achieved, work was required to progress with the below areas that were less than 30% compliant:
 - Roles and Responsibilities aligned to suppliers

- Administrator Account Management
 - Business Continuity/ Disaster Recovery Testing Policies & Procedures
- (iii) There was a significant risk associated with the reduction in workforce of the Cyber security Team, where the importance of area expertise was emphasised. Assurance was provided that work was ongoing to address such concern.

The following points were made in discussion:

- (i) Following questions raised on the efforts undertaken to address and mitigate retention of specialist staff, it was highlighted that one factor impacting staff retention was salary levels. The market for specialist Cyber Security staff was extremely competitive and there had been offers of higher salaries in both the private and public sector. Committee members were informed that such issues were experienced nationally, however, local work was ongoing to review the design and grading of such roles to improve job attractiveness.

The Strategic Planning, Performance & Resources Committee noted the NIS Audit Programme 2024-25 Progress Review.

11. Strategy and Performance

(a) Annual Delivery Plan 2025-26

The Strategic Planning, Performance & Resources Committee received the 'Annual Delivery Plan 2025-26' paper presented by Mrs Janette Fraser. The purpose of the paper was to provide an overview of the final draft Delivery Plan submitted to the Scottish Government on 17 March 2025.

Key messages in the report included: -

- (i) A final draft Delivery Plan 2025-26 was submitted to the Scottish Government, in conjunction with the NHS Forth Valley Board Financial Plan but feedback was yet to be received. It was noted that once feedback was obtained, further amendments would be made to the Plan and would require approval from the Scottish Government and NHS Forth Valley Board.
- (ii) Committee members were informed that there was no certainty that funding would be acquired for all of the Operational Improvement Plan submitted for planned/scheduled care.

The following points were made in discussion: -

- (i) Committee members commended officers for their efforts in developing the Delivery Plan.
- (ii) Approved bids for Planned Care funding were anticipated however it was noted that there had not yet been a formal agreement.
- (iii) The Urgent & Unscheduled Care Plan would be submitted on 30 April 2025 with final sign off expected in May 2025.
- (iv) A question was raised on the Scottish Government's expected Psychological Therapies waiting time standards when considering pressures experienced by the directorate, and if a response from the Scottish Government was anticipated. It was noted that such concerns were experienced at a national level, where it was hoped that further guidance would be provided at a national event on 30 April 2025. Assurance was provided that a local improvement plan had been established to work towards the Scottish Government's Planning Priorities 2025-26, such as the commencement of an Information Analyst post and reviewing referral thresholds.
- (v) Following a question on the shift in balance of care within the operational plan, it was noted that work was ongoing to focus on the Frailty and Hospital at Home services.
- (vi) Concern was raised over the format of the report, specifically querying its use in reviewing performance. Reassurance was provided that bimonthly performance

reports were submitted to the Scottish Government, where it was advised that there were connections with reports and the Delivery Plan. In order to provide clarity to the NHS Forth Valley Board, it was agreed that reporting processes to Scottish Government would be included in the paper when presenting the final draft Delivery Plan to the NHS Forth Valley Board for approval.

The Strategic Planning, Performance & Resources Committee noted: -

- (1) the draft Delivery Plan 2025-26 and associated plans.**
- (2) that the Scottish Government would approve the Delivery Plan, prior to the NHS Forth Valley Board.**
- (3) the Plan was dynamic and would be adapted and revised as the year progressed.**
- (4) the reporting arrangements would be in line with the Scottish Government requirements that were yet to be agreed.**

Action:

- (1) When established, include performance reporting processes to Scottish Government within the report to provide further clarity.** Janette Fraser

12. Mental Health & Wellbeing Strategy

The Strategic Planning, Performance & Resources Committee received the 'Forth Valley's Mental Health & Wellbeing Strategic Commissioning Plan' and presentation by Dr Jennifer Borthwick. The purpose of the presentation and supporting paper was to provide an overview of the 10-year draft Forth Valley Mental Health & Wellbeing Strategic Commissioning Plan 2025-2035 and receive comments.

Key messages in the presentation included: -

- (i) A strategic approach was undertaken when developing the strategy, aligned to national and local strategies.
- (ii) Phase 2 of the engagement process had commenced with a 4 to 6 week consultation period, where approval from the IJBs and NHS Forth Valley Board was sought prior to publishing in Summer 2025.
- (iii) The purpose of the strategy was to recognise the direct correlation between mental health and mental wellbeing, impacted by a variety of factors, with a risk of increasing longer term mental illness.
- (iv) 7 guiding principles were defined to ensure that the strategic plan was focused and values driven, where it was noted that all principles should be evident in the work undertaken across all parts of the mental health and wellbeing system.
- (v) A whole system approach would be undertaken to achieve the strategy's ambitions and priorities by adopting a Prevent, Promote and Provide process. Where focus would be on tackling root causes of poor mental health, promote positive mental health and wellbeing free from stigma, and ensure people could confidently access supports and services.

The following points were made in discussion: -

- (i) Committee members acknowledged the significant work undertaken to develop the strategy.
- (ii) A question was raised on the scope of preventative work within education and employment, where it was advised that work was required to introduced preventative measures within such settings.
- (iii) Following a query regarding a lack of reference to Distress Brief Intervention (DBI), reassurance was provided that there was a crisis section within the strategy.
- (iv) Reference to the Population Health & Care Strategy and physical wellbeing initiatives was sought within the strategy.

- (v) Further consideration of constraints due to a challenge with resources was sought within the report.
- (vi) Following discussion, the importance of cross system ownership of implementing the strategy was recognised and a suggestion was made around re-titling the plan to reflect that this was a partnership Forth Valley Plan.
- (vii) It was agreed that colleagues would provide further feedback to Dr Jennifer Borthwick outwith the meeting.

The Strategic Planning, Performance & Resources Committee noted:

- (1) the draft Strategic Commissioning Plan.**
- (2) the engagement process including the recommended feedback mechanisms.**
- (3) the implementation and governance arrangement were to be agreed.**

Actions: -

- (1) Provide comments on the Mental Health & Wellbeing Strategy to Dr All Jennifer Borthwick.**

13. Performance

(a) Urgent & Unscheduled Care Progress Update

The Strategic Planning, Performance & Resources Committee received the 'Urgent & Unscheduled Care Progress Report' presented by Mr Garry Fraser and Ms Gail Woodcock. The purpose of the report was to provide an overview of the whole system work undertaken to meet the obligation of the NHS Forth Valley Board to improve patient experience and aims to reduce the number of people in hospital ready to be discharged.

Key messages in the report and verbal update included: -

- (i) The format of future UUSC progress reports would begin to focus specifically on performance.
- (ii) There was an improved performance for the unplanned 4-hour Emergency Department (ED) access standard at 62.8% following inclusion of Minor Injury Unit attendances. Reporting saw a sustained performance of above 50% in ED over several weeks with a 57% baseline.
- (iii) Ambulance turnaround time in February 2024 to January 2025 was slightly below the national average resulting in ambulance crews being released quickly for callout. However, due to pressures experienced throughout January 2025 with Flu and other winter pressures, the average turnaround time increased above the national average.
- (iv) There had been a continual reduction in open non-standard care beds and no contingency beds in Ward 8 or Unit 3 were being used. However, 5 bedded units continued to be utilised.
- (v) As a result of continued community work, there had been a reduction in delayed discharges, with no patients on the community waiting list at time of reporting. Collaborative work was undertaken within the national Discharge Without Delay Working Group.
- (vi) There had been a reduction in Falkirk's delayed without discharge performance however assurance was provided that such performance was not dissimilar to previous years. The Test of Change work to Shift the Balance of Care was also being taken forward.
- (vii) A new collaborative Discharge to Assess initiative had been adopted since December 2024 within Forth Valley to undertake assessments within a patient's home.

The following points were made in discussion: -

- (i) A question was raised on the linkage with NHS 24 and NHS Forth Valley's ED, specifically the transfer of notes from NHS 24. It was advised that regular meetings with NHS 24 were undertaken, however, due to the demand within ED, staff had limited access to emails to view transferred notes. It was agreed that work would be undertaken to review the process of transferring from NHS 24.
- (ii) Consideration was sought on increasing public awareness of ED waiting times available online.
- (iii) A committee member sought further detail on staff and patient experience, where it was advised that a high number of positive patient experiences were reported on Care Opinion. Furthermore, assurance was provided that staff experience was regularly reported through the Acute Partnership Forum, iMatter and through physician rota discussions.
- (iv) In reference to improvements to patient waits within ED, continual focus was required to continue to monitor progress to achieve further improvements.
- (v) A query was raised on the reporting of the Rapid Assessment and Care Unit (RACU) following investment, it was advised that reporting of activity would be included in performance reports.
- (vi) Clarity was sought on the number of contingency beds being utilised, where it was advised that there were 40 unfunded beds in use, however, work was ongoing to explore a shift in balance of care, moving 30 patients off site.

The Strategic Planning, Performance & Resources Committee noted the Urgent & Unscheduled Care Progress Report.

Action: -

- (1) Review the transfer of patients from NHS 24 to the Emergency Department.** Garry Fraser
- (2) Include reporting information for RACU in future reports to understand the difference made by investment.**

(b) Performance Report

The Strategic Planning, Performance & Resources Committee received the 'Performance Report' presented by Ms Kerry Mackenzie. The purpose of the report was to provide the committee with key performance information to support effective monitoring of system-wide performance.

Key messages in the report included: -

- (i) As of the end of March 2025, an improved position was noted within Scheduled Care with:
 - 14,019 patients were on waiting lists for a first outpatient appointment in comparison to 14,834 in March 2024, with 3,322 waiting beyond 12 weeks compared to 5,725.
 - 2,299 patients were waiting beyond the 6-week standard for imaging with 105 patients waiting beyond 6 weeks for endoscopy, which activity against the Annual Delivery Plan indicated completion of 126% and 129% activity for the financial year 2024-25.
 - 79.9% of patients started treatment within 18 weeks of referral to Psychological Therapies.
 - 98.4% of patients started treatment within 18 weeks of referral to Child & Adolescent Mental Health Services (CAMHS).
 - The number of new outpatient Did Not Attends (DNA) across acute services had reduced to 4.6% which saw an improved position from 5.8% in March

2024. The return outpatient DNA rate across acute services was reported at 5%.

- (ii) Cancer target compliance in February 2025 saw an improvement with 98% of the 31-day target achieved, however it was noted that 72% of patients waited less than 62% days from urgent suspicion of cancer referral to first cancer treatment compared to 79.7% in February 2024.

The following points were made in discussion: -

- (i) Committee members were advised of the work ongoing within the cancer service to improve compliance and reduce patient journey times, where it was advised that there had been recent vacancies and absences within the team.
- (ii) A question was raised on the recording of mutual aid activity, where it was noted that patients from other health boards, receiving treatment from NHS Forth Valley, would be included within performance data, therefore potentially impacting waiting time compliance. Reassurance was provided that work was ongoing to extract NHS Forth Valley patient activity specifically to gain clarity on performance.
- (iii) Concern was raised on the cancer target compliance within Urology and the Head & Neck service, where assurance was provided that work was ongoing to develop a national approach to address issues experienced with demand of such services.
- (iv) Following discussion, it was agreed that benchmarking detail would be included in future performance reports.

The Strategic Planning, Performance & Resources Committee noted the key performance issues.

14. Community Pharmacy Pharmaceutical Hours of Service Scheme

The Strategic Planning, Performance & Resources Committee received the 'Community Pharmacy Pharmaceutical Hours of Service Scheme' paper presented by Mr Tom Cowan. The purpose of the paper was to provide a summary of the update to the application process through which pharmacies would be asked to apply to vary their hours from the Health Board's Model Hours.

Key messages in the report included: -

- (i) Following an application in 2024, the Area Pharmaceutical Committee (APC) rejected a pharmacy's application to alter their hours. In appealing the decision, the pharmacy raised concerns regarding the application process, specifically that the decision was made by a singular committee with minimal information.
- (ii) A short life working group was established to assess and develop a new process following consideration of other Health Boards' applications, where two significant changes were proposed and approved by the Local Negotiations and APC.
- (iii) Committee members were advised of the main changes to the process, specifically the request for pharmacies to document details of services they provide, the number of patients treated through such services, potential impact on vulnerable groups and alternative services available for patients during period of closure. In addition, the option of a 6-month or 1-year non-permanent decision with a 'time-limited with Review' alternative in order to facilitate changes in circumstance was introduced.
- (iv) It was proposed that model hour recommendations would be presented to the NHS Forth Valley's Senior Leadership Team (NHSFV SLT) and Integration Joint Boards (IJBs) for review and comment, with final decision undertaken by the NHS Forth Valley Board.

The following points were made in discussion: -

- (i) Emphasis was placed on the importance of provision of services to patients, where it was highlighted that decisions undertaken should ensure an appropriate level of cover was provided.
- (ii) Following a question raised, clarity was provided that if the process was to be approved by the NHS Forth Valley Board, that such detail would be built into applications.
- (iii) Following discussion on the remit of groups, it was agreed that reference to approval from the HSCPs and IJBs would be removed from the paper in order to highlight NHS Forth Valley Board's decision-making authority. Committee members noted the content with the suggestion for requests being considered at NHSFV SLT and sought attendance from Ms Laura Byrne, Director of Pharmacy part of the decision making process by SLT to provide pharmaceutical input. It was agreed that work would be undertaken to provide further clarity on the review and approval processes within the paper before it was taken to the NHS Forth Valley Board, with members supportive with the emerging discussion that the NHS Board should ratify any changes to hours of service.
- (iv) A committee member sought further detail on benchmarking of applications against other health boards, and consideration of patient views within the paper, specifically whether there was a requirement to consult with patients.

The Strategic Planning, Performance & Resources Committee: -

- (1) noted the report and that following comments, a revised report would be brought forward to the NHS Forth Valley Board for decision.**

Actions: -

- (1) Revise and provide further clarity on the review and approval processes within the paper and ensure Ms Laura Byrne is in attendance to provide clinical leadership and support decision making discussions.**
- (2) Consider incorporating benchmarking detail against processes undertaken by other Boards and patient views within the report.**
- (3) Bring forward a revised report to the NHS Forth Valley Board for decision.**

Tom Cowan &
Gail Woodcock

15. Emergency Planning and Resilience Group Minute

The Strategic Planning, Performance & Resources Committee received the minute of the Emergency Planning and Resilience Group (EPRG) held on 28 November 2024.

Concern was raised over Bellsdyke Hospital not being considered as an essential out of hour service when considering IT service support. Assurance was provided that Bellsdyke had their own continuity plans in place, however a review was to be undertaken in 2025 where an update of the outcomes would be provided.

The Strategic Planning, Performance & Resources Committee noted the Emergency Planning and Resilience Group Minute.

Actions:

- (1) Provide an update on the consideration of out of hour IT support to Bellsdyke Hospital following discussion at the Emergency Planning and Resilience Group.**

Scott Jaffray

16. National Treatment Centre Update

The Strategic Planning, Performance & Resources Committee received the 'National Treatment Centre (NTC) Update' paper presented by Mr Scott Urquhart. The purpose of the paper was to provide an update on progress to deliver the Forth Valley NTC facility.

Key messages in the report included: -

- (i) Following Portakabin's submission of plans for Option 1 to the Falkirk Council to address mitigation of internal smoke transfer in October 2024. Committee members were advised that despite an extensive process of technical queries and clarifications a decision had not yet concluded, however assurance was provided by Forth Health that a decision was approaching.
- (ii) Reassurance was provided that regular discussions were undertaken with the Scottish Government, where it was noted that they remained supportive of the actions taken to address outstanding issues.
- (iii) Work was ongoing to actively deliver an NTC service outwith the facility, with a significant number of patients from other NHS Boards being treated with the support of 2 additional operating theatres, MRI scanner, additional car parking and funded workforce.
- (iv) Of the original 216 actions outlined in NHS Assure's KSAR Action Plan, only 20 actions remained open.

The following points were made in discussion: -

- (i) A query was raised on previous concerns with the management of the water system within the facility, where clarity was sought on if work was still required. Committee members were informed that NHS Forth Valley reaffirmed that issues had to be addressed to the contractor, and concerns were flagged to the Scottish Government where funding was anticipated to support amendments.
- (ii) Reassurance was sought on the monitoring of the unused facility, where it was noted that regular site visits were undertaken, applying learning from the Scottish Hospital Inquiry.
- (iii) Emphasis was noted on NHS Forth Valley's continued focus on providing patients with a service despite the NTC remaining closed.

The Strategic Planning, Performance & Resources Committee noted the NTC update.

17. Digital Delivery Plan 2025-26

The Strategic Planning, Performance & Resources Committee received the 'Digital Delivery Plan 2025-26' presented by Mr Scott Jaffray and Ms Rachel Marshall. The purpose of the paper was to detail NHS Forth Valley's Digital priorities for the organisation for 2025 to 2026.

Key messages in the report included: -

- (i) Amendments to the Plan had been made incorporating input from Medical Physics Information Services and Health Records.
- (ii) An alternative approach was undertaken in relation to the categorisation of digital projects, in order to focus on benefits realisation and provide flexibility in comparison to previous approaches.
- (iii) Categorisation consisted of:
 - Category A: Projects with guaranteed resources allocated throughout the year that would remain a high priority.
 - Category B: Projects with resources allocated throughout the year, however, may be at risk of being put on hold or delayed due to competing priorities.
 - Category C: Projects recorded against the plan, however with no guaranteed resources immediately assigned but factored into consideration throughout the year.

The following points were in discussion: -

- (i) Concern was raised over the delay of IT projects impacting software updates, where assurance was provided that there was no correlation with project delays and software updates. It was advised that regular software updates were undertaken for clinical systems.
- (ii) Following a question on the long-term direction of travel, querying the timeline of fully transitioning health records online, it was noted that a business case was being developed to progress this.
- (iii) It was agreed that an NHS Forth Valley Board Seminar focusing on Digital would be scheduled.

The Strategic Planning, Performance & Resources Committee endorsed the Digital Delivery Plan 2025-26 for onward approval to the NHS Forth Valley Board.

Actions: -

- (1) Schedule a Board Seminar focusing on Digital.**

Jack Frawley

7(b) SRR011 Digital & eHealth Infrastructure Focused Review

The Strategic Planning, Performance & Resources Committee received the 'SRR011 Digital & eHealth Infrastructure Focused Review' paper presented by Miss Vicky Webb. The purpose of the paper was to provide an assurance assessment on SRR011 Digital & eHealth Infrastructure focused review.

Key messages in the report included: -

- (i) Following a focused review, the risk score had increased from 15 to 20 due to the vulnerability of the cyber team as a result of attrition of senior technical staff.
- (ii) There were 9 controls in place to mitigate the strategic risk, of which:
 - 3 were assigned a Red Overall Control Status (RAG).
 - 4 were assigned an Orange RAG status.
 - 1 was assigned a Yellow RAG status.
 - 1 was assigned a Green RAG status.
- (iii) Assurance was provided that plans were in place to undertake a review of the Digital Directory to further consider such risks.

The Strategic Planning, Performance & Resources Committee endorsed the evaluation of the position of SRR011 for onward reporting to the Audit & Risk Committee.

18. Strategic Planning, Performance & Resources Committee Planner

The Strategic Planning, Performance & Resources Committee received the 'Strategic Planning, Performance & Resources Committee Planner'.

The Strategic Planning, Performance & Resources Committee noted the Committee Planner.

19. Any Other Competent Business

There was no other competent business.

20. Risk, Reflection & Areas to Highlight to the NHS Forth Valley Board

There were no further comments provided.

21. Date and Time of Next Meeting

Tuesday 24 June 2025 at 9:30am, in the Boardroom, Carseview House.

The Chair closed the meeting at 1.10pm.

Minute of the **Area Clinical Forum** meeting held on **Thursday 13 March 2025 at 6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair) Lucie Risk	Elizabeth Kilgour Oliver Harding	Gillian Lennox Rhona King
In Attendance:	Ross McGuffie (Chief Executive) Jack Frawley (Board Secretary) Sarah Smith, Corporate Services Assistant/PA (<i>Minute Taker</i>)		

1. Apologies for Absence/Confirmation of Quorum

Apologies were noted on behalf of: Pauline Beirne; Pam Scott; Wendy Nimmo.

Jack Frawley, Board Secretary, was welcomed to the meeting.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 16 January 2025

The Area Clinical Forum approved the minute from 16 January 2025 subject to the following amendment:

- Rhona King to be added to attendance.

4. Action Log

The action log was presented and would be updated to reflect discussions.

Priorities for 2025/26 around communications. The Participation Engagement Strategy had been updated to provide clarity around the role of the Area Clinical Forum and other sub committees. This would be presented to the NHS Board at the end of the month.

Social media remained an area of challenge, recognising a number of areas were keen to progress. Confirmation was required around individual or organisational approach, recognising the small staff number within the NHSFV Comms Team.

5. Matters arising

There were no matters arising.

6. AREA CLINICAL FORUM Terms of Reference

The Area Clinical Forum considered the Terms of Reference presented by Jack Frawley, Board Secretary. Amendments had been made to the document to align with the NHS Forth Valley Corporate style and these were detailed within the circulated papers.

It was agreed that colleagues would take the Area Clinical Forum Terms of Reference to their respective Committees and use this to pull across their documents. The potential for individual amendments was recognised. Jack confirmed an offer of support if required. **Action: ALL**
The Area Clinical Forum thereafter approved the Terms of Reference.

7. FOR DISCUSSION

7.1 Agenda for Change – reduction in the working week

Colleagues were advised of recent Scottish Government correspondence that noted the implementation of a full 1-hour reduction from April 2026. This was applicable to all Agenda for Change Staff. A plan for implementation would be required by October 2025. It was proposed this be taken through the Area Partnership Forum at an early stage to obtain staff support.

Areas of potential impact were noted such as the ongoing pay negotiations.

A further challenging letter had been received from Scottish Government requesting clarity that 100% implementation of the existing 30-minute reduction had been completed. In line with other Boards, Forth Valley were currently at around 97% with several outstanding areas with shift patterns were adding difficulty.

The Area Clinical Forum queried the option of combining the reduction in the working week, with the additional mandatory training requirement. It was acknowledged that areas were all starting from a different point.

It was agreed the item would remain on the Area Clinical Forum Agenda.

7.2 Draft Board Agenda

The Area Clinical Forum reviewed the Draft Board Agenda for the 25 March 2025.

Ross advised the Draft Annual Delivery Plan would be submitted to Scottish Government on 22 March 2025. Feedback would be received and the document updated. The expectation was that this would then be presented to the Board in May 2025.

The updated Financial Plan would be presented to the Board in March with further discussion thereafter with Scottish Government. It was also intended that this be taken to the Board in May 2025.

In terms of the Population Health & Care Strategy, it was noted that the timeline had been extended. Therefore, the additional Area Clinical Forum meeting arranged for April 2025 would be cancelled.

Ross confirmed outlined the proposed revised timeline, with an additional Board session at the end of the Strategic Planning and Performance Resources Committee in April 2025. This would enable the draft to be signed off and then issued for consultation, which would be 6-8 week process. The aim would be for the final document to be presented to the Board in September 2025.

Liaison would be undertaken with Janette Fraser, Head of Planning, to determine if next Area Clinical Forum meeting of 15 May 2025 would be suitable for consultation. This would then be taken into respective Committees. It was agreed that invitation would be extended to include Vice Chairs from the relevant Committees.

The challenge around timeline was recognised with discussion around potential for electronic survey form to ensure full participation. Kirstin confirmed she had confirmed the need for the Forum and the Sub Committees to be fully included in the process. **Action: Admin**

Following review of the Board Agenda, it was agreed the following documents would be brought to the Area Clinical Forum in May 2025.

- Draft Annual Delivery Plan
- Financial Plan
- Board Workplan

The Board Agenda for May 2025 was thereafter noted as presented.

7.2 Meeting reimbursement for Professional Committees

The Area Clinical Forum then discussed meeting reimbursements for Professional Committees, led by Kirstin Cassells. This had previously been raised as a potential impact on Committee attendance. It was recognised that fees had not been reviewed in some time.

Kirstin confirmed she had requested Primary Care undertake benchmarking of the Forth Valley position against other Boards. However, challenge was recognised in obtaining information. The Contracts Manager, Louise McCallum, had obtained a reply from one Board to confirm their payment was £50 per hour which was in line with NHSFV. Kirstin confirmed she had also made contact with all Area Clinical Forum Chairs to determine payments for independent contractors.

Rhona noted discussion several years ago with Area Optical Committee Chairs who determined a wide range in payments, from no reimbursement up to around £180.00 per hour. For Forth Valley, it was recognised that many of the Committee members did not claim expenses. Current process was submission to the Practice NHS Schedules, with monies obtained from the individuals workplace. Significant challenge was noted for Chairs where payments went to a Head Office.

It was agreed this would be revisited once further information received.

8. FOR NOTING

8.1 Psychology Advisory Committee

Due to a shortage of admin staff within Organisational Development there had been a delay in minutes being issued. Lucy provided a summary of the main discussion points.

Pressures within Psychological Services were focussed around current and future financial restrictions. The complete withdrawal of the Adult Autism Service was also a significant issue. Due to increasing waiting times with across CAMHS and Paediatric Neurodevelopmental Services, young people were aging out of the service and there was no pathway for referral. It was recognised a certain percentage may fit within Adult Mental Health Pathway and could potentially transition onto this. Resulting increase in psychological distress and additional challenge on the adult psychological services was anticipated. The future proposed restrictions were adding challenge around meeting service requirements within Mental Health.

Significant Government investment was being spend on training, however there were insufficient posts to fill the requirement. This was a National issue which had been raised through Heads of Psychology.

8.2 Area Dental Committee

Gillian advised there were no minutes available, as admin support was provided from the Local Dental Committee, whose Secretary had recently resigned. Secretarial support was anticipated for the next meeting.

A verbal update was provided from the last meeting held on 21 January 2025, noting the most significant issue was lack of staffing. The Public Dental Service wrote to all General Practices advising they were now operating at a 25% reduction in capacity. This had resulted in a significant wait time increase. For example, an adult waiting for an IV or General Anaesthetic Theatre Session wait time was 19 months, with 5-7 months for children.

The Dental Practice Advisor was looking at potential recruitment focus encouraging staff into Forth Valley.

The challenges were now being recognised at Governmental level. A 9% increase in student intake was proposed, however there was no assurance around long term sustainability.

In terms of recruitment, Kirstin noted a presentation received at the Whole System Working Group around Career Ambassadors. Note was made of the low volume of young people employed within the organisation.

Succession planning required to be a key factor within the organisation, with potential utilisation of opportunities within this area.

A Health and Care Work Event was being held in June 2025, in partnership with colleagues and Health and Social Care Partnership. The focus was on S3 into S4 pupils, to highlight all available career pathways within Health.

The relevant information from the event would be circulated to Forum colleagues.

Action: Kirstin Cassells

It was agreed Nicole McKay, Employability Manager, would be invited to attend and present at a future Area Clinical Forum meeting. **Action: Admin**

8.3 Healthcare Science

Liz Kilgour advised colleagues there had been no Healthcare Science meeting held since the last Area Clinical Forum. This was due to a number of challenges. However, work remained ongoing, recognising the Decontamination Group were now in attendance at meetings.

NES funding had been received for Post Graduate Training.

Audiology Services remained challenged throughout Scotland, however NHSFV were continuing to provide a good level of service. Reconfiguration work had been undertaken with review of advanced practice.

National work remained ongoing to develop formalised Leads Group for Healthcare Science.

8.4 Pharmaceutical Committee

Kirstin provided a summary from the last meeting noting a review around what had gone well within the Flu and Covid Programme delivered through Community Pharmacy. The

Model Hours paper had also been presented, noting this focussed on the process for appeal. A clear pathway had been established for those wishing to apply to alter opening hours that would fall outwith the model hours of the Board.

The next meeting would be held in April 2025.

8.5 Area Optical Committee 04/12/25

Rhona King advised colleagues that last meeting was held on 27 January 2025.

Topics discussed included an amendment in the DPD for Clinical Portal Access to align with Pharmacy. This had been recently submitted.

An update was provided around the See and Treat Clinics, noting heavy utilisation for the Optometrists undertaking their IP placements, noting requirement for 24 half day sessions prior to final examination. Funding was being reduced at end of March 2025. Sessions remained within Lothian and Stobhill, however challenges remained around places.

Rhona confirmed her aim to stand down as Area Optical Committee Chair, with several declarations of interest noted. The Area Clinical Forum would remain updated.

8.6 Area Medical Committee

The Area Clinical Form were advised that Oliver had met with Andrew Murray, Medical Director. At this time, it was agreed that the Area Medical Committee would be put into abeyance for the foreseeable future. An email would be issued to Area Medical Committee colleagues to update.

Initial interest had been received around establishing an Acute Sub Committee, however this had not yet come to fruition. Potential to revisit this was discussed.

An Area Medical Committee member had requested an Agenda item around the GLP1 weight loss drugs. It was confirmed work was ongoing to establish a pathway within the organisation, recognising financial implications. Within Pharmacy, an Associate Director, Clare Colligan, had been tasked with looking into this, with a Short Life Working Group being established. Oliver confirmed he would provide this feedback to colleagues.

Consultation on the Population Health and Care Strategy was of paramount importance, recognising the importance of clinical input.

8.7 Chair Election

The Area Clinical Forum were advised that the Board Secretary, Jack Frawley had circulated an email to members. This requested a statement be submitted by 19 March 2025. Kirstin confirmed she would be happy to assist with any queries.

The Terms of Reference outlined the process for appointment.

9. AOCB

9.1 Items for escalation to Chair/Chief Executive

The discussion around GLP1 drugs would be shared with Ross McGuffie.

Workforce Planning/Development was highlighted by Oliver with agreement this would be followed up with Ross to establish position.

10. DATE OF NEXT MEETING

The next meeting would be held on Thursday 15 May 2025 at 6.15 pm via MS Teams.

7.6 Minute of the Area Partnership Forum meeting held on Tuesday 25 February 2025 at 2 pm, via MS Teams.

For: Noting

Present: Ross McGuffie, Chief Executive (Chair)
Aileen Graham, Radiology
Elaine Bell, Associate Director of HR
Elaine MacDonald, HR Service Manager
Emma Small, RCN Accredited Steward & Branch Secretary
Frances Dodd, Executive Nurse Director
Frances Dodd, Executive Nurse Director
Garry Fraser, Director of Acute
Greig Kelbie, UNISON
Janet Sneddon, Royal College of Midwives
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disabilities
Julie McIlwaine, HR Service Manager
Karen Leonard, GMB Representative
Karren Morrison, Unison Branch Secretary
Kevin Bye, Royal College of Nursing
Kevin Reith, Director of People
Linda McGovern, Associate Director of Human Resources
Linda Robertson, HR Service Manager
Lynsey Walker, Dietician
Morag Farquhar, Director of Facilities
Nicholas Hill, GMB Representative
Nick Hill, GMB Rep
Pamela Bowman, Unite Rep
Pamela Bowman, Unite Representative
Robert Clark, Employee Director (Co-Chair)
Scott Urquhart, Director of Finance
Thomas French, LMC Representative

In Attendance: Rachel Farmer, Business Development Director, Liaison Workforce
Noel Lynch, Director, Liaison Onecall Ltd.
Tony Murtagh, Development Director GMP Driver Care
Lorna Green, Commercial Director GMP Driver Care
Philip Waite
Tom Cowan, Interim Head of Primary Care, Falkirk HSCP (for Gail Woodcock, Chief Officer, Falkirk HSCP)
Nicola Brodie, Unison (observing)
Sarah Smith, Corporate Services Assistant/PA (minute)

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: Karen Goudie; Michael Brown; Laura Byrne. Nicola Brodie was welcomed to the meeting as an observer.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 17 December 2024

The note of the meeting held on 17 December 2024 was approved as an accurate record, subject to the following amendments:

- Pamela Bowman – representing Unite rather than CSP
- Emma Small – to be added to attendance

4. Action Log – This was taken last on the Agenda.

The action log was reviewed and would be updated to reflect discussions.

- 44 Delegated Authority for Dismissal Hearings - COMPLETE
- 54 Annex 21 - COMPLETE
- 57 Reduced Working Week – Paper carried forward to April 2025 meeting.
- 63 Partnership Working on Intranet – Discussion to take place around requirements.
- 64 Session on Partnership Working – Initial discussions held with timings to be confirmed.
- 70 Vacancy Management – Return to APF to align with SLT Presentation in next cycle.
- 73 Absence Management Review Group actions – Feedback provided from last meeting. Next meeting 27/02/25 with minutes to April APF.
- 74 Phase 2.2. NHS Scotland Workforce Policies – COMPLETE
- 75 Civility Saves Lives TED Talk – COMPLETE
- 76 Options around working patterns – No flag on system that identified people in hybrid working capacity. In terms of part/full time patterns, early interpretation indicated part time had higher absence rates. Further interrogation of system to be undertaken with discussion to take place with Scott Jaffray around ability to undertake network tracking to identify hybrid working.
- 77 Serco implementation of reduced working week – Contact made with Mark O'Hare, Contract Director. All back pay to end of December now paid and would be undertaken on rolling monthly basis with completion anticipated to April 2025. Consultation to be made around roll out of 30 minute reduction. Memo sent to all staff providing update. COMPLETE
- 78 Working Planning National Guidance – COMPLETE. Scottish Government submission to be circulated -
- 79 Comments on APF Partnership Agreement - COMPLETE

5. Matters arising from the minute/action log

There were no matters arising.

6. Salary Sacrifice – Taken after Item 3

The Area Partnership Forum were provided with a brief background of the item by Linda McGovern, Associate Director of Human Resources. As part of the culture work undertaken within the organisation, it had been identified that staff requested access to better staff benefits, particularly around the area of electric cars. Liaison OneCall were a company that have worked with NHSFV around financial sustainability with agreement a presentation would be brought to the APF to provide clarity around potential opportunities.

Introductions were undertaken and Ms Rachel Farmer then led a presentation, which outlined the benefits provided to staff through OneCall. This noted the benefits provided to both organisation and staff. Detail was provided around range of benefits provided, including detail around latest available. The service was provided through a bespoke Hub and App model.

Ms Farmer also outlined the company's focus on measurement of social value with early-stage discussions undertaken with organisations to establish desired social value targets. Detail was also provided around benefits experienced by other organisations as a result of utilising services.

Tony Murtagh then led a presentation which provided specific detail around the car salary sacrifice product. This outlined the structure of the service along with benefits to the employee and organisation. It was confirmed work would be undertaken to meet the specific requirements of the organisation.

In response to a question around lower salaried staff, assurance was provided by GMP colleagues, that the National Minimal wage had a default 10% buffer to minimise potential financial challenge, this could be amended to suit the organisation. A number of layers of authorisation were also in place to ensure consideration of any known financial challenges. Ability for flexibility within the programme was identified.

Clarity was sought from presenters around risks, with confirmation the organisation would be taking the financial risk of the lease. This would be passed to the employee which would dilute this. Any financial difficulties faced by staff, would transfer liability back to the employer. However, in such a scenario, support would be provided to both employer and employee with several options available.

Colleagues recognised the experience of GMP Driver Care, however expressed significant concern around potential impact on staff pension contributions through utilisation of these schemes. It was recognised that this would provide a significant increase in service provision and there was a requirement for the organisation to ensure appropriate institutional accountability and minimise current and future risks for staff as far as possible. Lack of clarity around protections for lower grade staff was also identified as a concern.

Potential learning from other Boards was proposed, with agreement contact would be made with those that have utilised the service. **Action: Linda McGovern** Exploration of other available options was also proposed.

7. FOR APPROVAL

7.1 Bellsdyke – Inpatient Rehabilitation Redesign

The Area Partnership Forum considered a paper presented by Ross Cheape, Head of Service.

The paper provided an update around a proposed redesign of the inpatient rehabilitation resource within Bellsdyke Hospital. This would be through the withdrawal of one of the 2 current rehab wards to consolidate provision. Benefits around access and flow were noted.

Background detail was provided, noting the 2 inpatient wards had been sitting at 50% capacity for some time. Exploration of other options had been undertaken, however costs for any alternations were prohibitive. Design therefore had been focussed on design of a different pathway for inpatient rehabilitation. This would reduce bed requirement and enable consolidation to a single ward.

An organisational change process had been followed and work undertaken to date was outlined within the paper. APF approval was being sought for the following:

- Commencement of a preference exercise
- Meetings with staff be undertaken by a Clinical Nurse Manager along with Trade Unions and HR Colleagues
- Updating of the standard form to more accurately reflect Mental Health specific skills.

Colleagues sought clarification around the noted indirect impact on Trystpark and Hope House. Mr Cheape noted that due to the proposed changes it was anticipated there would be a number of displaced staff that would require reallocation into other wards on site. In addition, there may be larger infrastructure impacts such as access to the on-site rehab flats. This may impact on the model of care with other areas also requiring access. However, this was not expected to be significant.

In terms of finance, it was confirmed that there would be a future capital requirement to undertake remedial works to buildings. Clarity was still required around sourcing and this had been factored into costs put through the HSCP. Assurance however was provided that revenue costs could be achieved

within the existing budget. It was anticipated that some of the work undertaken as part of the HSE Improvement Notice around ligatures, would address some of these issues. Care would be taken to avoid double counting.

The APF then provided approval for each of the three requests.

7.2 Inpatient Mental Health/Learning Disability Shift Times

This item would be deferred to the April 2025 meeting.

8. BETTER VALUE

8.1 Finance Report

The APF received a Finance Report presented by Mr Scott Urquhart, Director of Finance. The report had been taken to the Strategic Planning Performance Resource Committee earlier today, with the following key points highlighted.

A steady improvement had been seen in the organisation's financial position. This had been influenced by additional funding. The updated position in terms of the forecast outturn position was a £6.1m deficit. Work was continuing to reduce this position as much as possible. A full discussion had taken place around this area at the SPPRC meeting.

The organisation remained at Stage 1 Escalation Framework in terms of Finance, with assurance this was the lowest level.

Ongoing focus remained around the Financial Plan with a draft taken to the Committee. This reflected the significant underlying financial gap that required to be address. Therefore, focus was on embedding of Value Based Health and Care principles, along with the culture of financial stewardship. Other areas being progressed were savings opportunities aligned to the 15 box grid. Further refinement of the plan would be undertaken prior to presentation to the NHS Board in March 2025.

Discussions were ongoing with Scottish Government around the in year position and the financial plan. Overall positive feedback had been received and this would be incorporated within the Financial Plan.

It was recognised that there were a number of groups that were receiving presentation around items that may involve staffing. Caution was required to ensure APF had appropriate oversight. Mr McGuffie advised the Financial Sustainability Oversight Board was being refreshed for the next financial year. As part of this, the approval process for relevant items could including assurance around APF oversight.

Mr Urquhart advised that the FSOB would be receiving a detailed proposal around savings in April 2025. It was therefore proposed this be brought to the APF to ensure full awareness around this area.

The APF noted the paper.

9. BETTER WORKFORCE

9.1 Delegated Authority for Dismissal

The Area Partnership Forum received a paper on Scheme of Delegation presented by Kevin Reith.

By way of background, the paper detailed previous updates provided to the APF and recommendations agreed. Following this, a proposal was now being brought to request an extension the delegation for dismissal hearings, with aim to focus on areas with a large volume of delayed cases.

It was recognised that following recent restructuring there was a need to review and update terminology around roles etc. Work had been undertaken to streamline those able to hear these hearings, with potential for this to be subject to ongoing review.

Clarification was sought around the number of people that were progressing through this process, noting this would determine the volume of people required. It was understood this was reflected in a previous APF paper, with recognition of the pressure area within Acute.

Ms Morrison confirmed discussion had taken place at Staff Side with in-principle agreement of the proposal, recognising the significant reduction made. It was noted again that termination should be made by Director level staff only with any additionality being an exception.

Elaine Macdonald provided feedback from staff who had advised that, while they understood hearings had to be held by a senior member of staff, their preference would be for it to be someone they knew and could relate to. This would aid in reducing stress, particularly around Stage 3 Hearings where staff were extremely ill. Potential to review provision in line with this feedback was discussed, recognising the need to take each case on its own merit and ensure a person-centred approach. Inclusion of deputies was reflective of the need to ensure appropriate flexibility.

Following discussion, the APF agreed the current provision, with exclusion of Chief Nursing role. The list would be updated to reflect this change and then shared with colleagues. Discussion would also take place with Gail Woodcock, Chief Officer, Falkirk HSCP, to ensure determination of appropriate second person. **Action: Kevin Reith**

Professor Dodd confirmed she would have discussion with Mr Reith outwith the meeting to ensure appropriateness of messaging around Chief Nurse role. **Action: Frances Dodd**

9.2 Once for Scotland Policies Phase 2.2

The Area Partnership Forum received a paper outlining the Once for Scotland Policies Phase 2.2 presented by Mr Kevin Reith, Director of People.

It was noted that the policies were currently at the 'soft launch' stage with appropriate preparations being undertaken for full roll-out. Final launch date was still awaited.

Ms Robertson confirmed the slide deck suite was in place and would be shared once live date was confirmed.

The need for preparation around transition was identified, noting the redeployment time scale had moved from 9 to 3 months which was disappointing. This would have an impact within the organisation and it was noted this had been picked up nationally. It was agreed as previously staff side and HR would pair up and review policies prior to launch.

Concern was also noted that supporting documents had not yet been received. It was agreed this would be fed back to Scottish Government through National processes.

9.3 Public Holidays

The APF considered the proposed Public Holidays for 2025/26 which had been circulated to staff, noting formal approval was awaited. Due to timing constraints, these had not been circulated to APF colleagues in advance.

Terminology on the document would also be updated to 'Local Ethnic Diversity Groups'.

Discussion took place around the need for a wider discussion around variance within professions around who should be working on Public Holidays. It was agreed the APF would be the appropriate Forum to facilitate discussion. This was agreed with a need to reduce unwanted variation, recognising a long-term approach was required. It was agreed Mr Reith and Mr McGuffie would undertake

discussion to determine appropriate mechanism. It was anticipated the upcoming seasonal debrief would provide some useful information.

9.4 Step into my shoes proposal

The APF received an update on the Step into my shoes proposal led by Linda McGovern, Associate Director of Human Resources.

The pilot had been undertaken in 2024 and emanated from the Culture Programme. A paper had been prepared which provided an evaluation of the Step Into My Shoes Day held in 2024. and presented to the Senior Leadership Team. Proposed options were considered, with agreement the programme should continue noting this would align with the Learning and OD Development Team. This had now been transferred and would be within the remit of the Head of Organisational Development. The aim was to release some admin support through streamlining of processes.

The proposal for 2025 was for a 'Step into my shoes' week, with expansion of provision to enable wider participation. The APF also recognised an opportunity to support work around transitions within the service, such as between Acute and Community with an aim of increasing awareness and understanding.

It was proposed that this could become an embedded service that operated throughout the year. This was reflective of the challenges in ensuring staff were able to shadow their desired areas and were able to be released from their current role.

The APF approved the recommendations outlined within the paper.

9.5 iMatter National Benchmarking

Linda McGovern, Associate Director of HR, provided the APF with benchmarking information around iMatter. This was undertaken following release of the National Report in November 2024.

Ms McGovern outlined the information provided and requested colleagues support through regular messaging to staff around completion of iMatter questionnaire and action plan.

The APF agreed that in order to support a focus around iMatter, no additional surveys would be run at the same time. The provided information was acknowledged and ongoing messaging supported.

10. FOR NOTING

10.1 Circulars and Policies

The Area Partnership Forum noted the circulars and policies as presented.

Mr McGuffie highlighted the update around reduced working week, noting a full 1 hour reduction would be made in the financial year 2026/27.

10.2 APF Partnership Agreement

Following recent APF pre-meeting, it was agreed a short life working group of staff side would be established to make required changes. Return would then be made to the APF.

11. ANY OTHER COMPETENT BUSINESS

Linda McGovern advised colleagues the Head of Organisational Development post had now closed with an extremely positive response.

The Band 5-6 review was highlighted, with Professor Dodd advising NHSFV were one of only 3 Boards that have successfully taken someone through the process. Nationally there were only around 9% of the eligible Band 5 staff that had applied. It was recognised that there was a need for management buy in, recognising a static position. The significant work undertaken by staff side colleagues was recognised. Consideration of additional facility time to assist staff with questionnaire completion was proposed.

Professor Dodd advised this would be taken back to the NMAP Community to ascertain any additional actions that could be undertaken. **Action: Frances Dodd**

Cycle to Work scheme was progressing with work ongoing around increase to limit, as well as lengthening repayment period.

12. DATE OF NEXT MEETING: Tuesday 29 April 2025 @ 2 pm, in the Boardroom, Carseview

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

8. Strategic Risk Update – March-May 2025

For: Approval

Executive Sponsor: Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance

Author: Miss Vicky Webb, Corporate Risk Manager

Executive Summary

The enclosed report presents an update to the Strategic Risk Register for the period of March 2025 through to May 2025.

Recommendations

The Forth Valley NHS Board is asked to:

- **approve** the changes to the Strategic Risk Register for this reporting period (March'25-May'25). Specifically:
 - Increase in risk score for SRR011: Digital & eHealth Infrastructure.
- **note** the progression of the mitigating actions identified.

Risk Assessment / Management

Risk is the subject of the paper.

Key Issues to be Considered

Over this reporting period (March'25-May'25), all strategic risks have been reviewed, and all remain static bar SRR011: Digital/eHealth Infrastructure & Strategy which has increased in risk score. Details on the specific risks have been included in appendix 1.

To coincide with the standard review process, two Focused Reviews have been conducted in this quarter. Section five of appendix one highlights specific details around:

- SRR011: Digital/eHealth Infrastructure & Strategy
- SRR018: Primary Care Sustainability

Financial Implications

Financial implications are included in the body of the paper where relevant to risk.

Workforce Implications

Workforce implications are included in the body of the paper where relevant to risk.

Infrastructure Implications including Digital

Infrastructure including Digital implications are included in the body of the paper where relevant to risk.

Sustainability Implications

Environmental Sustainability and Climate Change implications are included in the body of the paper where relevant to risk.

Sustainability Declaration

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

☐ Yes

☒ N/A

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

Quality / Patient Care Implications

Patient Harm and Patient Experience implications are included in the body of the paper where relevant to risk.

Information Governance Implications

Information Governance implications are included in the body of the paper where relevant to risk.

Relevance to Strategic Priorities

Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives.

Equality Declaration

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

Further to an evaluation it is noted that:

☒ Paper is not relevant to Equality and Diversity

☐ Screening completed - no discrimination noted

☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

Risk reviews were conducted with Risk Owners and/or Risk Leads.

Staff Governance Committee – 13 May 2025

Strategic Planning Performance & Resources Committee – 29 April 2025

Additional Information

N/A

Appendices

Attach where relevant:

- Appendix 1: Strategic Risk Register Update – March'25-May'25

Appendix 1 - Strategic Risk Review – March - May 2025

Contents

1. Summary and Key Messages
2. Strategic Risks in Focus
 - 2.1 Strategic Risk Dashboard
 - 2.2 Strategic Risk in Focus
3. Risk Controls Progress Update
4. Risk Trend Analysis
5. Strategic Risk Focused Reviews

1.Summary and Key Messages

During this reporting period, all the current strategic risks have been reviewed, and all remain static bar SRR011: Digital & eHealth Infrastructure & Strategy following the resource challenges in our Cyber Teams. Further detail on these risks can be found in section two of this report.

To coincide with the standard review process, two Focused Reviews have been conducted in this quarter. Section five of appendix one highlights specific details around:

- SRR011: Digital/eHealth Infrastructure & Strategy
- SRR018: Primary Care Sustainability

There is no change to the appetite profile of the Board for this reporting period. As it stands, there are currently 0% of risks within the Boards appetite, 25% are within the Boards tolerance and 75% are out with the Boards appetite and tolerance. Section 4 of the report provides further details on this.

Emerging Risks/Hotspots:

There are no emerging risks/hotspots to note during this reporting period.

2.Strategic Risks in Focus

2.1 Strategic Risk Dashboard

Ref	Risk Title	Untreat ed Score	Curren t Score	Date Assess ed	Score History	Risk Trend	Target Score	Owned By	Governance Group	Lead Impact Category
SRR 002	Urgent & Unschedul ed Care	25	25	18-Apr- 2025	25; 25; 25		10	Garry Fraser	Strategic Planning, Performance and Resources Committee	Patient Harm
SRR 005	Financial Sustainabil ity	25	25	15-Apr- 2025	25; 25; 25		15	Scott Urquhart	Strategic Planning, Performance and Resources Committee	Financial
SRR 009	Workforce Plans	25	20	06-May- 2025	20; 20; 20		10	Kevin Reith	Staff Governance Committee	Financial
SRR 011	Digital & eHealth - Infrastruct ure & Strategy	20	20	17-Apr- 2025	20; 15; 15		6	Scott Jaffray	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 015	Cyber Resilience	25	20	17-Apr- 2025	20; 20; 20		16	Andrew Murray	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 017	Environme ntal Sustainabil ity & Climate Change	25	20	15-Apr- 2025	20; 20; 20		15	Morag Farquha r	Strategic Planning, Performance and Resources Committee	Environme ntal Sustainabil ity
SRR 020	Health Inequalitie s	25	20	28-Mar- 2025	20; 20; 20		10	Jennifer Champi on	Strategic Planning, Performance and Resources Committee	Health Inequalities
SRR 010	Estates & Supporting Infrastruct ure	25	16	16-Apr- 2025	16; 16; 16		6	Morag Farquha r	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 004	Scheduled Care	20	15	18-Apr- 2025	15; 15; 15		5	Garry Fraser	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 018	Primary Care Sustainabil ity	20	15	15-Apr- 2025	15; 15; 15		10	Gail Woodco ck	Strategic Planning, Performance and Resources Committee	Patient Harm
SRR 019	Culture & Leadership	25	15	14-Feb- 2025	15; 15; 15		10	Kevin Reith	Staff Governance Committee	Inspection/A udit
SRR 003	Informatio n Governanc e	20	12	15-Apr- 2025	12; 12; 12		8	Andrew Murray	Strategic Planning, Performance and Resources Committee	Inspection/A udit

2.2 Strategic Risks in Focus


2.2.1 Risks Increased in Risk Score


SRR 011 Digital & eHealth - Infrastructure & Strategy		Current Score	Managed By	Assigned To
Risk Description	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.	20	Scott Jaffray	Rachel Marshall
		Target Score	Lead Impact Category	Appetite Level
		6	Service Delivery/Business Interruption	Averse (1-6)
		Last Review Date	Risk Trend	Tolerance Level
		18-Apr-2025		Cautious (8-10)
Latest Update				
Risk is subject to a focused review and will be updated to reflect the outcome of this. This was presented to the SPPRC and the increase in risk score, due to the recruitment challenges in our Cyber Team, was endorsed for approval at the NHS FV Board. Work is progressing against the mitigating actions and the Digital Directorate are starting the process of a digital review to review workforce arrangements across all disciplines.				
Internal Controls				
Annual Digital and eHealth delivery plan - 23/24 plan approved at March Digital and eHealth Programme Board.				
Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment.				
Cyber security objectives and initiatives included in the annual programme of work				
Windows/Office Programme team in place.				
ICT infrastructure at FVRH				
Disaster Recovery and Business Continuity Plans are in place.				
Digital Directorate Workforce Plan.				
Ensure alignment of new digital & eHealth proposals are linked to current strategies of the Board and national.				
Accredited by the Service Desk Institute Standard.				
Further Controls Required		Action Owner	Due Date	Latest Update
The Director of Digital has requested full implementation of the PC/ Server & System asset management system to support the rolling infrastructure refresh. The IT team are looking at Asset Management within the new Service Now service desk tool to replace existing tools.		Tracey Jackson; Scott Jaffray	30-Jun-2025	70% complete – heat maps were drawn up for the capital plan and implementation is underway.
Increase the number of digital champions across the organisation to enhance digital/clinical partnership working.		Scott Jaffray	31-Mar-2026	Progress has been marked to 10% as some progress has been made on starting this process. However further work is needed to embed this throughout the organisation, therefore, due date has been extended to March-26.
Establish a benefits realisation process to document and report on all identified benefits within digital projects and report these to the Digital & eHealth Programme Board.		Scott Jaffray	31-Mar-2026	Benefits realisation process has been put in place. However, the reporting on benefits will start as projects complete. Due date extended to March-26. 40%.

2.2.2 Static Risks

SRR 002 Urgent & Unscheduled Care		Current Score	Managed By	Assigned To
Risk Description	If we do not have enough whole system capacity and flow to address key areas of improvement, there is a risk that we will be unable to deliver safe, effective, and person-centred unscheduled care resulting in a potential for patient harm, increases in length of stay, placement of patients in unsuitable places, and a negative impact on patient & staff experience.	25	Garry Fraser	Fiona Murray
		Target Score	Lead Impact Category	Appetite Level
		10	Patient Harm	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		18-Apr-2025		Zero
Latest Update				
This risk has been reviewed by the Urgent & Unscheduled Care Programme Board and there is no change to the current position at this time. However, work continues to be progressed against the mitigating actions linked to the risk. Specifically, significant work has been progressed regarding the development of a Frailty Unit at the Front Door, as a preferred option has been chosen, and work is now progressing to implement this model. Another area of development to highlight is with the Adults with Incapacity Process which has progressed significantly as a programme of improvement has been developed and is being implemented throughout both HSCPs.				
Internal Controls				
Flow Navigation Centre Workstream				
Hospital at Home				
Front Door Workstream				
Optimising Flow Workstream				
Conducted a Firebreak Exercise to identify key actions to improve performance.				
Conducted a Firebreak to transform UUSC performance.				
Dynamically using resources to reduce and mitigate risk of patient harm.				
Your Home First Strategy developed to document our highest priorities for UUSC.				
Further Controls Required		Action Owner	Due Date	Latest Update
Expansion of RACU and other services that provide Zero-day LoS.		Fiona Murray	31-Dec-2025	A doctor has been placed in RACU 4 days a week to help with this piece of work and can help our ANPs in RACU to develop these pathways. Progress has been increased to 50%. The action title has also changed to reflect the wider work conducted to further enhance services that support zero length stays. Due date has been extended to December 2025.
Develop Adults With Incapacity (AWI) Process.		Joanna Macdonald;	30-Sep-2025	The AWI process has made significant progress as a programme of work has

	Gail Woodcock		been developed and is now being implemented across both HSCPs.
Establishment of Frailty Unit at front door.	Fiona Murray	31-Oct-2025	Two options were presented with a SWOT analysis conducted on both. The preferred option is beds 1-23 in AAU. An SBAR presented to the Acute Senior Management Team to endorse this. Work is now ongoing to start this. Ask for funding from the Flow Plan to support a 7-day model. Due date has extended to October-25.
Implement learning from the National DWD Collaborative.	Deborah Lynch	28-Feb-2026	Progress is being made on the implementation of learning for the National DWD Collaborative. There are 5 objectives within this initiative and work is progressing nationally to develop measures and definitions around these objectives. Progress has increased to 25% as FV are well engaged in this.
Review of the Target Operating Model.	Fiona Murray	31-Oct-2025	TOM for ED occupancy is 85% but still developing this model. Further work is being conducted to progress a TOM as part of the AMU review. Progress increased to 40% and the deadline for this piece of work will be extended to October-2025.


SRR 003 Information Governance		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.	12	Andrew Murray	Sarah Hughes-Jones
		Target Score	Lead Impact Category	Appetite Level
		8	Inspection/Audit	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		15-Apr-2025		Moderate (12-16)
Latest Update				
This risk has been updated to reflect the output of the Focused Review. Specifically, the actions have been updated to reflect the new actions which were outlined in the document and the controls have been updated to reflect their current status. This risk continues to be discussed and monitored through the Information Governance Group.				
Internal Controls				
Robust, and regularly reviewed, procedures which address information handling available to all staff.				
Adherence to IG assurance processes & documentation.				
Use of approved devices, systems, and channels.				
Active supplier management (as required).				
Routine review and disposal processes. Ensuring regular deletion of redundant, obsolete, trivial material.				
Annual information governance training & awareness.				
Technical & Physical Security controls to manage access & audit.				
Secure & backed up storage arrangements which avoid use of moveable media.				
Effective and consistent use of filing systems, structured on Business Classification Scheme.				
Identifying records for permanent preservation.				
Identifying critical records within local business continuity plans				
Information Governance Security Incident Management process				
Routine processes to check & update information over time.				
Further Controls Required		Action Owner	Due Date	Latest Update
SharePoint roll out (dependent on National O365 delivery)		Sarah Hughes-Jones	31-Dec-2025	
Capture presence of procedures for the handling of assets through the information asset logging process.		Sarah Hughes-Jones	30-Jun-2025	
Provide Information Risk Reports to all services who have logged critical assets but which do not have a business continuity plan recorded.		Sarah Hughes-Jones	31-Dec-2025	
Options paper to be presented to Information Governance Group outlining findings and recommendations from the supplier management SLWG.		Sarah Hughes-Jones	30-Jun-2025	
The IGU will analyse the data available from the dashboard and engage with services to identify targeted training solutions.		Sarah Hughes-Jones	31-Dec-2025	
Finalise the onboarding of TrakCare with FairWarning.		Sarah Hughes-Jones	30-Sep-2025	
Ensure USB device management software enforces user-specific policies rather than allowing blanket access for specific USB models, preventing unauthorised or unintended use.		Sarah Hughes-Jones	31-Dec-2025	

SRR 004 Scheduled Care		Current Score	Managed By	Assigned To
Risk Description	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.	15	Garry Fraser	Marie Gardiner
		Target Score	Lead Impact Category	Appetite Level
		5	Service Delivery/Business Interruption	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		18-Apr-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed and there are no changes to the current position of this risk. Progress continues to be made on the mitigation actions listed against this risk.				
Internal Controls				
Scheduled Care Performance Management process in place - identification of performance issues allowing interventions to be applied.				
All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager				
Annual Delivery Plan to maximise scheduled care services.				
Approval given by NHS Board to invest NRAC monies recurrently on a sustainable solution				
NHS Forth Valley continues to prioritise and treat two levels - urgent and routine.				
Consultant Job Plans.				
Non-medical staff delivering clinic and surgical based interventions releasing consultant time to do complex cases.				
Further Controls Required	Action Owner	Due Date	Latest Update	
Enhance the sign off consultant job plans in Scheduled Care.	Chris Cairns; Sara Else	31-Jul-2025	There has been movement on the number of the Consultant Job Plans signed off. This will give us an indicator of what capacity we have within the system.	
A 24-month plan has been developed to improve efficiency.	Marie Gardiner	31-Mar-2026	Phase 1 Efficiency plan is complete which has delivered significant improvement in Outpatient waits for NHSFV patients. The change for improvement will continue to ensure outpatient access reaches a 12-week target for majority of services in next 18 months. Phase 2 is now moving into year 2 of the inpatient/day case waits to improve efficiency and productivity within theatres. The impact of delivering NTC has been mitigated for 2025/26 with all NTC arthroplasty allocation being given to NHSFV for this year.	
Complete the theatre efficiencies programme of work to try and increase capacity within our theatres.	Marie Gardiner	31-May-2025	This piece of work continues to be progressed by the services and progress has increased to 90% as it continues to meet its deadlines. However, due date has extended to May 2025 to allow for further assessment to be made on the programme.	

SRR 005 Financial Sustainability		Current Score	Managed By	Assigned To
Risk Description	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, a detrimental impact on current/future service provision and an impact on our reputation.	25	Scott Urquhart	Jillian Thomson
		Target Score	Lead Impact Category	Appetite Level
		15	Financial	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		15-Apr-2025	<div></div>	Moderate (12-16)
Latest Update				
This risk has been updated to reflect the current position after discussions from the focused review. Specifically, the risk has been updated to reflect the current controls which have been amalgamated to provide a more concise current control environment. Additional actions have also been added to highlight the work being taken to mitigate this risk further.				
Internal Controls				
Optimise Medicines Spending				
Optimise Workforce Spend				
Financial Sustainability Action Plan				
Communications Programme				
Cost Awareness Programme				
Systems & Controls in Place to Maximise Income Generation.				
Further Controls Required		Action Owner	Due Date	Latest Update
Medium Term: Develop a plan which allows services to re-design within available resources (VBH&C).		Scott Urquhart	30-Jun-2025	The VBH&C Programme structure is in the process of being developed and scaled up to support delivery of VBH&C.
Completion of the Population Health & Care Strategy.		Kerry Mackenzie	31-Jul-2025	A Task & Finish Group has been established, alongside the Strategy Steering Group to progress the development of the Population Health & Care Strategy. A board seminar has been scheduled to further discuss and review the draft strategy before it is submitted to the public for consultation.
Finalise decisions around unfunded services.		Scott Urquhart	31-Mar-2026	This action is being tracked through the Financial Stewardship Group and a paper was presented to the group around the current unfunded services. A follow up options appraisal was requested which will be discussed and progressed through this group. Progress has increased to 30% and the due date has been extended to March-26 to allow for full implementation of this action.


SRR 009 Workforce Plans		Current Score	Managed By	Assigned To
Risk Description	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.	20	Kevin Reith	Elaine Bell; Linda Robertson
		Target Score	Lead Impact Category	Appetite Level
		10	Financial	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		06-May-2025	<div><div></div></div>	Moderate (12-16)
Latest Update				
This risk has been reviewed by the Director of People and there is no change to the current position of this risk. Work has been completed to progress the further controls listed against this risk and each action has its respective update. In this reporting period we have submitted our Workforce Plan to Government and we are awaiting submission to Government on this.				
Internal Controls				
Submission of costed overarching workforce plan in line with annual plan to Scottish Government				
Demographic Profiling to inform recruitment plans.				
Directorate "risk-based" workforce action plans with measurable objectives, monitored through the Staff Governance Committee.				
Wellbeing Controls in place - Our People Strategy, Strategic Workforce Wellbeing Plan, Wellbeing Website and Management toolkit, Culture and Compassionate Staff Programme, Joy at Work.				
Sustainable Workforce Initiatives in place.				
e-Rostering Solution implemented to make it easier to deploy staff more effectively across the organisation, ensuring the most efficient use of staff available, ensure safe staffing levels and improving work-life balance for staff.				
Attendance Management Action Plan				
Nursing, Midwifery & Allied Health Professional (NMHAP) Workforce Tools.				
Safe Staffing Legislation				
Further Controls Required		Action Owner	Due Date	Latest Update
Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams.		Kevin Reith	31-Dec-2025	After a successful recruitment process, a new Head of OD has been appointed and will be progressing this piece of work. Due to this, the due date has been extended to December 2025.
Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.		Kevin Reith	31-Mar-2026	All regional and national workforce solutions are being reviewed by the NHS Reform. Our local work on this will tie into this national review. Business Services Target Operating Model is being developed which may assist informing this piece of work. Due date extended to March 2026.

Action Plan which will include definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the strategy – to be updated on a yearly basis during lifetime of the Workforce Plan. The action plan will be developed in conjunction with HSCEs and based on integrated working.	Linda Robertson	31-Dec-2025	Progress has increased to 50% because we have completed our workforce plan update submission to Scottish Government, and we are awaiting feedback on this. We have committed to refreshing our position on all 5 pillars through our review of our People Strategy (to replace our Strategic Workforce Plan). Due date extended to December 2025.
Completion of the workforce actions in relation to the financial sustainability plan. Reviewing establishment and informing decisions around workforce profile which will feed into the actions to deliver our overarching organisational workforce plan.	Kevin Reith	31-Mar-2026	Refresh and review our workforce savings targets for the Financial Stewardship Group by the end of March-26.


SRR 010 Estates & Supporting Infrastructure		Current Score	Managed By	Assigned To
Risk Description	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.	16	Morag Farquhar	Andrew McGown
		Target Score	Lead Impact Category	Appetite Level
		6	Service Delivery/Business Interruption	Averse (1-6)
		Last Review Date	Risk Trend	Tolerance Level
		16-Apr-2025		Cautious (8-10)
Latest Update				
This risk has been reviewed with the Director of Facilities and there is no change to the position of this risk at this review. We are still awaiting the output of our Business Continuity Plan submission, which will direct the mitigation of this risk, when known. Work has been paused on the development of a Whole System Infrastructure Plan as we await specific guidance from Scottish Government on how to create this plan.				
Internal Controls				
NHS Board capital plan outlining prioritisation and funding for Infrastructure developments				
Operational condition of estate regularly assessed and monitored through the Strategic Asset Management System.				
Rolling estate survey programme carried out within 5 year cycle				
Regular reviews with PPP partners for FVRH, SHCV, CCHC and planned preventative maintenance programmes in force including 'Blackstart'.				
Prioritisation of Revenue and Capital budget planning process in place for Estates				
Horizon scanning – keeping on top of latest developments in Estates Management, changes in guidance, awareness of national position re capital funding (through membership of national groups).				
SCART - Statutory Compliance Audit and Risk Tool				
Estates and Capital Planning Service Delivery				
Facilities Management Tool.				
Further Controls Required		Action Owner	Due Date	Latest Update
Development of whole system infrastructure plan which is in effect a Programme Initial Agreement and will set out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans (will include FCH and the remainder of Primary Care).		Morag Farquhar	31-Jan-2026	A meeting has been called by SG during April to discuss the next phase of the WSP. We will have further detail at this point and will be unable to progress development of this plan until direction has been given by SG.


SRR 015 Cyber Resilience		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised Resulting in a significant disruption to the services delivered by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.	20	Andrew Murray	Sarah Hughes-Jones; Scott Jaffray
		Target Score	Lead Impact Category	Appetite Level
		16	Service Delivery/Business Interruption	Averse (1-6)
		Last Review Date	Risk Trend	Tolerance Level
		17-Apr-2025		Cautious (8-10)
Latest Update				
This risk has been reviewed with the Cyber Security Manager and there is no changes to the scoring of this risk. Work continues to be progressed to strengthen the existing awareness and cyber controls throughout the organisation. The NIS Audit Recommendations for 2024/2025 have been completed and feedback has been received from NIS to further strengthen these controls. The cyber security team continue to develop the training and awareness process throughout the organisation, including running a session with the NCC Group to facilitate a major cyber incident. However, the vacancies within the cyber team remain a concern as it poses certain vulnerabilities within the team.				
Internal Controls				
Cyber Resilience Framework - includes 427 controls designed to support faster recover, lower disruption and reduce data loss.				
Digital and eHealth Strategy - includes cyber resilience sub-strategy aimed at lowering impact of incidents.				
Previously implemented NIS Audit Recommendations are specific recommendations from the auditor to help the Health Board prioritise based on risk exposure.				
Change Management within the organisation is supported through rigorous process and scrutiny by the Technical Steering Group and Change Advisory Board.				
Further Controls Required	Action Owner	Due Date	Latest Update	
Cyber Security Awareness and Training - Continuous improvements and monitoring of our awareness material and training for all staff. This includes a high level of compliance with the mandatory nature of Cyber Awareness training.	Sarah Hughes-Jones; Scott Jaffray	31-Dec-2025	The official Q1 for Cyber Simulation took place and gave feedback on staff, a report has been generated on the back of this. The biggest gap identified was about how we report cyber incidents/ suspicious activity. Targeted training is sent to individuals who interacted with the simulation. The Cyber team also hosted a cyber simulation with NCC - who are our incident response supplier/retainer. Report produced by the NCC highlighted that we are partially prepared to respond to a major cyber incident. Due date extended to the end of the year to allow for further development of our cyber security awareness and training packages.	
Establish a SLWG to look at our Supplier Security Process.	Sarah Hughes-	31-Oct-2025	Supply Chain SLWG has met twice now. In communication with communication, digital and medical physics to raise awareness of	

	Jones; Scott Jaffray		this issue. Work has been completed with suppliers to help us identify and assess our supply chain. Cyber questions are also now included in the initial procurement phase. NIS have, in their report, have increased our compliance score for supplier management. Progress increased to 60%. Due date has extended to October-25 to allow for the SLWG to finish its remit and produce recommendations to IGG.
Business Continuity Plans – Embedding and testing - BCPs should be widely known, understood, and regularly tested for effectiveness.	Sarah Hughes-Jones; Scott Jaffray	31-Dec-2025	Due date has been extended to further strengthen the BCP utilisation throughout the organisation. Date has been extended to Dec-25.
Gatekeeping process for third party access - Third parties (Charities, suppliers etc) have an agreed, securely managed route into our infrastructure which the Health Board controls.	Scott Jaffray	30-Jun-2025	This is still a work in progress and is being implemented throughout the organisation. New supplies should follow a gatekeeping process - as document is in draft with digital, however work continues to be progressed to implement the gatekeeper process with existing suppliers. Progress increased to 60%. Due date extended to June-25 to allow for the approval of the process.
Review of cyber roles to support recruitment and retention (a number of roles have recently been made vacant and there is potential for single points of failure).	Sarah Hughes-Jones; Scott Jaffray	31-Jan-2025	Recent evaluations have grade Cyber posts negatively. Meetings organised to resolve

SRR 017 Environmental Sustainability & Climate Change		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley does not maximise our available resources to implement our Climate Emergency & Sustainability Strategy, there is a risk that we will be unable to comply with DL38 and not meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy resulting in an inability to operate in an environmentally sustainable manor, an inability to meet objectives, and damaging stakeholder/public confidence.	20	Morag Farquhar	Derek Jarvie
		Target Score	Lead Impact Category	Appetite Level
		15	Environmental Sustainability/Climate Change	Moderate (12-16)
		Last Review Date	Risk Trend	Tolerance Level
		16-Apr-2025		Open (20-25)
Latest Update				
This risk has been reviewed with the Director of Facilities and there are no changes to the current position of this risk. We still await further information on the output of the Business Continuity Plan submission which will inform further mitigation initiatives for the Board. In the interim, there has been monies identified within the Capital Plan to further support Environmental Sustainability Initiatives for NHS FV. However, this identified funding is not sufficient to meet our targets.				
Internal Controls				
Climate Emergency Response and Sustainability Team in place.				
Climate Change & Sustainability Team				
All Board and Committee meeting papers contain a section requiring the author to highlight any sustainability implications.				
Climate Emergency & Sustainability Strategy and Action Plan, detailing the activities to be undertaken by each of the operational workstreams.				
Continual review and identification of funding sources.				
Further Controls Required		Action Owner	Due Date	Latest Update
Successful Implementation of the Environmental Management System.		Derek Jarvie	31-Mar-2026	Two members of the team are now certified trained auditors to progress this further. Discussions are being taken forward on which system hosts the management system. NHS Assure are supporting boards to implement a Once for Scotland approach.
Communications Strategy and action plan to be developed - Both public facing and internal for staff.		Derek Jarvie	30-Jun-2025	Work continues to develop robust communications to the organisation. A number of initiatives have been submitted and are in development, e.g., the Energy Awareness Special which is to be published in April 2025. The communication priorities develop by the Communications Team referenced Climate & Sustainability within their work plan.
Recruit the Waste and Compliance Support Officer role.		Derek Jarvie	31-Dec-2025	Job Description has been formally evaluated, funding has been sourced, and it is anticipated to go to

			recruitment before the end of April. Progress increased to 20%.
Randomly sample the papers presented to the Standing Assurance Committees & NHS FV Board.	Derek Jarvie	31-Aug-2025	NHS Assure for Scottish Government are developing an assessment toolkit to support assessing sustainability impact throughout the NHS for Strategies, Polices etc. Due date for this piece of work is unclear. Local work will continue to progress the review of Board papers.

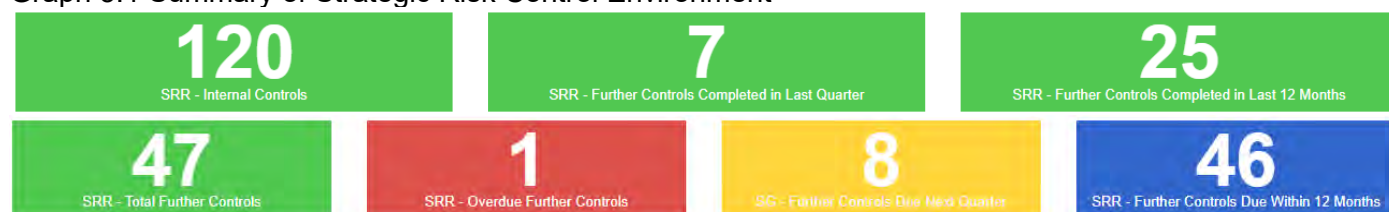
SRR 019 Culture & Leadership		Current Score	Managed By	Assigned To
Risk Description	If NHS FV do not foster a cohesive culture with strong leadership, there is a risk that our people will not feel valued in their roles and understand how they feed into organisational success, resulting in a negative impact on staff morale, and an inability for FV to be resilient, agile and achieve long-term success.	15	Kevin Reith	Margaret Kerr
		Target Score	Lead Impact Category	Appetite Level
		10	Inspection/Audit	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		06-May-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed by the Director of People and there is no change to the scoring. Work continues to be progressed to further mitigate this risk and we have successfully mobilised phase one of the programme and have started on phase two.				
Internal Controls				
Whistleblowing procedures including “Speak Up” service.				
Communication - Resources supporting development of culture are available on the intranet.				
Personal Development Reviews.				
Promotion of yearly iMatter surveys across the organisation.				
Recognising Our People (e.g., staff awards).				
Culture Change and Compassionate Leadership Programme - Phase 1 (scoping) and Phase 2 Diagnostics and Discovery are complete.				
ELT co-produced Organisational Development Programme - scoping and agreement.				
Leadership Programme.				
Peer Support and Wellbeing Teams in place to support staff.				
Induction Processes.				
Step into my Shoes Initiative.				
Further Controls Required		Action Owner	Due Date	Latest Update
Building on staff awards, work is progressing on other staff recognition opportunities.		Kevin Reith	31-Jul-2025	Outputs of the Reward and Recognition workstream will be feeding back to end of July-25.
Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement.		Kevin Reith	31-May-2025	iMatter process has started for 2025 and we have developed engagement with the survey. SLT will be monitoring completion of these forms.
Implementation of the mobilisation phase two.		Kevin Reith	31-May-2025	The process has started for the mobilisation of phase two. Due date has been extended as all workstreams have an aim to be mobilised by June-25. Launch events are starting to happen throughout the organisation.

SRR 020 Health Inequalities		Current Score	Managed By	Assigned To
Risk Description	If NHS FV does not work with partners to influence the social determinants of health and the NHS does not create a healthcare system which can be accessed by all the people of Forth Valley, there is a risk that health outcomes do not improve, and health inequalities do not reduce or may even widen. This could result in reduced healthy life expectancy for the population, or for individual population groups, and a significant financial cost through increased need and demands on services.	20	Jennifer Champion	Andrew Murray
		Target Score	Lead Impact Category	Appetite Level
		10	Health Inequalities	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		15-Apr-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed and there are no changes to the current position of this risk. Work continues to progress on the actions listed against the risk. However, regarding social determinants of Health, the regional anchor partnership has been slow in getting going and this is important in community wealth building.				
Internal Controls				
NHS Forth Valley is an Anchor Institution, working with other partner organisations in their role as Anchor Institutions, to improve the social determinants of health.				
Director of PH work collaboratively across the local population health system with CPPs to embed tackling inequalities as a principal theme.				
NHS Forth Valley senior planners and managers contribute to multiple Community Planning Partnership theme groups to plan for improved health outcomes and reduced inequalities. Examples include Alcohol & Drug Partnerships, child poverty planning groups, children and young people's strategic service plans				
Anchor NHS service design planning commenced with strategic leads and service managers to improve reach and benefit of services and programmes for diverse and disadvantaged communities.				
Directors of Public Health are working with Heads of Population Health at the Scottish Government with a view to intelligence performance management around Health Inequalities activity, e.g. delivery plans now have commentary on Anchor work required.				
Commenced work with HR re revamped EQIA with a poverty/health inequalities focus.				
Healthcare PH Consultant understanding health inequalities and barriers to paediatric outpatients.				
Further Controls Required	Action Owner	Due Date	Latest Update	
Development of a comprehensive healthcare inequalities delivery plan which supports investment in measures which decreases HI.	Jennifer Champion	31-May-2025	Aiming to have a first draft by end of May-25.	
Embed mitigating Health Inequalities as a workstream within all the NHS Forth Valley programme boards.	Jennifer Champion	31-May-2025	This is linked to SRR020.01 and the delivery of VBH&C. We will consider this as part of review of services. Also will be considered at each PB. Looking to develop a plan of action by end of May.	
Health Inequalities delivery plan should be aligned with partnership plans - Discuss at ELT and Board Seminar.	Jennifer Champion	30-Sep-2025		

Work with NES around staff accessing training to understand responsibilities around health inequalities.	Jennifer Champion	31-Oct-2025	
Develop a systematic way to assess and monitor health inequalities and develop performance management around outcomes on prevention and health inequalities that is embedded in Performance tables.	Jennifer Champion	31-Aug-2025	Working with a national group on this. No clear direction to Boards from this group as yet.
Review NHS Forth Valley contribution to community planning partnerships.	Jennifer Champion	30-Sep-2025	Scoping present activity and mapping out groups that NHS staff are on which report into the CPP's.
Development of the Population Health & Care Strategy.	Jennifer Champion	30-Jun-2025	Content has been agreed but we are now considering how this is presented to the public for further engagement. Progress increased to 50%. May need to push due date back slightly.

3.Risk Controls Progress Update

Graph 3.1 Summary of Strategic Risk Control Environment



In this reporting period, there are 120 current controls mitigating these risks. There were 7 actions completed to mitigate the strategic risk profile (Table 3.1 highlights these actions). At the end of this reporting period there is 1 overdue action reported (Table 3.2 highlights these actions), with a further 10 actions due to be completed by Quarter 1 25/26.

Table 3.1 Strategic Risk Completed Actions

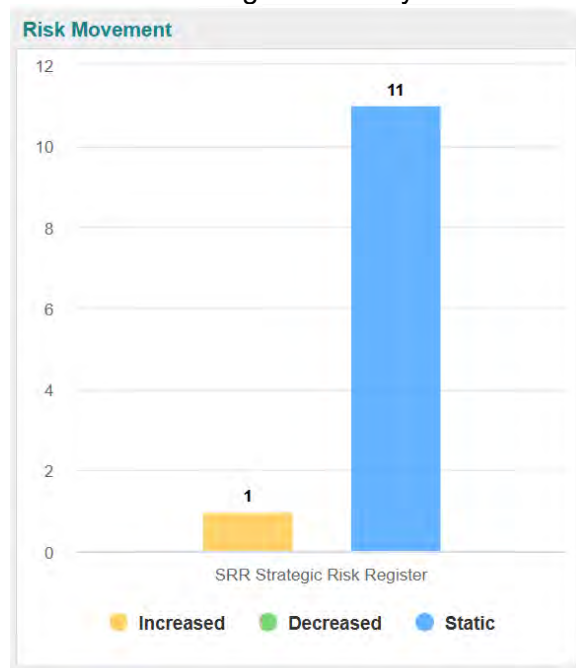
Action Code	Action Title	Due Date	Status	Owned By
SRR004.14	Assessment of the effectiveness of the non-consultant model of care.	31-Mar-2025	Completed	Marie Gardiner
SRR004.19	Completion of the Orthopaedics Recovery Plan	30-Apr-2025	Completed	Marie Gardiner
SRR005.22	Review savings programme in line with revised 15 box grid.	30-Apr-2025	Completed	Jillian Thomson
SRR005.23	Develop a plan for the further roll out of the nursing blueprint to other staff groups.	30-Apr-2025	Completed	Jillian Thomson
SRR011.07	Raise awareness to understand the Digital Delivery Plan objectives and support roll-out of the 66 projects held within.	30-Apr-2025	Completed	Scott Jaffray
SRR015.11	Cyber Resilience NIS Audit Action Plan 24/25	01-Apr-2025	Completed	Kurt McLay
SRR019.11	Implementation of the mobilisation phase one.	31-May-2025	Completed	Kevin Reith

Table 3.2 Strategic Risk Overdue Actions

Action Code	Action Title	Due Date	Status	Owned By
SRR015.10	Review of cyber roles to support recruitment of vacant post and retention	31-Jan-2025	Overdue	Sarah Hughes-Jones; Scott Jaffray

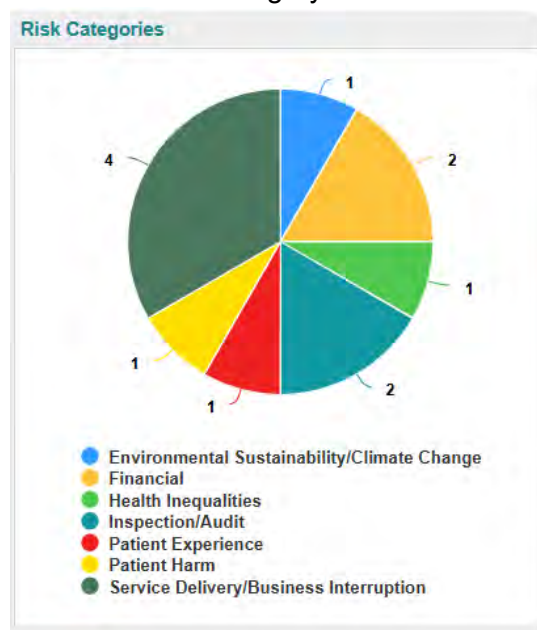
4.Risk Trend Analysis

Chart 4.1 Risk Register Activity



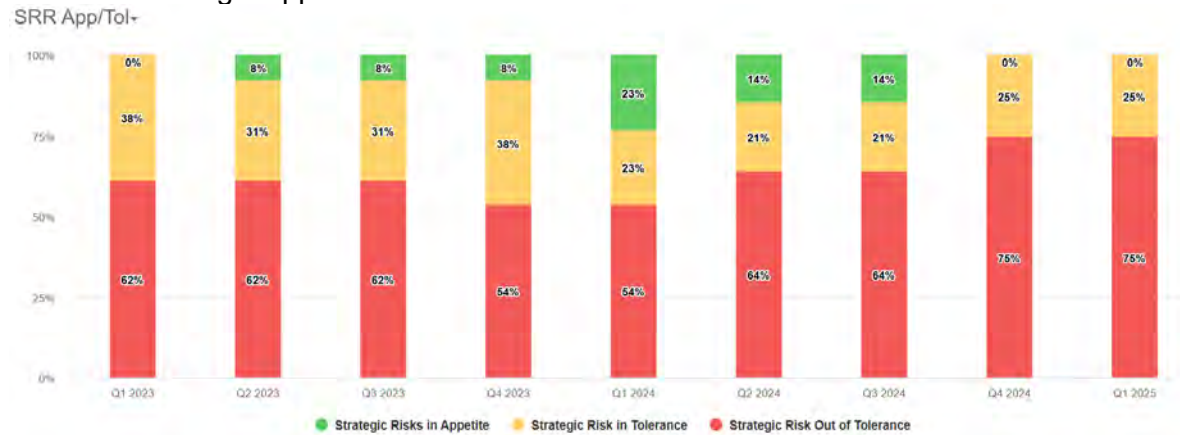
The chart to the left shows that across the Strategic Risk Register, 11 of the 12 Strategic Risks remain static, whilst SRR011 increased in risk score.

Chart 4.2 Risk Category Breakdown



When risks are assessed, a lead impact category is selected, which sets the appetite/tolerance level for the risk. The chart to the left shows that Service Interruption is the most common category, followed by Finance & Inspection/Audit. The remaining risks are split between Patient Experience, Patient Harm, Public Confidence, Environmental Sustainability and Climate Change and Health Inequalities.

Chart 4.3 Strategic Appetite and Tolerance



A graph depicting the risk appetite profile of the strategic risks across the previous financial year:

- Quarter 1 (25/26) continues to remain static at this point, despite the increase in risk score for SRR011.

Note that the colours in the chart represent status (In appetite, In Tolerance, Out of Tolerance) rather than score.

5. Strategic Risk Assurance Focused Reviews

During this period, two Focused Reviews were conducted on:

- **SRR011: Digital/eHealth Infrastructure & Strategy** – This was presented to the April 2025 Strategic Planning, Performance & Resources Committee and was endorsed for further reporting to the Audit & Risk Committee.
- **SRR018: Primary Care Sustainability** - This was presented to the April 2025 Strategic Planning, Performance & Resources Committee, and was endorsed for reporting into the Audit & Risk Committee, subject to a final review of the description and controls.

SRR011: Digital/eHealth Infrastructure & Strategy

Commentary

During the focused review process, there was no change to the overall description of the risk, however the risk increased in risk score due to recruitment challenges within the Cyber Team. A review of the current and further controls was undertaken and highlighted a variety of criticality across these controls.

Seven of the ten identified current controls were given a rating of red & amber which prompted a gap analysis. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are numerous assurance functions monitoring compliance with these current controls.

BETTER VALUE							
5. Demonstrate best value using our resources							
SRR011	Digital & eHealth – Infrastructure & Strategy 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.	20	Annual Digital and eHealth Delivery Plan	X		X	
			Lifecycle System Matrix	X		X	
			Cyber Security	X	X	X	X
			Windows/Office Programme	X	X	X	X
			ICT Infrastructure Upgrades	X	X	X	X
			Disaster Recovery and Business Continuity Plans	X	X		X
			Digital Directorate Workforce Plan	X	X		
			Ensure alignment of new digital & eHealth proposals are linked to current strategies of the Board and national.	X	X	X	
			Accredited by the Service Desk Institute Standard.			X	X

SRR018: Primary Care Sustainability

Commentary

During this focused review process, there was no change to the overall description of the risk from the previously indicated description, and the overall risk score remains the same.

A review of the current and further controls was conducted, highlighting that across all mitigation measures, there is a variety of criticality, with four controls rated either Amber or Red. There are a number of bodies monitoring our control environment. It was requested by the SPPRC that the description and the wording of some of the controls be reviewed to ensure accuracy.

BETTER CARE							
4. Promote and develop better integrated services locally and regionally							
SRR018	Primary Care Sustainability If we do not have adequate resources to support and implement a PC framework, there is a risk that we don't have effective measures to ensure delivery of primary care across FV, resulting in a failure to meet our statutory responsibilities, reputational impact.	15	GP Sustainability Loans in Place	X	X	X	X
			Targeted recruitment to build GP and MDT capacity and capability.	X	X	X	X
			Capital Investment Programme.	X	X	X	X
			Primary Care Improvement Plan	X	X	X	X
			Expansion of community pharmacy services (Further development of Pharmacy First Service)	X	X	X	X
			Regular engagement with SG and BMA in place regarding national MOU funding.	X	X	X	X
			Recognised process to consider all options when a practice is handed back to NHS FV.	X	X	X	

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

9. Escalation Assurance Report

For: Approval

Executive Sponsors: Mrs Neena Mahal, Chair; Prof Ross McGuffie, Chief Executive

Authors: Ms Kerry Mackenzie, Acting Director of Strategic Planning and Performance, Prof. Ross McGuffie, Chief Executive; Mr Kevin Reith Director of People.

Executive Summary

On the 1st of October 2024, NHS Forth Valley was moved from stage 4 to stage 3 on the Support and Intervention Framework following considerable progress against measures outlined in our improvement plan. Work has continued across the whole system to elicit sustainable and ongoing improvements with progress detailed in the Escalation Assurance Report at appendix 1.

Recommendation

The Forth Valley NHS Board is asked to:

- **agree** the content of the Escalation Assurance Report paper and note focus on the work undertaken and improvements made following a change in escalation status.
- **discuss** if there are any gaps or areas of work which require additional focus.
- **note** that any ongoing or additional actions are reflected in the 2025/26 Board Development plan at appendix 3.
- **note** a portfolio of evidence will be submitted to Scottish Government to demonstrate further evidence of improvement at Stage 3 for their consideration.

Risk Assessment / Management

Key risks that may impact on delivery of the Assurance and Improvement Plan are identified within the Strategic Risk Register with oversight through the relevant Assurance Committee.

Key Issues to be considered

In June 2024, a full review of NHS Forth Valley's Assurance and Improvement Plan was conducted. Actions were individually assessed and classified as either:

- Progressed and complete
- Progressed and being monitored as business-as-usual with a focus on continuous learning
- In progress

Actions still 'in progress' were moved to a new version of the Plan. The Escalation Performance & Resources Committee reviewed and approved the revised action statuses and transition to the updated Plan on 18 June 2024. The NHS Forth Valley Board formally approved the new Plan on 30 July 2024.

A key next step identified was to clearly communicate to the Assurance Board outcomes achieved and the impact of changes elicited through the delivery of the Assurance and Improvement plan. A paper was developed summarizing actions, progress, and systemic improvements following escalation to Stage 4 of the NHS Scotland Support and Intervention Framework. Feedback was gathered in August 2024 to refine the paper before presentation.

On 5 September 2024, the Assurance Board met with the NHS Forth Valley Chair and Chief Executive, where the paper received positive feedback, confirming clear evidence of progress and impact. On the 1st of October 2024, having provided evidence of tangible and sustainable improvements, NHS Forth Valley was move to stage 3 of the NHS Scotland Support and Intervention Framework following improvements in leadership, culture and governance.

Work has progressed system wide to ensure improvements made have been sustained as business as usual. Further progress has been made and will continue in respect of Leadership, Culture and Governance as we continue to strengthen our performance in these areas.

Implications

Financial Implications

There are no direct financial implications in respect of this paper however cost improvement and value have been identified as additional improvement actions. Note however that these are not related to escalation.

Workforce Implications

There are no direct workforce implications in respect of this paper however the improvement actions identified under the headings of Culture, Leadership and Governance will support our workforce.

Infrastructure Implications including Digital

There are no direct infrastructure implications in respect of this paper.

Sustainability Implications

There are no direct Sustainability Implications in respect of this paper.

Sustainability Declaration

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

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

All the actions set out in the Assurance and Improvement Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governance¹*For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at day-to-day management of operations and the implementation of change.'*

Information Governance Implications

There are no direct information governance implications in respect of this paper.

¹ <http://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/>

Relevance to Strategic Priorities

The ongoing work and development following the change in Escalation status links directly with NHS Forth Valley's Corporate Objectives approved by the NHS Board in March 2025, namely:

- **Collaboration**
We will work collaboratively with staff, primary care colleagues' partners and our communities to improve the health and wellbeing of local people.
- **Transformation**
We will reform and redesign the way we deliver health and care services to meet current and future challenges.
- **Stewardship**
We will take collective responsibility for ensuring that we stay within our budget and that the resources available are used effectively to deliver long-term financial sustainability.
- **Outcomes**
Focus our services, funding and efforts on the areas which will achieve the greatest impact, benefits and outcomes to improve the health and wellbeing of our whole population.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

The Escalation Assurance Report paper has been drafted in collaboration with all members of the Executive Leadership Team and the Board Chair, informed by discussion by Board Members at the Board Seminar on 24 April 2025 reviewing our progress around Leadership, Culture and Governance.

Appendices

- Appendix 1: Escalation Assurance Report
- Appendix 2: Board Development Plan 2024/25
- Appendix 3: Board Development Plan 2025/26

NHS FORTH VALLEY ESCALATION ASSURANCE REPORT

PURPOSE

The purpose of this paper is to illustrate the progress that has been made across the whole system to elicit sustainable improvements in response to NHS Forth Valley being escalated to Stage 4 of the NHS Scotland Support and Intervention Framework. This paper outlines the impact of this work by describing what is different under the areas of Culture, Leadership, and Governance.

BACKGROUND TO ESCALATION AND DEVELOPMENT OF THE IMPROVEMENT PLAN FROM DECEMBER 2022 TO CURRENT STATUS

In November 2022, NHS Forth Valley was escalated to Stage 4 of the then NHS Scotland Support and Intervention Framework due to concerns about Culture, Leadership, and Governance. This led to direct oversight by the Scottish Government through an Assurance Board chaired by Christine McLaughlin, Director of Population Health, Scottish Government.

In response, NHS Forth Valley developed an Escalation Improvement Plan in December 2022, focusing on culture, leadership, governance, and patient and staff experience. The plan included immediate actions and learning from other NHS Boards. A Corporate Governance Review was commissioned in January 2023 to support these efforts.

By March 2023, a second version of the plan was approved, targeting medium- to long-term improvements. In November 2023, a close-out report showed 61% of sub-actions were complete, with remaining actions carried into a third iteration - the Assurance and Improvement Plan - approved in November 2023. This plan incorporated recommendations from governance reviews and focused on culture, leadership, and performance.

A comprehensive review in June 2024, informed by audit findings, categorized actions as complete, business-as-usual, or in progress. The Escalation Performance and Resources Committee and the Assurance Board reviewed and approved updates, confirming progress in all areas.

The updated Assurance and Improvement Plan, approved in July 2024, continues to guide efforts in cultural change, leadership stability, and sustainable performance improvements. It is acknowledged that in many cases the work undertaken will never be concluded as it becomes further embedded with a focus on continuous learning and improvement and monitoring through Governance Committees as business-as-usual activities.

1. CULTURE

1.1 The final Assurance & Improvement plan had 32 actions for completion across 9 areas:

- Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement.
- Provide assurance that Whistleblowing Policy and Speak Up initiative are embedded across the organisation.
- Ensure that NHS Forth Valley has made progress on recommendations outlined in the Sturrock Report.

- Implement learnings from colleagues, patients, and public representatives in respect of incident reporting e.g. Incident Reports (IR1s), complaints and significant adverse events.
- Improve equitable access to eHealth Systems.
- Deliver Culture Change and Compassionate Leadership (CC&CL) Programme to promote and lead the development of a positive organisational culture.
- Include issues relating to culture and learning as part of service performance reviews.
- Embed staff side colleagues' involvement within Business Unit structures, Organisational Governance structures and appropriate operational working groups.
- Revisit NHS Forth Valley's organisational values alongside the NHS Scotland values that already apply to the workforce.

1.2 As of August 2024, one outstanding action area in relation to Values work was incorporated into the CC&CL programme. All other actions had been completed noting that some of the actions were embedded back into business-as-usual activity to continue the longer-term work on cultural improvement.

1.3 As the CC&CL programme work has progressed, a Programme Board has directed the activity with governance reporting to the Staff Governance Committee and updates provided to the NHS Forth Valley Board. There is a Board Seminar planned for June 2025 to discuss progress on the first 4 workstreams and to hear from staff involved in the work.

1.4 Themes from the Assurance & Improvement plan which underpin current work on the Culture theme are outlined below:

Whistleblowing activity strengthened and consolidated with Speak Up

1.5 All Whistleblowing processes were reviewed and strengthened under the leadership of the Executive Nurse Director. This work has been an iterative process in terms of continuous improvement through review of lessons learned from our experience. This included bringing together Speak Up and Whistleblowing processes to provide a rationalised approach for staff to raise concerns and to provide additional opportunities for shared learning. Our Board Non-Executive Whistleblowing Champion has been fully involved in this work with routine reporting of activity to the Staff Governance Committee. The Whistleblowing Annual Report was presented to the Staff Governance Committee on 13 May 2025 prior to final sign off by the Board on 27 May 2025.

Culture Change & Compassionate Leadership (CC &CL) Programme delivery

1.6 Last year the programme had completed the diagnosis and design phases of its work by the end of June 2024. This work had involved extensive engagement across the organisation to ensure that the aims reflected our staff views and that work to be progressed was based on what staff felt was most important to them to improve our organisational culture. During our data gathering phase over 1200 colleagues were consulted. 747 staff participated in the sharing of the findings and 444 colleagues participated into turning our findings into potential solutions. The engagement activity is a core principle of driving our change of culture ensuring we have listened to our staff and heard their feedback to inform our delivery.

1.7 Since then, our Programme Implementation stage has progressed with a split of activity across two main phases of work informed by the priorities identified by staff. Phase 1 project mobilisation is now complete for the first four programme workstreams which took place between December 2024 and April 2025. Phase 2 workstreams commenced mobilisation on 8 May 2025. The Workstreams of the programme are as noted below:

Phase One

- Invest & Celebrate
- Safe, Well & Heard
- Great Communication
- Live the Values

Phase Two

- Develop our Leaders
- Attract & Retain
- Learning & Continuous Improvement
- Get Connected

- 1.8 The Culture Change & Compassionate Leadership Programme have continued to work collaboratively with colleagues across a range of initiatives, interventions and workshops throughout the development of this programme including 'Step in My Shoes' (see below), NMAHP Development Events, Realistic Medicine, Values Based Health & Care promotion and Anchor Service Design. Where possible, each of the projects will engage with existing or planned initiatives relating to Culture & Leadership to maximise resources, streamline activities and support the transition into business as usual.
- 1.9 The links between organisational culture and behaviours and levels of staff absence and turnover are widely accepted as having a direct correlation. In the initial diagnostic phase NHS Forth Valley Organisational data indicated high levels of staff absence and turnover. The CC&CL methodology has been proven to have a positive impact on these indicators in other Health organisations. Although absence did peak over the winter period, we are now seeing early signs of improvement, which we would aim to sustain. Over the past 2.5yrs NHS Forth Valley turnover figures indicate consistent decline of over 5% to 9.9% turnover in February 2025 since peaking at 15.5% in December 2022. Early indications from assessment of our recruitment activity would indicate we are attracting higher numbers of calibre candidates which we are assessing to further understand the impact across the organisation.
- 1.10 The measurement of cultural improvement will be a key theme of work as we progress delivery of actions (see below in terms of future actions).

iMatter lessons Learned Incorporated into 2024 Plan

- 1.11 The 2024 iMatter cycle was successfully completed incorporating lessons learned from both local experience and from the National iMatter Report 2024. Although we recognise that we still have further progress to make, analysis of the findings indicates that we have maintained a positive overall staff engagement score of 76. Of the 28 measures on the survey, we remain in the 'Strive and Celebrate' category for 24 of the measures.
- 1.12 iMatter outputs have been reported back to the Senior Leadership Team, Area Partnership Forum and Staff Governance Committee. The 2025 iMatter programme launched on 12 May 2025. Communication and engagement plans are in place to promote staff participation to ensure we continue to listen to staff voices across the organisation. The Chief Executive and Executive Directors have promoted the importance of hearing from staff by sharing short videos on our staff intranet. The Whole System Leadership Team has been asked to cascade messaging across their service areas to support engagement.

- 1.13 In connecting the work of the CC & CL programme to other activities within the organisation, the Safe, Well and Heard workstream is currently exploring how it can share key themes and recommendations from its work for incorporation within iMatter team action plans where appropriate. Options to build outputs into iMatter would help to make the process more positive and relevant and disseminate some of our practical culture change tips and signpost resources.

Senior Leadership Visibility

- 1.14 As noted below in terms of our Leadership agenda, we continue to build on our open transparent and visible leadership approach through a range of planned connections with our staff and services. With the appointment of Ross McGuffie as our new Chief Executive in October 2024, a comprehensive programme of meet and greet visits across NHS Forth Valley has been an ideal opportunity to continue to build visibility. The Senior Leadership Team has also been proactive in terms of supporting connection with staff and visits to all departments is a routine part of the leadership work for Directors and their Senior Management teams.
- 1.15 The Interim Board Chair has carried out extensive engagement meetings and sought additional opportunities for other Board members to visit services and engage with groups across the organisation. The Patient Safety Conversation programme has been actively supported by Executive Directors and Board members in hearing directly from staff about their challenges and successes.
- 1.16 Our highly successful Step into My Shoes programme launched in 2024 has been extended from a day to a week of shadowing activities. Our next week of activity is on 26 May 2025, and is aimed at supporting staff to have the opportunity to get fresh insights into the different parts of the organisation for personal development and to have the chance to explore new areas from a career development perspective.

Equality, Diversity & Inclusion

- 1.17 In 2024 the Ethnic Diversity Network (EDN) refreshed its aims and objectives and meetings between the Chief Executive, Chair and other Executive Directors and engagement with the Senior Leadership took place to support the refreshed ambition. More recently the Chair, Chief Executive and Director of People have met with the outgoing EDN chair to reflect on progress and in April 2025 discussions took place with the new chair to consider areas of mutual interest in promoting the aims of the network.
- 1.18 A schedule of meetings for the forum has been agreed for 2025/26 with the next session on 3 June 2025 including the Chair, Chief Executive and Director of People attending to contribute to a Q&A session and an open invitation to Board members to attend to hear from the forum on their lived experience. This builds on Board Development sessions on our Equality & Inclusion agenda and consultation discussions on the Board's Equality & Inclusion Strategic Framework for 2025-2029 which was approved and published on 30 April.
- 1.19 A key aim of the Equality Outcomes within the Strategic Framework is the development of our Anti Racism Policy which will be a focus of ongoing engagement with the forum across this year. A Short Life Working Group has been established to progress this collaborative work to deliver the policy.
- 1.20 Our plans to build our Staff Forum network have progressed since last year with both the LGBTQ+ Network and Menopause & Menstruation Group launched. The Disability, Neurodiversity, Healthcare Support Worker and Carers & Care Experienced Groups are all in the process of being established. As well as expanding the forum network we will be exploring a Chair's Network to enable shared learning and mutual support and will continue to seek feedback on other groups for the expansion of the network. Opportunities for engagement with Staff Networks for NHS Forth Valley Board members is built into our future development plans

to assist with building familiarity with using Equality Impact Assessment to support decision making.

Partnership Engagement Strengthened

- 1.21 The Area Partnership Forum under the co-chair leadership of the Employee Director and Chief Executive has continued to build its workplan to ensure effective partnership engagement across the organisation. The Schedule of meetings for 2025/26 will aim to build in the good progress from the previous year in terms of partnership delivery of key work activity. The re-establishment of Acute Partnership meetings is also an important element of ensuring local partnership work supports local resolution of issues. We continue to seek partnership working opportunities with individual work programmes, and the work of our Financial Stewardship Group with full staff side engagement is an example of our desire to have open and transparent communication on key strategic themes.
- 1.22 The Employee Director and Director of People will continue to assess the development of our partnership infrastructure to ensure the APF is appropriately underpinned for the benefit of all staff and allows the APF to participate in discussions on our key strategic ambitions. We will complete a review of our Partnership Agreement this year and plans are in progress to hold Partnership Development sessions to build common understanding across our management and staff side groups for shared delivery benefits. A key piece of work will involve progressing the work to change our handling of workforce policy cases with the aim of promoting more early resolution and reducing formal processes which do harm to those involved.

Cultural Development Next Steps

- 1.23 As noted above our commitment to our cultural improvement work is extensive and ongoing. The road map for our work ahead includes some of these key aims and milestones in 2025/26:

Culture Change & Compassionate Leadership Programme

- Progressing the delivery of our 8 workstreams across 2025/26, communicating changes and initiatives with staff and seeking further feedback to ensure we respond to emerging issues.
- Cultural Indicator Measurement - developing ways in which we can measure cultural improvement through a range of metrics and building this into our Service Performance Review cycle to ensure cultural change is measured and overseen by the NHS Board.
- NHS Scotland Event Presentation – presenting our work to date at the NHS Scotland Event on 9 June 2025.
- Evolving to business as usual for the programme work by the end of 2025/26. This will support work being progressed in a way which best aligns with our strategic delivery plans.

Partnership Engagement

- Planning for a Partnership Event – initial meeting in June 2025 to plan scope of a first event and consider how to build ideas for engagement into a rolling programme.
- Additional strengthening of the Partnership Structures – in line with Partnership Agreement refresh we will complete a stock take of partnership working to build on good practice.
- Developing our approach to Employee Relations – ‘Doing Less Harm’ work delivery being led in partnership will support improved employee relations case resolution in a way that aims to avoid prolonged formal processes.

Service Performance Review Work

- Measures relating to culture monitored as part of improvement plans to ensure focus is maintained and progress is tracked.

- Dashboard evolution reflects work on Cultural Indicator measurement.
- Opportunities for celebrating success and shared learning are built into our plans.

Equality & Inclusion Strategic Framework

- Developing an Anti-Racism Plan cocreated by staff and focusing on what matter most for our staff and communities.
- Staff Network evolution – launch of new forum and extended engagement the network
- Delivery against Equality Outcomes.

Strategic Evolution

1.24 Creating a great place for our staff to work which enhances our ability to delivery excellence in patient care is a firm commitment of our strategic work. This work connects with our strategic ambitions in terms of how our ten-year strategic plan will develop.

- **Population Health & Care Strategy**
Building on the CC&CL work we aim to develop an Enabling Culture which will create the conditions for transformational change.
- **People Strategy**
Identifying the elements of the Population Health & Care Strategy which will provide strategic leverage through our key workforce changes and will further evolve our delivery and governance framework.
- **Organisational Development Plan**
This will be a key element of our People Strategy, and a core part of embedding our Culture programme work in business as usual, and will include:
 - Leadership Development
 - Talent Management & Succession Planning
 - Embedding values & behaviours in our people processes
 - Further refinement of cultural measurement
 - Educational Governance

As we progress with our local plans there will be an ongoing review against the National Health & Care Workforce Plan and other complementary national/regional activities

2. LEADERSHIP

- 2.1 The final Assurance and Improvement Plan contained sixteen leadership actions for completion against four key areas:
- Executive Leadership Team to promote and role model behaviours
 - Ensure professional and managerial structures are fit for purpose
 - Ensure corporate objectives are aligned with the aims of the organisation
 - Ensure the Quality Strategy is embedded across the organisation and an evaluation process is in place
- 2.2 The Remuneration Committee was asked to oversee the leadership theme with a focus on consolidating sustainable leadership arrangements and managing the associated risk relating to senior leadership capacity.
- 2.3 All outstanding actions were signed off by August 2024, however, the continued development of leadership across the organisation is an ongoing endeavour, with real progress continuing to be made.
- 2.4 There has been a growing stability within the Executive Team with substantive appointments into the Chief Executive, Director of People, Falkirk Chief Officer, Director of Acute and Board Secretary posts, plus proactive replacement of senior retirees within the Executive Nurse Director and AHP Director posts. A new OD Manager post has also been recently recruited. A common theme noted is that NHS Forth Valley is now seeing increasing numbers of high calibre candidates applying for posts, demonstrating the improving reputation of the board.
- 2.5 There is strong evidence that ELT is operating as a cohesive, inclusive team. The team continues to meet weekly, with quarterly 'away time' now being utilised to support a deeper dive into key areas of business. As an example, this away time has supported the team to formulate a business case around shifting the balance of care as well as developing new corporate objectives and the associated programme of work.
- 2.6 Open and transparent communication, and constructively challenging conversations take place within and out with ELT as part of regular business, which has improved collaborative working and timely decision making.
- 2.7 There is wider positive engagement with others to support whole system working, prioritisation and decision-making as well as shared responsibility and accountability to address key challenges. Compassionate leadership styles are being demonstrated.
- 2.8 Board Members and ELT work are working cohesively as a Team. There is evidence of trust and positive relationships through 'healthy challenge' at Board meetings and Governance Committees. Board seminars used as learning opportunities and also provide team building opportunities, further strengthening relationships.
- 2.9 Themes from the Assurance & Improvement plan which underpin current work are outlined below.

Decision Making Structures

- 2.10 Work has been ongoing to improve the clarity of decision making between the Senior Leadership Team and Whole System Leadership Team. With the Chief Executive now six months in post, an exercise has commenced to review the terms of reference for each group.
- 2.11 In simple terms, the Senior Leadership Team remains the primary decision-making group, meeting weekly to ensure decision making agility, collaboration, strategic alignment, regular performance monitoring, accountability and transparency.
- 2.12 The Whole System Leadership Team brings together a much wider group of leaders from across the system and supports wider engagement around key strategic developments and meets monthly. A next step in the planned development is to follow up each WSLT meeting with a whole staff Q&A to increase the reach of the group.
- 2.13 The Strategic Prioritisation Review and Implementation Group (SPRIG) was created and introduced at the end of 2023. The purpose of the SPRIG is to coordinate, review and prioritise, service change proposals and investment bids, supporting local decision making where this can be undertaken, and recommend approval or rejection to the SLT.
- 2.14 Improved decision making at a Board level is also being supported through stronger use of governance committees and Board seminars to support a more joined up approach. This allows constructive challenge, appropriate scrutiny and debate prior to decisions being made at the Board on key strategic issues.

Performance Structures

- 2.15 Over the last six months, a priority has been to develop the performance management structures across the Board and wider partnerships. There is now a fully embedded programme of quarterly performance reviews as follows:
- HR, Digital and Communications
 - Finance, Estates and Procurement
 - Acute
 - Falkirk HSCP
 - Clackmannanshire and Stirling HSCP
- 2.16 The quarterly HSCP reviews are being developed to be whole system, with attendance by Council colleagues to reduce duplication of effort and create a strong culture of collaboration. Performance reporting at a Board level is also being updated, with the Strategic Planning, Performance and Resources Committee due to receive an overarching performance report at each cycle, along with a deep dive around one of the three operational division performance reviews. This will ensure the Committee gets a detailed update on each operational unit twice per year.

Corporate Objectives

- 2.17 The Executive Leadership Team held a development session to refresh the approach to Corporate Objectives for 2025/26. The aim was to create a streamlined and more practical set of corporate objectives that could be directly tied into a programme of work for delivery in year.
- 2.18 The Board had early sight of, and an opportunity to influence and comment on the Corporate Objectives ahead of approval. The Corporate Objectives are informing the Executive Director objectives and will be cascaded through the organisation to team and individual level. A programme board approach to delivery is being taken with reporting and governance through alignment to Board committees.
- 2.19 The Corporate Objectives have been simplified into four key objectives:

- Collaboration
- Transformation
- Stewardship
- Outcomes

- 2.20 A number of deliverables have been identified under each objective, with a programme of work developed to set out clearly what will be delivered within 2025/26. An implementation structure has been created to support the coordinated delivery of all aspects, with six Programme Boards each led by an Executive Director.
- 2.21 The Programme of Work will also flow through the Executive Objectives for 2025/26, creating a clear alignment between the organisation's priorities, work plan and executive objectives.
- 2.22 The six Programme Boards are as follows:
- Children and Families
 - Financial Stewardship
 - Quality
 - Strategic Workforce
 - Urgent and Unscheduled Care
 - Value Based Health and Care
- 2.23 Alongside this are wider partnership structures including the IJBs, Community Planning Partnerships and the Regional Anchor Board.

Financial Stewardship

- 2.24 Throughout 2024/25, a Financial Sustainability Board was in place to oversee delivery of change management, with a focus on value improvement, cost improvement/reduction programmes and waste reduction, as set out in our Financial Sustainability Action Plan. The group met fortnightly throughout the year and supported the Board to an outturn position of a small underspend.
- 2.25 Moving into 2025/26, as part of the new implementation structure, this Board has morphed into the new Financial Stewardship Board, continuing to meet fortnightly to ensure ongoing focus and review of individual savings schemes and to identify initiatives to further support improved value and financial savings. The Director of Finance has shared this approach nationally.
- 2.26 Stewardship has been identified as one of the four corporate objectives, with the aim of empowering frontline teams and triumvirates to hold and own their financial, performance and staff governance data.
- 2.27 Board members have influenced the financial reporting arrangements through requests for specific detail and information and are involved in agreeing and shaping our financial approach. The financial plan has been covered at several Board seminars.

Whole System Working and Reduction in Contingency Beds

- 2.28 A key area of collaborative working has been around reducing the number of contingency beds in place across the Forth Valley system, a key objective within the Financial Sustainability Plan. Led by the Chief Officer in Clackmannanshire and Stirling HSCP, significant progress was made to reduce the number of contingency beds from 110 to around 50.
- 2.29 The Forth Valley system has since joined the national Discharge Without Delay Collaborative, gaining recognition for very positive whole system attendance and engagement.
- 2.30 A whole system Unscheduled Care and Delayed Discharge Plan had been developed but is now being updated to better reflect the key elements of the Discharge Without Delay programme.
- 2.31 To support further reduction in the use of contingency beds, a business case has been developed to support the further reduction of 32 beds through the creation of additional community capacity. This project will see the transfer of some funding from acute to the Falkirk partnership, with the test of change anticipating a sustained reduction in delayed discharge numbers on the Forth Valley Royal Hospital site, allowing an unfunded ward to be closed. This is an excellent example of the collaborative nature and whole system focus of the Board's Executive team, as well as demonstrating whole Board buy in to the direction of travel.

Population Health and Care Strategy

- 2.32 Developing a shared vision is foundational to the organisation's success, transforming individual efforts into collective progress. Work around the NHS Forth Valley Population Health and Care Strategy has intensified over the last six months, supported by a Board-led Task and Finish group. A draft strategy was approved at a special Board meeting in April 2025 and is now out for a final round of engagement before the completed document will come back to the Board in September for formal approval.
- 2.33 The Board has been further involved in the development of the strategy through Board Seminars and the use of the Strategic Planning, Performance and Resources Committee to review and influence each iteration of the plan.
- 2.34 The plan itself has been built on extensive public engagement, again reflecting a collaborative approach through utilising existing HSCP engagement structures alongside NHS Forth Valley's engagement mechanisms to boost reach and ensure alignment with the IJB Strategic Commissioning Plan approaches.
- 2.35 The Interim Director of Public Health has been involved throughout the development of the national Population Health Strategy, ensuring alignment between the two plans. The Population Health and Care Strategy sets an exciting new vision for the organisation, with real alignment and buy in across both the Board and Executive Team for this direction of travel.

Partnership Working

- 2.36 The NHS Forth Valley Chief Executive meets on a regular basis with the Chief Executives from Falkirk Council, Stirling Council and Clackmannanshire Council to discuss whole system working and integration. This forms an integral part of ELT development work, both structurally and for the organisational development of the wider team. NHS Forth Valley and partners of the Forth Valley region have agreed to pursue one anchor institute instead of four, with the first Shadow Regional Anchor Board meeting taken place.
- 2.37 In addition, there has been a significant strengthening of input from NHS Forth Valley into the three Community Planning Partnerships, with the Chief Executive, Board Chair and Interim Director of Public Health attending these meetings. Through the Public Health department,

there has also been strong progress on developing outcome measures for the CPPs and identifying core priorities for delivery.

- 2.38 A new Forth Valley Leadership Forum has been arranged, with the 2025/26 dates now confirmed to bring all public sector leaders together bi-annually to look at areas of collaboration in the Forth Valley area. As an early example, climate change and sustainability has been mentioned as a possible area of collaboration, supporting all local partners to explore the potential of bringing together resources to see what a Forth Valley-wide campaign could look like.
- 2.39 Work has also commenced around the NHS-University-College partnership, widening to include the three Councils to pick up social care elements, to explore future career pathways, skills gaps and other areas of collaboration that could support local inclusive employment opportunities and a future-ready NHS workforce.

Remuneration and Appraisals

- 2.40 Following a review of the process and timeline, the Remuneration Committee agreed a refreshed approach to the appraisal process, objective setting and performance review cycle in line with national guidance. An improved appraisal process is in place with one-to-one conversations at each stage, as well as a development discussion, all within the appropriate timeline and linked to the Corporate Objectives agreed by the Board. Notable themes which have emerged are:
- Developing a team ethos/collaborative approach and collective goals are evident with time spent discussing team objectives.
 - Improved relationships at ELT level.
 - Strengthened governance processes in the executive lead role – Clinical Governance, Staff Governance.
 - Improved Public Protection systems and measures in place across Forth Valley linking in with partner organisations.
 - Strengthening of leadership at all levels – Acute, Finance, HR, NMAHP and Medicine specifically.
- 2.41 The 2025/26 approach to corporate and executive objectives aims to further strengthen this approach. The Executive Team hosted a session with the SG Chief People Officer to gain feedback on the approach to executive objectives, building this into the 24/25 mid-year review process as well as the preparation for 2025/26. Overall, the feedback was very positive in terms of the development work that had taken place through the Remuneration Committee and Executive Team.

Professional Leadership Development

- 2.42 The clinical leadership across NHS Forth Valley has strengthened in the last six months, with high calibre applicants appointed into key senior medical, nursing and AHP roles that had become vacant. The Area Medical Committee has been re-established as an important professional advisory group to the Board and strategic leadership roles have also been refreshed in Quality and Research & Development teams. Alignment of senior clinical leaders in triumvirates continues especially within the Acute sector.

- 2.43 The NMAHP team have developed a Strategic Enhancement Plan (StEP) which was developed across the professions and shared with staff at all levels to contribute to its development. This resulted in a 5-year plan of professional development, emphasising the focus on the conditions for professional leadership, supporting the development and wellbeing of staff, alongside the opportunities to strengthen career and educational pathways, as well as defining clear processes for succession planning.
- 2.44 There has also been a detailed review of the AHP professional leadership structures across the whole system, which has resulted in the development of profession specific leadership groups, as well as the creation of an AHP Advisory Committee, linking into the Area Clinical Forum. There has also been a further alignment and strengthening of professional leadership and managerial structures across Forth Valley, with the appointment of AHP lead roles in Acute and Clackmannanshire and Stirling, as well as Mental Health services.
- 2.45 There has been the opportunity also to strengthen Midwifery Leadership with the development of a dedicated Midwifery Director post, with responsibility for the professional leadership of midwifery and children's nursing services. This has created professional leadership, provided a focus for the development of the professional, as well as strengthening assurance systems. In line with other posts, the Board has recently attracted a very experienced candidate to the role of Midwifery Consultant who is developing the clinical portfolio of this role to further strengthen and develop the professional contribution to improving clinical care and experience.
- 2.46 Over the last 9 months the educational leadership and development for NMAHPs has been further strengthened with the formalisation, consolidation and strengthening of the Practice Development Unit (PDU). All Practice Educators have been aligned across the system under PDU, creating a greater resource, greater flexibility, consistency and governance of content, enhanced the offer available to our teams, as well as created a wider reaching resource than department specific resources. There has also been a number of NMAHP development events to all Senior NMAHP leaders, Team Leaders and practitioner levels to provide, clarity, direction, development and collaboration.
- 2.47 Within the Acute Directorate, there has been the development of system wide triumvirates with Managerial, Medical and Nursing/Midwifery/AHP leadership structures strengthened, aligned with clarity around accountability, responsibility and governance.
- 2.48 The corporate infrastructure has been further strengthened with the alignment of resources to formalise our Child Health Commissioner role arrangements, with specific responsibility to the Executive Nurse Director. This work will evolve in the coming months, aligned with the programme of work described earlier.
- 2.49 Through multidisciplinary professional leadership there has been the development of a breakthrough series collaborative 'Safer Together', focussing on high-level organisational strategic aims in relation to patient safety and quality of care. This involves 63 test teams across the whole system in NHS Forth Valley undertaking improvement work to drive up the quality and safety of care, supported by multiprofessional leadership, learning events, a faculty and improvement support infrastructures to drive results.

Leadership Next Steps

- Completion of the Population Health and Care Strategy, creating an overarching and compelling vision for the organisation.
- Finalisation of Programme of Work for 2025/26.
- Sign off Executive Objectives for 2025/26, creating a golden thread from the corporate objectives through the agreed in-year deliverables to the executive objectives.
- Roll out of new performance framework to Strategic Planning, Performance and Resources Committee, built from the new quarterly Performance Reviews.
- Roll out of the new Regional Anchor Board and Regional Leadership Forum.

3. GOVERNANCE

3.1 The final Assurance and Improvement Plan had thirteen key governance actions a number of which were cross referenced with the External Review of Corporate Governance to ensure alignment.

3.2 Key themes were in respect of:

- Completing work on the Board Assurance Framework and ensuring it is aligned to the Scottish Government NHS Blueprint for Good Governance.
- Ensuring appropriate induction and ongoing development for Board members
- Ensuring regular monitoring of performance, scrutiny of results and outcomes.
- Addressing any outstanding recommendations from the external review of governance.

3.3 The Performance & Resources Committee was asked to oversee the governance actions focussing on progress with the agreed actions and acknowledging the requirements for ongoing development as governance was strengthened. All outstanding actions were signed off by August 2024, however, it was noted that there was a focus on continuous learning and improvement with some areas of work informing the Board Development Plan 2024/25.

3.4 Themes from the Assurance & Improvement plan which underpin current work are outlined below.

External Review of Corporate Governance

3.5 The External Review of Corporate Governance commissioned in January 2023 was received in October 2023 highlighting 51 recommendations. A number of the recommendations had previously been captured within the Assurance and improvement Plan with work in progress however to ensure completeness the recommendations were mapped against outputs from the Board Self-Assessment Survey conducted in September 2023. To reflect upon the results of the Board Self-Assessment Survey and to capture any additional actions in the Assurance and Improvement Plan, two Board Development sessions, run by an external consultant, took place in December 2023 and February 2024.

3.6 In addition to ongoing discussions at Governance Committees, a Board Seminar was held on the 24th of April 2025 in the form of a workshop on progress with escalation where officers provided an updated position against the recommendations of the external review of governance. Board members were given the opportunity to discuss progress and reflect on the improvements in governance. Board members agreed the assessment of progress put forward by officers.

3.7 Overall, Board members agreed that there is enhanced clarity of roles, responsibilities and accountabilities with improved flows of information, improved scrutiny and challenge, opportunities to shape and influence strategic direction and positive relationships and a culture of openness, with the NHS Board and SLT working effectively as a cohesive team with a shared purpose and vision.

Blueprint for Good Governance Board Development Plan 2024/2025

- 3.8 In response to a request from Scottish Government colleagues, NHS Forth Valley submitted its Blueprint for Good Governance Board Development Plan 2024/2025 (appendix 2). The Plan was centred around six high level actions to be achieved by end of March 2025, supported by delivery actions, and linked to an intended good governance outcome. The Plan aligned to the work undertaken around the Board Self-Assessment and our Assurance and Improvement Plan and demonstrated alignment with the Blueprint for Good Governance.
- 3.9 The Board considered a paper at its meeting on 25th March 2025, Progress Update: NHS Forth Valley Blueprint for Good Governance Board Development Plan 2024/25 and Plan for 2025/26. The Board closed off the Development Plan for 2024/25 with a significant number of actions complete and agreed a Plan for 2025/26, noting that this was an iterative plan which could be re-shaped during the course of the year.
- 3.10 The actions carried over to the 2025/26 plan were:
- Equality, Diversity & Inclusion.
 - Active Governance – Data and Triangulation.
 - Undertaking a review (identified through the active governance session) of the Board's management of risk, including risk appetite and tolerance.
 - Influencing culture.

Board Assurance Framework

- 3.11 Work progressed around creation of a Board Assurance Framework using the model set out in the Blueprint for Good Governance and further guidance from the Good Governance Institute. Following a scoping exercise for this work, we linked up with other health Boards, to learn from their own models to produce an overarching framework. The Board Assurance Framework was approved at the 25th of March 2025 meeting of the Board following development work including a Board Seminar on Active Governance held on 3rd December 2024. The Seminar focussed on supporting a better understanding of active governance and the application of the Board Assurance Framework, how risk can be used effectively in active governance, and the strengthening of our approach to assurance.
- 3.12 The Board Assurance Framework is supported by our Performance Management Framework and our Risk Management Strategy to provide a framework that supports the Board and its committees to discharge their overall governance responsibilities and aligns with the ethos of Best Value. The Board Assurance Framework is designed to ensure that there are clear links between the governance responsibilities of the Board, the lines of accountability across the Executive Directors and the assurance activities of the Board's Governance Committees
- 3.13 The Board Assurance Framework will continue to change and develop as governance improvements become embedded and key activities and documents that support our ongoing assurance are reviewed and updated. A formal annual review and update of the Board Assurance Framework will be undertaken to ensure it remains current and continues to align with NHS Forth Valley priorities, Corporate Objectives, Risk management Strategy / Framework and Performance Framework.

Corporate Governance and Assurance

- 3.14 The Board Chair undertook a review of governance and has reported to the Board on a number of occasions in 2024/25.
- 3.15 In September 2024 the Board approved the replacement of the Performance and Resources Committee (P&RC) with the Strategic Planning, Performance & Resources Committee (SPPRC) with the inaugural meeting held in December 2024. The SPPRC was constituted to provide a space for strategic thinking and discussion. Board members, particularly all Non-

Executive Directors, have an opportunity to shape and influence strategic direction and have strengthened oversight of the challenges faced by the Board.

- 3.16 At the Board Seminar held on 24 April 2025, feedback was taken from the SPPRC members around how the Committee was functioning and if the desired outcome in terms of ensuring a space for strategic thinking was being achieved. At this time the feedback was overwhelmingly positive in terms of providing the membership with the opportunity to shape and influence strategy development. It was noted that agendas were very full however it was acknowledged that only three SPPRC meetings had taken place – December 2024, February 2025, April 2025 – with the meeting structure continuing to evolve. It was highlighted that there was an improved alignment with and flow into the NHS Board.
- 3.17 Relevant adjustments have been made to the Scheme of Delegation to align with the SPPRC Terms of Reference.
- 3.18 Following the positive progress made around the Assurance & Improvement Plan, the Board agreed to dissolve the Escalation Performance & Resources Committee in September 2024 in line with the recommendation of the Committee members present at its meeting of 14 August 2024. The Committee having been established in response to escalation to Stage 4 of NHS Scotland's Support and Intervention for Governance, Leadership and Culture held its first meeting on 27 January 2023. The Committee members agreed sufficient progress had been made to enable the transfer of the assurance role of the Committee to Business-as-Usual activity through the Governance Committees and ultimately the Board for governance oversight.
- 3.19 In November 2024 the Board agreed the timetable of meetings for Board, Committees and Seminars. The Board also received the outcome of the review of non-executive portfolio assignments. The Ethical Issues Sub-Committee was stood down and its work subsumed by the Clinical Governance Committee. The Governance Committee structure was reviewed and all memberships updated.
- 3.20 There have been various improvements in governance during 2024/25 including:
- Continued development of Board and governance committee agendas and the use of combined papers with bookmarks and page numbers clearly stated.
 - A risk-based approach to Board and governance committee agenda setting.
 - Enhancement of the Board and governance committee action logs.
 - A programme of Board seminars and Board development sessions on topics aligned to the Board priorities and areas which enhanced understanding and skills of Board members in carrying out their roles more effectively.
 - The Board Chair's review of non-executive portfolios was reported to the September 2024 Board and changes were implemented from 1 February 2025.
 - Non-Executive Directors have attended Governance Committee meetings in other Board areas to learn from and share practice.
 - The input of a dedicated Board Secretary.
- 3.21 A revised Code of Corporate Governance was approved by the Board in March 2025. The Code aligns more closely with the model Code and pulls in best practice from other areas. The Terms of Reference of Committees contained within, approved by the respective Committees, have been developed on the corporate template ensuring consistency of approach. Included within the Code is the Scheme of Delegation and the Standing Financial instructions which have undergone a comprehensive review.
- 3.22 The Chief Executive presented the first Board Executive Team Report in November 2024 providing a wide update from the Board's Executive Team, covering celebrating success;

general updates; inspection activity; visible leadership; and horizon scanning. It provides the Board with a range of information in a report format, providing the opportunity to consider and scrutinise the information presented by the Chief Executive alongside the suite of Board reports.

Board Membership, Skills and Experience

- 3.23 Following completion of a revised skills matrix exercise with Board members the Interim Chair developed a business case to support the recruitment of new Non-Executive Directors. The business case requested replacement of one Non-Executive Director following completion of term of office and the recruitment of an additional two Non-Executive Directors. Following a competitive recruitment process three new Non-Executive Directors have been recruited further strengthening the Board's resilience and skillsets thus enabling the full range of governance requirements to be covered. Induction for the new Non-Executive Directors has commenced with formal start dates to be confirmed.
- 3.24 The induction programme was reviewed by the Chair and Board Secretary in April 2025. The review includes the locally delivered induction training and highlights the range of training material provided by NHS Education for Scotland. A Buddy scheme is in place for new Non-Executive Directors and training materials, newsletters and documents of interest are distributed to Board Members by way of a regular Board Round Up.
- 3.25 The schedule of Board Seminars and development sessions was refocussed to ensure alignment with Board priorities and risks. The Board has focussed on a number of key areas including, Active Governance supporting discussions around risk and assurance, Equality, Diversity and Inclusion and what this means for good governance, and Value Based Health and Care and the implications for the Board as we become a Population Health organisation.
- 3.26 The Chair has visibility and access to all Senior Leadership Team and Non-Executive Directors on a regular basis through informal opportunities, Board Seminars, Non- Executive Directors only meetings and attendance at Senior Leadership Team meetings to discuss Board papers.

Board Visibility

- 3.27 Changes to the Patient Safety Walkrounds have been successfully implemented with all Board members and the wider Senior Leadership Team participating. The visits not only provide enhanced visibility of the Board and Senior Managers with staff but also provide an opportunity to discuss quality and safety of care. Board members are also routinely invited to and encouraged to attend service visits and events such as the Safer Together Collaborative.

Audit Follow Up

- 3.28 An Audit Follow Up protocol is in place and reviewed annually by the Audit and Risk Committee. The protocol overtly references the requirements of the Blueprint for Good Governance in NHS Scotland and sets out the escalation process triggered when timely management responses are not provided.
- 3.29 Audit recommendations continue to be managed through the Pentana system with action owners receiving triggers informing them of any required actions to support completion of aligned audit recommendations. The Senior Leadership Team takes an overview of progress and proactively review and manage the actions. In addition, an Internal Audit Actions Follow Up Report is now a standing item on all governance committees and details current actions aligned to the committee, progress and any overdue actions and the rationale. The audit follow-up position is regularly reported to the Audit and Risk Committee to provide assurance that timely action has been taken to address identified control weaknesses as expected.
- 3.30 There are currently no overdue audit actions noting that these require to be validated by Internal Audit colleagues.

Risk Management

- 3.31 The Strategic Risk Register is a standing item on the Board and Governance Committee agendas however broader risks are discussed at Board and Governance Committee meetings, as part of the papers presented. Risks inform the Board's and Governance Committees' agenda setting process. In addition, risks are discussed at the end of every Board meeting to capture any further risks not on the Strategic Risk Register.
- 3.32 Work is ongoing to ensure appropriate oversight of Organisational Risk with regular reporting to the Senior Leadership Team with linkage to Strategic Risks where appropriate. There is also improved understanding and alignment of Strategic Risks across NHS Forth Valley and the two Health & Social Care Partnerships enabling an understanding of risk across the whole system.

Ward and Departmental Level Governance

- 3.33 Work continues to strengthen our 'Floor to Board' approach to performance and assurance with the ongoing development of the Pentana system. The development of Pentana to house plans, performance metrics and risks is ongoing and provides wards and departments with a means of triangulation to provide an overall picture of progress within their areas and to highlight any actions required to ensure improvements.

Governance Next Steps

- The governance committees workplans will be kept under review to ensure ongoing alignment with the corporate objectives, the agreed deliverables and outputs from the programme boards.
- The effectiveness of committees will be reviewed through ongoing discussions with Non-Executive Directors.
- Consideration will be given to monitoring of delivery of Population Health and Care Strategy and any changes in governance required to do this effectively.
- A programme of Board Seminars will be produced to meet development needs of Board Members aligned to NHS Forth Valley's strategic priorities and identified through the appraisal process.
- Further initiatives will be developed to enhance Board visibility and connections with staff and patients.

CONCLUSION

Following a change in escalation status on 1 October from Stage 4 to stage 3 NHS Forth Valley has continued to make improvements in the areas of Culture, Leadership and Governance.

The significant progress previously demonstrated across the escalation themes, together with the range of performance improvement actions, delivered the changes necessary to meet the key recovery actions agreed and set a course for further sustainable whole system working to meet future challenges. Progress has continued in this regard with ongoing positive changes made providing a steady platform to ensure delivery of our key priorities collaboratively over the next year and beyond.

Progress Report: NHS Forth Valley Blueprint for Good Governance Board Development Plan 2024-25

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome	Status
Functions	Setting Direction	Ensure the Board influences and is fully engaged in the shaping and development of the new Population Health and Care Strategy	Board strategic vision / corporate objectives.	Medical Director / Director of Public Health	By end of March 2025	<ul style="list-style-type: none"> Ensure the Board understands and supports the whole system, integrated and collaborative approach being taken to develop the strategy. Consideration is taken of the connections between the strategy and work required on strengthening engagement to inform decision making at a Board level. Develop clear Board oversight of delivery mechanisms, key milestones and the linkages to other strategies. 	The Board exercises its primary role to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture.	Complete

Progress to date

- To ensure a whole system collaborative approach, a Strategy Steering Group was established in 2024 to develop the Population Health and Care Strategy. The Group had whole system representation from NHS Forth Valley Public Health, Planning, Quality and Communications, as well as representation from the two Health and Social Care Partnerships, Primary Care and Staff Side Partnership.
- Population Health Care Strategy Board Seminars were held to shape timeline/content/the engagement plan.
- A review of Board Governance committees was undertaken and a new Strategic Planning, Performance & Resources Committee (SPPRC) established to provide a strategic thinking space for early oversight and influence of all strategies before being considered by the Board. The development of the Population Health Strategy is a standing item at SPPRC.
- A Non-Executive Director chaired Task and Finish group has been established to provide oversight of the development of the strategy, linking into the SPPRC prior to Board decisions on agreeing priorities, key milestones, the content of the strategy and the engagement plan.
- Strategic Board seminars are now scheduled in the annual Board Plan to consider linkages to other strategic imperatives e.g. Equality, Diversity & Inclusion / Value Based Health & Care
- The Board has had the opportunity to influence the refresh of the Board's Vision and Corporate Objectives, aligned with being a Population Health Organisation.

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome	Status
Functions	Engaging Stakeholders	Develop the Board's collective understanding of NHS Forth Valley's stakeholders and what this means for more effective engagement to help shape the Board's decision making	Communications Framework 2023-2028	Head of Communications	By end of March 2025	<ul style="list-style-type: none"> Ensure the Board understands its different stakeholders and has better oversight of engagement activity across the organisation and partners. Ensure the Board understands the difference between statutory consultation and engagement and how to use ongoing engagement to shape decision making. Maximise opportunities to learn from feedback. Consider how Board meetings could be more transparent and accessible to the wider public. 	<p>The Board has a clear understanding of who its stakeholders are and the approach to engagement</p> <p>Stakeholders are meaningfully involved and account is taken of their views and feedback to shape the Board's plans and priorities</p> <p>Improved transparency and openness of the Board</p>	Complete

Progress to date

- Alongside the development of the Population Health & Care Strategy a review of the Communications and Engagement Framework was considered at the February SPPR Committee and is being submitted to the Board for decision March 2025.
- The revised communication and engagement framework clearly illustrated the difference between statutory consultation and ongoing engagement with our staff, communities and partners.
- Feedback from the engagement of the Population Health & Care Strategy will be considered by the Board before the Strategy is finalised and approved.
- Engagement with Ethnic Diversity Network by Chair and Chief Executive through attendance at Network meetings and forming closer relationships with office bearers.
- Development of the Population Health & Care Strategy builds strongly on learning from the engagement so far, including IJB Strategic Planning and Locality Groups and Third Sector Organisations.
- Opportunities for Board members to hear from and act on feedback from patients, service users, carers and staff are considered at Board meetings through the presentation of patient/staff stories.
- The Board reflects and learns from reporting to Governance Committees such as: the Person Centred Care Report, raising of complaints and concerns, Care Opinion, feedback from the Area Clinical Forum, Area Partnership Forum and iMatter.
- To support the transparency of board meetings: the dates and location of Board meetings are published on the website to the public. The website provides information on how members of the public can attend meetings either in person or through remote means. Board papers are published online on the morning of the Board meeting and hard copies are made available at the meeting for any public observers attending in person. The Head of Communications issues a summary of key items considered/decisions taken at each board meeting on the Intranet for staff after every board meeting.

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome	Status
Functions	Influencing Culture	Develop mechanisms for bringing together all aspects of Culture work for the Board to have clear oversight of performance metrics and delivery.	Staff Governance Committee / Area Partnership Forum	Director of HR	By end of March 2025	<ul style="list-style-type: none"> Continue to deliver the Culture Change and Compassionate Leadership Programme and gain assurance on the impact this is having. Enhance current approaches to engaging with staff, including diversity networks, and continue to develop mechanisms which enable open and transparent communication. Enhance the visibility and profile of Board Members/Senior Leaders within the organisation and consider how else the Board can establish their role in setting the tone and influencing culture. Consider which metrics will provide a comprehensive and consistent approach to improving Board oversight of culture. Ensure Board oversight of iMatter and follow through of how it leads into culture work. 	<p>Staff treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.</p> <p>A continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.</p>	In Progress

Progress to date

- Updates on the Culture & Compassionate Leadership Programme (CCLP) are provided regularly to the Staff Governance Committee and the Board and detailed discussion took place during the year through a Board Seminar.
- CCLP Workstreams and priorities are being developed and led by staff through a 'bottom up' approach.
- To enhance engagement with staff, the Chair, Chief Executive and other Senior Directors have engaged with and attended meetings of the Ethnic Diversity Network, Area Partnership Forum and Area Clinical Forum. The Vice Chair of the Ethnic Diversity Network participated in the Board's development session on Equality, Diversity & Inclusion.
- To enhance the visibility of Board members and Senior leaders, a number of initiatives have been introduced or strengthened including – 'Step into my Shoes', where Senior Leaders shadow staff on the front line; communication to all staff by the Chief Executive and Senior Directors through videos; service visits and Patient Safety Conversation Visits by Non-Executive Directors and other Senior Leaders; attendance by Board members at key strategic events and learning opportunities including the Safer Together Collaborative, SIM Safety Club and Organ Donation Week.
- Staff are encouraged to present at Board and Committee meetings.
- Non-Executive Directors are undertaking a spotlight interview on their background and their role in the staff newsletter on the Net.
- Non-Executives shadowed other Boards and take part in national forums such as the Board Vice Chair Group, IJB Chairs and Vice Chairs Group, Organ Donation Collaborative.

To be carried forward 2025/26

- Metrics to provide a comprehensive and consistent approach to improving Board oversight of culture are still in development and will be carried forward to the 2025/26 Plan, taking account of national work also underway in this area.

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome	Status
Enablers	Diversity, Skills and Experience	Develop a shared understanding of equality, diversity and inclusion, building on expertise internally and externally to embed a culture of inclusion and enhance the Board's decision making	Staff Governance Committee and staff equality networks	Director of HR	By end of March 2025	<ul style="list-style-type: none"> Build on the Board's understanding of diversity and how this should be taken account of in relation to decision making and relationships with stakeholders. Create opportunities for the Board to hear and learn from staff equality networks and diverse stakeholder views. Consider initiatives to enhance recruitment from diverse communities, both to the Board and to the organization. Review skills and expertise of Board Members through the use of a skills matrix, sharing of skills sets across the Board and Board Member appraisals to identify and respond to development needs. Develop arrangements for succession planning for the Board to ensure future recruitment considers diversity of thought around the Board table and what skillsets/expertise is needed to support delivery of the Board's priorities. 	<p>A Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.</p> <p>Better decision making of the Board by taking account of EDI impacts</p>	In Progress

Progress to date

- An Equality, Diversity & Inclusion (EDI) Board seminar was held on 6 February 2025, which covered the vision at NHS Forth Valley; Challenging Current Mindsets; Key EDI Objectives; Equality Outcomes; development of the Anti-Racism Plan development, enhancing the Board's understanding of diversity and their responsibilities in this area.
- The Board is reviewing its Equality, Diversity & Inclusion Strategy.
- Equality Impact Assessments processes have been discussed by the Board and this is being refreshed as part of the review of Board and Committee papers, to ensure that they inform the Board's decision making.
- Work is underway with the Ethnic Diversity Network to enhance understanding of racism and issues affecting our minority ethnic staff.
- Engagement with the Ethnic Diversity Network has taken place with the Chair, Chief Executive and Director of People.
- The Vice Chair of Ethnic Diversity Network participated in the Board Development Seminar on EDI and further work is taking place on developing the Board's Anti-Racism Action Plan.
- The Chair of the Ethnic Diversity Network participated in the Chief Executive recruitment process and plans are underway to consider input into the Area Partnership Forum.
- To ensure that the Board consists of a diverse group of people with appropriate skills and expertise to meet the organisation's current priorities, a new skills matrix was developed and completed by all Board members to inform succession planning and the recruitment of new Non-Executive Directors.

- Succession planning was discussed with Board members/Senior Leadership Team with an opportunity for all colleagues to input their views and ideas in cognisance of strategic priorities and skill gaps within the Board.
- In the recent recruitment of Non-Executive Members an online information session with a Q&A was held along with a personalised letter being issued to wider networks to broaden interest in the positions.
- An appraisal process is being undertaken to identify and respond to individual development needs of Board members.

To be carried forward 2025/26

- (i) The need for the Board to understand how it can enhance the diversity of the wider workforce including its initiatives on international recruitment
- (ii) The need for the Board to hear and learn from its wider staff equality networks and diverse stakeholders
- (iii) The Board will review its EQIA processes and embed this within its decision making

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome	Status
Delivery	Assurance Framework	Complete the work on the Board Assurance Framework, ensuring it is aligned to the Scottish Government NHS Blueprint for Good Governance and that it is fit for purpose.	Code of Corporate Governance, Corporate Objectives, Risk Management Strategy, Strategic Planning Framework, Performance Management Framework, Audit arrangements.	Board Secretary	By end of March 2025	<ul style="list-style-type: none"> Benchmark with other NHS boards to learn from good practice. Continue to work with non-executive colleagues to review reports received by assurance committees to ensure that reporting is adequate to support effective decision making and scrutiny. Engage Board Members to reflect on and understand how the Board Assurance Framework should be used to provide assurance. Provide further support around active governance development to enhance understanding of data, skills in challenging and triangulating information for assurance. Review operations/working of committees to ensure they are fit for purpose and are providing the right assurance to the Board. 	An assurance framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.	Complete

Progress to date

- The Code of Corporate Governance has been reviewed and will be submitted to the March 2025 Board meeting for approval, with work undertaken to align the Code with the Model Code.
- Benchmarking has been completed against other Boards in relation to their Board Assurance Frameworks (BAF).
- A Board Seminar on Active Governance was held on 3 December 2024 facilitated by NES and with an input from Tom Steele, Chair of Scottish Ambulance Service, covering an understanding of active governance; the use of data; how to gain assurance through Board and Committee reports and the use of the BAF; the format of reports and the need for intelligence and triangulation. Discussions also took place on the need to review the Board template and a further understand on the use of data.
- The Board Assurance Framework coming to the Board for approval in March 2025.
- Non-Executive Director only sessions are scheduled for the year and to date have reflected on improvements required in governance to enhance oversight, scrutiny and constructive challenge.
- A review has taken place of Governance Committees, the portfolios of Non-Executive Directors and associated governance processes i.e. minutes/action logs/workplans/revised membership/annual reporting/ToR of Committees. This has facilitated the golden thread of how Committees and their Chairs report to the Board to provide assurance and pull through key governance issues.
- A report on progress and changes around strengthening of governance arrangements will be to the Board in May 2025.

To be carried forward 2025/26

- A refresher session to be held on understanding data and triangulation.
- Undertake further development work on the use of the BAF to provide assurance

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome	Status
Delivery	Integrated Governance	Ensure Integrated whole system working continues at pace and that assurance provided to the Board is cognisant of the whole system approach	Integration Joint Boards, HSCPs, Local Authority Leadership Teams and the NHS Board Executive Leadership Team	Chief Executive	By end of March 2025	<ul style="list-style-type: none"> Review the Integration Schemes for both Falkirk and Clackmannanshire & Stirling Health and Social Care Partnerships (HSCP). Build 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>Clear governance and accountability processes and whole system decision making for prioritisation, supporting improved integrated working. Clarity around operational and professional decision making.</p> <p>A collaborative approach that ensures the organisation's systems are integrated or aligned with the governance arrangements of key external stakeholders.</p>	Complete

Progress to date

- A Review Group comprising of senior governance/finance officers from NHS Forth Valley; Clackmannanshire Council; Falkirk Council; Stirling Council, and both HSCPs undertook a review of the Integration Schemes.
- Board seminars were held on 8 October 2024 and 5 November 2024 to enhance understanding of the integration landscape and to provide an opportunity to influence the revised content of the proposed Integration Schemes with a particular focus on risk share and finances.
- Discussion took place at the Board Seminar on 19 November 2024, SPPR Committee 17 December 2024 and the subsequent board meeting on 28 January 2025 on inclusion of Falkirk Council's Children and Justice services into the Falkirk Integration Scheme.
- The Integration Schemes Review is now complete and both schemes have been approved by the NHS Forth Valley Board.
- A collaborative approach between all 4 Chief Executives in relation to Chief Officer performance is now in place and there is clarity on whole system decision making processes.
- Board membership on 3 Community Planning Partnerships has been confirmed and clarified to ensure senior level representation
- A Join Integration Board Development Session across both IJBs was held on Primary Care and future joint sessions are planned.
- The NHS Forth Valley Board has revised its assurance reporting and now receives whole system reporting on Urgent and Unscheduled Care and other areas delegated to Integration Joint Boards such as Primary Care.

DRAFT NHS Forth Valley Blueprint for Good Governance Board Development Plan 2025-26

Priority Area	Blueprint Function	High level Action	Interdependency	Lead	Timeline	Delivery Actions	Intended Good Governance Outcome
Functions	Influencing Culture	Develop mechanisms for bringing together all aspects of Culture work for the Board to have clear oversight of performance metrics and delivery.	Staff Governance Committee / Area Partnership Forum	Director of People	By end of March 2026	<ul style="list-style-type: none"> Consider metrics to provide a comprehensive and consistent approach to improving Board oversight of culture, taking account of national work also underway in this area. Measure change by SMART metrics and incorporate into performance reporting. Consider Board oversight, through the Staff Governance Committee, of an evaluation of the Culture & Compassionate Leadership Programme to date and any changes which are required going forward. 	<p>Staff treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.</p> <p>A continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.</p>
Enablers	Diversity, Skills and Experience	Develop a shared understanding of equality, diversity and inclusion, building on expertise internally and externally to embed a culture of inclusion and enhance the Board's decision making	Staff Governance Committee and staff equality networks	Director of People	By end of March 2026	<ul style="list-style-type: none"> Continue to build on the Board's understanding of diversity and how this should be taken account of in relation to decision making and relationships with stakeholders. Develop the Board's EQIA processes and embed this within its decision making and development of strategies. Create further opportunities for the Board to hear and learn from staff equality networks and diverse stakeholder views. Develop the Board's understanding of initiatives to enhance recruitment from diverse communities, both to the Board and to the organisation. 	<p>A Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.</p> <p>Better decision making of the Board by taking account of EDI impacts</p>

Delivery	Assurance Framework	Complete the work on the Board Assurance Framework, ensuring it is aligned to the Scottish Government NHS Blueprint for Good Governance and that it is fit for purpose.	Code of Corporate Governance, Corporate Objectives, Risk Management Strategy, Strategic Planning Framework, Performance Management Framework, Audit arrangements.	Board Secretary	By end of March 2026	<ul style="list-style-type: none"> • Provide further support around active governance development to enhance understanding of data, skills in challenging and triangulating information for assurance. • Undertake further development work on the use of the BAF to provide assurance. • Undertake a mapping exercise of local strategies to understand interdependencies and any gaps. 	An assurance framework that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.
Functions	Managing Risk	Review of Risk Framework and Board's Risk appetite/ tolerance and approach to Risk	Audit & Risk Committee / Code of Corporate Governance	Chief Executive	By end of March 2026	<ul style="list-style-type: none"> • The Board will review its Risk Framework, Risk appetite and tolerance to strengthen oversight and scrutiny in this area through a Board development session. 	A more active approach to governance to make more timely, well informed and strategic decisions. A clearer understanding of the Board's risk appetite and tolerance being evident at Committee and Board level.

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

10. Community Pharmacy Pharmaceutical Hours of Service Scheme

For: Approval

Executive Sponsor: Ms Gail Woodcock, Chief Officer Falkirk IJB & Director Falkirk HSCP

Author: Mrs Gail Duncan, Primary Care Contracts Manager

Executive Summary

This report provides a summary of the update to the application process through which pharmacies will be asked to apply in order to vary their hours from the Health Board's Model Hours.

Every Scottish Health Board has a Model Hours Scheme which directs community pharmacies on the hours that they must be open to provide community pharmaceutical services. Senior leadership in the Primary Care Pharmacy Team updated the model hours in 2019 with the approval of Scottish Ministers in line with The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. Pharmacies must apply directly to the Health Board if they wish to alter their hours to those reflected in the scheme which are as follows:

On receipt of application in early 2024, the Area Pharmaceutical Committee rejected a pharmacy's application to alter their hours. In attempting to appeal the decision the pharmacy raised concerns around the application process, and in particular the fact that the decision was made by one group with minimal information.

The Local Negotiations Committee, chaired by the Director of Pharmacy considered other Health Boards' approaches to the applications and asked that a Short Life Working Group was formed to assess and bring forward a new process.

The Short Life Working Group was made up of representatives from the GP subgroup, Out of Hours Service, Community Pharmacy Services Forth Valley the Primary Care Pharmacy Team. The SLWG proposed updates to the current process to ensure that a wider view was taken in considering the applications, and that more detail was supplied by the applicant which would make assessing the impact on patients easier.

The Local Negotiations and Area Pharmaceutical Committee have reviewed and approved the proposed Hours of Service Scheme. The proposed Model Hours Scheme, which includes the application, is attached as Appendix 1.

The proposed Model Hours Scheme was presented to the Strategic Planning, Performance and Resources Committee at its meeting of 29 April 2025. Committee discussion highlighted that decision-making authority should remain with the Forth Valley NHS Board.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the proposed Model Hours Scheme as set out at Appendix 1 to this report.
- **note** the Governance arrangements proposed, in which recommendations from the advisory groups are passed to NHS Forth Valley SLT for consideration and a decision in principle referred to the Board, with the Forth Valley NHS Board then being asked to ratify the SLT decision.

Key Issues to be Considered

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 sets out the Health Board's responsibility to ensure that there are adequate pharmaceutical services in their area. Regulation 11: Schemes for Securing Proper Pharmaceutical Services legislates the responsibility held of the Health Board to 'prepare a scheme for securing that one or more places of business on the pharmaceutical list in the area of the Board shall at all reasonable times be open. The scheme shall specify the days and hours during which such places shall be open'

The model hours, as agreed by Scottish Ministers in 2019 are as follows:

Day	Times
Monday	09:00 – 17:45
Tuesday	09:00 – 17:45
Wednesday	09:00 – 17:45
Thursday	09:00 – 17:45
Friday	09:00 – 17:45
Saturday	09:00 – 17:45

Pharmacies are permitted to close for a half day (at 13:00) one day a week with the exception of a Saturday.

Model Hours Process Update

In order for a pharmacy to make a permanent change to their opening hours they have, until now, been asked to submit an application to the Area Pharmaceutical Committee, who would make an assessment and confirm the outcome to the pharmacy directly.

On receipt of recent applications and conversations with community pharmacists, including input from the Community Pharmacy Forth Valley Committee, the Director of Pharmacy instructed a Short Life Working Group to assess and update the process through which pharmacies apply to change their hours.

An important factor is that pharmacies are now requested to document details of services they provide, and the number of patients they provide treatments for via these services; along with some more general questions around the impact upon vulnerable groups, and available alternative services for such patients should they be required during periods of closure. It is imperative that consideration is given to ensuring that an appropriate level of support is provided to meet anticipated and unanticipated clinical needs.

In view of concerns being raised with regards to the inclusiveness of wider views on the appropriateness of allowing revised hours on an individual basis, the process has been updated in a manner which ensures that there is a wider view when considering whether a pharmacy can change their opening hours, ensuring that input from GP subgroup, 'Out of Hours' and the views of the two Forth Valley IJB's affected by the decisions, is sought where relevant, in addition to the APC. The respective IJB's will determine their own process for consultation, and may delegate as appropriate.

The proposal is to send these recommendations from the advisory groups to NHS Forth Valley SLT for consideration and a decision in principle referred to the Board, with the Forth Valley NHS Board then being asked to ratify the SLT decision.

Financial Implications

There are no financial implications

Workforce Implications

There are no workforce implications

Infrastructure Implications including Digital

There are no infrastructure implications

Sustainability Implications

There are no sustainability implications

Sustainability Declaration

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

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

There are no direct implications of having this process, but any decisions to vary the opening hours may have implications on those requiring access to Pharmacy Services during the closed periods.

It has been acknowledged that garnering patient views on any closure proposal is a crucial component of any permanent decision-making process. A formal process of achieving this will be developed by the PCCT for utilisation in future applications.

It is also acknowledged that benchmarking the decision-making and potential impact on decisions is essential and consideration will be given as to establishing such a protocol and reporting on it.

Information Governance Implications

None

Risk Assessment / Management

There is no specific reference to this process by way of formal Risk Assessment but consideration was given to the potential risks present in any decisions being made to alter opening hours and the potential impact on users of the service and NHS FV services relying on its availability.

Relevance to Strategic Priorities

This proposal is consistent with the NHS Forth Valley Quality Strategy 2021-26, with the vision for the outcome of this Strategy:

'To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful.'

Equality Declaration

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

Further to an evaluation it is noted that:

- ☐ Paper is not relevant to Equality and Diversity
- ☒ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

There is no consultation necessary as all obligations under the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 have been met. The Health Board has based their template on that of other Health Boards which also ensures a degree of national consistency.

Additional Information

The process was considered by a Short Life working Group including representation from: GP subcommittee, Out of Hours service, Primary Care Pharmacy, and Community Pharmacy Scotland Forth Valley. The proposal has also been reviewed by Falkirk HSCP SLT.

The proposal was also considered by NHS FV SLT and the Strategic Planning & Performance Committee.

Appendices

- Appendix 1: Community Pharmacy Pharmaceutical Hours of Service Scheme



Pharmacy and Prescribing Department

Community Pharmacy Pharmaceutical Hours of Service scheme

Version number: 1

Authorised by:

Date of authorisation:

Date of review:

Document Development Coversheet

Date	Group/Individual	Outcome	Changes updated

This Scheme has been prepared on behalf of NHS Forth Valley (The Board) in consultation with the Area Pharmaceutical Committee in line with The National Health Service (Pharmaceutical Services). This does not replace, and forms part of pharmacies contractual obligations in line with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

(Scotland) Regulations 2009: *The Board, after consultation with the Area Pharmaceutical Committee, shall prepare a scheme for securing that one or more places of business on the pharmaceutical list in the area of the Board shall at all reasonable times be open. The scheme shall specify the days and hours during which such places shall be open, and the arrangements for the dispensing of medicines required urgently at other times.* <http://www.legislation.gov.uk/ssi/2009/183>

In order to assure the Health Board that adequate provision of pharmaceutical services is available to the population served by NHS Forth Valley the following model hours were submitted to and agreed by Cabinet Ministers in November 2019.

From May 2023 the Falkirk Integrated Joint Board assumed 'Hosting' responsibility for Pharmacy across the Forth Valley area, and with that the Governance arrangements for this process

Hours of Service – with effect from 26 November 2019

The hours recorded on the NHS Forth Valley Pharmaceutical List will be deemed the normal working hours for that contractor and must be observed at all times.

- 1 Except as provided in paragraph 3 below all places of business on the Pharmaceutical List shall be open for the supply of drugs and prescribed appliances, or for the supply of prescribed appliances (as the case may be), on the core days and on the hours following as a minimum:
 - a) On five days in the week 9 am – 5:45 pm
(During which time they may be closed for up to 1 hour in the middle of the day)
 - b) On one day in the week 9 am – 1 pm (NOT a Saturday)
(The Early Closing Day as defined in the Shops Acts 1950-1965)
 - c) Contractors will be open on six days each week.
- 1.1 Existing pharmacy contractors currently on the NHS Forth Valley Pharmaceutical List will continue as they are currently listed.
- 1.2 Applicants for a new pharmacy whose application to be included on the pharmaceutical list was submitted on or after the 26 November 2019 must comply with this scheme as a minimum. If they define longer hours of business, these hours will be deemed as their core hours of service and will be published as such on the pharmaceutical list.

- 1.3 At any other time when a pharmacy contractor's place of business is open for the purpose of supplying drugs or appliances, he/she shall supply drugs or prescribed appliances which are ordered under the regulations
- 1.4 All pharmacy premises must display a notice of their opening times which must be visible at all times (see appendix 2)
- 1.5 The majority of prescription items dispensed in the out of hours period are provided from NHS FORTH VALLEY OUT OF HOURS SERVICE stock. All pharmacy contractors must provide up to date contact details for the pharmacist to enable NHS FORTH VALLEY OUT OF HOURS SERVICE to contact them when dispensing of an urgent prescription is required.
- d) The model hours will be reviewed every 3 years, or if there is a change in circumstances which renders additional review necessary in this time period, by the APC and Board, and arrangements will remain in place until the overall pharmaceutical contract is terminated by either party, or there are national and or local reviews which lead to changes in the requirements of pharmaceutical services provision.

Additional Hours of Service

- 2 Where the NHS Forth Valley Board (hereafter referred to as the '**Board**'), after consultation with the Area Pharmaceutical Committee (APC), consider it necessary for the securing of an adequate pharmaceutical service in any part of their area that one or more places of business should be open for a period (a) on Sundays or public holidays, or (b) after the normal closing hour on other days, and that for that purpose arrangements should be made, the following provisions shall apply:
 - 2.1 The Board shall decide for the area in question suitable hours of opening on the set days, and the number of places of business to be open. They shall determine the places of business which are to be open by means of rotas prepared for that purpose. Any place of business specified in a rota shall be open on such days and at such hours as the rota requires.
 - 2.2 All Pharmacy Contractors shall, if required by the BOARD, participate in that rota.

Process for Requests for Change of Hours or Closures by Pharmacy Contractors

- 3 If a pharmacy contractor wishes to apply to the Board for permission to vary, or to open for less than the normal hours of service set out in paragraph 1, or for relief from duties under paragraph 2, the Board shall have power to consent to the application subject to such conditions (if any) as they think necessary to ensure an adequate pharmaceutical service. Before exercising such power the Board shall consult the Area Pharmaceutical Committee, the Local Medical Committee, the Out of Hours Services and the Health and Social Care Partnership(s) affected by the decision (Forth Valley has two Health & Social Care Partnerships – Falkirk and Clacks & Stirling).

This process works in conjunction with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 in particular the Scheme for securing proper pharmaceutical service and Schedule 1 Terms of Service for pharmacists and pharmacy contractors which can both be found at

<http://www.legislation.gov.uk/ssi/2009/183/schedule/1/made>

In all cases the Forth Valley Primary Care Contracts Manager is the first point of contact for all requests for a change of hours or closure. The Primary Care Contracts Team Office is directly available Monday-Friday 8.30-16.30 except on public holidays, and can be contacted on fv.primarycarecontracts@nhs.scot or on 01786 457 231.

Applications based on the information in the table below will be considered in light of service provision, in particular providing provisions of services to patients, where it was highlighted that decisions undertaken should ensure an appropriate level of cover was provided.

Decisions will be provided to the contractor via the Contracts Team on conclusion of the outlined progress. The contracts team will be the point of contact for the contractor throughout the process.

Planned Permanent Change of Hours

Applications should be submitted in writing to the Primary Care Contracts Manager for a minimum of 3 months in advance of the expected date of implementing the change. The application will be considered by the Area Pharmaceutical Committee (APC), GP Subcommittee, 'Out of Hours' Service and the two Forth Valley IJB's (Falkirk and Clackmannanshire & Stirling). It is for the IJB's to determine how their consultation process is handled within their authority area.

Submissions from the above will be presented to NHS Forth Valley Senior Leadership Team (SLT) for consideration and recommendation to the NHS Forth Valley Board, who will then consider ratifying the recommendation of the SLT.

The Board may consider and determine a non-permanent decision with a 'time-limited with Review' alternative. For example, a six-month or one-year period can be determined to establish assurance of the arrangements in place. In this circumstance a review timeline will be put in place to allow a final decision to be made.

The applicant will be notified of the decision within 2 weeks of the Board Meeting at which it was finalized.

Planned Temporary Change of Hours or Closure

Applications requesting to change hours due to 'temporary circumstances' should be submitted in writing to the Primary Care Contracts Manager a minimum of 1 month in advance where possible.

'Temporary circumstances' are closures that may have been planned for (e.g. short term building work) and will be assumed to be for a period no more than four weeks, with the exact timeline for an agreed temporary closure formally agreed and strictly adhered to. Any extension to the approved period will require a further formal submission and approval.

The Primary Care Pharmacy team will be the point for approval with the information being presented at the next APC and GP subcommittee for noting. The applicant will be notified within 5 working days.

Unplanned Temporary Change of Hours or Closure

In the event of unplanned circumstances e.g. staff sickness or weather-related damage to property, affecting the ability of the Contractor to remain open either full-time or part-time, the Contractor should notify the PCCT at the earliest possible stage in order for mitigations for the closure to be considered. The Contractor should keep the PCCT apprised of developments with regards to the closure and advise at the earliest possible time of plans for re-opening.

Contents of Application

The checklist of required information to be provided at the time of an application

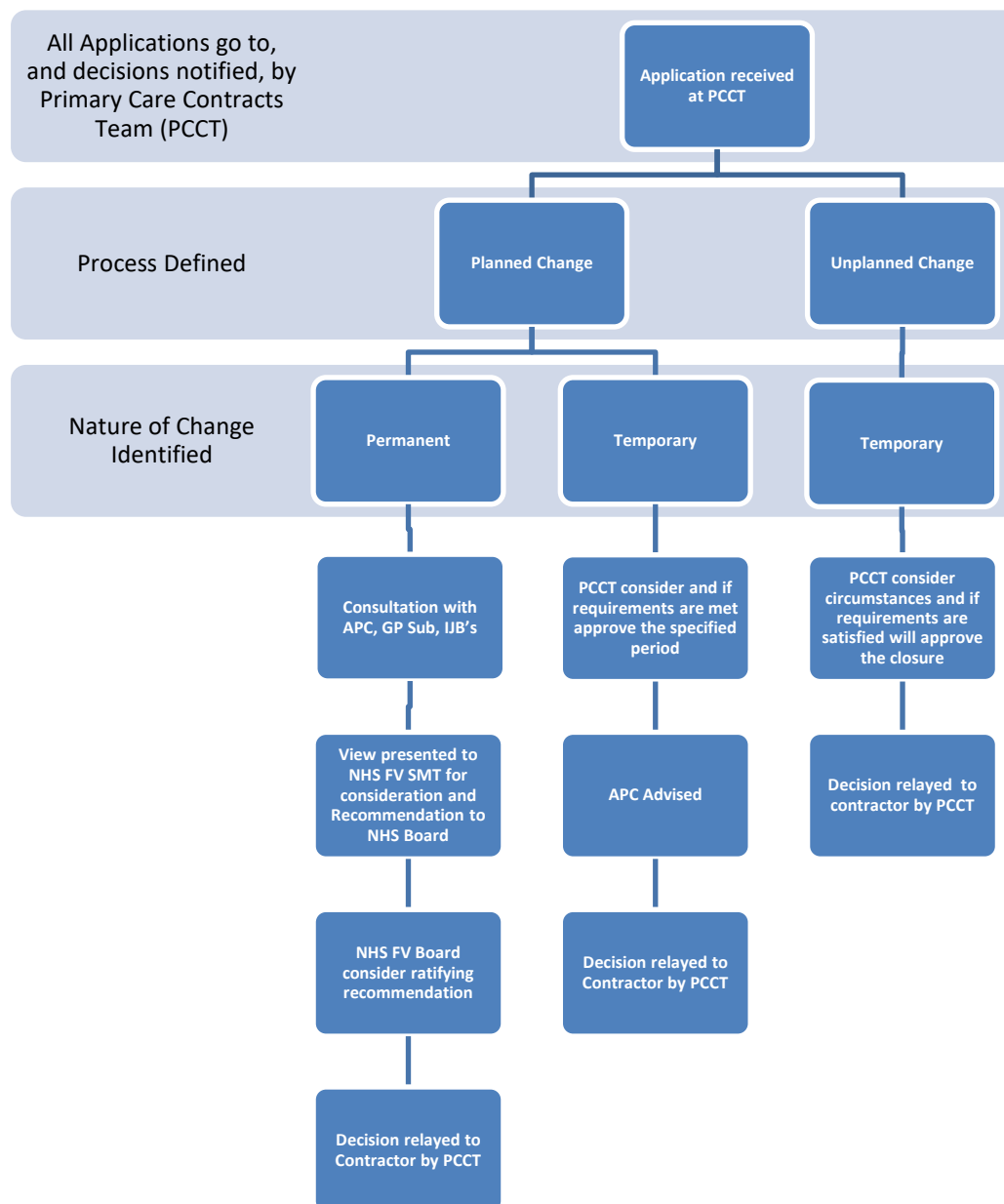
	Planned Permanent Change of hours application	Planned temporary change of hours or closure application	Unplanned temporary change of hours or closure application
Minimum 3 months notice of proposed change	<input type="checkbox"/>		
Minimum 1 month notice of proposed change		<input type="checkbox"/>	
Contractor code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed change to hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipated duration and extent of change		<input type="checkbox"/>	<input type="checkbox"/>
Contingency plans for service delivery		<input type="checkbox"/>	<input type="checkbox"/>
Contact details of responsible person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeframes for reply	Within two weeks of primary care team meeting where discussed	Within 5 working days of application.	ASAP recognition of situation, with such support provided as practicable

Application Examples

The following represent examples of applications that may be made and is not exclusive

Nature of change	Decision maker	Comments
Permanent planned	NHS FV Board	The applications will be considered by the APC and GP sub, the Out of Hours Services and the Health and Social Care Partnership(s) affected by the decision, with their views being presented to the NHS FV SLT for consideration and recommendation to the Board for the Board's approval.
Temporary planned	Primary Care Contracts Team (PCCT)	Details of change or closure or reduced service provision required with proposed solutions for provision of pharmaceutical Care should be submitted to the PCCT who will escalate as appropriate

Decision Flow Chart



Abbreviations

APC – Area Pharmaceutical Committee

GP Sub – GP sub Committee

HSCP – Health and Social Care Partnerships

PCCT – Primary Care Contracts Team

APPENDIX 1: Application: Variation of Pharmacy Opening Hours

Please indicate which of the below locally enhanced services are being offered by your pharmacy

Service	Offered by pharmacy (Y/N)	Number of patients (estimate) who may be affected by the proposal ie. Would need to attend at other times or attend elsewhere
Care Home Services		
Injection Equipment Provision		
Public Holiday rota		
Opiate Substitute Therapy		
Sharps Disposal Service		
Clozapine		
Palliative Care		
Naloxone		
Monitored Dosage System		
Direct Acting Antivirals in Hep C		
Pharmacy First extension service (COPD, Minor Skin Conditions)		
Flu and Covid Vaccine Service		
Sunday Opening		
COPD referral Service		

Model Hours

For reference, the current model hours are:

5 days a week 0900-17.45 **one of the five days must be a Saturday**

1 day a week 0900-1300 **except on a Saturday**

Pharmacies can close for one hour in the middle of the day when open for a full day.

Please indicate current opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please indicate proposed opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Where is the nearest alternative community pharmacy for patients to attend if needed during periods of closure?

Would you anticipate any impact on protected or vulnerable patient groups as a result of the proposed change?

Would you anticipate any environmental or sustainability impacts as a result of the proposed change?

Please clarify any particular reasons for the application that you wish to be taken into account by the Health Board/IJB?

Please provide the average number of patients for the below categories who attended the pharmacy at the time you wish to close

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Prescriptions dispensed/collected						
Patients accessing local and national services						

If you are unable to provide this data please provide reasons why:

For Board Use Only

	Date	Comment if not submitted to group
Submitted to GP Subgroup		
Submitted to APC		
Submitted to OOH		

	Y/ N and Date	Any comments from groups (please use additional page if necessary)
Supported by GP Sub Group		
Supported by APC		
Supported by OOH		

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

11. Pharmaceutical Care Services Plan

For: Approval

Executive Sponsor: Ms Laura Byrne, Director of Pharmacy

Author: Mrs Kirstin Cassells, Lead Pharmacist

Executive Summary

The Pharmaceutical Care Services Plan provides a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with NHS Forth Valley. The plan identifies any local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy these unmet needs. This plan was presented to Clinical Governance Committee on 11th March 2025, the committee requested the addition of appendix 1 which describes the pharmacy new contract application process and approved for onward submission to Forth Valley NHS Board. The Clinical Governance Committee also requested the addition of the application to change Model Hours process as an appendix if approved by NHS Forth Valley Board.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the Pharmaceutical Care Services Plan.

Risk Assessment / Management

None

Key Issues to be Considered

NHS boards are obliged to publish and monitor their pharmaceutical care service plan annually as set out in the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 (SSI 2011/32). This update fulfils this obligation.

Financial Implications

None

Workforce Implications

None

Infrastructure Implications including Digital

None

Sustainability Implications

None

Sustainability Declaration

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

[NHS Scotland on the climate emergency and sustainable development](#)) (please tick relevant box)

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

This plan details pharmaceutical services available to patients across Forth Valley.

Information Governance Implications

None

Relevance to Strategic Priorities

This plan fulfils NHS Forth Valley's obligation as set out in the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 (SSI 2011/32).

.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that: (please tick relevant box)

☒ *Paper is not relevant to Equality and Diversity*

☐ *Screening completed - no discrimination noted*

☐ *Full Equality Impact Assessment completed – report available on request*

Communication, involvement, engagement and consultation

The plan has been approved by Area Pharmaceutical Committee and Clinical Governance Committee

Additional Information

None

Appendices

- Appendix 1: Pharmaceutical Care Services Plan

Pharmaceutical Care Service Plan 2024 – 2027

A comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with NHS Forth Valley; Identifying local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy these unmet needs

**Updated By Kirstin Cassells, Lead Pharmacist: Community Pharmacy,
Public Health & Integrated Services**

Previous Authors

Sarah Donaldson, Specialist Pharmacist

Arlene Turnbull, Pharmacy Project Support Manager, NHS Forth Valley

With Thanks to

Pamela Calder, Pharmacy Contracts Officer, NHS Forth Valley

Clare Colligan, Associate Director of Pharmacy

William Dennis, Medicines Management Pharmacist

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1.0 Pharmaceutical Care Service Plan

1.1 Introduction

The Smoking, Health and Social Care (Scotland) Act 2005 introduced a statutory requirement that NHS boards publish a Pharmaceutical Care Service Plan (PCSP). The PCSP is required to

- Provide a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with the NHS board area
- Identify local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy these unmet needs

The Scottish Government Strategy Achieving Excellence in Pharmaceutical Care provides clear leadership and priorities to improve how NHS pharmaceutical care is delivered in Scotland. A key principle of this is the planning and delivery requirements for sustainable NHS pharmaceutical care services with a pro-active approach to care service planning.

Pharmaceutical care focuses the attitudes, behaviours, commitments, concerns, ethics, functions, knowledge, responsibilities and skills of the pharmacist and pharmacy team on the provision of drug therapy with the goal of achieving definite therapeutic outcomes towards patient health and quality of life (1).

Putting people at the centre of decision making and building a personalised approach are key to our Chief Medical Officer's plans to change the way in which we work across all professions in NHS Scotland. Realistic Medicine, Realising Realistic Medicine and Practicing Realistic Medicine all set out the ways in which we can change patients' experiences of our health service.

As our populations live longer, they are more likely to develop a range of long-term conditions – all of which may require multiple medications which add to the patient's treatment burden. The more medicines people take, the greater the burden of storing, organising, scheduling doses and understanding what each medicine does. This in turn makes it less likely people will take their medicines as intended. This causes an increasing risk for the patient and creates a situation in which compliance may be reduced and the desired therapeutic outcomes may not be met, leading to more medicines being prescribed. The other side is polypharmacy when too many medicines are prescribed without review.

Community Pharmacy is increasingly recognised for the role it can play in the provision of person centred care and services that can contribute to the public health prevention agenda, to change behaviour, support and promote healthy living and early intervention and manage treatment burden to optimise health gain at a population level, which is the cornerstone of public health practice.

Core to Achieving Excellence in Pharmaceutical Care is seamless pharmaceutical care delivered in innovative ways where communities need services; in ways in which communities wish to access them. To do this NHS boards will need to unlock the potential of the skilled pharmacy workforce across all sectors developing new ways of working together for the benefit of patients and the wider community.

To allow this to happen NHS boards will have flexibility to enter into arrangements to provide pharmaceutical services to local populations based on the care needs identified through this pharmaceutical care planning report which will allow the board to provide appropriate and responsive care with evidence-based interventions that add value and resilience to local populations and decrease health care health inequalities.

1.2 Aims

The aim of Pharmaceutical Care Planning is to identify local needs and assess if the current provision and activities of Community Pharmacies, Locality pharmacy services and Secondary Care pharmacy services provide adequate care for these communities at present with consideration of how services may adapt and provide care in the future with changing pharmaceutical care needs of the population.

1.3 Principles of Pharmaceutical Care Needs Assessment

Pharmaceutical Care Needs assessment is specific to each locality as each community has differing needs based upon a number of factors such as

- Social demographics
- Deprivation index
- Geographical Location
- Community Service Provision

Identifying needs of communities is complex and should be based on evidence from:

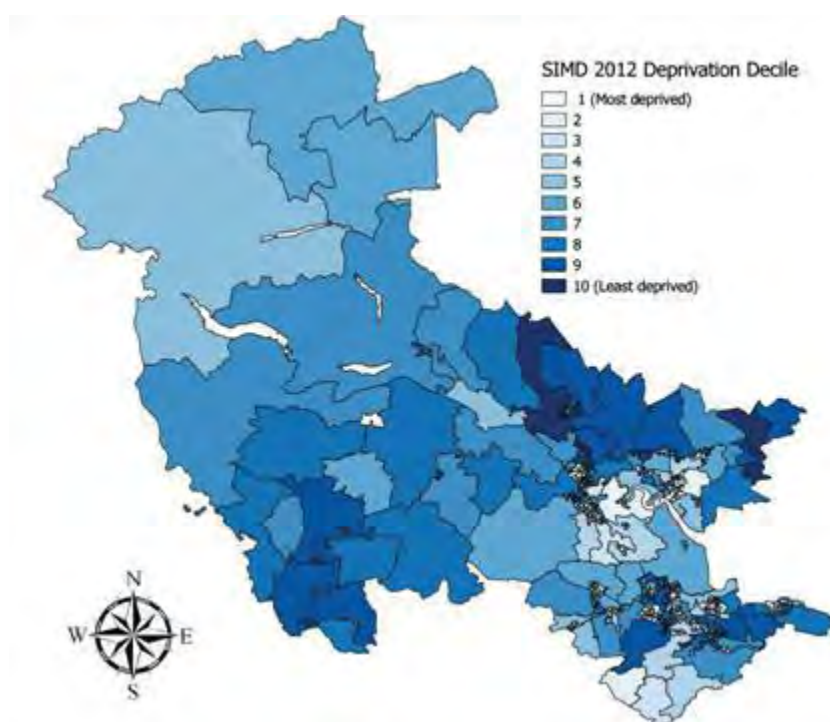
- Health and Social Care Partnership Strategic Plan
- Health and Social Care Partnership Integrated Needs Assessments
- Director of Public Health Annual Report
- National Clinical Strategies

2.0 Overview of NHS Forth Valley population description

Around 300,000 people live in the NHS Forth Valley area. Forth Valley lies within Central Scotland and stretches from Killin and Tyndrum in the North to Strathblane and Bo'ness in the South, covering approximately 1,000 square miles

Population projections indicate that the population of Forth Valley is rising faster than the Scottish average. The total population of Forth Valley is projected to increase by 10% between 2012 and 2037 compared to an increase of 8.9% in Scotland overall.

- The 65 and over age cohorts population is expected to rise by 70.5% (from 51,500 in 2012 to 87,700 in 2037), accounting for just over 1 in 4 of the population.
- The numbers of those aged 75 and over are projected to rise by 101.5% (from 22,406 in 2012 to 45,153 in 2037) this group will represent around 1 in 7 of the population.



The above map highlights the areas of deprivation within Forth Valley by Scottish Index of Multiple Deprivation (SIMD) deciles with the lighter areas representing the more deprived communities. (2)

2.1. Locality Profiles

Forth Valley is made up of two Health and Social Care Partnerships (HSCPs)

- Falkirk HSCP
- Clackmannanshire & Stirling HSCP

Forth Valley has a significant prison population and while the services provided to this population are out with the scope of this plan, the pharmaceutical services currently provided to this population are via a nationally agreed and tendered contract with local pharmacy provision provided by the NHS Prison Service.

3.5 Falkirk HSCP

Falkirk HSCP is made up of three localities

- 1) Falkirk
 - Population of over 44,000
 - Some of the most deprived areas lie in Falkirk, particularly in parts of Camelon, Bainsford, Langlees and Hallglen
- 2) Grangemouth, Bo-ness and Braes
 - Populations of over 67,000
 - Area ranges between the most affluent areas to areas of deprivation in Grangemouth, Bo'ness, Maddiston, Westquarter and Slamannan.
- 3) Denny, Bonnybridge, Larbert and Stenhousemuir
 - Population of over 47,000
 - Small pockets of deprivation in Denny and Stenhousemuir

The Falkirk HSC Partnership aims to enable people in Falkirk to live full and positive lives within supportive and inclusive communities. (3)

Service provision in Falkirk



25 GP surgeries



34 Community Pharmacies



Forth Valley Royal Hospital
Falkirk Community Hospital
Bo'ness Community Hospital



31 Care Homes with 1,103 beds

Expected population changes in Falkirk

It is estimated that the population of Falkirk will grow by 3.7% by 2029-30. Increasing life expectancy is likely to have an impact on services provided. The 75+ year population is projected to increase by 98% by 2037 in the Falkirk HSCP area. This has significant implications for service provision as over 75's are generally intensive users of health and social care. Corresponding with the growth in the older population, the working age population is expected to decrease. (4)

The Life Expectancy of someone living in Falkirk



Females 80.3 years

Scotland 81.08

Life expectancy of males in Falkirk is similar to the Scottish average while life expectancy of females in Falkirk is less than the Scottish average. (4)



Males 77.1 years

Scotland 77.06 years

Expected population changes in Falkirk (01 2016 based population projections.pdf (falkirk.gov.uk))

Age Group	2016 population	2041 population
Falkirk 0- 15 year	28359 (17.8%)	27542 (16%)
Falkirk 16-59 years	92608 (58.1%)	88952 (51.7%)
Falkirk 60-64 years	9256 (5.8%)	10157 (5.9%)
Falkirk 65-74 years	16604 (10.4%)	21716 (12.6%)
Falkirk 75+years	12553 (7.9%)	23852 (13.8%)

The population aged 65 and over is predicted to increase with those in the 75 years and older range increasing by over .40% by 2041 which will have a significant impact on services.

Health Behaviours

	Falkirk measure ¹	Scotland measure
Smoking prevalence (16 - 64 years)	16.5	19.5
Smoking attributable deaths	272.41	270.02
Smoking in pregnancy	15.06	12.92
Alcohol related hospital stays	537.86	611
Alcohol related mortality	18.29	21.11
Drug related hospital stays	236.23	228.36

¹ Average number, directly age-sex standardised rate per 100,000 population

Falkirk fairs well against the national levels for most of the above health behaviour indicators despite pockets of deprivation with the exception of smoking in pregnancy, smoking attributed

deaths and drug related hospital stays.

Long term conditions and polypharmacy

Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. Long term conditions can have a serious impact upon a person's personal life but can also have a serious economic impact on health and social care services. Deaths attributable to long term conditions account for 60 per cent and they account for 80 per cent of all GP consultations. (5)

An increasing older population will mean that there are potentially more people living with multiple conditions and therefore the greater the number of medications prescribed to manage these conditions. Polypharmacy is not always inappropriate, however the greater the number of medications a patient takes the risk of interactions and side effects increase. Polypharmacy is largely driven by multimorbidity. It is suggested that up to 50% of drugs are not taken as prescribed and many drugs in common use can cause problems. Adverse drug reactions (ADRs) are implicated in 5 - 17 per cent of all hospital admissions. (6) Patients on multiple medications are more likely to suffer drug side effects and those who are on medications deemed to be high risk are most at risk of a hospital admission.

Priorities for Falkirk HSCP

- Support and strengthen community-based services.
- Ensure people can access the right care at the right time, in the right place.
- Focus on prevention, early intervention and minimising harm.
- Ensure carers are supported in their caring role

2.1.1 Clackmannanshire & Stirling HSCP

The three localities are:

1. Clackmannanshire
 - Population 51,540
 - 20.7% are over the age of 65 years (Scotland 18.0%)

More people are population income deprived in Clackmannanshire than the Scottish average.

2. Stirling City with the Eastern Villages, Bridge of Allan and Dunblane
 - Population 67,936
 - 18.85% % are over the age of 65 years (Scotland 18.0%)

The population in Stirling, Eastern Villages, Bridge of Allan and Dunblane has a lower than national average of those aged over 65 years, lower percentage of those who are income deprived than the national average and also less access deprived than the national average.

3. Rural Stirling
 - Population 25,534
 - 23.4% % are over the age of 65 years (Scotland 18.0%)

The population of rural Stirling are made up of a greater percentage of those aged over 65 years than the national average, whilst less of the population are income deprived than in the other two localities within this area there is a significantly high percentage of the population who are access deprived, possibly influenced by the rural setting of this locality. This creates specific challenges to address the health needs of this area. (7)

In Clackmannanshire & Stirling, 25,884 people (17.8% of the population) live in SIMD Quintile 1 areas. SIMD is used to measure areas of deprivation; this is not just low income but can also include fewer health and education outcomes, opportunities and access to services. (7)

Services in Clackmannanshire & Stirling



26 GP practices



40 Community Pharmacies



Stirling Community Hospital/Bellfield

Clackmannanshire Community Healthcare Centre



28 Care Homes with 1186 beds

Expected population changes in Clackmannanshire & Stirling

Age Group	2012 population	2037 population
Clackmannan 0-15 year	9,166 (17.9%)	8,320 (16.6%)
Clackmannan 16-49 years	22,747 (44.4%)	16,886 (33.7%)
Clackmannan 50-64 years	10,636 (20.7%)	9,174 (18.3%)
Clackmannan 65-74 years	5,163 (10.1%)	7,590 (15.2%)
Clackmannan 75+years	3,568 (7.0%)	8,073 (16.1%)

The population of Clackmannan is expected to slightly decrease from 51,280 (2012) to 50,043 (2037) with all age ranges under 65 years decreasing and an increase in those aged 65 years and over. This will have an impact on the provision of health care in the area.

Age Group	2012 population	2037 population
Stirling 0-15 years	15,923 (17.5%)	17,952 (17.0%)
Stirling 16-49 years	41,309 (45.4%)	46,184 (43.6)
Stirling 50-64 years	17,517 (19.2%)	15,141 (14.3%)
Stirling 65-74 years	9,022 (9.9%)	12,426 (11.7%)
Stirling 75+ years	7,249 (8.0%)	14,157 (13.4%)

The population of Stirling is expected to increase from 91,020 (2012) to 105,860 (2037) with age ranges under 65 years decreasing slightly and an increase in those aged 65 years and over. As with Clackmannanshire there will be an impact on the provision of health care in this area as the population ages. (8)

The Life Expectancy of someone living in Clackmannanshire & Stirling



Clackmannanshire 80.6 years
Stirling 81.9 years
Scotland 81.0 years



Clackmannanshire 76.2 years
Stirling 77.6 years
Scotland 76.8 years

Health Behaviour

	Clackmannanshire	Stirling	Scotland measure ²
Smoking prevalence (16 - 64 years)	27.5	13.8	19.5
Smoking attributable deaths	288.83	235.3	270.02
Smoking in pregnancy	18.81	11.84	12.92
Alcohol related hospital stays	639.48	488.99	611
Alcohol related mortality	17.72	16.35	21.11
Drug related hospital stays	337.6	260.28	228.36

2 Average number, directly age-sex standardised rate per 100,000 population

Despite the introduction of the smoking ban in public places in 2006, latest estimates suggest that a higher proportion of people in Clackmannanshire still smoke. Tobacco smoking is the main risk factor for lung cancer, accounting for an estimated 80-90% of cases in developed countries and is linked to other cancers and Chronic Obstructive Pulmonary Disease (COPD).

The alcohol related mortality rate in Clackmannanshire and Stirling is below the national average level; however local data suggests that the figure for Clackmannanshire is significantly worse than national average with Stirling better than national level. (8) Drug related hospital stays are above the national level and drug mortality is above national level indicating that there are those in the population who are not seeking help with drug misuse problems.

Long term conditions and polypharmacy

As with Falkirk HSCP the population aged 65 years and older is expected to rise in Clackmannanshire & Stirling HSCP. This will have an impact on the number of people living with one or more long term condition for longer; increasing the polypharmacy burden on the population.

Priorities for Clackmannanshire & Stirling HSCP

1. Prevention, early intervention & harm reduction - Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.
2. Independent living through choice and control - Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.
3. Achieving care closer to home - Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.
4. Supporting empowered people and communities - Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.
5. Reducing Loneliness & Isolation - Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

2.2 Locality Priorities

Both Health and Social Care Partnerships have set out the same priorities for improving the health and well-being of their local populations. The provision of pharmaceutical care across NHS Forth Valley should contribute towards these priorities and any considerations of new initiatives or new provision of pharmaceutical care should take into account how the service will contribute to:

- 1) Self-Care/Management
- 2) Community based support
- 3) Safe care support systems
- 4) Supported decision making
- 5) Fair and positive experience of health and social care

2.3 Provision of pharmaceutical service to address locality priorities.

Self-care/management and supported decision making

Involving people in decisions about their care is a key priority for each locality and the Scottish Government. We need to see and treat people as partners in their own health, care and support, who are able to manage their conditions, putting them at the centre of the process. Currently work is ongoing in some of the localities around patient conversations to understand their needs. Pharmacy has a role to play in this by providing pharmaceutical care in the form of polypharmacy reviews with patients, providing expert advice so patients can make informed decisions about the medication they take, including how best to manage the burden of treatment. Polypharmacy reviews take place in primary, secondary and specialist settings. They also form part of the Medicine Care and Review (MCR) Service (previously known as Chronic Medication Service (CMS) provided by Community Pharmacy which enables patients with long term health conditions to have their medicines reviewed regularly with expert advice from a pharmacist in the local community at a time and location convenient to the patient.

Community based

As localities look to re-invest in community-based services and the redesign of non-acute hospital based services community pharmacy could be a natural place for some of these services. Community pharmacy already provides important services to address health inequalities in local communities.

- Opioid Replacement Treatment (ORT)
- Smoking cessation provision
- Emergency Hormonal Contraception (EHC)
- Alcohol Brief Interventions (ABIs)
- Healthy living advice through public health promotional campaigns.
- Medicine Care & Review (MCR)
- Pharmacy First (PF)
- Pharmacy First Plus (PF+)
- Pharmacy First extension service.

In the future NHS boards will have flexibility to enter into arrangements to provide pharmaceutical services to local populations based on the care needs identified.

This will allow Community Pharmacy to provide unique community-based services building on the vision set out in Achieving Excellence in Pharmaceutical Care and Realistic Medicine that everyone should have access to high quality pharmaceutical care in their local communities.

Safety and a positive and fair experience of health care.

Community Pharmacies are a significant, trusted and established community resource and offer great potential to support more people to live as independently as possible at home. Community Pharmacy has a unique role; they are the most accessible of all health care professionals and are positioned at the interface between NHS care and self-care. Community Pharmacy is able to reach and engage with those who are experiencing both good health and ill health. Community Pharmacies are located within easy reach of local communities, are open at times convenient to patients and have the unique ability to provide a health service without the need for an appointment.

Community Pharmacy promotes health and wellbeing through information, advice and delivering key public health interventions allowing individuals to maintain and protect their health and wellbeing for the future.

Pharmacy has a significant role to play in ensuring patient safety. It is suggested that up to 50% of drugs are not taken as prescribed and many drugs in common use can cause problems. Adverse drug reactions (ADRs) are implicated in 5 - 17 per cent of all hospital admissions. (6) The provision of polypharmacy reviews as part of the Community Pharmacy MCR service and safety care bundles is important to review the treatment burden patient's face and address any risks from their medicines identified through these processes.

3.0 Pharmacy Services across Forth Valley

Within Forth Valley there are 6 localities:

- Falkirk Town
- Grangemouth, Bo'ness and The Braes
- Clackmannanshire
- Rural Stirling
- Stirling City
- Denny, Bonnybridge and Stenhousemuir

With the development of Health and Social Care Partnerships (HSCP), Localities will be the method of delivering local health and social priorities in the area, as identified by the HSCP.

3.1 Accessibility

3.1.1 Opening times

The availability of a community pharmacy in a locality is an enabling factor in the ability of the population to get access to effective healthcare. Community pharmacies not only provide dispensing services for patients requiring prescribed medication, but also advice on minor ailments and self-care and provision of the different services available through patient group directions.

The population of Forth Valley requires access to the four additional core pharmaceutical care service elements, as well as a range of locally negotiated services identified as necessary to meet local need.

To date Scottish research confirms that peak hours for visits to community pharmacies are between 9 am - 12 noon (43%) and 2 - 5 pm (32%). However, increasingly for some services, including the supply of emergency hormonal contraception and emergency medicines supplies, most uptake occurs over the weekend period.

Pharmacies must provide;

- Opening hours of five days per week (less any public holidays in the week).
- These must cover 9.00am to 5.45pm on 5 days of the week.
- They can be closed for 1 hour during the middle of the day and can offer one day per week of a 9am to 1pm opening (NHS Forth Valley Primary Care Services: Hours of Service). This day cannot be a Saturday.

There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances and need, to suit the requirements at individual locations.

The opening hours and number of the pharmacies in each HSCP area are shown below

	Week Day Hours				Weekend Opening		
	Number of Contracts	To 5.30pm	5.30pm To 6.00pm	6.00pm To 8.00pm	½ Day Saturday	All Day Saturday	Sunday
Forth Valley	74	18	50	3	39	32	4
Falkirk	34	9	24	1	17	16	2
Stirling	27	7	17	3	13	12	2
Clackmannan	13	4	9	0	9	4	0

One Pharmacy in Falkirk opens until 8.00pm Monday to Saturday.

3.1.2 Travel Times

Previous national research has indicated that community pharmacies are accessible with;

- 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes.
- 47% of respondents travelled by car and 42% walked.
- The majority (83%) started and ended their journey at home with only 8% travelling from their place of work.

This data is broadly supported by a UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy. When travelling to a community pharmacy 54% of respondents reported travelling by foot, 36% drive themselves, 3% drive others, 5% travel by bus and 1% by bike.

3.1.3 Resources – Premises/Facilities

The General Pharmaceutical Council (GPhC) has published standards for registered pharmacies that are designed to strengthen the regulation of pharmacies and improve the quality of pharmacy practise. The standards focus on what pharmacies are achieving for patients and people who use pharmacy services.

Pharmacy owners and superintendents (when the pharmacy is company-owned) are accountable for how well the standards are being achieved. They are responsible for creating and maintaining a physical and organisational environment in which pharmacy can be practised safely and effectively.

The standards are set out under five principles which describe arrangements for safe and effective pharmacy care.

Principle 1 – looks at identifying and managing risks in your pharmacy

Principle 2 – looks at staffing issues

Principle 3 – is about the pharmacy premises

Principle 4 – is about delivery of pharmacy services

Principle 5 – is about equipment and facilities.

3.2 Pharmacy workforce

Community pharmacy services are delivered by a trained and knowledgeable workforce. The pharmacist provides an expert source of knowledge about medicines to the public with a number of pharmacists in Forth Valley possessing specialised areas of competence in the areas in which they work.

Pharmacy technicians are a regulated profession with the GPhC. Both pharmacists and pharmacy technicians as professionals are required to practise according to the GPhC codes and standards which set the patient as the central focus. It is a requirement for all pharmacists and pharmacy technicians to be responsible for identifying and addressing their own professional development needs through participation in continuing professional development (CPD). Individual pharmacists and pharmacy technicians are accountable for their own practice. Together, this provides an assurance of quality which will generate a confidence in the professional practice of the pharmacy technician workforce.

The role of a pharmacy technician within community pharmacy is to order, maintain and supply medicines to patients, provide information to help people get the most from their medicines, dispense prescriptions and to supervise other pharmacy staff.

An Accuracy Checking Pharmacy Technician (ACPT) is a pharmacy technician who has completed a recognised Accuracy Checking Pharmacy Technician training programme. ACPTs carry out the final accuracy check on dispensed prescriptions which have been clinically screened by a pharmacist. The use of ACPTs within Community Pharmacy allows Pharmacist time to be released

so that they can deliver more complex services such as the public health services already outlined in this document.

The availability of a skilled pharmacy technician workforce is critical to enable the process of allowing pharmacy practice to take on additional public health roles.

3.3 Community Pharmacy Core Services

3.3.1 Pharmacy First

The Pharmacy First service (PF) is now a well established and valued service within community pharmacy since its roll out in 2006 (previously called Minor Ailment Service). The service enables people to use the pharmacy as their first port of call for advice and treatment of common illnesses. The service aims to:-

- Improve access for patients
- Promote care through the community pharmacy setting
- Transfer care from GPs and nurses to pharmacists where it is appropriate
- Help address health inequalities
- Assist the primary care team to achieve their 48 hour access commitment

A pharmacist can provide advice, treatment or a referral to another health care professional according to the patients' needs. The provision of the service is supported by the e-Pharmacy programme. All community pharmacies are required to possess the necessary software functionality.

3.3.2 Pharmacy First Plus

Pharmacy First Plus builds on the national Pharmacy First service and is offered by 26 pharmacies in Forth Valley. A Pharmacist Independent Prescriber (PIP) assesses patients presenting in the community pharmacy with a common clinical condition which is beyond the scope of the standard NHS Pharmacy First Scotland service and would otherwise require onward referral to another healthcare professional. The service includes the assessment and treatment of acute common clinical conditions which are within the PIP providing the service's competence and contributes to the wider health policy aims of keeping people well as close to home as possible and shifting the balance of care within the community.

Conditions may include but are not limited to:

- Urinary tract infections
- Respiratory infections
- Ear, nose and throat
- Dermatological presentations
- Allergies

3.3.3 Public Health Service

The Public Health Service provided by Community Pharmacy covers three core activities:-

- a health promoting philosophy
- health promoting activities
- a health promoting environment

Community pharmacy contractors and their staff via the public health services:-

- promote self care
- make use of windows/frontage and/or display space in pharmacies to promote health
- provide access to appropriate health education information, materials and support
- encourage a more pro-active approach to self care and health promotion
- offer opportunistic interventions to promote health
- provide a rolling programme of pharmacy based health promotion activities offering opportunistic interventions in areas such as alcohol brief intervention, self care, smoking cessation and emergency hormonal screening

Health protection, health improvement and promoting medicine safety should be an integral part of a pharmacist's holistic approach to pharmaceutical care services.

In the spirit of "Health Promoting Health Service" all interactions between community pharmacists and their support staff with patients and the general public allows for the giving of opportunistic advice on healthy living and the encouragement and support for patients to self care.

All 74 pharmacies deliver the full Pharmaceutical Public Health Service in Forth Valley

3.3.4 Smoking Cessation

The Scottish Government's tobacco control strategy, Creating a Tobacco-Free Generation, sets

out a vision of a society where almost no one smokes. Community pharmacies in Forth Valley are an important source of smoking cessation services contributing to NHS Forth Valley achieving this policy objective. In the year 2022/23 Forth Valley achieved a HEAT quit target at 12 weeks of 69% (239 quits at 12 weeks) with community pharmacy contributing to 34% of this target. A number of these patients accessed support through shared care between the smoking cessation service and community pharmacy.

NHS Forth Valley has been working to address recommendations made in the advisory group report, Review of NHS smoking cessation services (June 2014) to reduce variation in outcomes and improve consistency between services.

The Community Pharmacy Development Team have been working closely with the Stop Smoking team to improve referral systems and to maximise the links between a smoke free NHS and smoking cessation service.

To improve referral systems the stop smoking team have also implemented business cards which are issued at the diabetic outpatient department to encourage patients with diabetes to attend their local community pharmacy for support to help stop smoking.

3.3.5 Emergency Hormonal Contraception (EHC)

The Scottish Government commissioned a national Sexual Health Service as part of the Community Pharmacy contract through PCA(P)(2008)17 which has allowed all pharmacies in Forth Valley to supply Emergency Hormonal Contraception (EHC). Pharmacies are the main supplier of all EHC in Forth Valley.

Five of the top ten pharmacies dispensing EHC are open 7 days per week and therefore have extended hours, with two of the top ten pharmacies in Alloa which is an area of deprivation. The pharmacy located at Stirling University provides a high number of EHC. This reflects the needs of young women accessing the service requiring easily accessible pharmacies opening throughout the week.

A National PGD is in place for bridging contraception which allows community pharmacies to supply desogestrel as an interim measure prior to the patient obtaining their preferred method of contraception from their prescriber.

3.3.6 Unscheduled Care

Unscheduled care can be described as:-

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.” (9)

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP
- advice from NHS 24
- referral to the Out of Hours service via NHS 24

Service developments, implemented within community pharmacy, have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. Such service developments implemented by community pharmacy contractors include:-

- The National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances
- Community pharmacy Direct Referral to local Out of Hours services
- The NHS Pharmacy First Service

The National Patient Group Direction (PGD) for urgent provision of medication has been in place now for over 17 years and the contribution that community pharmacy has made to patient care is well recognised and appreciated, over 24,000 items a month are supplied urgently to patients using the PGD. Patient Group Directions (PGD) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for prescribing treatment.

The inclusion and exclusion criteria of the National PGD were reviewed and changed with the latest PGD version 30 issued in April 2023. The PGD allows Pharmacists to further maintain continuity of medication supply and care to patients when their prescriber is unavailable. This includes hours when the GP practice may be open, however the prescriber may not be readily available.

Requirements for the medication to be on a repeat prescription were removed to bring the PGD in line with existing emergency supply regulations. The exclusion criteria that prevented successive supplies were also removed. The changes made allow Pharmacists more flexibility enabling them to make appropriate supplies for patients who previously did not fit the inclusion criteria.

The service is also a good opportunity to identify patients who are struggling to manage their medication and an opportunity to discuss compliance and concordance with the patient.

3.3.7 Medication: Care and Review (MCR)

The Chronic Medication Service (CMS) was refreshed by the Scottish Government in 2018 and re-named Medication: Care and Review (MCR) comprising of:

- Pharmaceutical Care where patients have access to expert medicines review and healthcare assessment of long-term conditions, and
- Serial Prescriptions

The MCR service allows patients with long-term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, community pharmacist and General Practitioner (GP). It introduces a more systematic way of working and formalises the role of community pharmacists in the management of individual patients with long term conditions in order to assist in improving the patient's understanding of their medicines and optimising the clinical benefits from their therapy.

A key element of the new General Medical Service pharmacotherapy service is the identification of patients suitable for a 6 or 12 month serial repeat prescription. Methods will be explored to develop the community pharmacy annual medication reviews as part of MCR. The aim will be to create a pathway for recommendations to inform and link with the Pharmacotherapy Service promoting liaison with the GP pharmacist and wider GP clinical team.

Innovative ways of working will be explored to understand and inform potential opportunities to support MCR implementation and integration with the pharmacotherapy service. Scoping work is proposed to identify the benefits of scanning technology and ability to release pharmacist capacity. Community pharmacy access to GP practice patient records is proposed, to explore the benefits of community pharmacy completion of medicines reconciliation post hospital discharge.

3.3.8 Gluten Free Food Service

Adult and paediatric patients with a confirmed diagnosis of either Coeliac Disease (CD) or Dermatitis Herpetiformis can access the Forth Valley GFFS. This is part of the National initiative introduced by Scottish Government in April 2014.

The Forth Valley GFFS allows patients to self-manage their gluten free prescription with the help of community pharmacy rather than General Practice. Patients are identified and informed of the new National Gluten-Free Food (GFF) Service by their Dietician and referred to their chosen pharmacy to register.

Each patient presenting with a Patient Registration Form requires the Community Pharmacist to complete a Patient Care Record (PCR). A Pharmacy Annual Coeliac Disease Health Check is carried out for Coeliac Disease patients aged 16 years and older.

Patients can then order gluten free food on the Forth Valley food list up to their maximum allocated food units via the community pharmacy.

3.3.9 Naloxone Service

The Drug Death Taskforce report published in July 2022 contains the following action: All community pharmacies should hold Naloxone for administration in an emergency and should be able to supply take home naloxone (THN) to people who use drugs, families and anyone likely to witness an opioid overdose.

A national Naloxone emergency supply service was launched via community pharmacies in October 2023. The aim of the service is to increase access to Naloxone should it be required to reverse the effects of an opioid overdose. Through the service, Naloxone is available for emergency use in every community pharmacy across Scotland. A local service is also available which allows community pharmacists to supply 'Take Home' Naloxone to those individuals who are at risk of opiate overdose or are a contact of those at risk. At the time of writing this service has just been re-launched therefore the number of contractors who are contracted to provide this service are low. The Community Pharmacy Development Team and Contracts Team are working to raise awareness with contractors to increase service availability.

3.4 Locally Negotiated Pharmaceutical Care Services

Locally negotiated pharmaceutical care services have been developed by NHS Forth Valley to meet specific needs within the population. These services are currently operated through locally negotiated contracts and not provided by all pharmacies. Under the legislation contained in the Smoking Health and Social Care Act (Scotland) 2005, it is the duty of NHS Boards to secure the pharmaceutical care services necessary to meet these needs. The pharmaceutical care services plan defines the specific needs of different sections of the population for locally negotiated pharmaceutical care services.

3.4.1 Advice to Care homes

A Locally Enhanced Scheme (LES) is commissioned by Forth Valley Health Board to provide and improve the quality of pharmaceutical care for patients living within the care home setting. This service specification is currently under review.

3.4.2 Substance Misuse services

Across Scotland work continues to reduce the number of drug-related deaths. In 2022 there were 1051 deaths due to drug misuse in Scotland, this is 279 deaths fewer than in 2021 and was the lowest number since 2017. While in 2022 we saw a decrease of 21% from 2021 drug misuse deaths are still more common than in 2020. Data shows that in 2022 males are twice as likely to die as a result of drug misuse than females and those who live in the most deprived areas of Scotland are almost 16 times as likely to die from drug misuse compared to those living in the least deprived areas.

In 2022 the most common types of drug implicated in drug misuse deaths in 2022 were opiates/opioids and these were implicated in 82% of all deaths. Within Forth Valley there has also been a reduction in the number of drug related deaths and in 2022 there were 47 deaths which was a reduction from 69 in 2021 and the lowest the number has been since 2017. (10)

In 2021 The Scottish Government launched the Medication Assisted Treatment (MAT) standards: access, choice, support with the aim of ensuring that people have immediate access to the treatment they need with a range of options and the right to make informed choices.

The Scottish Government Policy documents Getting It Right for Every Child and Getting Our Priorities Right (11) outline the effect of parental substance misuse on children and families. These documents set out the guidance on early intervention for families affected by substance misuse to

ensure the best possible outcomes for children through maintaining the family unit where possible. Commitment 13 within the Mental Health Act sets out a pathway for substance misuse services and mental health services to work together to provide holistic care for individuals with co-morbidity.

Work is ongoing within Forth Valley to support Community Pharmacies to keep people safe through the development of signposting materials and contact information to support Community Pharmacies to safeguard vulnerable individuals.

3.4.2.1 Medicines Assisted Treatment (MAT) and Pharmaceutical Care

MAT is supported through community pharmacies as part of public health provision delivering important and beneficial health outcomes. Opiate dependent patients have higher rates of chronic disease and multi-morbidity than others from similar communities. Pharmacists have specialist expertise in the management and interaction of medicines and these skills are critical for the care of MAT patients. Pharmacists contribute to treatment and care through liaison with prescribers and key workers in the assessment and monitoring of appropriate levels of supervised consumption.

This patient group also experiences problems with access to local resources and facilities contributing to damage to their health and increasing health inequalities experienced. (12)

People who misuse substances have many pharmaceutical care needs that require to be addressed. Community Pharmacy are the healthcare professionals who have the most contact with these patients, often on a daily basis. It is therefore crucial that the benefits of these therapeutic relationships are embraced to provide a patient centred and recovery focussed holistic package of care.

Community Pharmacy Forth Valley and NHS Forth Valley agreed a new model of delivery of pharmaceutical care for patients prescribed MAT in 2015 to fulfil the expectations and aspirations set out in Prescription for Excellence. The model embraces a patient centred recovery focus where community pharmacies are reimbursed for providing a package of care (i.e. a monthly fee per patient) rather than payment per item of dispensing/supervised dispensing. A key objective of this package of care is to raise awareness of the community pharmacy role and responsibility within the wider Forth Valley Recovery Orientated System of Care (ROSC). Pharmacists are expected to develop a care plan based on their regular assessment of each patient and record key interventions within the Pharmaceutical Care Record (PCR).

The service aims to provide holistic pharmaceutical care for patients prescribed MAT and promote recovery. To do this contractors:

- Provide close liaison with the Substance Misuse prescribing service
- Dispense and supervise MAT as prescribed
- Monitor the patient's response to prescribed treatment
- Provide general health advice including pharmaceutical public health services and signposting to assist access to further advice or care
- Promote patient safety and appropriate harm minimisation strategies
- Promote community safety through reducing risks due to the overuse or underuse of medicines and diversion of prescribed medicines

Community pharmacies in Forth Valley record the interventions for this patient cohort via an online system called Neo 360. NHS Forth Valley commissioned a bespoke module on this system to record care provided to patients in receipt of MAT. The system also generates notifications to the Substance Use Service if a patient fails to collect medication. These alerts can then trigger a welfare check to be carried out. It is hoped over time this could contribute to reducing drug related deaths within Forth Valley due to early intervention. While the system is currently in early stages of implementation, it has the potential for further developments.

All pharmacies In Forth Valley are willing to provide pharmaceutical care for patients prescribed Medicines Assisted Treatment (MAT). However a few pharmacies do not contract to this service where no need has been identified. Pharmacies actively participating in the MAT service are distributed across the two Health & Social Care Partnerships as follows:

Falkirk – 21 pharmacies

Stirling – 21 pharmacies

Clackmannanshire – 11 Pharmacies

There is limited access to 7 day provision of the MAT service across Forth Valley with no provision in Clackmannanshire. This is particularly problematic when considering the management of high risk complex patients and in view of the rising drug related death trends.

3.4.2.2 Harm reduction

Injecting Equipment Provision Service

This service aims to protect individual and public health by reducing the incidence of blood-borne

virus infection and drug-related deaths amongst service users by:

- providing sterile injecting equipment and related paraphernalia as agreed locally
- reducing the rate of sharing and other high-risk injecting behaviours
- promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention.

It supports health protection of local communities by promoting and providing safe disposal facilities for used injecting equipment and encourages people who inject drugs to access other health, voluntary and social care services where appropriate.

There are 16 pharmacies providing IEP across Forth Valley which comprises 7 in Falkirk, 6 in Stirling and 3 in Clackmannanshire

3.4.3 Palliative Care Network

This initiative was developed in response to concerns expressed in accessing palliative care medicines for patients being cared for at home. Fourteen community pharmacies throughout Forth Valley form the Forth Valley Community Pharmacy Palliative Care Network.

Clackmannanshire – 3 out of 13

Stirling – 5 out of 27

Falkirk – 6 out of 34

The pharmacies in the scheme stock an agreed range of palliative care medicines. Patients or their carers continue to use their usual community pharmacy to obtain prescriptions. The community pharmacies participating in the scheme are only accessed when the patient's usual community pharmacy cannot supply the palliative care medicine(s) within the time-scale required.

The aims of the scheme are to:-

- Allow timely access to palliative care medicines for patients being cared for at home.
- Provide information regarding palliative care medicines to patients, carers and healthcare professionals.

3.4.4 Stoma service

The Stoma Contract sets out the service standards to be met by all Dispensing Appliance

Suppliers and Community Pharmacy contractors for the purposes of being placed on a list of approved suppliers authorised to dispense and supply stoma appliances and associated services to patients in the community.

It also sets out the ongoing standards to be met by Dispensing Appliance Suppliers and Community Pharmacists for the purposes of remaining on that approved supplier list.

All pharmacies in Forth Valley provide a stoma service, which includes:

- Availability of flange cutting and customisation of appliances on request
- Supply of disposal bags and wipes as required
- Supply and delivery in accordance with patient's needs e.g. delivery times, amounts, use of discreet packaging/carrier
- Home delivery within two working days (if requested) by the patient
- A confidential and private patient support service

3.4.5 Direct Acting Antivirals in Hepatitis C

Hepatitis C is a blood borne virus which can lead to chronic liver disease with relatively few symptoms. Transmission is mainly blood to blood contact. In Forth Valley area it is estimated there are 3000 people infected with almost two thirds of these yet to be diagnosed. The Direct Acting Antivirals (DAA) now used to treat Hepatitis C can be prescribed by the hospital services but dispensed and supplied to the patient from community pharmacies.

Community Pharmacy provide a package of care for patients prescribed DAAs as most visit their pharmacy regularly and so can be supported through treatment and closely monitored for side effects. As part of the package of care pharmacies develop a care plan for each patient engaged with the service and record this information on the patients PCR. When a patient is identified for DAA therapy a member of the hepatology team contacts their preferred pharmacy and visits the pharmacy team to discuss the treatment plan and also to provide points of referral for the patient.

The aim of the service is to provide holistic care for patients prescribed DAA by:

- Providing a close liaison with the Hepatology Service
- Dispensing and supervising dose consumption when required of DAA
- Monitoring the patient's response to prescribed treatment and any side effects experienced
- Providing general health advice including pharmaceutical public health services and

signposting to assist access to other services when required.

- Promote patient safety and appropriate harm minimisation strategies, which may include provision of IEP, sexual health services or referral.

A total of 64 pharmacies have contracted to provide Direct Acting Antivirals in Forth Valley, not all pharmacies are currently active, due to changing demand.

As Scotland moves towards elimination of Hepatitis C community pharmacy could make significant contributions in case-finding, as well as providing a package of care once diagnosed, by providing dry blood spot testing in all community pharmacies.

3.4.6 Pharmacy First Extension Service

NHS Forth Valley community pharmacy continues to transform treatment pathways for patients in primary care bringing treatments and care closer to home and contributing to alleviating the burden on general practice and Out Of Hours (OOH)

The Pharmacy First Extension Service offers all patients, registered with a GP in the UK, access to free consultation and treatment or advice for common clinical conditions. Previously patients would have had to attend a primary care appointment or OOH for uncomplicated urinary tract infections and impetigo.

Community pharmacists carry out a consultation in the pharmacy with the patient and provide advice and treatment if required under locally agreed patient group directions (PGD's)

The service also aims to increase access for patients with COPD to medication related advice and patient centred medicine review through community pharmacies and to provide rescue antibiotics and steroids to patients with hand held COPD record cards.

Both the national Pharmacy First Service and the FV Pharmacy First extension service are available from local community pharmacies both within GP opening hours and out of hours

There are 74 community pharmacies providing the pharmacy first and the extension service across Forth Valley.

3.4.7 Clozapine Service

The clozapine service enables community pharmacies to fulfil their role as part of the multi-disciplinary, integrated mental health team involved in the care of patients prescribed clozapine that are identified for community pharmacy dispensing.

Clozapine is a second generation antipsychotic licensed for Treatment Resistant Schizophrenia and requires regular blood monitoring. All patients treated with clozapine are registered with the clozapine patient monitoring service (e.g. ZTAS). The patient, prescriber and registered pharmacy must all be registered.

The service aims to:

- improve safety and access to clozapine and provide medicine related advice through community pharmacies in a patient focussed service
- promote partnership working between General Practice, Community Pharmacy and Specialist Mental Health Services (MHSS) within localities
- provide a single source of medicine supply for people prescribed clozapine (high risk medicine) and manage the potential risk of drug interactions with other medicines prescribed via General Practice.

4.0 Polypharmacy in Forth Valley

Polypharmacy has a significant impact on the population's health across Forth Valley. NHS Forth Valley currently spends around £87 million per annum on medicine resource with the expectation that it is contributing to improving the population's health. However there is evidence to demonstrate the impact that medication at this volume is detrimental to the population's health and it is recognised as a public health issue cause by over- diagnosis and over-treatment.

- 50% of medicines are not taken as prescribed.
- 50% of people struggle to take more than 4 medicines consistently and as prescribed.
- In Forth Valley we can estimate that 48,459 people are not taking their medication as prescribed (96,918 people take 5 or more medicines)

Community pharmacy, primary care and secondary care pharmacy teams in Forth Valley are key to addressing the polypharmacy burden to improve our population's health.

Throughout NHS Forth Valley we aim to ensure that all patients, regardless of their age and setting

of care, receive a high quality of pharmaceutical care from clinical pharmacist independent prescribers. The aim is to ensure that every patient gets the best possible outcome from their medicines, while avoiding waste and harm.

4.1 Snapshot of the level of polypharmacy occurring within Forth Valley within the 6 month time period of April to September 2023.

The data demonstrates the number of patients registered in NHS Forth Valley according to the number of different BNF paragraphs for which drugs were dispensed to each patient within the specified time period.

The report is for patients aged 50 years or over.

The report includes all types of prescription forms written.

Patients with NO HIGH RISK medicines prescribed.³

Health Care Partnership	BNF paragraph count			
	01-Apr	05-Sep	10+	Total
Clackmannanshire	9074	6542	2802	18,418
Falkirk	24,833	18,049	8,020	50,902
• Locality Denny, Bonnybridge, Larbert and Stenhousemuir	9,008	6,655	3,016	18,679
• Locality Falkirk Town	6,414	4,707	2,080	13,201
• Locality Grangemouth, Boness & The Braes	9,544	6,779	2,940	19,263
Stirling	21,215	13,736	5,220	40,171
• Locality Rural Stirling	5,833	3,238	1,128	9,188
• Locality Stirling City	15,382	10,498	4,092	20,932
Total	55,122	38,327	16,042	109,491

³ Reports are restricted to patients aged 50 years and over (age calculated at mid-point of reporting time period).

* All prescription form types are included.

* Medications are restricted to items from BNF chapters 1-10 only.

* Patients may be prescribed one or more drugs from the same BNF paragraph, counts of numbers of BNF paragraphs will count each BNF paragraph only once irrespective of how many drugs were prescribed from that paragraph.

- There are 54,369 people taking 5 or more medicines in Forth Valley (with no high risk

medicines)

- Falkirk has the highest number of people taking 5 or more medicines.
- The Grangemouth, Bonness and The Braes locality accounts for the greatest proportion of polypharmacy in the Falkirk Health Care Partnership.
- Stirling City accounts for the greatest proportion of polypharmacy in the Stirling Health Care Partnership

Patients WITH 1 OR MORE HIGH RISK medicines⁴

Health Care Partnership	BNF paragraph count			
	01-Apr	05-Sep	10+	Total
Clackmannanshire	4,359	5,685	2,748	12,792
Falkirk	12,450	16,216	8,235	36,901
• Locality Denny, Bonnybridge, Larbert and Stenhousemuir	4,515	5,766	2,936	13,217
• Locality Falkirk Town	3,232	4,110	2,041	9,383
• Locality Grangemouth, Boness & The Braes	4,493	5,891	2,869	13,253
Stirling	9,432	11,847	5,077	26,356
• Locality Rural Stirling	2,380	2,711	1,098	6,189
• Locality Stirling City	7,052	9,136	3,979	20,167
Total	26,241	33,748	16,060	76,049

⁴ High risk medicines defined as Antidepressant drugs BNF Section 0403, Diuretics BNF Section 0202, Beta-blockers BNF Section 0204, NSAIDs BNF SubSection 100101, Opioid analgesics BNF SubSection 040702, Oral anticoagulants BNF SubSection 020802, Antipsychotic drugs BNF SubSection 040202, Antipsychotic depot injections BNF SubSection 040202, ACE Inhibitors BNF Paragraph 0205051, Digoxin, Prednisolone, Ticagrelor, Prasugrel or Clopidogrel.

- There are 49,808 patients receiving 5 or more medicines that include at least one high risk medicine in Forth Valley
- Falkirk has the highest level of polypharmacy across Forth Valley with the largest concentration in the Grangemouth, Boness and The Braes locality
- Stirling City has a significant proportion of the population prescribed 5 or more medicines which include at least one high risk.
- Discussions are ongoing around setting up a Polypharmacy locally enhanced service.

5.0 Relating Local needs to Pharmaceutical Care planning

Community Pharmacy Service	Number of participating Pharmacies			
	Stirling	Clackmannanshire	Falkirk	Total
Smoking Cessation	ALL	ALL	ALL	75
EHC	ALL	ALL	ALL	75
Pharmacy First	ALL	ALL	ALL	75
CMS	ALL	ALL	ALL	75
AMS	ALL	ALL	ALL	75
Gluten Free Foods	ALL	ALL	ALL	75
Advice to Nursing Homes	5	2	3	11
Substance Misuse	21	11	21	53
IEP	7	3	6	16
Take Home Naloxone	5	1	2	8
Emergency Naloxone Stockholding	ALL	ALL	ALL	74
Palliative Care	5	3	6	14
Stoma	ALL	ALL	ALL	75
DAA	As requested	As requested	As requested	As requested
Total	26,241	33,748	16,060	76,049

6.0 Description of General Medical Dispensing Service Provision in NHS Forth Valley

At October 2023 there are two GP practices that currently provide dispensing services. These are:

V2536 Kippen

V2559 Buchlyvie

It is important to ensure that patients accessing dispensing via GP practices have adequate

pharmaceutical care services available from a community pharmacy.

7.0 Pharmacotherapy service

All General Practices in NHS Forth Valley have access to a pharmacotherapy service provided by the Health Board. The general practice pharmacy team, comprising pharmacists, pharmacy technicians and pharmacy support workers, manage acute and repeat prescriptions, undertake medicines reconciliation, perform medication and polypharmacy reviews and manage serial prescribing.

GP practice teams and community pharmacy teams continue to build relationships and develop communication links to increase the uptake of serial prescribing, mitigate the impact of medicine supply issues and to sign post patients to community pharmacy services including MAS, Pharmacy First, Pharmacy First Plus and smoking cessation.

8.0 Conclusions

The pharmaceutical care service provision across NHS Forth Valley effectively contributes to the priorities set by Falkirk HSCP and Clackmannan & Stirling HSCP Strategic Plans; providing accessible support and advice relating to medicines within local communities. Recommendations have been made for Forth Valley as a whole and for each HSCP area to address local needs. Training was made available to all contractors within Forth Valley on Child Protection via face to face training in November 2023.

9.0 Recommendations and Actions

Forth Valley Wide recommendations

1. Support Community Pharmacists to undertake training to become qualified Independent Prescribers to allow them to deliver the Pharmacy First Plus Service, thereby increasing the access to this service across Forth Valley which provides the people of Forth Valley with access to advice and treatment for Common Clinical Conditions.
2. Continue to extend the local Pharmacy First Extension Service to include other common clinical conditions which are not included in the national service.

3. Continue to improve community pharmacy recording on PCR for smoking cessation and supported follow up by community pharmacy.
4. Continue to support and monitor locally negotiated care packages with ongoing education and training to improve recording and outcomes.
5. It is estimated that 48,459 people in Forth Valley are not taking medications as prescribed. Promote registration with MCR and support community pharmacy teams and other pharmacy teams such as the Pharmacotherapy Service, to engage patients in medicine review to improve their understanding of medicines and optimise the clinical benefits from their therapy.
6. Develop and implement a dry blood spot testing initiative for BBV as part of enhanced IEP/MAT services in selected community pharmacies.
7. Continue to support the implementation and development of Medicines Assisted Treatment Neo module to help address drug related deaths in Forth Valley.
8. Review the Palliative Care Service to ensure that there is adequate coverage for all areas of Forth Valley.
9. Work to address NHS Forth Valley's polypharmacy burden through multidisciplinary working across all areas.
10. Review the IEP service to ensure that there is adequate coverage for all areas of Forth Valley.
11. NHS FV is committed to working with Community Pharmacy Forth Valley to ensure local pharmaceutical services are fit for purpose for our local populations.

9.1 Clackmannanshire & Stirling

1. Smoking prevalence in adults aged 16 years or older is above national levels, smoking in pregnancy is also above national levels.
2. Focus for stop smoking services to support pharmacies in this locality to engage more adults who smoke and with pregnant women.
3. Identify variation in quit rates at 4 and 12 weeks and address any variation identified within community pharmacies through support and training
4. Drug related mortality is above national level and 6 pharmacies in this locality provide Take Home Naloxone
5. Support the Take Home Naloxone programme to make it available in every pharmacy where OST is supplied or IEP occurs to ensure that there is equality of provision across the HSCP.
6. Clackmannanshire has no pharmacy open after 6pm or open on a Sunday. This has

been identified as a barrier for the Pharmacy First Service and also for provision of EHC and complex opiate dependent patients. There may also be an impact on the accessibility of Palliative Care Service provided in this locality.

7. Explore options to extend access to service in this locality.

9.2 Falkirk

1. Review the provision of Take Home Naloxone as part of the harm reduction response to the ongoing local and national drug related death concerns.

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Appendix 1 Pharmacy Application Process

Proposed pharmacy application received; initial meeting arranged with Primary Care Representatives and Applicant, Joint Public Consultation date is agreed.

Joint consultation runs for a continuous period of not less than **90 working days**.

On completion of the Joint Public Consultation, Primary Care will produce a Consultation Analysis Report (CAR) and agree this with the applicant.

Following completion of the Joint Public Consultation the Applicant has **90 days** in which to submit their application, which the Board will review, any missing information must be provided within 5 working days.

Within 10 working days of receiving application, the Board will invite representatives from The GP Sub Committee, Interested Parties, and any neighbouring Health Board if boundary is within 2km of the proposed premises.

They have **30 days** from notification to respond.

PPC Hearing is then arranged,

Decision of the PPC to the Health Board within 10 working days of the meeting.

The Health Board must notify the applicant and other relevant parties of the PPC decision within 5 working days and advise them of any right of appeal.

The Board is also required to publish the full PPC decision on their website within **5 working days** of the decision.

Timescale for an application moving through the full process at the Health Board is therefore minimum from the pre application meeting until PPC hearing. Should the decision on an application be appealed then the process will be extended.

Appeal Process

Any appeal submitted by applicant must be done within 21 days of the PPC decision. This must be submitted to the National Appeal Panel (NAP). NAP will review the appeal and will render the decision within 3 months. The Board will inform the applicant within 5 working days of the NAP decision.

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

12. Digital Delivery Plan 2025-2026

For: Approval

Executive Sponsor: Scott Jaffray, Director of Digital

Author: Rachel Marshall, Digital Programme Delivery Manager

Executive Summary

This paper details NHS Forth Valley's Digital priorities for the organisation for 2025 / 2026. The information contained within this plan has been developed in conjunction with all departments within the Digital Directorate, which as of April 2024 include Medical Physics, Information Services and Health Records. As the Quality and Innovation projects have a reliance on digital resource, projects taken on within this directorate are also detailed in the Delivery Plan.

Consultation work has been undertaken with key clinical areas so as the work captured within the plan reflects the requirements of all Directorates.

This programme is produced with reference to both the National & Local Digital Strategies. All programmes, projects and deliverables are assessed to ensure they align and support both the local and national strategies. As well as this, the Digital Directorate continues with the focus of other key areas, such as:

- Compliance with the NIS regulations, to meet recommended actions.
- Supporting the Health & Social Care partners in digital aspirations and access to key IT and operating systems and in developing solutions to data sharing and mobile working.
- Producing Business Cases to support renewal and introduction of new systems, as well as consolidating existing systems.
- Developing further Regional and National collaboration opportunities and services.
- Work with Medical Physics to support the digitalisation of Medical Devices
- Continue with the Health Board's strategy of moving key clinical systems to national product sets.
- Continue to work with National and Regional teams to implement Microsoft 365 collaboration, software and tools, SharePoint, OneDrive & new Office Software deployment being key elements.

This plan is supported by a balanced budget, with investment from Capital and Strategic funding sources (as detailed in Appendix 1), as well as the business-as-usual departmental budgets and resources.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the Digital Delivery Plan 2025-2026.

Risk Assessment / Management

The plan includes a specific section on risks and issues.

Key Issues to be Considered

The key issues worth noting for this programme are:

- Prioritisation and Categorisation of projects – the approach as detailed in the plan
- Prioritisation Process of developments
- Specific approach to TRAK-Care prioritisation
- The approach to benefits realisation
- The risks and issues associated with the Plan
- Note increased strategic risk SRR011 – Related to key technical roles

Financial Implications

The funding for this programme is twofold, the Strategic Digital fund via the Scottish Government and the Board Capital plan.

The financial summary is detailed in Appendix 1 of the Digital Delivery Plan.

Workforce Implications

There is ongoing investment into the Digital Directorate Depts as detailed in the Digital Delivery Plan.

Infrastructure Implications including Digital

This is the purpose and subject of this paper.

Sustainability Implications

There are no sustainability issues.

Sustainability Declaration

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

☐ Yes
☒ N/A

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

Quality / Patient Care Implications

The Digital Delivery Plan will deliver improvements and will directly support patient care as a result of the successful delivery of the detailed project and developments.

Information Governance Implications

There are Information Governance implications for the implementation of this programme, The Digital Directorate works in partnership and will engage with IG when appropriate.

Relevance to Strategic Priorities

The Digital Delivery Programme delivers both National and Local Digital Strategic Priorities. These have been largely prioritised as Category A projects within the Programme.

Equality Declaration

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

Further to an evaluation it is noted that: (please tick relevant box)

☒ Paper is not relevant to Equality and Diversity

- Screening completed - no discrimination noted
- Full Equality Impact Assessment completed – report available on request.

Communication, involvement, engagement and consultation

The Digital Delivery Plan has been to several groups for consideration, for example the SLT and Infrastructure board for consultation, discussion and approval.

Appendices

- Appendix 1: Digital Delivery Plan 2025-2026



Digital Portfolio Delivery Plan 2025 / 2026

Version:	v0.1
Authors:	Rachel Marshall, Digital Programme Delivery Manager
Reviewed by:	Scott Jaffray, Director of Digital
Issue Date:	9/4/2025
Approvals:	
Infrastructure Board	10/4/2025
Digital and eHealth Programme Board	24/2/2025
Performance and Review Committee	TBC

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Introduction

This paper details NHS Forth Valley's Digital priorities for the organisation for 2025 / 2026. The information contained within this plan has been developed in conjunction with all departments within the Digital Directorate, which as of April 2024 include Medical Physics, Information Services and Health Records. As the Quality and Innovation projects have a reliance on digital resource, projects taken on within this directorate are also detailed in the Delivery Plan.

Consultation work has been undertaken with key clinical areas so as the work captured within the plan reflects the requirements of all Directorates.

All programmes, projects and deliverables are assessed to ensure they align and support both the local and national strategies. As well as this, the Digital Directorate continues with the focus of other key areas, such as

- Compliance with the NIS regulations, to meet recommended actions.
- Supporting the Health & Social Care partners in digital aspirations and access to key IT and operating systems and in developing solutions to data sharing and mobile working.
- Producing Business Cases to support renewal and introduction of new systems, as well as consolidating existing systems.
- Developing further Regional and National collaboration opportunities and services.
- Work with Medical Physics to support the digitalisation of Medical Devices
- Continue with the Health Board's strategy of moving key clinical systems to national product sets.
- Continue to work with National and Regional teams to implement Microsoft 365 collaboration, software and tools, SharePoint, OneDrive & new Office Software deployment being key elements.

Local NHS Forth Valley Digital Strategy

Health and Care in the Digital Age: A Digital Strategy for NHS Forth Valley 2023 - 2027 was published in January 2024 and sets out 3 Themes.

- Better Health
 - Improving Prison services, Alcohol and Drug Partnerships, Children and family services
- Better Care
 - Improving Primary Care and Mental Health Services while supporting Scheduled and Unscheduled hospital care
 - Transforming unscheduled care
 - Transforming Scheduled care
- Better Value
 - Improving quality and the Patient Experience
 - Improving use of Data

- Improving communities – NHSFV as an Anchor organisation
- Recognising Sustainability and climate change
- Building Workforce and leadership
- Buildings for the future

Scotland Digital Health and Care Strategy

This sets out that the health and care system as whole – and its partners in wider society – need to continue to embrace the change required. This includes but is not limited to:

- Committing to constantly improve, innovate, and evolve – and sometimes change completely.
- Making better use of the data, both that already held and data which is not routinely held at present.
- Involving people and staff in the design of tools, technologies and services that support them, noting that those that have been designed with users are more likely to deliver meaningful and lasting change that improves outcomes.

To achieve these aims, and ultimately the vision, there will be a focus on six priority areas.

1. Digital Access

People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

2. Digital Services

Digital options are increasingly available as a choice for people accessing services and staff delivering them.

3. Digital Foundations

The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

4. Digital Skills and Leadership

Digital skills are seen as core skills for the workforce across the health and care sector.

5. Digital Futures

Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

6. Data-Driven Services and Insight

Data is harnessed to the benefit of citizens, services, and innovation.

Prioritisation and Complexity

Each programme, project and deliverable identified within the delivery plan will be subject to a¹ prioritisation and complexity assessment. This will in turn produce a categorisation for each programme, project or deliverable so that focus is on what is important to the Board.

Although the complexity element, doesn't bare any impact on the categorising, it provides the Digital directorate with the knowledge of how complex a programme, project or deliverable will be to complete.

Category A – National or Mandatory

Projects in this category will have guaranteed resources allocated throughout the year and will remain a high priority.

Category B – Risk Mitigation and Strategic Initiatives

Projects in this category will have resources allocated throughout the year, however, may be at risk of being put on hold or delayed due to competing priorities.

Category C – Technological Advancement and Customer Requests

Projects will be recorded against the plan, but no guaranteed resources will be immediately assigned. Will be factored into consideration throughout the year but may not commence in current year and will be at risk of being carried forward into future years.

Digital Proposals and the Evaluation Process

The Delivery Plan sets out and prioritises NHS Forth Valley's agreed projects and initiatives for the year, and the Digital department appreciate the demand for resources doesn't stop there. Throughout the year, there are additional proposals or "asks" of the Digital teams that must be carefully assessed and managed to ensure the integrity of the delivery plan is maintained, projects are delivered on time, and stakeholder expectations are managed.

A flexible approach for reviewing, assessing, managing, and reporting against new eHealth proposals has been established and was approved by the Digital and eHealth Programme Board in 2022.

All new proposals will be submitted by completion of the new Digital Proposal template, which will be submitted via ServiceNow and review by the Digital and Innovation Proposal Evaluation Group.

¹ Excludes projects carried out by Medical Physics, Health Records and Information Services

Benefits Management

NHS Forth Valley acknowledges that in order to facilitate benefits realisation, we must focus on prioritising benefits management for all of our programmes, projects and deliverables. Not only during but once it has been implemented.

In order to achieve this, the Digital department will work with the Board to define a benefits management plan, identify benefits at the start of each project, put in place a realisation plan, implement and complete all programmes, projects and deliverables then work with the Board to realise the identified benefits.

A Benefits Management Framework has been developed to ensure programmes, projects and deliverables are identified, planned, managed, and realized effectively.

Progress of these benefits will be submitted to the Digital Programme Board on a quarterly basis.

Managing TrakCare System Priorities

In previous years, the prioritisation and management of new developments within the TrakCare system have been overseen via the Digital and eHealth Delivery Plan. In April 2023, the TrakCare Advisory Governance Group (TAGG) was established and now is responsible for managing all TrakCare developments and priorities. Consequently, it has been decided that all new and existing TrakCare system developments will be managed and prioritised by the TAGG. This will ensure all priorities are managed by one governing body, collectively considered and the service have input into the prioritisation process.

Updates regarding digital TrakCare developments will continue to be reported to the Digital and eHealth Programme Board to maintain the established governance channels.

eOBS and Order Comms, although are part of the TrakCare deliverables, due to these being ²Category A projects, they will remain on the Delivery Plan.

² Meaning of project categorisation is detailed under the section, Prioritisation and Complexity

Portfolio Overview

Digital Category A Priorities

<i>Single Shared Device</i>	NHS Forth Valley will focus on implementation the solution for accessing systems from one device with Falkirk Council. For Stirling and Clackmannanshire, the only commitment this year will be to engage with both Council areas to work towards a solution
<i>GP IT System Replacement</i>	Once it has been published who the new Supplier of the GP IT will be, work will focus on the transition from incumbent supplier, Vision 3, to new the Supplier. At the time of publishing, the new supplier is unknown.
<i>Child Health System Replacement</i>	Support the implementation of the new Child Health System
<i>Docman Upgrade</i>	Upgrade from Docman 7.2 to Docman 10
<i>Laboratory Information Management System Replacement (LIMS)</i>	Implementation of new national LIMS system, Magentus.
<i>Picture Archiving and Communications (PACS) System Replacement</i>	Implementation of new Sectra PACS.
<i>SWAN 2 Implementation</i>	Continued rollout of the SWAN2 network, moving from Capita to BT
<i>Microsoft 365 - SharePoint Online Rollout</i>	Evaluation of implementation of SPO within Digital and planning for further rollout across NHS Forth Valley including GP practices.
<i>Scan for Safety</i>	Support the implementation of a new approach to tracking and tracing high risk implantable devices at the point of care. This year will see the local business case drafted and approved and work to commence the rollout later in the year.
<i>eOBS Implementation within TrakCare</i>	Implementation of the eOBS modules, commencing April 2025
<i>Patient Hub Implementation</i>	Rollout patient hub modules, Waiting Well, Waiting List Validation, Appointments and Surveys.

<i>Radiology Information Service (RIS) Replacement</i>	Procurement and implement a replacement RIS system.
<i>Digital Pathology</i>	Implementation of a procured Image Management Solution and new scanner.
<i>Order Comms</i>	Implementation of Order Comms within the TrakCare system, moving away from current system
<i>Endoscopy Replacement System</i>	Implement the nationally procured 'Once for Scotland' Endoscopy Reporting Solution. Moving to a new supplier, Solus Endoscopy from HD Clinical
<i>Digital Maturity Assessment</i>	Take part in the 2025/2026 National Digital Maturity Assessment
<i>HEPMA Upgrade and roll out within ED</i>	Upgrade to latest version of the HEPMA system, version 8.2, followed by a roll out within ED to Nurses only
<i>Centralisation of EDT</i>	Replacement of current EDT to a centralised solution. Start date for this project unknown
<i>Blood Glucose and Ketone Device Renewal</i>	Following notice being served by current Supplier, support replacement of all devices across 52 locations within NHS Forth Valley, with new Supplier

Digital Category B Priorities

<i>Speech Recognition</i>	Develop and finalise requirements specification, identify preferred solution and create Business Case to procure new solution
<i>Open Eyes Rollout and Development</i>	Support ongoing rollout of Open Eyes, create Support arrangements and facilitate integration work
<i>HEPMA Rollout in ED</i>	Rollout HEPMA within ED, bed patients only
<i>M365 exploring potential app opportunities</i>	Explore the potential for rolling out M365 applications to enhance current services within NHS Forth Valley
<i>Digital Priorities</i>	Support the HR Director in evaluating digital alternatives to replace paper-based processes
<i>Open Eyes Rollout and Development</i>	Support ongoing rollout of Open Eyes, create Support arrangements and facilitate integration work
<i>Pharmacy Wi-Fi Handheld Barcode Scanner Integration</i>	Introduction of Wi-Fi connected handheld barcode scanners in Acute Pharmacy which integrate with the recently installed BD PIC System.
<i>Community Glaucoma Scheme</i>	Further configuration of the system for use by Ophthalmology department, understand and document ongoing support arrangements, and progress integration works
<i>Fibroscan process review</i>	Establish if there is a safer, more secure way to transfer images from Fibroscan machines into patient record
<i>Pharmacy Automated Drug Cabinet</i>	Implementation of a no cost drug cabinet within one ward

Digital Category C Priorities

<i>Acute to GP Comms Method - Physical Letter Removal</i>	Review the options for removal of all letters sent by NHS Forth Valley Acute to GP so only one letter is being sent, via EDT. This accounts for 90% of communication.
<i>Unified Comms</i>	Create Business Case for the redesigned unified comms
<i>SERPR to NHS FV SCI Store Interface</i>	Provision of an electronic link between Strathclyde Electronic Renal Patient Record (SERPR) and SCI store in NHS Forth Valley
<i>ICU EPR Outline Business Case</i>	Draft a business case outlining the strategic approach for procuring a new system within ICU
<i>Endoscopy Image Reporting Options Review</i>	Review the current reporting processes within Endoscopy and produce an Options Appraisal
<i>Burnbank Business Case</i>	Draft Business Case to identify preferred solution for the provision of the services provided by Burnbank

Core Infrastructure

<i>NIS Recommendations Review</i>	Ongoing work to complete follow up actions identified as part of the NIS Recommendations Report
<i>802.1x Implementation</i>	Installation of 802.1x on all network points in FVRH.
<i>Firewall Deployment Migration</i>	Deployment of the firewall migration tool across all sites within NHS Forth Valley
<i>Service Desk Institute</i>	Maintain SDI Accreditation
<i>Network Refresh FCH and SCH</i>	Network refresh and Server readdress to 172.x.x.x networks for circa 300 servers
<i>SQL Server Refresh</i>	Replace servers, install new licences and upgrade DB's within NHS Forth Valley estate
<i>Infrastructure Refresh</i>	Replacement programme of the digital infrastructure to support the compliance of the NIS regulation
<i>Desktop Refresh</i>	<p>General maintenance of Desktop make and models which are out of support and warranty. Hardware refresh must take account of Windows 11 requirements.</p> <p>Continued replacement of new endpoint device hardware to refresh unsupported makes and models</p>
<i>Ricoh MFD Refresh</i>	Support eHealth process for contract renewal
<i>Ensemble upgrade / Data Flow Review</i>	Upgrade to latest version, carry out review of current ensemble. Housekeeping
<i>Upgrade of Mortuary DB and EPL DB</i>	Data migrated from Oracle to Microsoft SQL server. Client re-written/developed.
<i>Morse Upgrade</i>	Routine system upgrade
<i>SCI Gateway Upgrade</i>	Routine system upgrade
<i>Equitrak Upgrade</i>	Reduce printer queues from 4 to one
<i>Payroll move to NSS</i>	Facilitate the move of staff to NSS
<i>Windows 11 upgrade to GP Workstations</i>	Upgrade GP practice workstations to Windows 11 before October 2025

Medical Physics

Further information to be provided

Health Records

Health Record Services is a diverse, multi-faceted support service that plays a vital role in supporting board wide digital delivery plans throughout NHS Forth Valley. Our annual delivery plan ensures that we work collaboratively with different stakeholders to support the implementation of these delivery plans. Our delivery plan aims to improve efficiency by reducing physical paperwork and streamline administrative processes; facilitates better continuity of care with accurate real time system updates; digital records are protected with secure access protocols and comply with legal requirements; and records are accessible to health care providers to enable continuity of patient care, as well as enable prompt responses for patient information.

Below is a list of the projects Health Records are committed to delivering this year.

<i>Electronic Waiting List Cards</i>	Transition from paper to digital cards
<i>Improved Comms to support Netcall and Patient Hub</i>	Improving patient experience and reducing the waiting time a patient has in the queue whilst connecting the caller to the appropriate person
<i>Pre-Op Theatre Improvement</i>	Reducing theatre cancellations that are short notice or on the day cancellation
<i>Endoscopy Transition from OP to IP model</i>	Waiting list management from outpatient to inpatient model
<i>Implementation of New National Access Policy</i>	Write, implement and delivery training and ensure compliance
<i>Netcall Implementation within Radiology</i>	Implementation of Netcall into Radiology
<i>Service Improvement for RIS Replacement</i>	Service improvement at operational level for new RIS system
<i>Service Improvement for New Child Health System</i>	Service improvement at operational level for new Child Health systems
<i>Transition from paper to digital files</i>	Service improvement from paper to digital files
<i>Digitisation of Health Records moving to an Electronic Inpatient Record</i>	Operationally leading the digitisation of health records moving forward to an electronic inpatient record
<i>Service Improvement for Outpatient EPR</i>	Update and streamline processes for outpatient EPR
<i>Transformation to Standardised Process for Consultant Leave</i>	Review, improvement and implementation of process of Consultant leave

<i>Service improvement of Hired Bariatric Equipment</i>	Service review, improvement, implementation and education of hiring bariatric equipment
<i>Introduction of SLAs between Health Records Services and Acute Services</i>	Introducing SLAs between all of Acute Services and Secretarial and Administrative Services
<i>Overseas Visitors Business Case</i>	Business Case for recruiting to permanent OSV post and development of service
<i>Job Description Review</i>	Review of all Health Record Services job descriptions to update and realign to working practices

Information Services

The key objectives for Information Services over 2025/25 align with the vision outlined in the NHS Information Framework 2023-2027. Over the coming years the ambition is to provide a whole system service for data and information sharing to both support integration and to fully understand the needs of the Forth Valley population. This will provide the platform to devise the best value most effective and sustainable health and care services in the years to come.

Below is a list of the projects Information Services are committed to delivering this year.

<i>Development of Command Centre Business Intelligence Tool</i>	Suite of online metrics, which will provide operational live position statements for key areas as well as trends data for strategic planning
<i>Access to Social Care Data</i>	Development of data sharing frameworks and governance for operational and strategic planning to inform whole system working
<i>Access to Care Home Data</i>	Development of data sharing frameworks and governance for operational and strategic planning to inform whole system working
<i>Access to Primary Care Data</i>	Development of data sharing frameworks and governance for operational and strategic planning to inform whole system working
<i>Development of Population Health Map - Phase 2</i>	A population health map which will help us to understand our population in terms of profiling SIMD access to health and care services and population activity within those services
<i>Phase 2 Server Migration Decommission Server 3</i>	Decommissioning current server move to more efficient and update software and hardware
<i>Phase 3 Server Migration Restructure Server 4</i>	Restructuring databases within server 4 for more logical use that are compatible with business intelligence tools
<i>Scope Business Intelligence Tools</i>	Scoping a new way forward for new BI tools to replace / work alongside SSRS

<i>Support Digital & eHealth Delivery Plan</i>	Supporting the digital department in the delivery of the individual projects, where Information Services input is required
<i>Urgent Unscheduled Care leverages for Improvement</i>	Working with CfSD to enhance performance within unscheduled care
<i>All Year Planning and BI Support</i>	Working with Garry Fraser and Janette Fraser to craft strategic plans for sustainability and redesign of services
Scheduled Care Services Access	Rollout of the revised national Access policy

Training

The main focus of the Digital Learning department this year is to produce a Digital Learning Strategy, which will outline what tools, techniques and technologies will be used to train end users.

There has been an established Digital Champions Network in place since 2024. A new Strategy will be created to identify how we maximise the use of digital champions across all services and systems.

Quality and Innovation

ANIA Pathway Projects

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. If a project is approved for implementation, it will have a completed Value Case and funding approved by the Innovation Design Authority. Once a Value Case is approved, the innovation will be added to the CfSD heat Map. This provides the basis for a joint plan with each NHS Board to incorporate this into local delivery planning. ANIA Pathway projects will be delivered in the board with local and national support. There will be requirements that will need eHealth input for delivery.

Test Bed

NHS Forth Valley has been identified as an Innovation Test Bed. This means we have the opportunity to support pre-commercial open innovation with industry, academia and health and social care staff. It is our ambition to scale up Test Bed projects 2024/5, working with stakeholders to build evidence, allow innovators to refine solutions, inform strategy and develop thinking, support routes to scale up and mainstreaming, seek preferential access for NHS Scotland to final products and revenue generation. The nature of the projects are yet unknown, however projects will be aligned to local and national priorities, and will require eHealth input for delivery.

Programme Level Risks and Issues

Need an introduction

Risks

- **Competing Projects**

A high number of projects are all expecting to be delivered by Q3 this year. This in itself isn't a risk but the systems that are due to be replaced, Order Comms, GP IT, RIS, PACS, LIMS, EDT and Docman, are all technically interconnected with each other and depend on each other's functionality. If one project is to be delayed, this will have a major knock-on effect to the successful implementation of the other projects.

These projects use the same resource from the Service and the Digital Directorate, so planning is key.

- **Project Resource**

There is an unprecedented demand on the Digital Directorates this year and the Digital Project Management Office are already dealing with a high volume of projects that were due to be completed last year but have been subject to repeated delays. The delayed projects, added to the work that is required to be carried out this year will affect successful project delivery, and as such, there is a high risk of project timelines not being met.

- **Cyber Security**

Ensuring the core systems and services are protected and safe from emerging cyber threats whilst competing with increased digitalisation and staff and public expectations.

The Digital departments will work with Information Governance to ensure compliance with appropriate NIS regulations and regularly refresh key physical network, whilst ensuring access policies are adhered to through robust Information Governance. Acting upon intelligence sources both nationally and locally, for example, Security & Intelligence Alerts.

- **Funding**

Financial Year 2025 / 2026 continues to see an unprecedented increase in cost pressures on both core services and developments.

It is essential for the Board that Digital commence early engagement with the departments and work together throughout the year to outline the Board's priorities, creating detailed Business Cases to ensure spending is directed where it is most needed.

- **ANIA Pathway**

Planning of a scarce Digital resource is important to support the innovation work being introduced to NHS Forth Valley via the ANIA pathway.

Collaboration is key between Digital and the Innovation team to establish and understand the proposed innovation projects likely to come in via ANIA pathway during the 2025/26 year.

Manage all new ANIA pathway projects via the Digital Proposal Process to allow for the evaluation and prioritisation of each request.

- **Ownership of eHealth/ICT systems**

It is important that Clinicians and managers recognise that an electronic record is as critical as a paper record, and often more so, as this is shared with other professionals.

Clinical engagement and service champions are key to achieving the Digital programme and robust Information Governance standards are maintained.

- **Infrastructure and Resilience**

Building resilience is a key strand of the Digital Strategy and financial plan for the organisation. The Core infrastructure refresh is an area of high-risk importance with reliance on systems that increases year on year which in turn requires asset base increases to support the eHealth Programme.

The Digital directorate must ensure infrastructure refresh occurs on a continual basis and at an appropriate level. Much has been done in the last 2 to 3 years and a significant focus for the Digital departments will be continuing the implementation of plans to make key systems and networks more resilient.

Issues

National Project Slippage

Since 2022, there have been several national projects subject to repeated delays, which is extending over multiple years, some until 2027. This is creating challenges in the planning and allocating of resources for local projects, making it difficult to be able to commit to local developments.

Insufficient Skilled Workforce

There is a shortage of skilled personnel in the Digital department to support the ongoing monitoring and administration of Ensemble, which is necessary for the projects outlined in the current Delivery Plan. Work is ongoing within the department to identify what work is required to facilitate the current projects, but this is a short-term solution. In the long-term, the management team will be reviewing and outlining potential future solutions to resolve this issue.

Digital and eHealth Programme Funding

The capital and strategic funds will support operational teams as well as Digital to deliver these projects.

The draft financial plans are outlined in Appendix II and set out how the strategic and local capital funds will be utilised to support these initiatives.

A number of resources support the implementation of these business-critical systems and developments and are outlined as follows:

- The Scottish Government supports developments through the National Strategic Fund as well as through other national funding allocations.
- Local capital funding to support Digital project and systems implementation. The current Local Delivery Plan (LDP) identifies resources for Digital within the capital element of the Financial Plan.
- Final Funding streams will be agreed with Scottish Government and Health Board finance colleagues and will be subject to final approval. The planning assumption made at this stage is in line with previous years funding levels.

Appendix I

Digital Directorate Portfolio Financial Plan 2025 / 2026

Funding Sources		Budgets 2025/26	
		Revenue	Capital
Scottish Government - (Reg Prisons)			
eH strategy		912,817	
FV Capital plan (not confirmed)			3,408,000
Anticipated BCP Funding			860,000
TOTAL FUNDING		912,817	4,268,000
Programme	Priorities	Budgets 2025/26	
		Revenue	Capital
Program for Government & Innovation	Dermatology 25 x 25	£34,158	
	Future Scot Complaints	£17,079	
	SBRI Glaucoma home vision diagnosis	£17,079	
	OpenEyes BC	£8,881	
Significant National Initiatives	M365	£3,416	£111,964
	GPIT System Refresh		£301,216
	DOCMAN Upgrade		£46,136
	CHD Upgrade		£40,013
	Labs System Replacement		£54,121
	PACS		£41,065
	SWAN2 Implementation	£23,954	
	Scan for Safety		£13,663
Local Priorities	Digital Management & Support	£167,817	£50,000
	Cyber Security (inc NIS Regulations implementation)		£75,149
	Patient Hub		£103,715
	Order Comms Replacement	£55,893	
	Digital Priorities	£64,801	£34,159
	Inpatients EPR	£79,847	£260,578
	Morse Upgrade	£115,126	
	Speech Recognition	£27,833	£44,449
	Endoscopy	£23,911	
	Digital Maturity Assessment	£18,446	
	Unified Comms		£400,000
	Digital Pathology	£19,962	£105,170
	SCI Gateway Upgrade	£21,786	
	oObs		£15,969
	Care partner upgrade	£18,370	
	MPI	£15,969	£3,416
	RIS Replacement		£860,000
	HEPMA Upgrade	£44,912	
Work in Partnership	Data Sharing Partnership Plan (inc SSD)	£13,663	£75,000
	GP Practices	£17,079	
Infrastructure	Infrastructure Refresh - FV Wide	£40,267	£250,000
	Network Refresh		£500,000
	Desktop & Devices Refresh - FV Wide		£882,217
Contingency		£62,568	
Total Forecast Spend		£912,817	£4,268,000
Totoal Forecast Funding		£912,817	£4,268,000

FORTH VALLEY NHS BOARD
Tuesday 27 May 2025

13. Performance Report

For: Assurance

Executive Sponsor: Mr Ross McGuffie, Chief Executive

Author: Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Ms Claire Giddings, Corporate Performance Manager

Executive Summary

The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Report is presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance.

Recommendation

The NHS Board is asked to:

- **note** the current key performance issues.
- **consider** the detail within the Performance Report.

Risk Assessment / Management

Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- SRR.002 Urgent & Unscheduled Care

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

- SRR.004 Scheduled Care

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.

- SRR.016 Out of Hours

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.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – Psychological Therapies and CAMHS and the 62-day cancer target.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Key Issues to be considered

The Strategic Planning, Performance & Resources Committee discussed key issues in relation to performance at its meeting on 25 April.

Discussions focussed on progress with the whole system work being undertaken to meet the obligation to improve patient experience and performance around the 4-hour emergency access standard and around the number of people delayed in their discharge.

- There was an improved performance for the unplanned 4-hour emergency access standard at 62.8% along with a sustained performance of above 50% over several weeks with a 57% baseline. Continued focus was required to sustain and improve the position.
- 5 bedded bays were still in operation however there had been a continual reduction in open non-standard care beds and no contingency beds in Ward 8 or Unit 3.
- Collaborative work was being undertaken within the national Discharge Without Delay Working Group.
- 40 unfunded beds were in use; however, work was ongoing to explore a shift in balance of care, moving 30 patients off site as a Test of Change. Work was progressing in this regard to Shift the Balance of Care.
- A new collaborative Discharge to Assess initiative had been adopted since December 2024 within Forth Valley to undertake assessments within a patient's home.
- Public awareness of ED waiting times was highlighted with consideration to be given around increasing public awareness online.
- A high number of positive patient experiences were reported through Care Opinion.

The overall positive position in regard to scheduled or planned care was noted following a month-on-month reduction in the number of outpatients waiting beyond 12 weeks, improvements in waiting times for imaging and endoscopy and activity levels equal to or better than plan.

Of concern was the 62-day cancer waiting time with the work being undertaken locally, regionally and nationally highlighted. In addition, the complexity of cancer pathways was discussed along with the criticality of achieving the very tight timescales for each step of the pathway. The particular challenges within head and neck and urology cancer pathways were described.

1. **Key Performance Issues**

• ***Unscheduled Care***

Overall compliance with the 4-hour emergency access standard (EAS) in March 2025 was 62.9%; Minor Injuries Unit 99.7%, Emergency Department 49.9%. A total of 2,708 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,210 waits longer than eight hours, 560 waits longer than 12 hours and 40 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,604 patients, noting this was 1,719 in March 2024. Wait for a bed accounted for 617 patients waiting beyond 4 hours with Clinical reasons accounting for 155 breaches.

In March 2025 there were 494 new attendances to Rapid Assessment and Care Unit (RACU), 129 of which were via ED.

• ***Delayed Discharges***

The March 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 74 delays; this is compared with 90 in March 2024. There was a total of 45 code 9 and guardianship delays and 1 infection codes. The total number of delayed discharges was noted as 119.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the March 2025 census was 2,858, this is a reduction or improvement from 3,411 in March 2024.

• ***Scheduled Care***

At the end of March 2025, the number of patients on the waiting list for a first outpatient appointment was 14,019 compared with 14,834 in March 2024 with the number waiting beyond 12 weeks 3,322 compared to 5,725 in March 2024. Activity against the annual delivery plan highlights we have completed 109% of the predicted activity for the financial year 2024/25.

The number of inpatients/daycases waiting increased to 6,747 with an increase in those waiting beyond 12 weeks against the previous year. Activity against the annual delivery plan highlights we have completed 100% of the predicted activity for financial year 2024/25.

At the end of March 2025, 2,299 patients were waiting beyond the 6-week standard for imaging with 105 patients were waiting beyond 6 weeks for endoscopy. Activity against the annual delivery plan highlights we have completed 126% and 129% respectively of the predicted activity for financial year 2024/25.

Cancer target compliance in February 2025:

- 62-day target – 72.0% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the February 2024 position of 79.7%.
- 31-day target – 98.0%

The position for the October to December 2024 quarter is that 79.2% of patients were treated within 62 days of referral with a suspicion of cancer. This is a reduction from 84.0% the previous quarter. During the same period, 97.9% of patients were treated within 31 days of the decision to treat.

- **DNA**

The new outpatient DNA rate across acute services in March 2025 is noted as 4.6% which is an improvement from the position in March 2024 of 5.8%. The return outpatient DNA rate across acute services in March 2025 was 5.0%.

- **Psychological Therapies**

In March 2025, the draft data indicates that 79.9% of patients started treatment within 18 weeks of referral.

- **Child & Adolescent Mental Health Services (CAMHS)**

In March 2025, 98.4% of patients started treatment within 18 weeks of referral.

- **Workforce**

The sickness absence target is 4.0%. Absence remains above the target at 7.32% in February 2025 noting an increase from 7.03% in February 2024.

2. Report format

The Performance Report considers key metrics in relation to system-wide performance and provides a month-on-month progress overview. Included within the metrics are the eight key standards of: 12-week outpatient target, diagnostics, 12-week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits.

Areas of performance cited in NHS Forth Valley's escalation to Stage 4 of the NHS Scotland Support and Intervention Framework are included within the report and continue to be monitored following a move to Stage 3.

The scorecard provides a comprehensive 'at a glance' view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

The Performance Report is routinely presented to the scheduled meetings of the Strategic Planning, Performance & Resources Committee ahead of the NHS Board.

- The report details Key Performance Issues, Key Performance Measures, and Key Performance Graphs.
- Notes have been included within the Key Performance Measures and provide additional information including definitions and detail in relation to the indicators and targets.
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively.
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections. Note that the Scotland figures are typically a month or quarter behind.
- Where a Forth Valley wide measure is reported any areas of challenging or poor performance within a specialty will be highlighted in the narrative.
- Performance data and graphs continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the report.

2.1. Performance Scorecard

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	NOTES
HOSPITAL STANDARDISED MORTALITY RATE													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	30-Sep-24	<= 1.00	0.98	0.96	0.89	-	▼	1.00	30-Sep-24	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE													
	FV	Monthly	Total Number of ED Attendances	31-Mar-25	Reduction	5,398	4,634	5,344	-	▼	-	-	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned and new planned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-Mar-25	Reduction	5,398	4,634	5,078	-	▼	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Mar-25	95%	49.9%	50.5%	43.2%	✓	▲	63.5%	28-Feb-25	
US3	S5	Monthly	Number that waited >4 hours in ED	31-Mar-25	Reduction	2,702	2,292	2,884	-	▲	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-Mar-25	Reduction	1,210	953	1,508	-	▲	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-Mar-25	Reduction	560	381	718	-	▲	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-Mar-25	Reduction	40	11	97	-	▲	-	-	
	FV	Monthly	Total Number of MIU Attendances	31-Mar-25	Reduction	1,904	1,461	1,828	-	▼	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Mar-25	Reduction	1,904	1,461	876	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Mar-25	95%	99.7%	99.9%	99.5%	-	▼	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Mar-25	95%	62.9%	62.4%	51.5%	✓	▲	67.0%	28-Feb-25	
US10	FV	Monthly	Number of ED attendances - Mental Health (4 hour access target)	31-Mar-25	Reduction	50	52	46	-	-	-	-	Attendances at A&E with a cause of injury recorded as Intentional Self Harm
US11	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	31-Mar-25	95%	20.0%	26.9%	15.2%	-	▲	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Mar-25	-	494	454	522	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Mar-25	-	128	121	142	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-Mar-25	-	564	474	619	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	31-Mar-25	-	10.5%	10.2%	11.6%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-Mar-25	Reduction	3,202	3,039	3,364	-	▲	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Mar-25	Reduction	5,176	4,003	6,189	-	▲	-	-	
	FV	Monthly	Advice	31-Mar-25	-	3,469	2,763	4,425	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-Mar-25	-	1,391	986	1,469	-	-	-	-	
	FV	Monthly	Home Visit	31-Mar-25	-	201	168	179	-	-	-	-	
	FV	Monthly	Mental Health	31-Mar-25	-	32	39	43	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-Mar-25	-	72	43	72	-	-	-	-	
	FV	Monthly	Remote Consultation	31-Mar-25	-	11	4	1	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Mar-25	-	99.5%	96%	94%	-	▲	-	-	

SCHEDULED CARE												
OUTPATIENTS												
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Mar-25	Reduction	14,019	13,177	14,834	✓	▲	-	-
			Forth Valley	31-Mar-25	Reduction	13,813	12,965					
			Mutual Aid	31-Mar-25	Reduction	206	212					
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Mar-25	Reduction	3,322	3,845	5,725	✓	▲	-	-
			Forth Valley	31-Mar-25	Reduction	3,210	3,672					
			Mutual Aid	31-Mar-25	Reduction	112	173					
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Mar-25	95%	76.3%	70.8%	61.4%		▲	38.0%	31-Dec-24
			Forth Valley	31-Mar-25	95%	76.8%	71.7%					
			Mutual Aid	31-Mar-25	95%	45.6%	18.4%					
SC6	Audit	Monthly	Outpatient Unavailability	31-Mar-25	Monitor	0.6%	0.7%	0.8%	✓	▲	0.8%	31-Dec-24
SC7	FV	Monthly	New Acute Services Outpatient % DNA	31-Mar-25	5%	4.6%	4.6%	5.8%	-	▲	6.5%	31-Dec-24
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-Mar-25	5%	5.0%	5.2%	6.4%	-	▲	-	-
DIAGNOSTICS - Imaging												
SC10	SG	Monthly	Total number waiting - Imaging	31-Mar-25	Reduction	5,603	5,584	10,314		▲	-	-
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Mar-25	0	2,299	2,519	6,580	-	▲	-	-
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Mar-25	100%	59.0%	54.9%	36.2%	✓	▲	57.4%	30-Sep-24
DIAGNOSTICS - Endoscopy												
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Mar-25	Reduction	733	933	762		▲	-	-
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Mar-25	0	105	284	281	-	▲	-	-
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Mar-25	100%	85.7%	69.6%	63.1%	✓	▲	41.3%	30-Sep-24
CANCER												
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	28-Feb-25	95%	72.0%	74.4%	79.7%	✓	▼	68.3%	28-Feb-25
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	28-Feb-25	-	59/82	58/78	55/69	-	-	-	-
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	28-Feb-25	95%	100.0%	98.9%	100.0%	✓	◀▶	93.7%	28-Feb-25
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	28-Feb-25	-	101/101	88/89	94/94	-	-	-	-
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Dec-24	95%	79.2%	84.0%	76.0%	✓	▲	72.0%	31-Dec-24
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Dec-24	95%	97.9%	100.0%	98.7%	✓	▼	94.4%	31-Dec-24
INPATIENTS & DAYCASES												
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Mar-25	0	1,533	1,386	1,429	-	-	-	-
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Mar-25	100%	44.3%	44.6%	47.0%	-	▼	57.0%	31-Dec-24
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Mar-25	Reduction	6,747	6,812	5,275	✓	▼	-	-
			Forth Valley	31-Mar-25	Reduction	6,642	6,615		-	-	-	-
			Mutual Aid	31-Mar-25	Reduction	51	87		-	-	-	-
			NTC	31-Mar-25	Reduction	54	110		-	-	-	-
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Mar-25	Reduction	4,177	4,426	2,899	✓	▼	-	-
			Forth Valley	31-Mar-25	Reduction	4,117	4,320		-	-	-	-
			Mutual Aid	31-Mar-25	Reduction	8	6		-	-	-	-
			NTC	31-Mar-25	Reduction	52	100		-	-	-	-
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Mar-25	100%	38.1%	35.0%	45.0%	✓	▼	32.4%	31-Dec-24
			Forth Valley	31-Mar-25	100%	38.0%	34.7%		-	-	-	-
			Mutual Aid	31-Mar-25	100%	84.3%	93.1%		-	-	-	-
			NTC	31-Mar-25	100%	3.7%	9.1%		-	-	-	-
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Mar-25	Monitor	3.5%	2.2%	6.2%	✓	▲	3.4%	31-Dec-24

An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly

Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly (for 31/12/2024 excludes Ayrshire and Arran)

A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly (for 31/12/2024 excludes Ayrshire and Arran)

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - X-ray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy
Scotland position monthly, available quarterly

Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

Treatment Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly

Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly. (for 31/12/2024 excludes Ayrshire and Arran)

READMISSIONS													
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Mar-25	Reduction	2.2%	2.6%	2.3%	-	▲	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Mar-25	Reduction	5.6%	5.3%	4.2%	-	▼	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-Mar-25	Reduction	0.9%	1.2%	1.1%	-	▲	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Mar-25	Reduction	3.3%	3.9%	3.7%	-	▲	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Mar-25	90%	79.9%	73.8%	73.5%	✓	▲	81.6%	31-Dec-24	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-Mar-25	Reduction	1087	993	635	-	▼	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Mar-25	90%	73.8%	74.8%	68.9%	✓	▲	80.4%	31-Dec-24	
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-25	90%	98.4%	100.0%	95.5%	✓	▲	93.1%	31-Dec-24	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Mar-25	Reduction	77	50	120	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-25	90%	99.1%	96.8%	92.8%	✓	▲	90.6%	31-Dec-24	
SUBSTANCE USE													
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Dec-24	90%	98.1%	99.5%	59.7%	✓	▲	95.5%	31-Dec-24	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	31-Dec-24	90%	100.0%	93.5%	100.0%	✓	◄►	92.1%	31-Dec-24	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	28-Feb-25	100%	46.6%	66.5%	60.7%	✓	▼	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	28-Feb-25	100%	52.9%	66.0%	78.6%	✓	▼	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	28-Feb-25	100%	4.6%	13.3%	8.3%	✓	▼	-	-	
BETTER WORKFORCE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON	SCOTLAND POSITION	SCOTLAND DATE	
WF3	SG	Monthly	Overall Absence	28-Feb-25	4.0%	7.32%	8.67%	7.03%	✓	▼	6.76%	28-Feb-25	From 1st April 2024 all coronavirus absences are included within the sickness absence totals. Hours lost due to sickness absence / total hours available (%). Short Term Absence - a period of sickness absence of 28 days or less Long Term Absence - a period of sickness absence lasting over 28 days Absence Management is a standing item on the Staff Governance Committee agenda.
WF4	FV	Monthly	Short Term Absence	28-Feb-25	-	2.48%	3.48%	2.58%	-	▲	-	-	
WF5	FV	Monthly	Long Term Absence	28-Feb-25	-	4.84%	5.19%	4.45%	-	▼	-	-	
WF6	FV	Rolling 12 mth	Overall Absence	28-Feb-25	-	7.72%	7.70%	7.04%	-	▼	6.47%	28-Feb-25	

BETTER VALUE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON)	SCOTLAND POSITION	SCOTLAND DATE
DELAYED DISCHARGES												
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Mar-25	Reduction	74	78	90	✓	▲	-	-
			Falkirk	31-Mar-25	Reduction	54	51	55	✓	▲	-	-
			Clackmannanshire	31-Mar-25	Reduction	7	9	16	✓	▲	-	-
			Stirling	31-Mar-25	Reduction	8	13	15	✓	▲	-	-
			Outwith Forth Valley	31-Mar-25	Reduction	5	5	4	✓	▼	-	-
VA2	FV		Code 9 & Guardianship Delays	31-Mar-25	Reduction	45	44	54	✓	▲	-	-
			Falkirk	31-Mar-25	Reduction	20	22	26	✓	▲	-	-
			Clackmannanshire	31-Mar-25	Reduction	12	11	7	✓	▼	-	-
			Stirling	31-Mar-25	Reduction	9	6	17	✓	▲	-	-
			Outwith Forth Valley	31-Mar-25	Reduction	4	5	4	✓	◀▶	-	-
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Mar-25	Reduction	2,858	2,436	3,411	✓	▲	-	-
			Falkirk	31-Mar-25	Reduction	2,228	1,724	2,576	✓	▲	-	-
			Clackmannanshire	31-Mar-25	Reduction	130	188	291	✓	▲	-	-
			Stirling	31-Mar-25	Reduction	155	292	430	✓	▲	-	-
			Outwith Forth Valley	31-Mar-25	Reduction	345	232	114	✓	▼	-	-
VA4	FV	Daily	Number waiting for a Community Bed	31-Mar-25	Reduction	29	43	66	-	▲	-	-
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Mar-25	Reduction	7.61	7.11	6.67	-	▼		
This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients												
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Mar-25	Reduction	1,783	1,531	1,661	-	▼	-	-
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-Mar-25	Reduction	794	796	822	-	▲	-	-
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Mar-25	Reduction	114.7%	113.7%	113.5%	-	▼	-	-
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Mar-25	Reduction	108.4%	107.2%	111.0%	-	▲	-	-
E5	FV	Monthly	% Bed Occupancy - ICU	31-Mar-25	Reduction	96.6%	103.2%	70.3%	-	▼	-	-
EQUITABLE												
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	74.4%	-	▲	75.9%	2020/23
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	-	▼	68.7%	2021/22
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2022/23	60%	66.2%	66.6%	66.6%	-	▼	65.7%	2022/23
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2023/24	75%	77.2%	17.2%	17.2%	-	▲	85.0%	2023/24
		Annually	Surveillance AAA scan (quarterly)	2023/24	90%	100.0%	84.4%	84.4%	-	▲	94.3%	2023/24
		Annually	Surveillance AAA scan (annually)	2023/24	90%	91.8%	84.4%	84.4%	-	▲	94.4%	2023/24
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	30-Sep-24	87	51	52	68	-	▼	-	-
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	30-Sep-24	100%	58.8%	59.8%	78.2%	-	▼	71.5%	30-Sep-24
FINANCE												
F1	SG	FYTD	Year to date revenue position	28-Feb-25	Breakeven	-£2.510m	-£5.005m	-£2.6m	-	▼	-	-

Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target
	▼ - Deterioration in period or below target
	◄► - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	

3. Performance Exceptions Report

3.1 Unscheduled Care

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

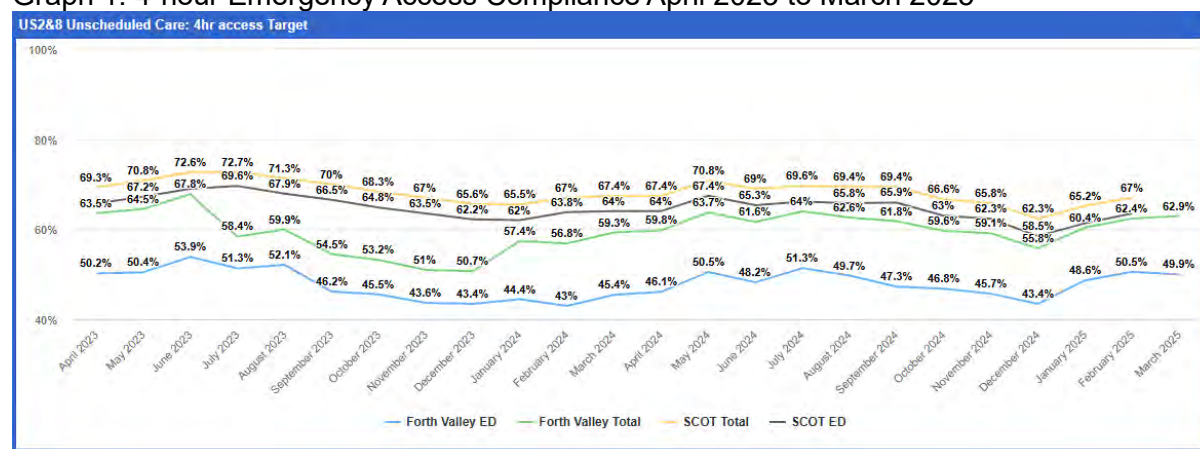
Current Performance

- March 2025 ED Compliance 62.9% - Forth Valley Total.
- March 2025 ED Compliance 49.9% - ED Only.

Scotland Performance

- February 2025 ED Compliance 67.0% - Scotland Total.
- February 2025 ED Compliance 63.5% - Scotland ED Only.

Graph 1: 4-hour Emergency Access Compliance April 2023 to March 2025



Overall compliance with the 4-hour emergency access standard (EAS) in March 2025 was 62.9%; Minor Injuries Unit 99.7%, Emergency Department 49.9%. A total of 2,708 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,210 waits longer than eight hours, 560 waits longer than 12 hours and 40 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,604 patients, noting this was 1,719 in March 2024. Wait for a bed accounted for 617 patients waiting beyond 4 hours with Clinical reasons accounting for 155 breaches.

Work continues to support delivery of actions aligned to the various workstreams and projects underway system wide to support ongoing improvements in performance. In addition, NHS Forth Valley has joined the Discharge without Delay Collaborative which will influence the structure of how we align the ongoing actions in, and reporting through, one consolidated Urgent and Unscheduled Care/Delayed Discharge plan.

The Discharge without Delay programme underpins the work already underway in Forth Valley and focusses on four integrated delivery workstreams.

- Planned Date of Discharge and Integrated Discharge Hubs
- Discharge to assess / Home First
- Frailty at the Front Door
- Community Hospital and Step-Down Rehabilitation Units

The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. This in turn will reduce patient length of stay and support a reduction in the financial burden.

In March 2025 there were 494 new attendances to Rapid Assessment and Care Unit (RACU), 129 of which were via ED. This is compared to 522 new attendances in March 2024, 149 of which presented via ED. There were 128 scheduled returns in March 2025 compared with 142 in March 2024. 564 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 10.52% of all ED attendances in March.

NHS Forth Valley is working to improve the delivery of Out of Hours services supported by a comprehensive action plan.

3.2 Delayed Discharge

- Number of patients waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.
- Number of Bed Days Occupied by delayed discharges.
- Number of Guardianship, Code 9 and Code 100.

Current Performance

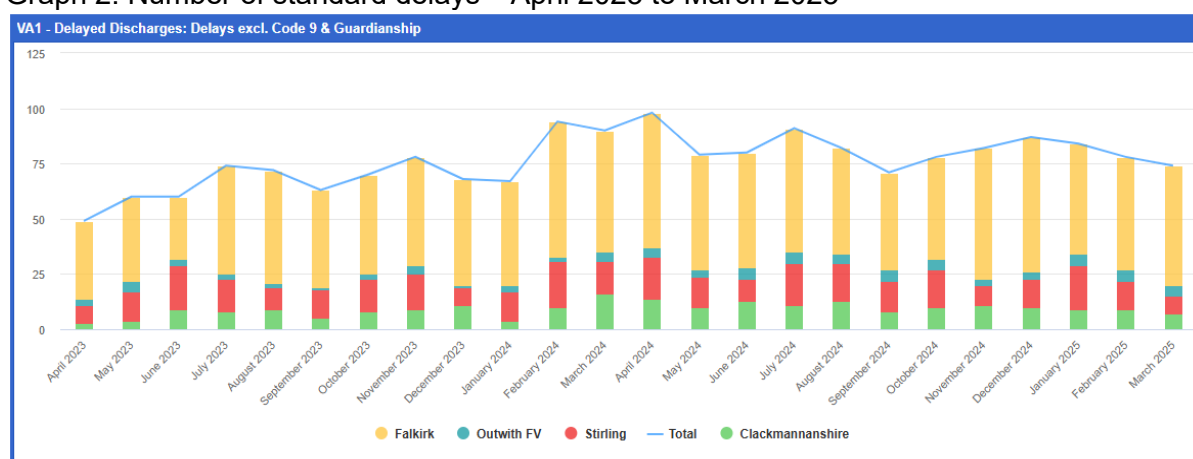
At the March 2025 census:

- 53 patients were delayed in their discharge for more than 14 days.
- 21 patients delayed less than 14 days.
- 30 guardianship delays.
- 15 code 9 delays.
- 119 delays in total.
- 2 code 100 delays.
- 2,858 bed days were lost due to delays in discharge.

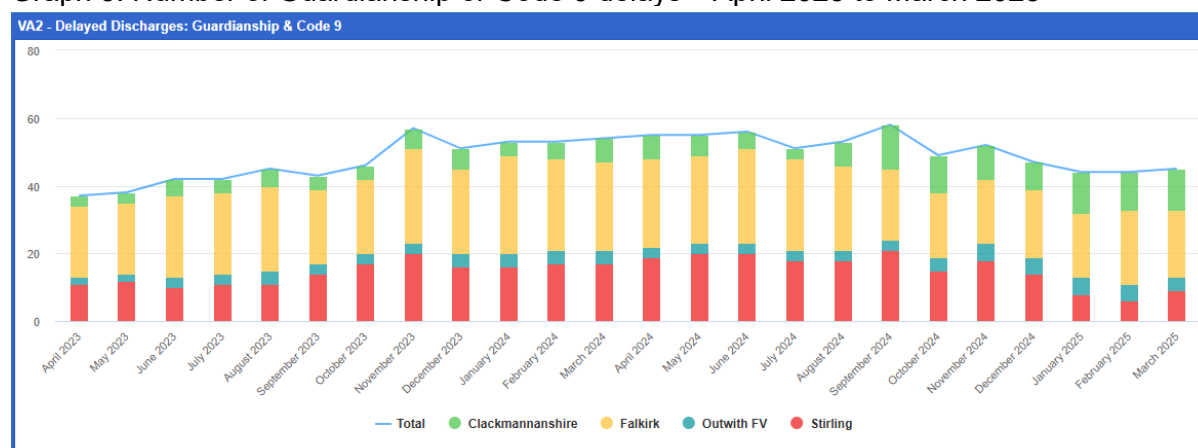
Scotland Performance

- There is no direct Scotland comparison.

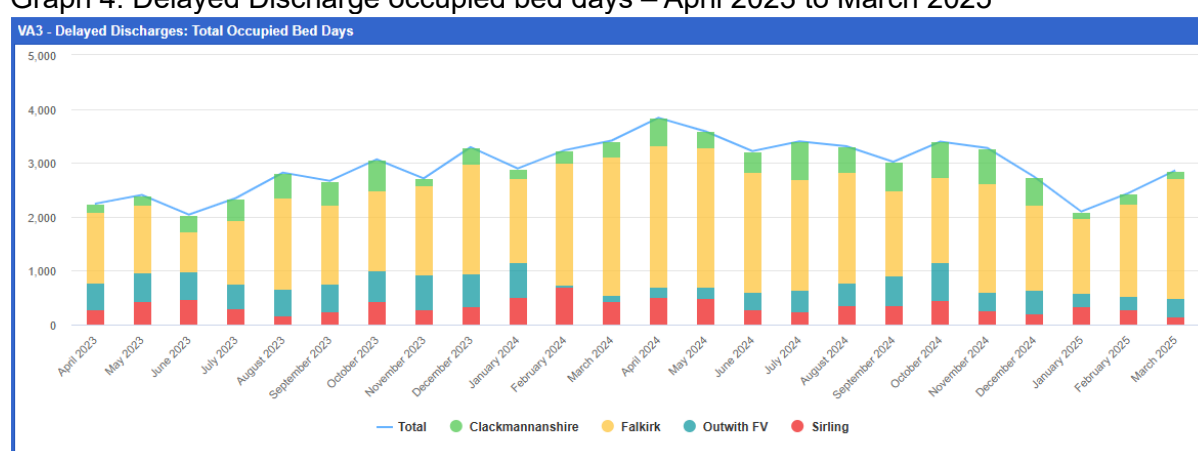
Graph 2: Number of standard delays – April 2023 to March 2025



Graph 3: Number of Guardianship or Code 9 delays – April 2023 to March 2025



Graph 4: Delayed Discharge occupied bed days – April 2023 to March 2025



The March 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 74 delays; this is compared to 90 in March 2024. There was a total of 45 code 9 and guardianship delays and 1 infection codes, with the total number of delayed discharges noted as 119.

In addition, there were 2 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the March 2025 census was 2,858, this is a reduction from 3,411 in March 2024. Local authority breakdown is noted as Clackmannanshire 130, Falkirk 2,228, and Stirling 155. There were a further 345 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Delayed Discharges have become a particular focus of attention at Scottish Government and COSLA due to the unprecedented levels for Scotland as a whole. Weekly meetings have been put in place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with expected attendance by all 31 Chief Officers or their substitute.

The issue of delayed discharges is receiving considerable daily focus and attention by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site. There is a continued focus on refining processes across our whole system discharge and flow activity. This includes process improvements around assessment and for adults with incapacity.

Colleagues are visiting other board areas to learn from what is working well elsewhere and developing tests of change locally.

Scheduled Care

3.3 Outpatients

The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target.

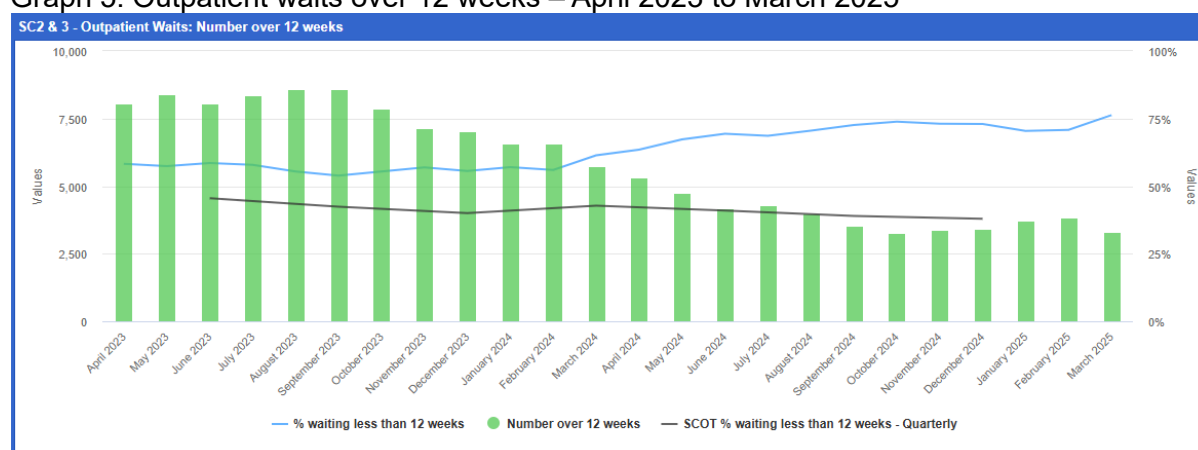
Current Performance

- March 2025 10,697 patients waiting within 12 weeks for new outpatient appointment – 73.6% compliance.
- In quarter 3, 73.0% of new outpatients were waiting less than 12 weeks.

Scotland Performance

- In quarter 2, 38.0% of new outpatients were waiting less than 12 weeks.

Graph 5: Outpatient waits over 12 weeks – April 2023 to March 2025



NHS Forth Valley concurrently treat patients that require urgent clinical care as well as those waiting for long periods, in line with associated Scottish Government guidance and targets.

At the end of March 2025, the number of patients on the waiting list for a first outpatient appointment was 14,019 (13,813 excluding mutual aid) compared with 14,834 in March 2024 with the number waiting beyond 12 weeks 3,322 (3,210 excluding mutual aid) compared to 5,725 in January 2024. Note 76.3% (76.8% excluding mutual aid) of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 61.4% the same period the previous year. Activity against the annual delivery plan highlights we have completed 109% of the predicted activity for 2024/25.

3.4 Inpatients

Treatment Time Guarantee (TTG) - Eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat – 100% Target.

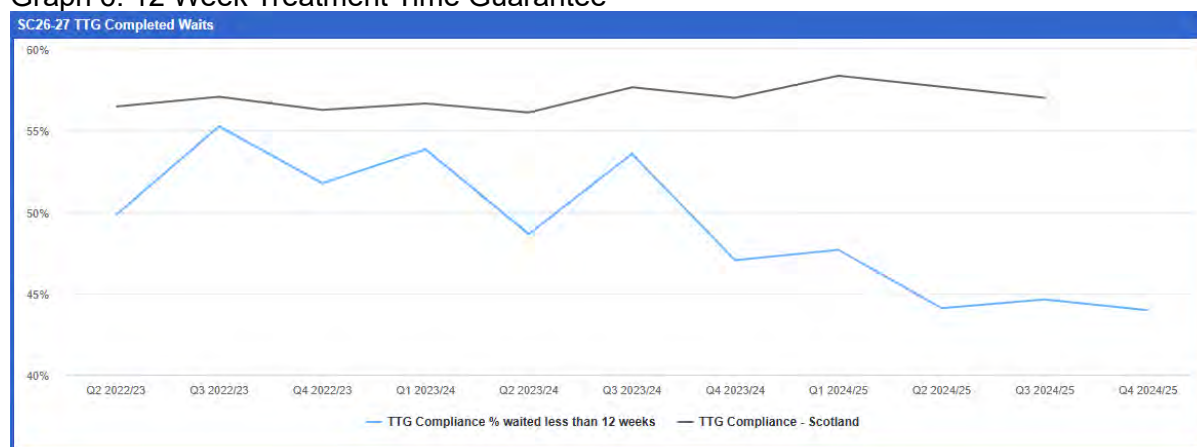
Current Performance

- Inpatient/Daycase treatment time guarantee Quarter 4 – 44.3%
- March 2025 – 6,747 patients waiting on an inpatient/daycase treatment – 38.1% waiting under 12 weeks.
- In quarter 2, 32.4% of inpatients and daycases had an ongoing wait under 12 weeks.

Scotland Performance

- Inpatient/Daycase treatment time guarantee Quarter 3 – 57.0%.
- In quarter 3, 32.4% of inpatients and daycases had an ongoing wait under 12 weeks.

Graph 6: 12 Week Treatment Time Guarantee



Graph 7: Inpatients/Daycase waits over 12 weeks – April 2023 to March 2025



In March 2025, the number of inpatients/daycases waiting reduced to 6,747 (6,642 excluding mutual aid and NTC) from 6,812 (however increased from 6,615 excluding mutual aid and NTC) the previous month and increased from 5,275 in March 2024. An increase from the previous year in those waiting beyond 12 weeks from 2,899 to 4,177 was also noted. Activity against the annual delivery plan highlights we have completed 100% of the predicted activity for 2024/25.

3.5 Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in March 2025 was 0.6% of the total waiting list.
- Inpatient/daycase unavailability in March 2025 was 3.5% a reduction from 6.2% in March 2024. The unavailability rate is less than 5% for all specialties. The highest in terms of numbers is Orthopaedics with 100 patients unavailable (4.4%). This position is monitored on an ongoing basis.

3.6 Did Not Attend (DNA)

The new outpatient DNA rate across acute services in March 2025 is noted as 4.6% which is an improvement from the position in March 2024 of 5.8%. Variation across specialties

continues with rates ranging from 33.3% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 6.2% (73 patients) and Orthopaedics 3.4% (34 patients).

The return outpatient DNA rate across acute services in January 2025 was 5.6%. There continues to be a high number of DNAs in Ophthalmology with 254 patients (4.4%), Diabetes 229 patients (16.7%), Dermatology 97 patients (4.5%), Orthopaedics 97 patients (4.2%) and Orthodontics 97 patients (6.0%).

A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. Application of the Access Policy is actively endorsed and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process to cancel or change an appointment with the relevant contact information.

3.7 Diagnostics

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

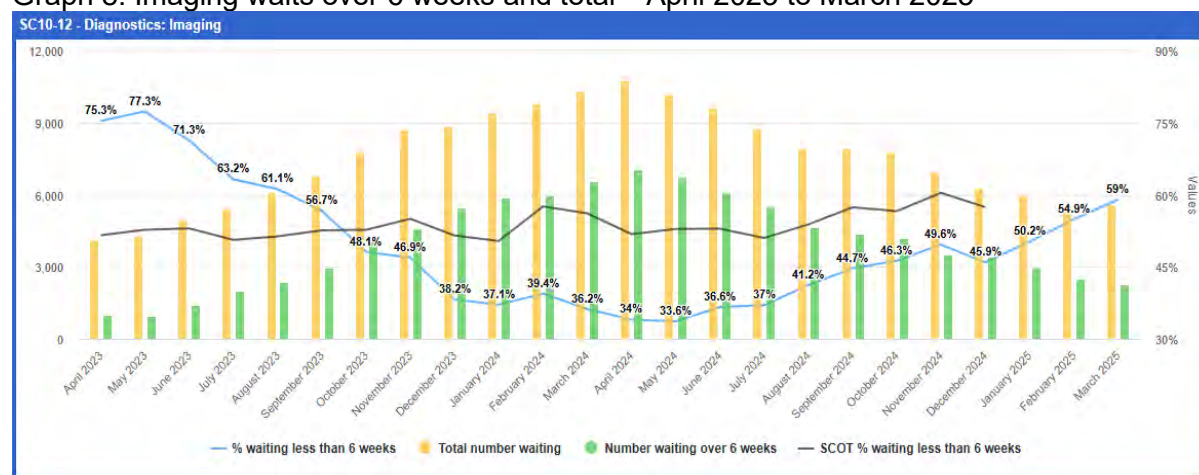
Current Performance

- March 2025 - Imaging – 2,299 patients waiting beyond 6 weeks; 59.0% were waiting less than 6 weeks.
- March 2025 - Endoscopy - 105 patients waiting beyond 6 weeks; 85.7% were waiting less than 6 weeks.

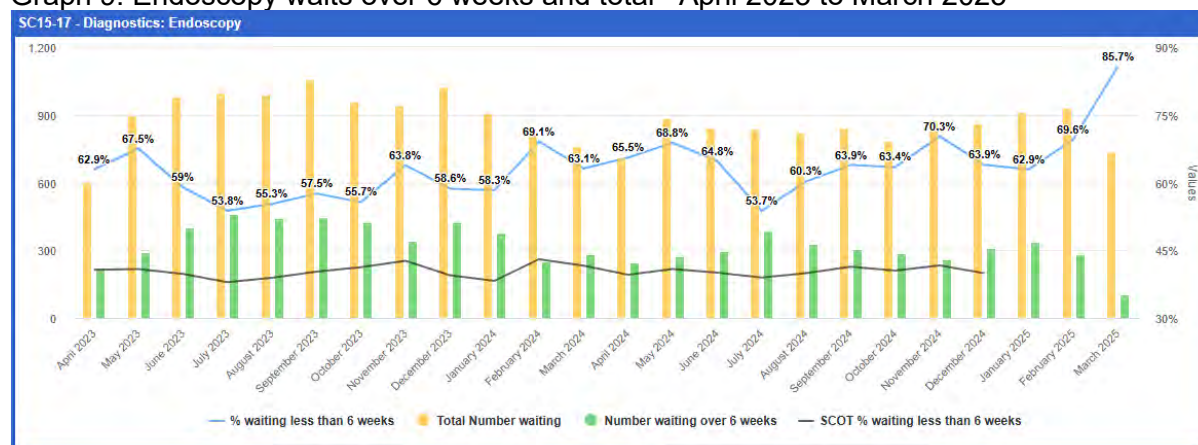
Scotland Performance

- Imaging – 57.4% of patients were waiting less than 6 weeks in December 2024.
- Endoscopy – 39.9% of patients were waiting less than 6 weeks in December 2024.

Graph 8: Imaging waits over 6 weeks and total – April 2023 to March 2025



Graph 9: Endoscopy waits over 6 weeks and total - April 2023 to March 2025



3.7.1 Imaging

At the end of March 2025, 2,299 patients were waiting beyond the 6-week standard for imaging, a reduction from 6,580 in March 2024. 59.0% of patients were waiting less than the standard noting sustained improvement since April 2024. Activity against the annual delivery plan highlights we have completed 126% of the predicted activity for 2024/25.

Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in March 2025 was 5,603; compared with 10,314 in March 2024 with a continuing reduction been seen since April 2024. Note that scan requests for urgent suspicion of cancer are prioritised.

Due to further investment from Scottish Government over the past fiscal year, Ultrasound and MRI have benefitted from additional non-recurring investment. This has supported a reduction in the ultrasound waiting list. All patients are now scanned within 12-weeks, in comparison to 39-52 week waits 12-months ago. MRI patient waits have also reduced due to additional investment in a short-term agency Radiographer. Agreement of waiting times allocations from Centre for Sustainability Delivery (CfSD) has also ensured NHS Forth Valley has an additional 5000 MRI appointments at GJNG in 2025/26. This equals the entirety of current waits and will support local internal scanning to bring the waiting times back below 6-weeks from referral to report (RTR).

A more positive than the in previous 2-years is anticipated with an achievable 6-week RTR for 95% of all NHS Forth Valley Diagnostic Imaging patients covered by the waiting times standards.

3.7.2 Endoscopy

At the end of March 2025, 105 patients were waiting beyond 6 weeks for endoscopy compared to 281 in March 2024. 85.7% of patients waiting less than the 6-week standard. Activity against the annual delivery plan highlights we have completed 129% of the predicted activity for 2024/25. Despite this level of activity, the total number of patients waiting for endoscopy is 733 patients in March 2025 compared to 762 in March 2024.

The Endoscopy team continues to work closely with the Quality Improvement Team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible.

3.8 Cancer

The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

Current Performance

- In February 2025, 72.0% of patients were seen within the 62-day standard.
- In the quarter ending December 2024, 79.2% of patients were seen within the 62-day standard.

Scotland performance

- In the quarter ending December 2024, 72.0% of patients were seen within the 62-day standard.

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

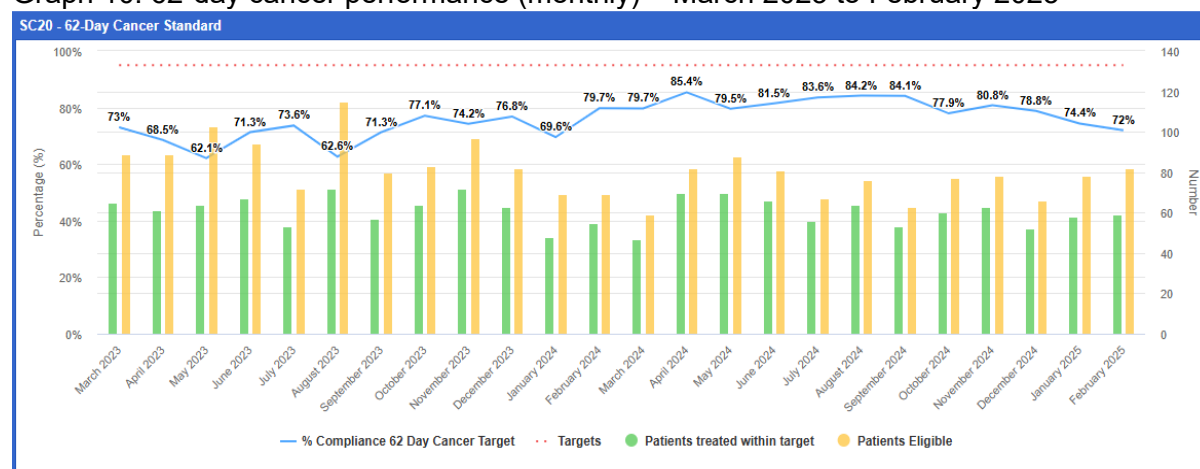
Current Performance

- In February 2025, 100% of patients were seen within the 31-day standard.
- In the quarter ending December 2024, 97.9% of patients were seen within the 31-day standard.

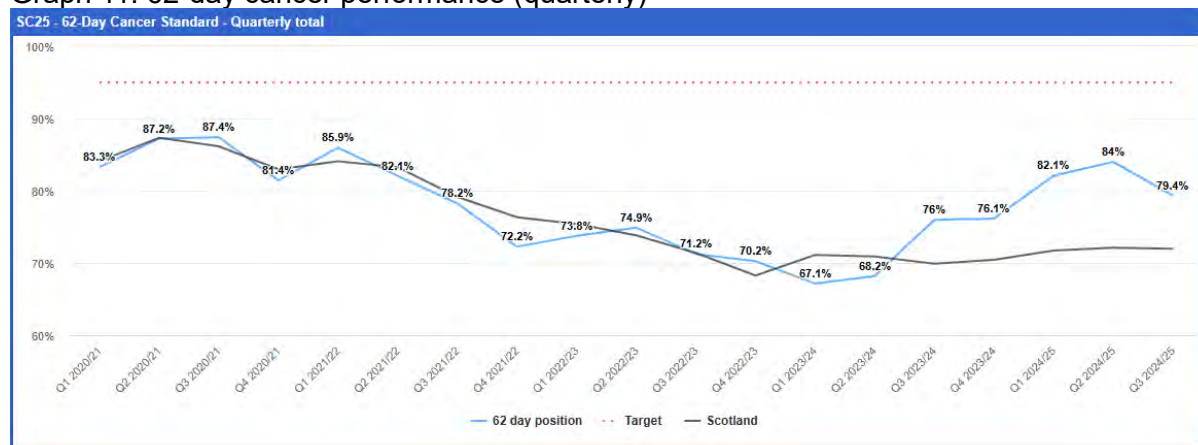
Scotland Performance

- In the quarter ending December 2024, 94.4% of patients were seen within the 31-day standard.

Graph 10: 62-day cancer performance (monthly) – March 2023 to February 2025



Graph 11: 62-day cancer performance (quarterly)



Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 1050 of which 12% are confirmed cancer patients.

Two of the 10 cancer pathways achieved 100% with colorectal 90.9% (10/11), lung 81.8% (9/11), lymphoma 66.7% (2/3), melanoma 66.7% (4/6), head & neck 60% (3/5), upper GI 60.0% (9/15), urology 42.9% (6/14) and ovarian 0% (0/1). The highest number of breaches are within the urology pathway with 8 out of 14 patients not meeting the standard.

3.9 Psychological Therapies

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

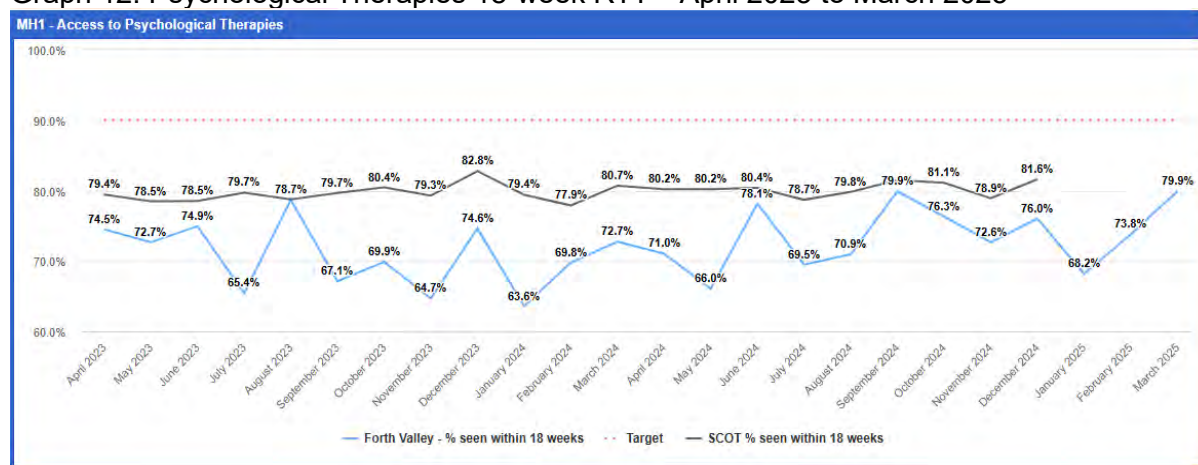
Current Performance

- In March 2025, draft numbers indicate 79.9% of patients were treated within 18 weeks.
- In quarter 4, draft numbers indicate 73.8% of patients were treated within 18 weeks.

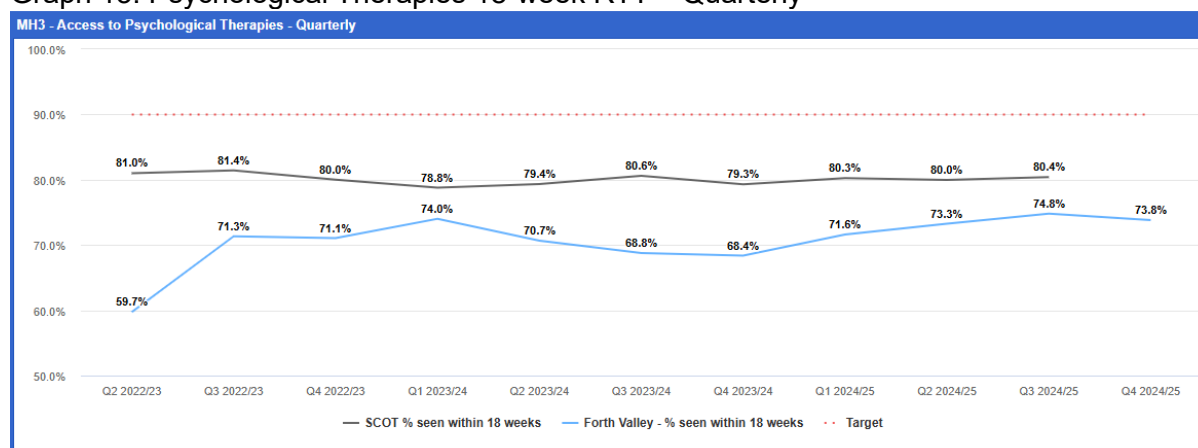
Scotland Performance

- In December 2024, 81.6% of patients were treated within 18 weeks.
- In quarter 3 Compliance, 80.4% of patients were treated within 18 weeks.

Graph 12: Psychological Therapies 18-week RTT – April 2023 to March 2025



Graph 13: Psychological Therapies 18-week RTT – Quarterly



In March 2025, draft data indicates that 79.9% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 73.8% and from 73.5% in March 2024. Variance in the RTT can be explained by seasonal trends; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and, group therapy starting for some cohorts of patients who had been waiting a long time.

The number of people awaiting assessment has generally been increasing since quarter 1 of 2023/2024 with 1087 people awaiting assessment in March 2025. This is largely explained by the increase in referrals to the service over the same time period, with these now impacting the numbers waiting over 18 weeks for assessment. While there is a genuine trend towards increasing numbers of people waiting, the March 2025 data is inflated because it includes people who may not opt-in or will fail to respond to contact from department letters and will be discharged over the coming weeks.

3.10 Workforce

To reduce sickness absence to 4%

Current Performance

- 7.32% absence rate in February 2025

Scotland Performance

- 6.98% absence rate in January 2025

Graph 14: Sickness Absence – March 2023 to February 2025



The sickness absence target is 4.0%. Absence remains above the target at 7.32% in March 2025 noting an increase from 7.03% in March 2024. The 12-month rolling average February 2024 to January 2025 is noted as, NHS Forth Valley 7.70%; Scotland 6.49%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. This issue is being addressed through Directorate reviews with the expectation that targeted trajectories will be agreed for 2025/2026.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health and Staff Wellbeing. An Attendance Management Plan has been developed in partnership with staff side colleagues and an audit of the implementation of the NHS Once for Scotland Attendance Policy had been undertaken to review adherence and to understand any barriers.

A range of Occupational Health clinical services are providing staff with pathways to counselling, psychology, physiotherapy, management and self-referrals to align with Once for Scotland Policies. Awareness sessions, aimed at improving managers ability to make more accurate referrals to OH clinical pathways are delivered regularly to educate managers through a Management Referral training package. A proactive Occupational Health consultation advice line is established and increases a person-centred approach to enable individuals with access the right care at the right time.

With research evidence highlighting the link between the health and wellbeing of the workforce, and the ability to deliver high-quality patient care, work to support employee wellbeing continues supported by the Staff Support and Wellbeing Programme Group.

Issues in relation to sickness absence and workforce continue to be examined and discussed at the bi-monthly Staff Governance Committee.

4. **Implications**

Financial Implications

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- **SRR.005: Financial Breakeven**

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.

Workforce Implications

Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital

There are no specific infrastructure implications in respect of this paper.

Sustainability Implications

There are no specific sustainability implications in respect of this paper.

Sustainability Declaration

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

- ☐ Yes
- ☒ N/A

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

Quality / Patient Care Implications

There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications

There are no specific information governance implications in respect of this paper.

Relevance to Strategic Priorities

The NHS Board is accountable for the scrutiny and performance of NHS Forth Valley as a whole and to ensure that best value principles are adhered to in delivery and commissioning of services.

Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

NHS FORTH VALLEY BOARD

Tuesday 27 May 2025

14. Shifting the Balance of Care

For: Assurance

Executive Sponsor: Gail Woodcock, Chief Officer Falkirk IJB & Director of HSCP

Author: Caroline Doherty Head of Community Services / Marie Keirs, Chief Finance Officer

Executive Summary

Discussions at executive level across the Health and Social Care Partnership, NHS Forth Valley and Falkirk Council have resulted in the development of a proposal to “shift the balance of care” from acute to community-based resources to facilitate addressing some of the current challenges being faced in relation to:

- Increasing demand
- Challenges in delayed discharge performance and long lengths of stay
- Empowering & enabling integration, innovation, and transformation
- Whole system financial challenges
- The need to create capacity within the acute hospital for planned care

A Test of Change proposal to be implemented during 2025/26 was approved by the NHS Executive Team on 28 April 2025. The approved proposal is set out in this paper and will commence implementation during June 2025. The project will support an additional 32 people in the acute hospital to be in a more appropriate place for their care needs.

The proposal to “shift the balance of care” seeks to achieve benefits in the following areas:

- Reprovision of ward A11 (or another ward in the acute hospital) to release capacity and support the creation of additional capacity for planned care to be carried out and/ or additional hospital beds during peak periods.
- Recurring reduction of people delayed in their discharge by 32.
- Enable the development of community pathways to provide health and social care closer to home, reduce pressure on hospitals, motivate the workforce and leaders, and improve system efficiency.
- Enable whole system health and care costs to be minimised and utilised in the right place across the system to support good outcomes for people.
- People who do not require acute care will return home or to a homely environment quicker, supporting our collective ambition of provision of the right care, at the right time and in the right place, and reducing the number of people experiencing harms as a result of longer hospital stays.
- Stimulate development of further proposals to shift health care closer to where people are.

The proposal aligns with the Integration Joint Board's Strategic Plan, NHS Forth Valley's draft Health and Care Strategy and the national reform agenda, aiming to improve patient flow and ensure people gets the right care at the right time and place.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** and **endorse** the test of change over 2025/26 financial year
- **note** that evaluation of the test of change will support a longer-term proposal to be brought forward by November 2025 as part of the 2026/27 budget setting process, incorporating data gathered to date to inform the longer term commitments and resource requirements.

Key Issues to be Considered

Proposal –Discharge to assess approach and additional community resource for 32 people

Background

This paper describes a test of change which will see the discharge of at least an additional 32 people, maintained on a recurring basis, from across the hospital sites, from June 2025 through to the end of March 2026. This test of change will be supported through the transfer funding of £2.027m from NHS Forth Valley to Falkirk Health and Social Care Partnership to cover the test of change period. The objective of this is to free up one full 32 bedded ward: either Ward A11 (or an equivalent ward) to free up capacity for planned care and can quickly be repurposed to support increases in demand. The project also aims to reduce whole system costs as a result of supporting more people to be in a more appropriate place for their care needs.

The resource has been allocated non–recurringly initially for 2025/26. If the test of change is successful, resource would be required on a recurring basis to ensure ongoing delivery of the additional capacity in the community. The test of change period will include ongoing evaluation which will be used to inform the development of a business case to embed as business as usual.

It is anticipated that costs will reduce over time for the community care elements as the additional placements are accommodated and absorbed into business as usual services. These reductions will be captured as part of the longer term business case, using data gathered during the test of change period.

Current Position

Total Falkirk delayed discharges across the last 52 weeks have been on average 76 delays from the weekly Thursday census point. There was a peak of 92 delays of 8 May 2025 and a low of 59 in October 24.

Falkirk standard delayed discharges across the last 52 weeks have averaged 55 delays. There was a peak of 73 standard delays of 8 May 2025 and a low of 40 in October 2024.

Opportunities to support more people to go home or to a homely location are currently limited for a number of reasons including financial grip and control measures which have been required as a result of Falkirk's challenging financial position. As a result of this Falkirk HSCP could only provide support for an additional 32 people currently delayed in hospital to go home or to a homely environment if additional funding were available. Ongoing funding would be required to maintain an additional capacity of 32 packages of care in the community. The cost of providing an additional 32 suitable community supports during 2025/26 would be approximately £2.027m including initial set up and implementation costs.

The current cost of operating Ward A11 is approximately £2.269m, this increases by £0.292m to £2,561m once medical input to the ward is included. Ward A11 is categorised as a contingency ward, however it has been occupied for a number of years as a result of ongoing whole system pressures. The ward budget is £2.094m and this was overspent by £0.467m in

2024/25 (including medical cover). The longer term aim of the proposal is that this budget would be released through the ward closure with a proportion of this transferred to Falkirk HSCP to fund the 32 community packages of care referred to above. Overall, the recurring financial impact is anticipated to be cost neutral due to other financial improvement projects ongoing, and this would represent a significant shift in the balance of care. This would be evaluated during the test of change and inform any future business case on a recurring basis.

Note that a separate invest to save proposal designed to reduce medical locum costs has already factored in the £0.292m saving on medical cover for ward A11. For the purposes of this paper the full costs of the ward are included for illustrative purposes.

Evaluation of Anticipated Benefits

A number of benefits are anticipated as a result of this test of change. These include:

- Reductions of whole system costs – noting that some of the reductions may be aligned to other financial savings projects. Also noting that over the longer term whole system costs should further reduce as fewer people are in a less appropriate place for their care needs.
- Reduction in number of people delayed in their discharge: To meet the objective the Partnership would see a move to having an average of 32 fewer delays recorded on Edison than in the previous full year.
- Reductions in percentage of people going directly from the acute hospital to long term care (currently there is a much higher percentage of people going direct from acute to long term care rather than returning home)
- Reductions in length of stay within our hospitals, and the resultant harms due linked to length of stay.

Implementation

It is planned to rapidly discharge 32 delayed patients above usual discharge profile in the month of June in order to allow the utilisation of a 32 bedded acute ward for NTC usage/ another purpose from 1 July 2025. June was identified as usually system pressures are reduced during this month as demand decreases and therefore there is a good potential for whole system buy in and delivery of a rapid shift of support into the community.

It will be necessary to reduce the hospital occupancy rapidly (over 2 – 3 weeks) in order to support the freeing up of a full 32 bedded ward. It is considered that reducing occupancy over a longer period would likely result in beds becoming reoccupied. The rapid reduction would need to be supported across the system and would involve the movement of other patients in the acute hospital and work to free up capacity in a planned way in order to re provision the use of the ward.

To ensure the success of the test of change it is imperative that the approach is fully supported throughout wards by clinical staff. A whole system implementation team has been put in place jointly led by a Head of Service in the Partnership and a Head of Service within the acute hospital. Use of the established Standard Operating Procedure which was introduced last Summer to support the reduction of contingency beds will support this approach. Ensuring effective communications with all key stakeholders is a key deliverable for the project team, recognising that buy in across key stakeholders is critical to ensure full buy in and best chance to succeed.

Discussions have taken place with the Clackmannanshire and Stirling HSCP Chief Officer and Head of Service. They have confirmed that they are supportive for Falkirk to take a lead in this test of change, noting the higher level of Falkirk citizens who are delayed in their discharge, and they have also intimated an offer of support if required during the rapid initial delivery period.

Resource Transfer to Community

It is proposed that a test of change period during 2025/26 is adopted to allow the rapid discharge during June of 32 people from Forth Valley Royal Hospital and maintaining a discharge to assess approach over the remainder of the financial year. This will allow data to be gathered and monitored to inform a full business case to be brought forward as part of the 2026/27 budget setting process.

Appendix 1 sets out the indicative resource requirements for Falkirk HSCP Social Care budgets for 2025/26 to adopt this test of change period. This will be a non-recurring resource at this time until a full business case is brought forward to formalise the recurring nature of future plans.

Model of Care

The desired approach will be a Discharge to Assess model first, however it is recognised that in order to carry out the initial tranche of discharges rapidly, and in recognition of the assessments already undertaken, there may be some cases in the initial phase of the test of change where people are discharged straight to a long term or care at home package (where it is deemed necessary and appropriate in conjunction with the Homefirst team and appropriate assessments being in place).

An approximate lead in time of 6 weeks has been agreed to have staff and processes in place (including ensuring appropriate engagement and communications with key stakeholders) and to begin the rapid discharge process.

Officers involved in developing this proposal are confident that they could support an additional 32 patients to be discharged during June 2025 and this capacity sustained within the community if sufficient resource were transferred. However, it would require whole system support from acute services, partnership services and executive and clinical leadership. An escalation processes for any challenges to be quickly resolved would be required.

At least 6 weeks would be required to plan and implement with a view to discharges via this funding commencing 6 weeks after agreement of appropriate resource.

Costings are based on 20 people going into long term care who have already been assessed in a hospital environment while the Discharge to Assess approach supports other transfers to take place in advance of their assessment being completed. It is anticipated that the quantity of Discharge to Assess transfers will reduce over time after the initial rapid discharge of 32 people.

Discharge to Assess Model

Discharge to Assess (D2A) is a recognised model of care where people are supported at home while an assessment for their future care needs is undertaken, rather than remaining in hospital. The underpinning logic for a Discharge to Assess intervention is that you can get a better sense of someone's ongoing care needs during the assessment if they are in their own homes and back in their routine than if someone is in a hospital ward. The experience of assessments conducted in hospital is that they can often "overprescribe" the level of care is required, so while the D2A model is very resource intensive, it should lead to lower costs in the longer term, as well as reducing potential harms for people due to long hospital stays and improving outcomes for people.

The model supports the ethos of assessment in the right place at the right time and is in line with effective discharge management. The methodology can positively contribute to the following indicators of the National Health and Wellbeing Outcomes:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

Falkirk HSCP currently has approximately 60% of older adults going from hospital to care home as their final discharge destination. This is within a national context, where the average is approximately 40%. This test of change would measure this indicator and impact to establish if we can reduce this number, and support people to live at home longer.

The proposed model is based on a model that has been developed in the Dundee City Partnership, where there is evidence of positive impact from their growing discharge to assess model. For example, Dundee recognises that “the greater accuracy of community-based assessment has enabled more patients to remain in their own homes on a long-term basis and demonstrated a reduction in the need for care home placements. While this resulted in an increased requirement for social care services and supports, the net cost was less than the cost of a care home placement. For adults requiring a high level of support at the end of the assessment period an appropriate care placement was identified. Example patient journeys from Dundee (published by HIS) are attached at Appendix 2.

Learning from Dundee which is applicable to Falkirk notes that realignment is required within social care and rehabilitation services to support the increased demand in community settings. For Falkirk HSCP, this requires REACH and Home First to work closely with acute hospital colleagues to support this model which will improve patient outcomes

This model has been being tested in Falkirk and Forth Valley since January 2025 with various improvements being undertaken and supports being developed such as the newly approved Forth Valley wide “Moving On” Policy. The testing has highlighted the significant culture and practice change that is involved including:

- Robust Discharge planning and discussion from the time of admission
- Robust, recorded, and realistic Predicted Date of Discharge (PDD)
- Planning happening on or close to hospital admission, with the patient, family, and carers, involving Home First services/professionals.
- Service user, family/carer, and staff “buy in”
- Access to care and support over a 24-hour period
- Development and implementation of criteria
- Visits covering day and nighttime supports
- Staffing to accommodate care and support needs
- Access to equipment and Telecare to support outcomes and functional needs
- Staff who are competent and qualified in assessing care/functional needs and outcomes
- Clear processes and pathways around expected outcomes, flow within the service to support ongoing discharges and key performance indicators.
- Criteria and pathways to support patients in and out of the service

Implications

Financial Implications

Resource implications are set out in Appendix 1 for social care resource transfer requirements of up to £2.027m for 2025/26 financial year, with an indicative summary of the overall whole system financial impact shown below: -

Overall system costs and funding	Current costs	Proposed test of change period	
	2024/25	2025/26	
	£000s	£000s	
Social Care	0	2,027	
A11 pay	2,382	621	
A11 non pay	179	54	
	2,561	2,702	
Funded by			
IJB reserves	0	2,027	
A11 budget	2,094	2,094	
Total	2,094	4,121	
(Surplus)/deficit	467	-1,419	

The table shows that in 2024/25 financial year total costs of Ward A11 were £2.561m (including medical staffing) with a recurring budget of £2.094m, resulting in an overspend of £0.467m for the year.

The test of change column in the table above illustrates that reserves of £2.027m have been set aside for social care costs during 2025/26 following the decision by NHS Executive on 28 April 2025. The recurring budget will also remain during next financial year, giving overall available funding of £4.121m, and indicative costs of £2.702m assuming implementation is successful in the time period set out. This will result in an overall non-recurring efficiency of £1.419m for 2025/26.

If this test of change is successful, a future business case will be developed and presented as part of the 2026/27 budget setting process to set out the recurring funding implications, including cost and performance data gathered during the test of change period to evidence success of the approach and the recurring funds decision making required.

NHS Forth Valley Budget

In order to facilitate the transfer of funds to the community to support the discharge to assess model and rapid discharge of 32 patients, it is necessary to transfer funding to Falkirk IJB for use during 2025/26. A total of £2.027m has been transferred from NHS Forth Valley to Falkirk IJB reserves on a non-recurring basis to meet the costs of the project in 2025/26. Assuming the project evaluates successfully, recurring funding will require to transfer from 2026/27 onwards subject to approval of a business case.

The rapid discharges will allow patients to be moved within FVRH to free up one ward (assumed to be A11 for the purposes of this paper). This would require the current staff in A11 to be redeployed to vacant posts elsewhere in the system. There are currently 32.45WTE substantive nursing staff directly employed in ward A11 that would be subject to redeployment. There are also 15.72 WTE bank nursing staff supporting the ward (note that there would be no redeployment issues with the bank staff).

As funding has already been secured to meet the costs of the test of change, it is estimated that a non-recurring saving of £1.619m will be achieved in 2025/26 (this assumes that ward A11 changes use from 30 June 2025 and the ward budget will therefore not be required for the remaining 9 months of the financial year. It also reflects the part year effect of the cost of packages of care in the community, assuming a 1st July start date. Note that the recurring ward budget would require to transfer to Falkirk HSCP from 2026/27 as outlined above).

Workforce Implications

As part of the six-week lead in period, appropriate engagement is taking place with affected staff, trade union and staff side representatives. The test of change will involve staff being asked to volunteer to support the additional transfers and community demand. Any required formal HR processes such as organisational change will be implemented as required.

Infrastructure Implications including Digital

MECS alarms and Canary Care ¹Smart Home Monitoring for Independent Living digital system is being utilised through this test of change to provide support to adults who are alone for periods of time.

Sustainability Implications

There are no specific sustainability implications in respect of this paper.

Sustainability Declaration

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

☐ Yes

✓ N/A

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

Quality / Patient Care Implications

The proposals as set out in this paper should reduce patient harm implications which may arise as a result of patients staying in hospital longer than required for their care needs.

Information Governance Implications

There are no specific information governance implications in respect of this paper.

¹ [Canary Care](#)

Risk Assessment / Management

Risks will be identified, managed, and monitored throughout the project. Initial identified risks along with mitigations are listed in the table below:

Risks	Mitigation
Staffing: There will require to be appropriate engagement with affected staff within the hospital including use of the APF process as appropriate. There is a risk that these processes take longer than the lead in time for the project.	The funding available for the test of change is additional to the ward budget, therefore allowing for sufficient time to progress appropriate communications and undergo required processes, while not impacting on the transfer of patients to a more homely environment. Communications with the affected staff have commenced and will continue during the implementation period.
Staffing: Personal carers within the internal care at home service would be asked to volunteer to work within this test of change in order to upscale the existing arrangements – there is a risk that there are insufficient volunteers to deliver the test of change	Early engagement with team and lead in time. There would be potential to outsource some capacity via care and support at home framework if required to fill gaps/ shifts. A request for notes of interest from this team has been issued.
Staffing: MECS would be required to upscale their staffing levels. There is a risk that this may not be complete within the planning time available.	Early engagement with team and lead in time. Managers are confident that 6-7 weeks would be sufficient. If required there may be the potential to outsource some overnight care capacity.
Whole system buy in/ Communications: There is a risk of failure if appropriate buy in is not achieved. This includes a risk that key stakeholder may be risk adverse resulting in delays to transfers home.	Criteria and pathway for test of change will be shared within the integrated discharge services and those who refer to this. An appropriate communications and engagement plan will be developed and implemented during the six week lead in period and during the test of change, with key stakeholders including staff working across the system and Trade Union/ staff side members. Whole system support has been confirmed from Executive team and clinical and medical leadership. Ongoing leadership to support positive risk taking and shifting the tolerance of risk would need to be put in place.
Communications: There is a risk that family/carers may be reluctant or stressed around discharge plans from home.	Good planning and early conversations supported by clinical staff required to mitigate carer stress. Communication with all teams involved will be key and an appropriate communications and engagement plan is being developed with support from

Risks	Mitigation
	<p>Communications leads from NHS FV and Falkirk HSCP.</p> <p>Those being supported to transfer home are identified as no longer requiring acute hospital care. The recently approved moving on policy will help to mitigate this risk.</p>
<p>Model of Care: There is a risk of the Discharge to Assess or longer term care package breaking down.</p>	<p>Contingency resources will be made available to support crisis situation or care placement breakdown. The financial impacts of this will inform the evaluation and subsequent business planning processes. If the available financial resources for the test of change are exhausted, the test of change may need to conclude earlier than planned.</p>
<p>Model of Care: There is a risk that care homes may decline to accept people assessed as needing long term care: Data shows us that in 2022, 185 service users were declined by care homes approached and asked to support a placement, increasing to 271 in 2024. It is felt that there may be a reluctance with care home managers to accept more complex residents. They are looking to admit others out of area. Behaviours, complexities and Adult Support and Protection all appear to be factors that influence their decision to admit to their care home</p>	<p>There are more vacancies in local care homes at this time due to 2 for 1 grip and control approach which is continuing. This is changing the market demand and is anticipated to result in a reduction in placements being declined. Scrutiny of care home waits will be required to manage process.</p> <p>The risk will be further mitigated through ongoing communications and engagement with our care homes both directly and through our Scottish Care link officer.</p> <p>Care home managers will be informed of the approach in advance to identify those who would be more willing to accept complex residents, via Provider Forum meeting and Scottish Care link officer.</p> <p>Consideration of cohorting vacancies within care homes to support adults with more complex needs. Support to care homes for upskilling and training.</p>
<p>Model of Care: There is a risk that suitable care packages may not be available based on rotas and availability</p>	<p>This risk would be mitigated via securing capacity via care and support at home framework</p>
<p>Model of Care: There is a risk that if there is multiple market failure due to financial challenges such as eNICs there is insufficient capacity for care within the local community.</p>	<p>This risk will be mitigated through regular engagement and communication with providers as part of our business as usual. Currently there are a large number of providers in the Falkirk area, which reduces the likely impact of this risk, as there will be sufficient trained and skilled staff to deliver care who could be employed by different</p>

Risks	Mitigation
	organisations. In addition, currently there are higher than usual vacancies within our local care home sector (which could impact either positively or negatively on this risk). If this risk materialised, this may impact on the cost of the test of change which would be considered as part of the evaluation informing the development of the business case.
Systems Pressures and maintenance of balance of care shift: While this test of change is anticipated to have a neutral impact on acute hospital pressures, there are a number of other change projects ongoing in the hospital which might impact on how pressures are felt in the hospital which might be attributed to this project and could lead to a lack of buy in and/or a need to reopen the closed ward: Ward B12 has recently been redesignated to support the National Treatment Centre delivery, and Ward 8 returned to the Women's and Children's unit reducing the number of beds that have been used for urgent and unscheduled care by 24. In addition, there are currently an additional 5 patients in Ward A11, which is greater than the additional capacity in the community that this test of change will support.	<p>An appropriate communications and engagement plan will be developed and implemented during the six-week lead in period and during the test of change, with key stakeholders including staff working across the system and Trade Union/ staff side members. Communications to staff will highlight this test of change and other improvements ongoing in the acute hospital as appropriate to the audience.</p> <p>Key data will be gathered during the test of change to evidence the impact of the project including any potential unintended consequences. Key metrics considered will include number of people delayed in their discharge on the acute hospital site, number of people on a community hospital waiting list and length of stay.</p> <p>The Standard Operating Procedure initiated in 2024 to reduce unfunded contingency beds will be used to reduce occupancy and ensure that vacant beds are maintained as appropriate.</p>

Relevance to Strategic Priorities

This project aligns with strategic priorities around Homefirst and care closer to home.

Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- ☐ Paper is not relevant to Equality and Diversity
- ✓ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request.

An outline EPIA has been completed in relation to the Discharge to Assess test of change. During the test of change, data and information will be gathered to support the development of the full EPIA which will be contribute to the business case setting out future plans.

Communication, involvement, engagement, and consultation

The following people have been involved in the development of this proposal:

- Home First Colleagues
- Commissioning and Procurement colleagues
- Performance and Quality Assurance colleagues
- Acute colleagues
- Head of Community Services
- Care at home managers
- Housing with care/MECS manager
- Reach
- Chief Finance Officer
- Operations Manager – community hospital and internal care homes.
- NHS Forth Valley Executive Team
- Director of Nursing
- Clackmannanshire and Stirling Chief Officer and Heads of Service

Communication has been identified as a critical factor that will contribute to the success or not of this project and a whole system leadership approach to communications is being taken to help ensure wide understanding of the benefits of supporting more people to be in the most appropriate place for their care needs.

Additional Information

N/A

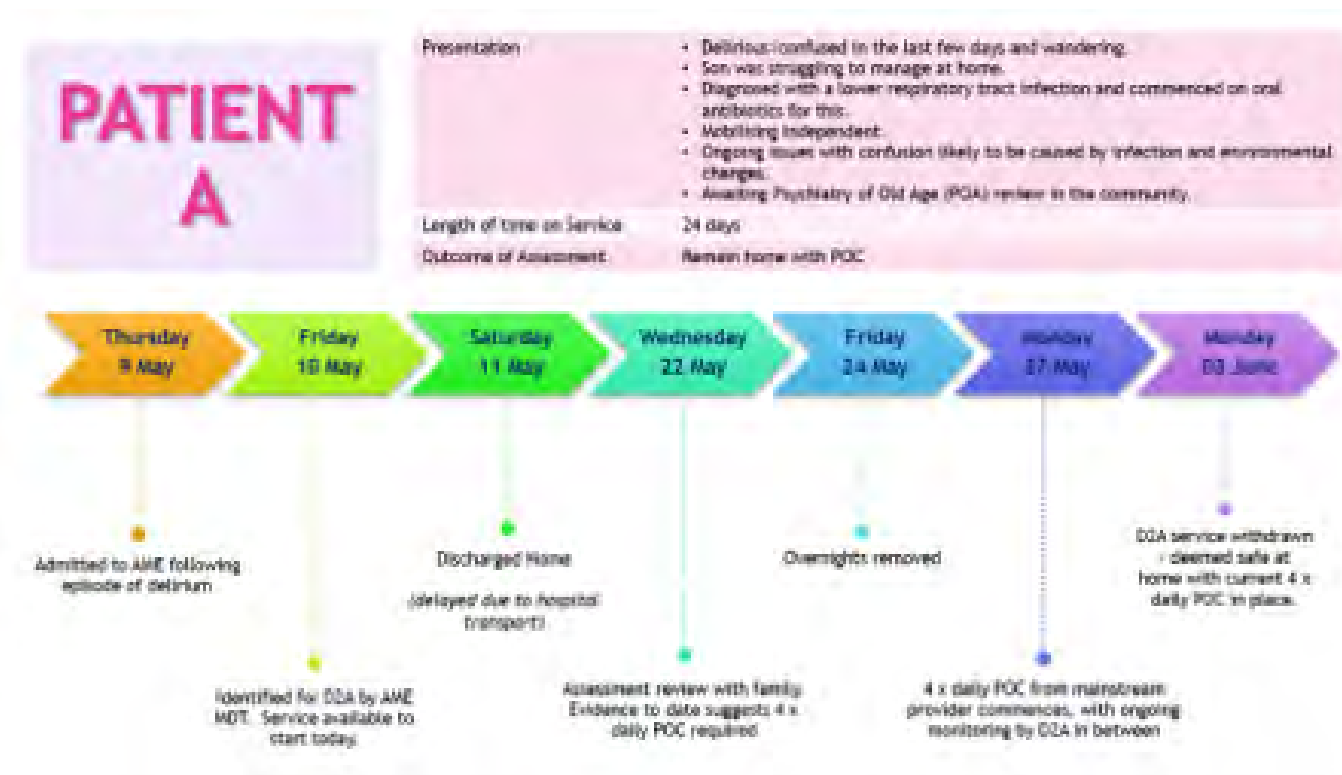
Appendices

Appendix 1: Test of Change Costs

Appendix 2: Example Patient Journeys from Discharge to Assess Service

Ref	Additional resource required	Band / Grade	WTE / No of placements	Annual Cost per Post / Placement	Test of change period 2025/26 (from June)	Further Details
				£	£	
	Upscaling existing discharge to assess test of change					
	<i>Increased AHP support via REACH</i>					
1	Occupational therapist	Band 6	1.00	67,170	55,975	
2	Physiotherapist	Band 6	1.00	67,170	55,975	
3	Therapy Asst Practitioner	Band 4	1.00	40,974	34,145	
4	Equipment			20,000	16,667	
5	Non pay costs			5,000	4,167	
6	Outsource CAH to free in house staff for discharge to assess		16.00	116,956	97,464	16 morning shifts (88 hours)
7	Outsource CAH to free in house staff for discharge to assess		16.00	132,905	109,754	16 backshifts (100 hours)
	<i>Additional MECS overnight cover</i>					
8	Co-ordinator	Grade G	2.00	47,014	77,357	Assume full staffing for initial 3 months period then reducing to half for maintenance of DTA
9	MECS responders	Grade E	32.00 reducing to 16.00	36,389	629,743	
10	Uniforms/mobile phone costs			500	417	
	Additional care home placements following DTA					
13	Additional long term care placements		20.00	36,498	607,300	Average cost £700 per week incl client contributions
14	Additional hours for 1 complex needs placement anticipated		1.00	111,640	92,033	1-1 support 12 hours per day @£25.49 per hour
	Additional packages of care following DTA					
15	Additional care at home packages ongoing		12.00	18,607	185,067	4 x 30min visits per day @ £25.49 per hour
	Increase assessor capacity					
16	Social Worker		1.00	58,940	49,117	
	Data gathering support				12,000	
					2,027,180	

Example Patient Journeys from Discharge to Assess Service (source HIS)



FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

15. Finance Report

For: Assurance

Executive Sponsor: Mr Ross McGuffie, Chief Executive

Author: Mr Scott Urquhart, Director of Finance/Mrs Jillian Thomson, Deputy Director of Finance

Executive Summary

This report provides a high-level summary of the financial results for the first month of the 2025/26 financial year.

Recommendations

The Forth Valley NHS Board is asked to:

- **note** delivery of 2024/25 financial targets subject to external audit review, with progress on track for completion of the 2024/25 Annual Accounts audit process within required timescales.
- **note** the level of financial risk and challenge for 2025/26, with an overspend of £2.2m reported for the first month of the financial year with action required during the first quarter to mitigate pressures and restore financial balance in line with the approved financial plan.
- **note** that an in-depth review of the overall financial position, including savings delivery, changes in key planning assumptions, key financial risks and initial forecast outturn projections for the year, will be undertaken following completion of the Quarter 1 financial results in July.

Risk Assessment / Management

Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the financial impact of ongoing operational service and capacity pressures.

Key Issues to be considered

2024/25 Draft Year End Outturn Position

The draft outturn position, subject to audit, confirms achievement of all 3 mandatory financial targets set by Scottish Government as summarised below:

- A surplus of £0.2m against the revenue resource limit of £953.9m.
- A break-even position against the capital resource limit of £12.8m
- A break-even position against the cash requirement with a closing bank balance of less than £0.050m.

The External Audit review of the 2024/25 annual accounts is currently underway and proceeding in line with planned timescales. The final audited accounts will be considered by the Audit and Risk Committee and presented for approval at NHS Board on 17th June 2025.

2025/26 Financial Position

Based on current financial planning assumptions, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2024/25, a funding gap before savings of £38.0m (4.9% of our recurring baseline budget) has been identified for 2025/26.

A range of cost improvement plans and efficiency initiatives have been developed to mitigate the £38.0m gap with an aim to achieve breakeven. Implementation of the overall savings plan is being overseen by the Financial Stewardship Group and regular progress updates will be provided to the Strategic Planning, Performance & Resources Committee and the NHS Board during the course of the year.

The Scottish Government has approved our financial plan for 2025/26 and have acknowledged the level of savings required. We will continue to work closely with Scottish Government colleagues as part of the forthcoming Service Renewal Framework and to support a shift in resources towards prevention and digital enablement as we work towards a more financially sustainable system.

A £2.2m revenue overspend is reported for the first month of the 2024/25 financial year. This is of concern at this early stage in the year and prompt corrective action is required to address this in the first quarter. Note that delivery of breakeven is a statutory requirement and every effort must be made to deliver financial targets in year.

Implications

Financial Implications

Financial implications are considered in the main body of the report.

Workforce Implications

There are no immediate workforce implications associated with this report. However it is recognised that Workforce accounts for a significant proportion of total operating expenditure and is therefore a key financial risk area.

Infrastructure Implications including Digital

There are no immediate infrastructure or digital implications associated with this report. However it is clear that digital opportunities are key element of the financial sustainability action plan.

Sustainability Implications

There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our cost improvement programme.

Sustainability Declaration

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

☐ Yes
☒ N/A

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

Quality / Patient Care Implications

It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy underpinned by the principles of Value Based Health and Care.

Information Governance Implications

There are no direct information governance implications arising from this report.

Relevance to Strategic Priorities

There is a statutory requirement for NHS Boards to operate within the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement set by the Scottish Government.

Equality Declaration

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

Further to an evaluation it is noted that this paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

This report was prepared in consultation with Senior Finance colleagues.

Additional Information

N/A

Appendices:

Appendix 1: Overview of month 1 financial results

APPENDIX 1 - OVERVIEW OF MONTH 1 FINANCIAL RESULTS

1.1 Revenue year to date results – month 1

An overspend of £2.2m is reported for the first month of the financial year as summarised in table 1 below:

TABLE 1: NHS Forth Valley 2025/26 Financial performance	Annual Budget	April - April Budget	April - April Expenditure	Underspend/ (Overspend)
£m	£m	£m	£m	£m
<u>Set Aside & Non-Delegated Functions*</u>				
Acute Services	244.656	20.026	22.980	(2.954)
Women & Children's	59.093	4.944	5.552	(0.608)
Cross Boundary Flow/External SLAs	69.756	5.800	5.910	(0.109)
Non-delegated Community Services	40.766	3.385	3.381	0.004
Facilities	114.106	9.665	9.874	(0.209)
Digital	25.884	2.141	2.055	0.086
Corporate Functions	41.909	3.270	3.316	(0.046)
Ringfenced and Contingency Budgets	62.286	1.500	0.000	1.500
Income	(33.654)	(2.738)	(2.876)	0.139
Sub total	624.803	47.995	50.191	(2.197)
<u>Delegated Functions</u>				
Operational Services	143.637	12.143	11.225	0.918
Universal Services	169.691	14.985	15.387	(0.401)
IJB reserves	15.690	(0.517)	0.000	(0.517)
Sub total	329.017	26.612	26.612	0.000
TOTAL	953.821	74.606	76.803	(2.197)

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £624.803m above is £81.993m. An overspend of 1.050m is reported against the Set Aside budget at month 1.

In arriving at this position, a number of outstanding revenue allocations have been anticipated and included in the month 1 budgets pending confirmation from the Scottish Government (eg assumed funding to partially offset (60%) the increase in employers National Insurance Contributions from 1st April 2025). Clearly, there is a degree of risk attached to all anticipated allocations until such time as they are formally agreed by the Scottish Government.

In the meantime, an overspend of £2.2m is reported against budget for the month of April. The vast majority of this reflects significant pressures in the Acute Services Directorate, particularly in relation to medical pay costs which are overspent by £1.1m and unregistered nurse pay costs which are overspent by £0.3m at this early stage in the year. Pressures are also reported against drugs costs (£0.7m overspent, mainly within oncology), unachieved historic savings targets from prior years (£0.614m) together with overspends against equipment (£0.1) and surgical sundry budgets (£0.1m). An options appraisal is currently underway in relation to all unfunded service areas within Acute to bring these areas within budget or agree exit strategies where clinically appropriate. In addition, a demand and capacity exercise is also in progress in a bid to inform medical workforce planning and agree baseline medical staffing profiles.

1.2 Efficiency Savings

The Financial Sustainability Action Plan has been updated for 2025/26 which sets out the broad range of local and national cost improvement initiatives and efficiency schemes designed to mitigate the £38.0m funding gap referred to above.

To date, the plan includes savings schemes across 4 workstreams as summarised in table 2 below which are aligned to the refreshed national “15-point grid” and the 3% recurring savings target set by the Scottish Government.

Financial Sustainability Action Plan (Set Aside & NHS Core only)	Rec £000s	Non-Rec £000s	Total £000s
15 Box Grid: Innovation & Value-Based Healthcare			
1. Medicines of Low Clinical Value	50	0	50
2. Clinical Variation Review	0	0	0
3. Digital savings	142	250	392
4. Energy Efficiency Schemes	1,965	0	1,965
5. Prescribing savings	2,491	100	2,591
Sub total	4,648	350	4,998
15 Box Grid: Workforce Optimisation			
6. Agency Reduction	540		540
7. Sustainable staff bank usage	4,869	80	4,949
8. Sickness absence reduction	0	0	0
9. Non-compliant rotas review	1,044	0	1,044
10. Central functions job family review	0	0	0
Sub total	6,453	80	6,533
15 Box Grid: Service Optimisation			
11. Theatres optimisation	500	0	500
12. Remote outpatient appointments	1,909	0	1,909
13. PLICS roll out	0	0	0
14. Length of stay reductions	0	0	0
15. Non-pay spend review	220	1	221
Sub total	2,629	1	2,630
Total 15 Box Grid	13,730	431	14,161
Other local savings plans			
Estates & Infrastructure	1,532	950	2,482
Service redesign & reform	2,265	6,338	8,603
Non-pay & other measures	1,450	8,281	9,731
Savings under development		3,035	3,035
Total other local savings plans	5,247	18,604	23,851
GRAND TOTAL	18,977	19,035	38,012

1.1 Capital year to date results – month 1

A balanced position is reported against the Capital Resource Limit (CRL) for the first month of the year as summarised table 3 below.

TABLE 3: 2025/26 NHS Forth Valley Capital Position	Annual Budget £m	April - April Budget £m	April - April Expenditure £m	Underspend/ (Overspend) £m
Elective Care	0.000	0.003	0.003	0.000
Information Management & Technology	5.280	0.195	0.195	0.000
Medical Equipment	1.879	0.035	0.035	0.000
Facilities & Infrastructure	7.718	0.031	0.031	0.000
NHS Board corporate projects	(4.686)	0.000	0.000	0.000
Right of Use Assets IFRS16	0.100	0.000	0.000	0.000
Indirect Capital Charged to Revenue	(1.900)	0.000	0.000	0.000
Total	8.391	0.263	0.263	0.000

Note that a relatively low level of capital expenditure has been incurred during the month of April which is not unusual at this very early stage in the financial year. Expenditure to date is primarily related to capitalisation of staff costs linked to posts that are supporting the implementation of a number of capital projects.

2.0 FINANCIAL RISKS

2.1 Key risks highlighted as part of the development of the 2025/26 financial plan are outlined below:

- Our ability to fully identify and deliver the level of recurring savings required in 2025/26 and beyond to address the underlying deficit and return to recurring financial balance. A small number of savings totalling £3.0m have still to be identified at this stage.
- Potential delays in delivering efficiency savings due to the lead in time necessary to develop and implement the associated project plans, coupled with the limited availability of key staff to drive progress if they continue to be required to focus on immediate front-line service and capacity pressures.
- Workforce pressures, including the uncertainty regarding the financial impact of safe staffing legislation, ongoing AfC reform, the increase in employers National Insurance Contributions (including the knock-on impact to independent contractors and providers) and pay awards. Recruitment and retention challenges may also impact on our ability to successfully implement our workforce plan and service delivery plan, resulting in continued use of temporary bank and agency staffing solutions.
- Ongoing delays in implementing exit strategies in respect of unfunded service areas (including Covid legacy costs, historic unfunded posts alongside the cumulative burden of a number of unfunded national policy commitments).

- Ongoing whole-system capacity and workforce pressures across the entire health and social care sector is likely to continue which may impact on our ability to close the remaining contingency beds that are still in use.
- Ongoing uncertainty regarding price inflation and tariffs which will have a direct impact on the cost of goods and services (particularly in relation to contracts which are linked to the Retail Price Index). A number of national contracts in respect of IT and other managed service contracts are also expected to incur significant unavoidable cost increases.
- Affordability challenges regarding the introduction of new drugs and therapies leading to increased treatment costs and demand over and above initial planning assumptions (particularly in relation to GLP1/GIP medicines for the treatment of obesity and ongoing uptake of diabetes technologies).
- Financial pressures associated with the disproportionately high prison population in Forth Valley and the impact of decisions taken out with our control by the Scottish Prison Service (eg SPS have recently increased the number of prisoners in HMYOI Polmont and HMP Glenochil as part of measures to alleviate overcrowding across other parts of the Scottish prison estate – we are not staffed or funded to accommodate this change).
- IJB risk sharing arrangements in terms of overall affordability to the NHS Board and Local Authority partners of any potential additional non-recurring payments to IJBs in 2025/26 and beyond.
- Lack of funding to progress major capital investment priorities including the redevelopment and modernisation of our Primary Care estate and Falkirk Community Hospital, combined with uncertainty regarding approval of funding requested through the BCP process.

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

16. Celebrating Success – Nursing Workforce Review

For: Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Professor Karen Goudie, Director of Nursing

Executive Summary

The purpose of this paper is to provide an overview of the Nursing and Midwifery workforce review and associated activity and actions across Forth Valley. The programme has been supported by the Nursing and Midwifery leadership team, Finance teams across NHS and partnerships, HR workforce team, practice development unit and staff working across Forth Valley.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the update on the Nursing and Midwifery Workforce improvement programme.

Risk Assessment / Management

Nursing workforce and surge usage

Key Issues to be Considered

Substantial improvement to Nursing and Midwifery workforce intelligence that informs future workforce planning, recruitment and retention activity and meet the legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019.

Financial Implications

Implication for the financial plan in terms of predictive analysis of local workforce trends and projected requirements due to nursing degree applicant figures across Scotland are being considered going into the financial year 2025/26.

Workforce Implications

The workforce implications are a reduction in staff turnover, improved attraction, as well as the opportunity to grow and develop our staff to meet the organisational workforce needs.

Infrastructure Implications including Digital

N/A

Sustainability Implications

N/A

Sustainability Declaration

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

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

There is a strong evidence base linking the use of supplementary staffing to suboptimal care, NHS Forth Valley have committed to reducing this to reduce the impact on patient care.

Information Governance Implications

N/A

Relevance to Strategic Priorities

There are established links to Scottish Government Nursing and Midwifery Taskforce requirements and boards strategy financial priorities, as well as the Scottish Government led short life working group on supplementary staffing use across Scotland and the supporting Director's letters associated with this work stream.

Equality Declaration

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

Further to an evaluation it is noted that: (please tick relevant box)

☐ Paper is not relevant to Equality and Diversity

☒ Screening completed - no discrimination noted

☒ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

There has been extensive staff and staff side engagement in this work, involving meeting with all nursing and midwifery teams.

Additional Information

The purpose of this paper is to provide an overview of the approach to Nursing & Midwifery workforce improvement across a range of measures including:

- governance arrangements
- staff experience
- baseline data analysis of funded establishments
- triangulation with quality metrics
- supplementary staffing usage including Agency and Bank usage
- vacancy management.

The workforce reviews across Forth Valley has focused on all inpatient areas including Acute, Community Hospitals, Mental Health and Learning Disabilities, Woman and Children's, and Prisoner Healthcare with the aim of standardising our Nursing and Midwifery

Workforce governance and improvement approach across Forth Valley with a focus on safety, learning and experience. The ministerial Nursing and Midwifery taskforce has provided vital insight through the listening project including review of the international nursing workforce evidence.

In the face of pressure to contain costs and to use nursing staff, who are in short supply, as efficiently as possible, it is important to stabilise funded establishments. Key nursing operational decisions relate to the balance between the baseline staffing levels to routinely rostered and the use of flexible staffing (supplementary) to meet variation in demand which locally has been influenced by the use contingency bed base, whole system flow, prison expansion plans and the needs of patients e.g. respiratory illness season.

Our aims set out to ensure that Forth Valley nurse and midwifery staffing structures are able to meet fluctuating demand while avoiding wasteful resources and the associated costs and produce a stable workforce baseline aligned to safe staffing legislation and therefore creating resilience across nursing and midwifery teams. Operational unit workforce governance led by Chiefs of Nursing/Midwifery has been an integral component of the improvement work to set a standard of controls and predicted risk including predictive recruitment and succession planning.

Forth Valley currently employs 3641 Registered Nurses, Midwives and HCSWs ranging from band 2 to 8D. Our age range profile is displayed below, of note 802 staff members are in the 55-65 plus age range which gives an approximate projected 25% shift in workforce to retirement in the coming years. The downturn of applications to nursing undergraduate programmes provides challenge in terms of nursing supply and attraction to the profession locally and nationally.

The initial scope of the review was to analyse the existing capacity within the inpatient areas. The workforce prioritisation exercise took into consideration the appropriate workforce tool multiplier, the use of surge beds within relevant wards, the workforce tool run recommended registered nursing (RN) to non-registered staff skill mix and the recent reduction of the working week to 37 hours in the calculation of recommended staffing levels. Listening to the experience of staff and involving teams in decisions related to their staffing model through the blueprint review has provided triangulation of data, funding, workforce tools and experience and has driven activity in terms of education initiatives, academy recruitment, clinical skills training, staff experience measurement, university partnership opportunities and clinical educator activity and governance.

The team applied a quality improvement approach to set significant stretch aims at system level to respond to the previous high vacancy profile, high usage of supplementary staffing (Agency and Bank) while understanding funded establishment at team level. Monthly run charts have been produced to track data over time to monitor progress against aims detailed below.

Forth Valley Nursing and Midwifery Workforce Improvement Aims

- Cease all usage of Agency HCSW by Oct 24 – **Achieved prior to aim date.**
- Reduce enhanced observation by 50 % by Oct 31st, 24 – **Achieved prior to aim date** (British Geriatric society recognition and award at conference 2025)
- Reduce Registered Nurse Agency by 50% by June 30th, 24 – **Achieved**
- Cease Registered Nurse Agency usage by Oct 31st, 24 – Zero RN Agency usage since 6th November 2024 with some special cause usage detailed below.
- Reduce RN and HCSW Bank usage by 30% by Nov 30th – **Reduction achieved Dec - Feb** with overall increase in March, on track for whole system reduction in May 2025.
- Reduce RN and HCSW Bank usage by 50% by March 25 30th – **Some Operational units have achieved improvement, data below.**

Due to the complexity and volume of work required to deliver improvements in governance and measurement we approached this work in four phases working in partnership with SCNs and Chief Nurses/Midwives, HR Workforce Colleagues, Finance, Staff side and performance team in terms of data visualisation.

The NMAHP Quality Management Programme board has delivered a Nursing Workforce measurement plan that will standardise our approach to measurement and quality assurance across systems and reporting. We also worked with Healthcare Improvement Scotland to commission a deep dive into the Nursing Workforce position of the Forth Valley Royal Hospital site to provide strong evidence to support workforce improvement and planning. The phases are described below. We are currently finalising Phase Three and have progressed actions of Phase Four.

Phase 1- Baseline Measurement- Complete

- Baseline position and Healthcare Improvement Scotland Review
- Quality Mapping to nursing contribution data
- Blueprint builds with teams
- Graduate and general recruitment planning with improved governance

Phase 2 - Improvement Aim setting & Supplementary Staffing Controls - Complete

- Improving governance arrangements and aim setting.
- Enhanced observation improvements with education and review
- Authorisation process implementation

Phase 3 – Measurement & Blueprint sign off- Complete

- Quality Management workforce measures development
- Systems & Governance and predictive recruitment planning
- Blueprint sign off with stakeholders

Phase 4 – Bank Utilisation Improvements- In Progress

- Implement authorisation process
- Capacity (FE) Bank Demand analysis, Academy developed as HCSW pipeline
- Staffing Calculator introduction
- Embedding e-roster and maximise functionality of Safe Care across Forth Valley
- Review extends to Advanced Practice, CNS, and non-inpatient areas.

In terms of financial sustainability benefits, the improvement work has delivered a £11.7 million cost reduction and alongside the investment in substantive staff has shown an overall cost saving of around £1.8 million. The multifaceted approach to governance, understanding of staff experience and detailed measurement of workforce metrics and predictive analysis of recruitment requirements has delivered this positive balancing measure.

Nursing & Midwifery Review data pack

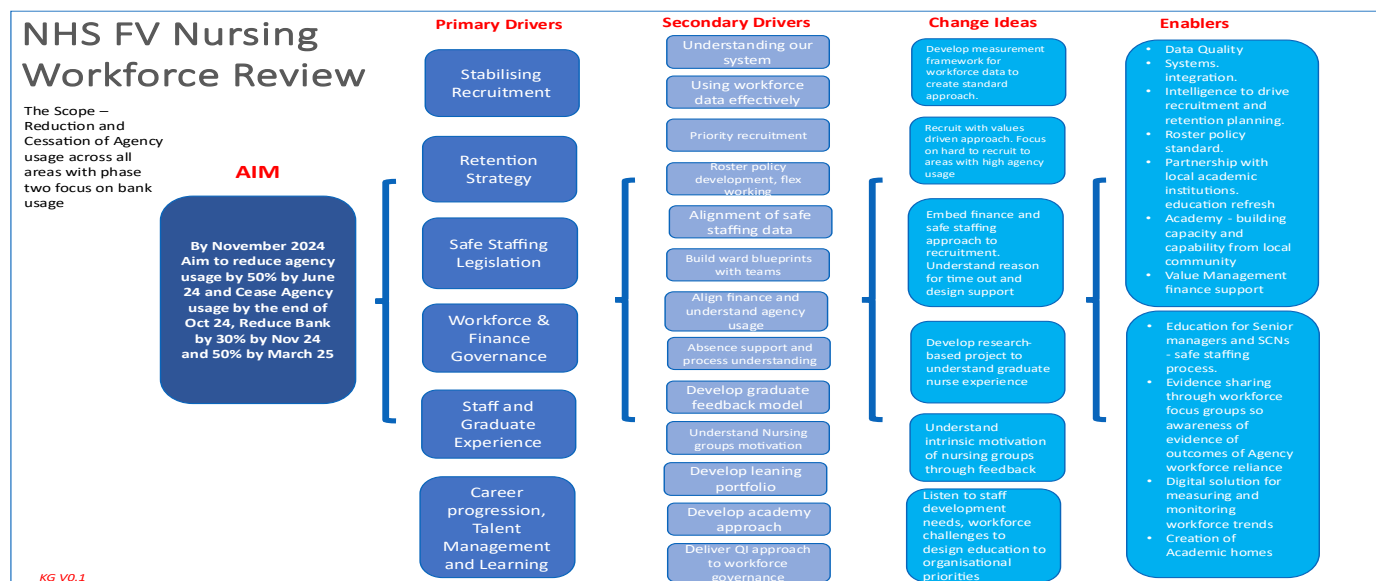
Using a quality improvement approach the workforce review has explored change ideas that deliver across multiple aspects of Nursing and Midwifery driven by data and experience. Working with the University of Stirling our partnership has focused on connecting with undergraduates while creating the conditions for positive value-based recruitment by increased involvement of PDU and senior team to develop a programme of support for graduates joining the organisation such as face to face induction, summer camp education, clinical skills training. The work has also delivered a Healthcare support worker (HCSW) academy to support the local community into employment in Forth Valley as a HCSW. Measurement throughout the improvement programme has been critical to success.

Development of Nursing and midwifery workforce measure through the NMAHP Quality management programme board has provided an evidence-based measurement framework that will provide informatics to teams and wards to board, to provide assurance, data driven recruitment planning and early indication of increased turnover. This also allows teams the ability to triangulate quality metrics e.g. falls, pressure injury, cardiac arrests and with the launch of electronic observations and assessments the teams will have the ability to understand process reliability across a range of care processes.

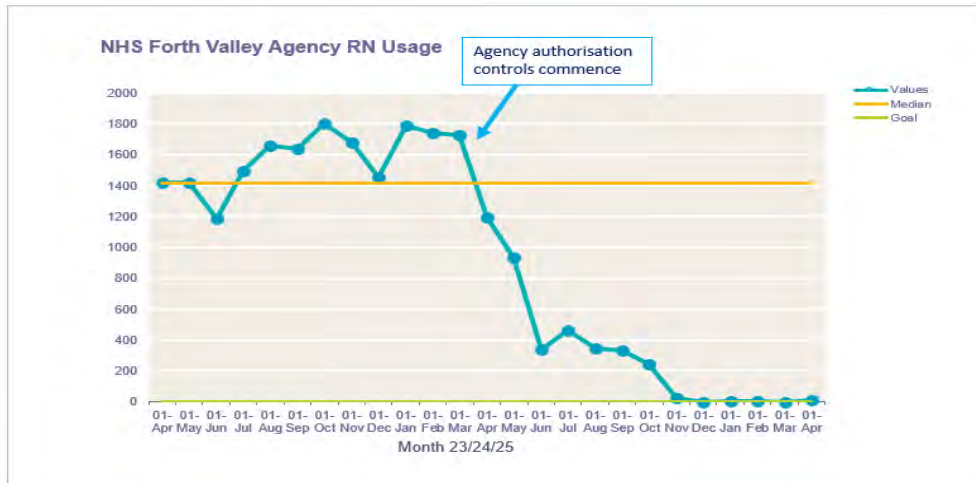
Development of recruitment to HCSW posts via a newly developed academy has delivered a partnership with the Employability team and the Practice Development Unit to provide routes to employment with evidence-based induction programmes, supporting local retention and development of staff coordinated by experienced clinical educators and lead nurses, delivering a return in reduction of leavers, increased satisfaction and staff wellbeing.

Nursing Workforce Driver Diagram

(Detailing high level aims and change ideas of the programme)

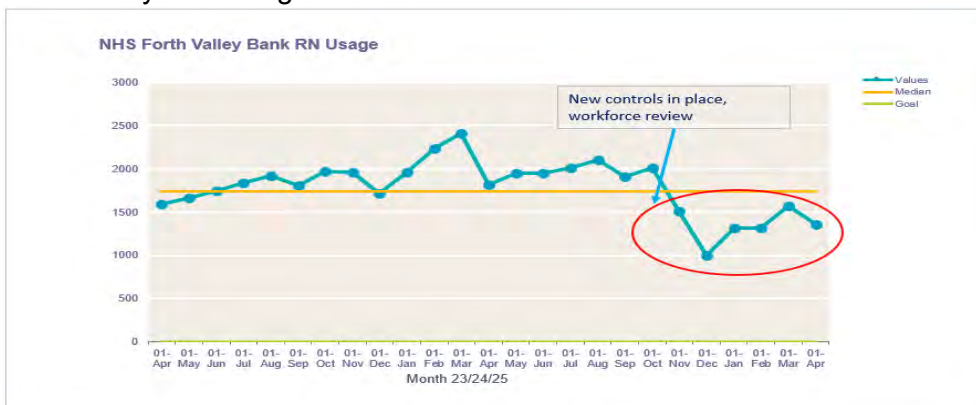


Forth Valley Agency Registered Nurse Usage



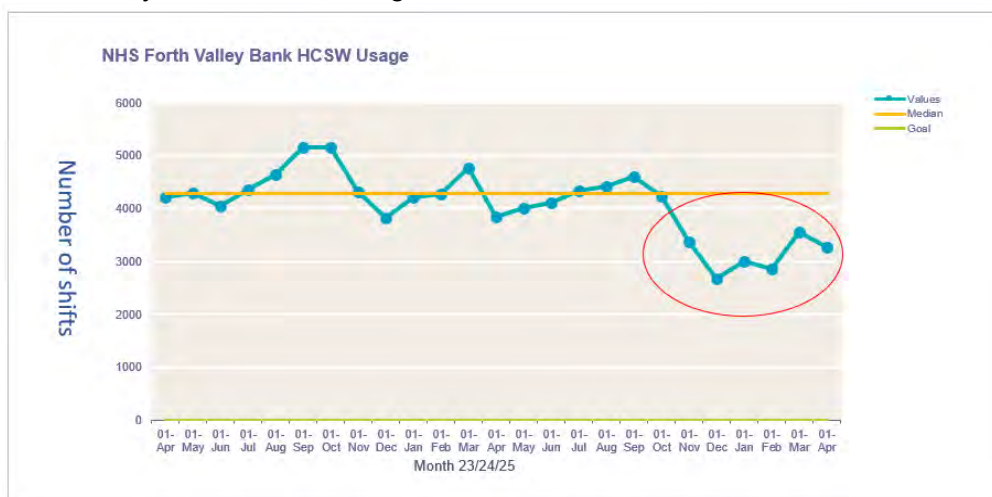
(Zero usage in March Statistical improvement achieved – 13 data points
Some minimal special cause usage in January and Feb due to ICU capacity due to respiratory care demand and Theatre shifts to meet waiting times targets)

Forth Valley Bank Registered Nurse Usage

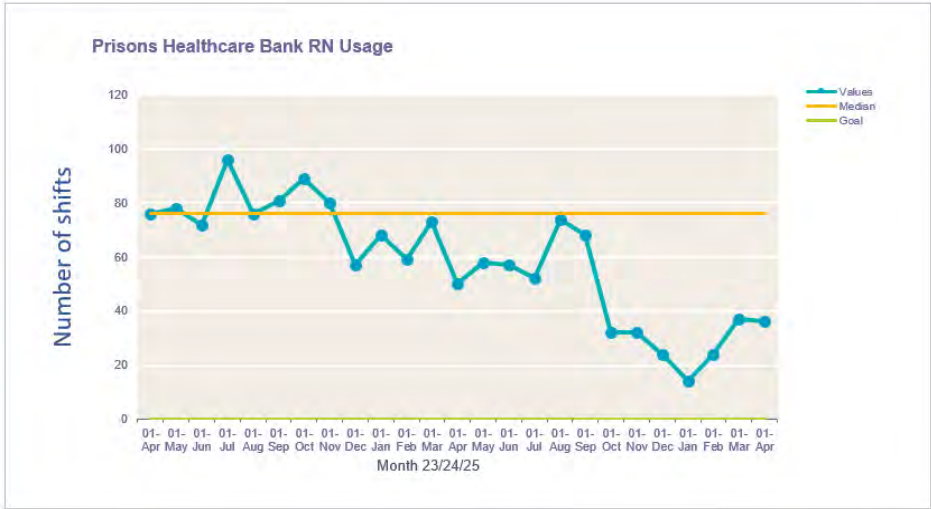


(RN bank usage improvement seen through 6 - point shift below the median.

Forth Valley Bank HCSW Usage

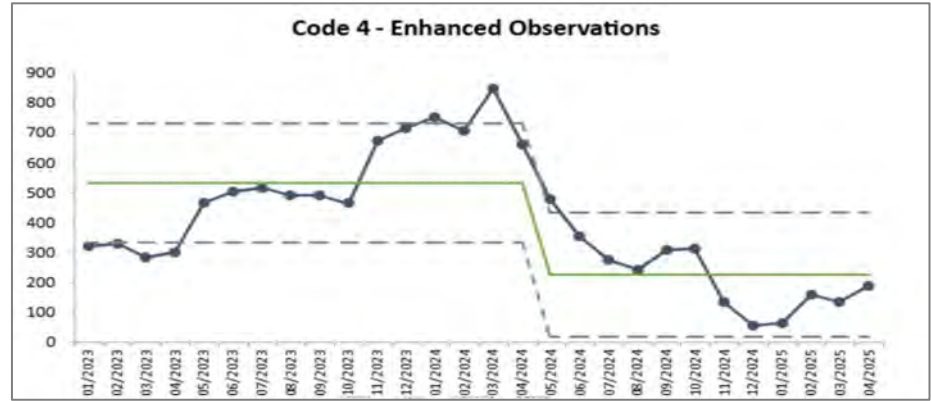


Forth Valley Prisoner Health Care RN Bank Usage



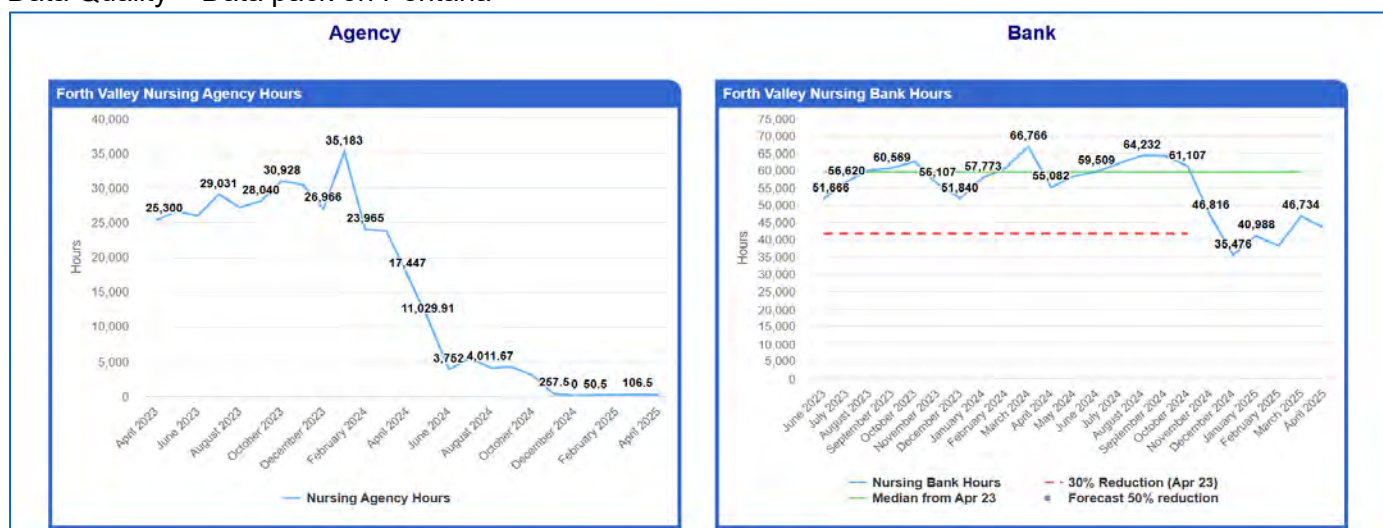
(50% Reduction achieved, Chief Nurse supported improved governance and Blueprint review to establish safe staffing plan across prisons in Forth Valley. Turnover has decreased from 23.5% to 10.4% through the period of the review)

Enhanced Observations



(Aim achieved, beyond 90% reduction, work received recognition at 2025 British Geriatric Society Conference winning joint first place. Work also being presented at NHS Scotland event)

Data Quality – Data pack on Pentana



Case Study- Staff Story

The staff story highlights the workforce challenges faced by the nursing team within the Acute Assessment Unit. The Lead Nurse for the Acute Assessment Unit recognised that rising absenteeism, burnout, and low morale, within the Unit were affecting patient care and staff wellbeing. Eighteen staff members left in a short period of time, sickness absence was over 15%, and there was a high reliance on agency staff. The goal was to improve staff retention, reduce absenteeism and agency use to ensure high-quality patient care by addressing the root causes of burnout and creating a supportive work environment.

To address these challenges, the Job Demands-Resources (JD-R) model was adopted to assess staff workload and available resources, gathering feedback through a staff survey. The findings highlighted that while mental, emotional and physical demands were high, leadership support and co-worker support were protective factors. Exit interview feedback also highlighted staffing and high workload as key reasons for nurses leaving. Based on these insights, the Lead Nurse worked with key stakeholders to look for solutions. Key actions included agreeing the staffing blueprint, proactively over-recruiting to meet demands throughout the financial year and thus reducing the reliance on supplementary staff, improving staff support with regular check-ins, advocating for a dedicated rest area, creating more opportunities for education and professional development, and establishing a supportive approach to sickness absence.

The Lead Nurse reached out to the Torbay and South Devon NHS Team who had implemented informal stay conversations into the workplace to improve retention. Training was arranged for the Senior Nursing Team within the Unit which allowed staff to discuss their feelings about their roles, raise potential concerns and address issues before they escalated. These changes were designed to both alleviate stress and improve staff morale, creating a healthier work environment.

Overall, feedback indicates that staff feel more valued, listened to, and supported. New nurses have reported higher levels of confidence and a greater commitment to remaining in their roles.

The AAU over-recruited 8 whole time equivalent staff in the new graduate recruitment of 2024, allowing the reliance on supplementary staffing to be significantly reduced. This has played a critical role in stabilising the workforce. Without this proactive approach, even with the relatively low turnover, AAU would have faced a significant staffing deficit. This would have led to increased reliance on supplementary staff, and greater pressure on the core team. In turn, this would not only have compromised patient safety but also negatively impacted on staff retention, recreating a cycle of instability that would have been difficult to recover from.

17(a). Quality Assurance and Improvement Report
For: Assurance

Executive Sponsors: Mr Andrew Murray, Medical Director. Professor Frances Dodd, Executive Nurse Director.

Authors: Mrs Wendy Nimmo, Interim Head of Efficiency, Improvement, and Innovation. Mr Ashley Calvert, Head of Clinical Governance, Mrs Lucy Atalla Quality Improvement and Patient safety lead

Executive Summary

The purpose of this paper is to describe the Board's quality assurance position, give an update on progress with key quality improvements across NHS Forth Valley and use of evidence to plan for quality. In doing so, it also provides an update on implementation of the NHS Forth Valley Board Quality Strategy (QS) and how we manage quality.

Recommendations

The Forth Valley NHS Board is asked to:

- **note** overall delivery of quality assurance, quality improvement and using evidence to plan for quality
- **note** the current quality position and quality improvements being made in relation to specific quality measures and compliance with national standards and targets
- **support** the progress and further development of the quality management system

Risk Assessment / Management

Each risk either explicitly or implicitly identified within this paper is reviewed by the corporate risk manager and head of clinical governance to ensure it is captured on the appropriate risk register (if applicable) and mitigations are in place.

Key Issues to be Considered.

1. Introduction

Our vision for quality as outlined in NHSFV Quality Strategy is 'To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful'.

Progress with implementation of the QS is monitored, reported, and reviewed at the NHS Forth Valley Quality Programme Board, Clinical Governance Working Group and Clinical Governance Committee.

Progress with implementation of the Innovation Plan is also monitored, reviewed and reported at the NHS Forth Valley Quality Programme Board

The delivery of the Clinical Governance Strategic Implementation Plan is a key objective of the QS and progress on the implementation of this is reported to the Clinical Governance Working Group and up to the Clinical Governance Committee.

2. Assurance of Quality

2.1 Data and measurement in relation to adverse event reporting

A significant level of work to improve the use of data and maximise use of existing data systems, including Ulysses safeguard and Ideagen Risk Management Pentana, is continuing.

Work continues into having robust data for assurance of quality, as well as for improvement.

Significant Adverse Event Reviews

Healthcare Improvement Scotland (HIS) has been working with NHS Boards across NHS Scotland to improve the effective management of and learning from adverse events. HIS produced a revised framework in February 2025 to promote standardisation of processes for managing significant adverse events.

There are key performance indicators (KPI) within the framework for completing the reviews:

- Time to Commissioning the SAER - 10 working days from reporting on incident management System (NHSFV Ulysses- Ulysses Safeguard)
- SAER report submission due - 90 working days from date SAER was commissioned.
- Final approval of SAER report -no later than 30 working days from report submission.
- Develop an improvement plan within 10 working days from report being approved.

A review of current performance in relation to each of these measures has been undertaken, and an improvement plan and supporting measures drafted for implementation.

NHS Forth Valley have identified several specific quality improvement and assurance aims, both short- and longer-term stretch aims, to support measurement of progress of both Adverse Event management and escalation and the SAER process itself.

Work in collaboration with colleagues from Healthcare Improvement Scotland, Quality Improvement team, Health and Safety (who manage the reporting system Ulysses Safeguard) and colleagues from Information Services is underway to support robust data quality control, and to enhance data visualisation.

NHS Forth Valley's current data for all SAER commissioned from 2020-2025 shows:

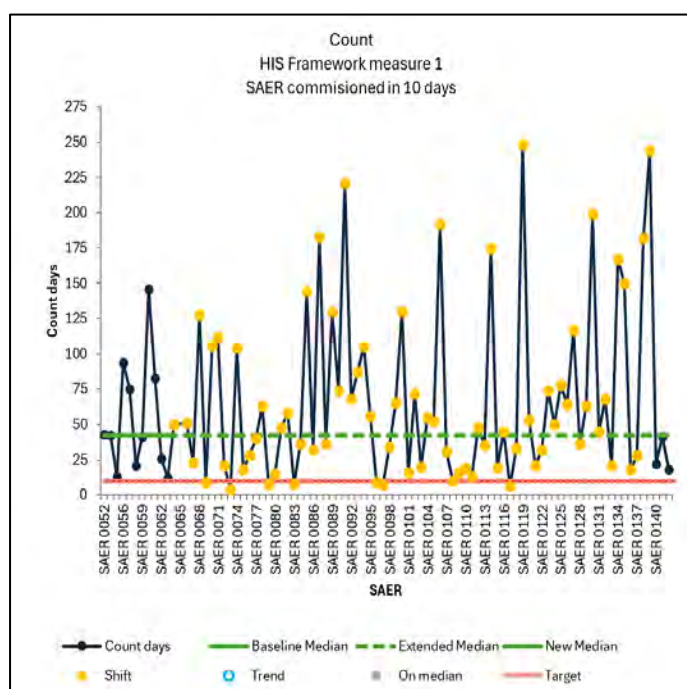


Chart 1: HIS Framework process measure 1: Time to Commissioning the SAER - 10 working days from reporting on incident management System.

Aims:

- By June 2026 a 50% reduction in the number of days taken to commission SAER within NHSFV will have been achieved (current mean 42, target 21)
- By December 2026 90% of all commissioned SAER within NHSFV will meet the 10-day timescale

Since the last reporting period NHS FV have commissioned one SAER, this is number 142 and was commissioned in 18 days which remains out with the 10-working day timescale, however, is significantly less than the previous performance. This SAER was commissioned from an adverse event reported within Mental Health and Learning Disabilities services.

The last three SAER commissioned within NHSFV have been commissioned in 22, 41 and 18 working days. Whilst this still does not meet the HIS target of 10 working days it is noted these three commissioned SAER are below our current median.

Within the improvement plan, specific changes to Ulysses Safeguard and how incidents are reported and escalated are highlighted which are envisaged to aid improvement in this area over the coming months once fully implemented.

The themes of these improvements are:

Supporting timely reporting

- Changes to the Ulysses Safeguard system to allow staff to assign an initial impact assessment category at the point of adverse event (AE) reporting – this is envisaged to support earlier escalation to responsible managers for the AE that will require consideration of a further level of review by the relevant AERG/CRG
- Empowering staff to report AE within one working day (as per HIS framework) – supporting the promotion of a safe and just culture within teams

- Notification changes within Ulysess Safeguard - to ensure responsible managers are sighted early on the AE initially categorised as Moderate, Major and Extreme, with clear responsibilities outlined for their review and approval of their category status within three working days to aid early escalation to the relevant AERG/CRG

Supporting early escalation/commissioning

- Changes to the Ulysess Safeguard system to allow electronic completion and sharing of the briefing notes (BN) (completed by the teams and local responsible managers) and shared to the relevant AERG/CRG – to aid early sighting of those AE categorised as Moderate, Major and Extreme at AERG/CRG
- Exploration of more agile and responsive AERG/CRG processes – to ensure a reduction in time delays for the appropriate BN to be discussed at the Directorate/Service groups
- Potential SAER 'trigger list' – HIS are liaising with Boards over what events should always be an automatic SAER (Level 1 review). This work is envisaged to support early commissioning for those events, reducing commissioning time and supporting Directorates and Services to 'commission' early for those events listed
- Changes to the Ulysess Safeguard system to allow electronic completion and sharing of the briefing notes (BN) (completed by the AERG/CRG) and shared to the commissioning group Sharing Intelligence (SIG) – to aid early sighting of those BN requiring consideration for SAER
- Exploration of more agile and responsive SIG processes – to ensure a reduction in time delays for the appropriate BN to be discussed and commissioned

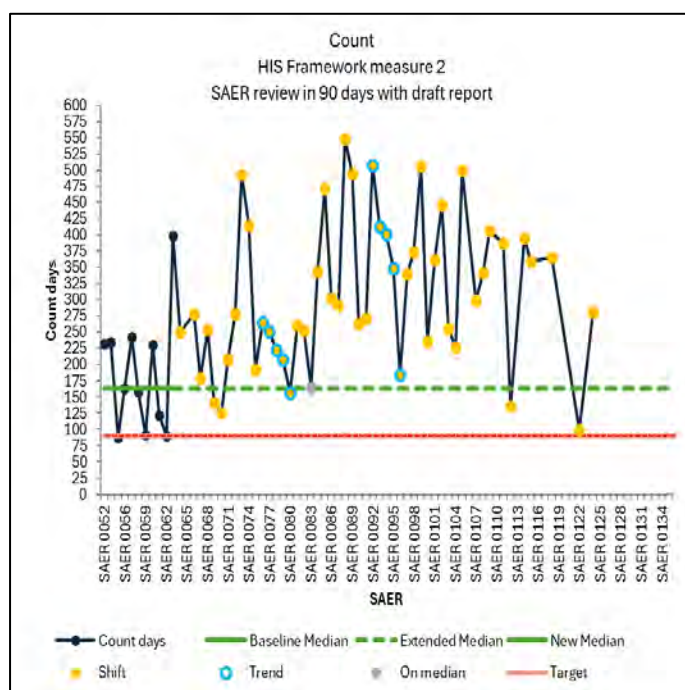


Chart 2: HIS Framework process measure 2: SAER report submission due - 90 working days from date SAE was commissioned.

- By June 2026 a 25% reduction in the number of days taken to write the SAER report ready for submission for approval will have been achieved (current mean 164, target reduction of 41 to new mean of 123)
- By December 2026 90% of all commissioned SAER within NHSFV will meet the 90-day timescale

Since the last reporting period NHS FV commissioning group have received two SAER reports for approval SAER 99 and 114.

Both of the SAER related to adverse events reported within the Acute Directorate. The 90-day process was not met for these reports with significant delays in relation to the panel formation for both SAER being a contributory factor.

There are now six facilitators (5 WTE) supporting SAERs from Corporate Clinical Governance (CCG) as part of their roles within the CCG dept.

The improvement themes in regard to supporting report production with the 90-day target are:

Supporting early panel formation

- Increase in facilitation team within Corporate CG - There are now six facilitators (5 WTE) supporting SAERs from Corporate Clinical Governance (CCG) as part of their roles within the CCG dept.
- Exploration of more agile and responsive AERG/CRG processes – to ensure a reduction in time delays for the appropriate panel members being identified within Directorates and services
- Increased Lead Reviewer numbers - Training package being delivered from April 2025 – Dec 2025 to increase capacity of reviewers by a significant number (56 delegates)
- Exploration with Directorate triumvirates over perceived challenge for clinician's time to support SAER reviews – working with colleagues to better understand how senior clinicians can be empowered and enabled to support the reviews as subject matter experts
- Changes to Ulysses safeguard to 'track' the number of days since commissioning for a particular SAER – to ensure early sighting at corporate CG level of those lagging or potentially looking likely to breach
- Training package delivery for compassionate communication – focussed training to be delivered in 2025 relating to family and patient engagement with a particular focus on communication and early resolution. To support early identification of family/patient questions within a SAER.
- Review of the roles for administration support for SAER – Timeline production is resource and time heavy in respect of a commissioned SAER. Changes to who produces and how they are produced are being explored by the corporate team.
- Immediate focus on those SAER commissioned within 2023 to ensure reports are submitted for approval within one working month.

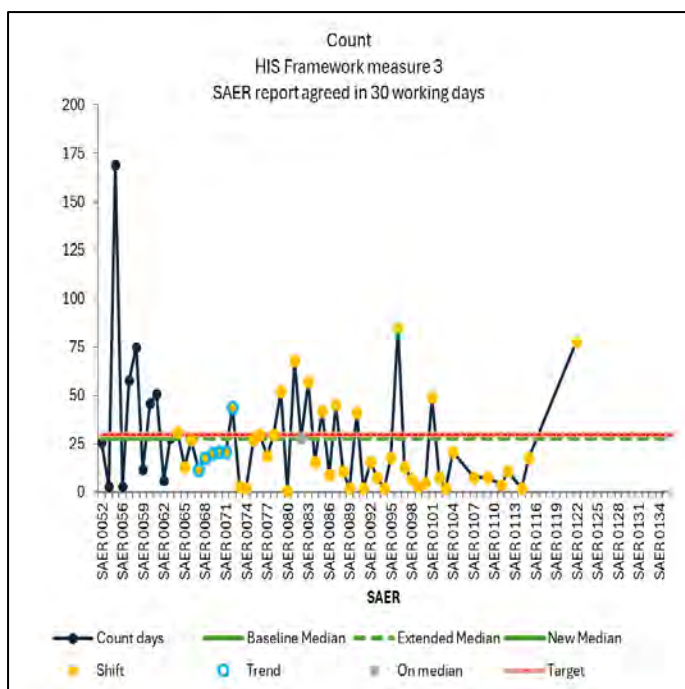


Chart 3. HIS Framework process measure 3: Final approval of SAER report -no later than 30 working days from report submission.

- By December 2026 100% of all commissioned SAER within NHSFV will meet the 30-day timescale for report approval

Since the last reporting period three SAER final reports have been approved at the commissioning group SAER 99, 114 and 115. All of these SAER final reports were approved within the 30-day timescale.

3. Quality Improvement

3.1 Safer Together Collaborative (ST)

There are currently 63 active test teams across the system who are actively engaged with the Safer Together Collaborative (STC). These teams are working within seven key workstreams, each focused on reducing specific harms:

- Deteriorating Patient
- Pressure Ulcers
- Catheter Care
- Safer Mobility
- Ageing and Frailty
- Women and Children's
- Mental Health and Learning Disabilities (MHLD)

All 63 teams continue to apply Quality Improvement (QI) methodology and have now progressed to the testing changes phase of their QI journey while being supported by the QI and PDU teams to build QI capacity and capability.

Data quality work continues with a focus on providing assurance that harm data aligns with the National Adverse Event framework (HIS, 2025) by developing new measurement verification and categorisation processes through the operational units via safeguard and SSRS. This has been integral not only the outcomes of this programme but on the impact of the data quality submitted by the board for other national programmes including Scottish Patient Safety Programme and Excellence in Care. Data improvement continues to play a

crucial role in providing intelligence that supports test teams in implementing and refining change ideas and improving overall safety data reliability.

A key objective of the programme is the visualisation and availability of data. In support of this, and with the collaboration of data analysts and key stakeholders, to provide ability to report events with an evidenced based approach based on the national safety measurement definitions. Improvements to safeguard reporting and verification of events have provided assurance that outcome data is aligned to national definitions, data visualisation is supported by SQL Server Reporting Services (SSRS) and Pentana.

Development of a quality improvement dashboard is underway with scoping of access to provide wide reach across the organisation including Health and Social Care Partnerships. The dashboard will provide the ability to measure change ideas and process reliability driving the outcome aims of the collaborative.

Assurance

To provide an evidence-based policy standard to support care delivery and quality improvement the following policies are being developed to provide whole system policy approach.

- Pressure Ulcer care – Approved at CGWG
- Cardiac Arrest
- Safer Mobility
- Catheter Care
- Clinical Observations

These updated policies will play a key role in supporting test teams and the wider organisation in ongoing improvement efforts and ensure alignment between frontline practice and evidenced based standards.

Faculty meetings, involving knowledge experts from across the organisation, continue to take place. These meetings provide a forum for assurance and risk mitigation, helping to guide the direction of each workstream.

Additionally, bi-monthly highlight reports are submitted by each workstream to the faculty, providing regular reporting on progress and ensuring continued oversight and accountability.

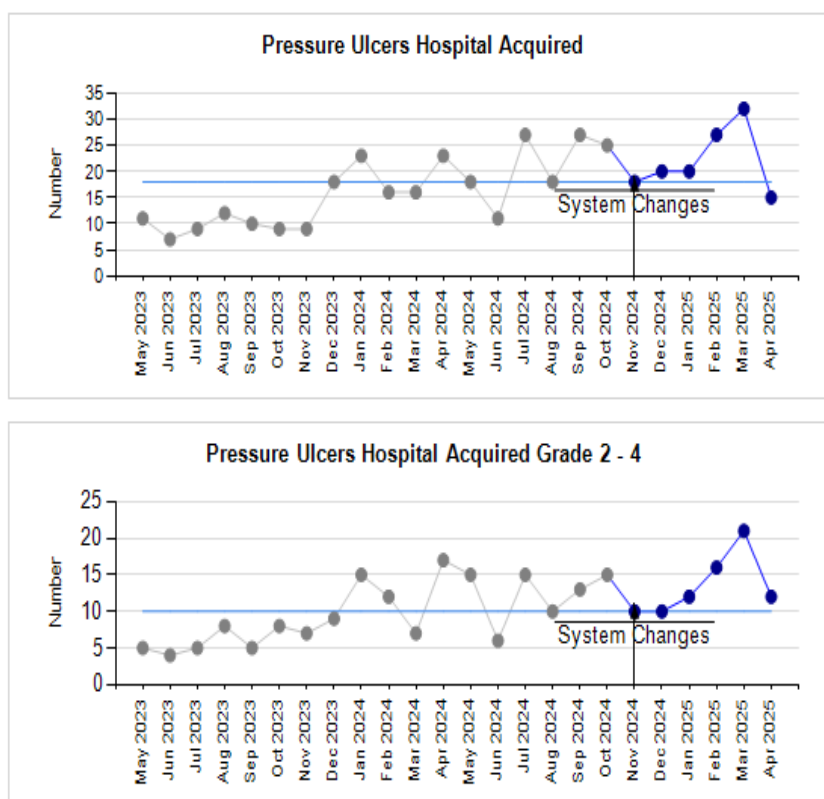
3.2 Key metrics progress

3.2.1 Pressure Ulcer

Aim: *Reduce grade 2-4 pressure ulcers by 30% by Nov 2025*

Pressure Ulcers

Reduce all pressure ulcers by 30% by Nov 25. In January 24 - 60 cases of pressure injury were reviewed to understand reporting reliability. Improved reporting is clearly demonstrated in the run charts below. Whole system mattress replacement is also underway to improve device standards. The data currently reflects system changes introduced in November 2024, which enhanced the robustness of data reporting. As a result, there has been an initial increase in the number of reported Hospital acquired ulcers. Education of the correct grading has also been undertaken which has also impacted on the number of grade 2-4 acquired being reported.



3.2.2 Safer Mobility/Falls

Aim: Reduce total falls and falls with Harm (moderate to severe) by 30% by Nov 2025

Reduce falls with harm 'moderate and severe' by 30% by November 2025. Data quality process in place from the 31st of Oct 24 to provide verification step in data management process. Definitions for Falls with harm aligned to national adverse events framework from 31st of October 24. Current data displaying 6 data points below median.

Inpatient Falls

Inpatient falls 7 data points above or on the median from August 24- March 2025. Inpatient rate of falls in July was 8.53 per 1000 OBD and there is a slight increase to 10.18 in March 2025. This continues to be a focus of the ST collaborative work.

Inpatient Falls with Harm

Inpatient falls with harm show six data points below the median October 2024 - March 2025. Inpatient falls with harm in September was 0.77 per 1000 OBD and has decreased to 0.25 in March 2025. This early change will continue to be tracked and monitored and fed back to the Board in subsequent reports.

Since October 2024 NHFV has introduced a robust system to review data quality in relation to the information submitted to the incident reporting system furthermore each site has established monthly data quality meetings with the clinical teams to review data submission and measure against nationally agreed criteria.

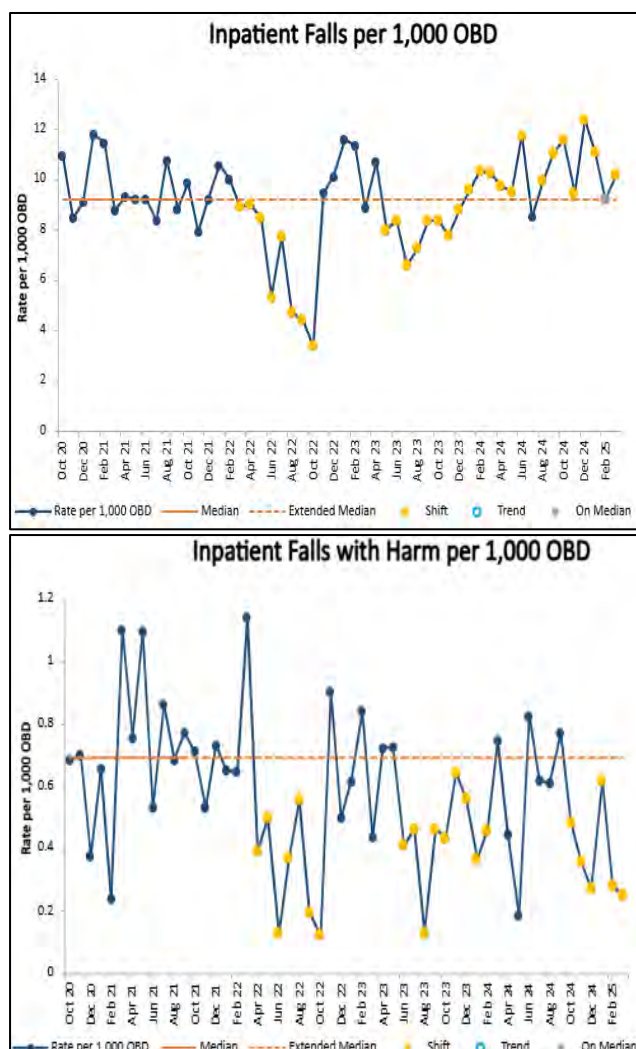
Safer Together Collaborative

NHS Forth Valley started a safety collaborative in August 2024 and is taking a whole systems approach to reduce falls and falls with harm in acute, community and care home settings.

There have been some necessary changes to data collection and its quality:

- Clearer definitions have been designed mapped to the national adverse events framework matrix to provide accurate categorisation for falls with harm.
- Training is scheduled to be given to staff members to make them aware of this change to support them to correctly record the category of a fall.
- Improvements are being made to the falls questionnaire completed by staff after a patient has fallen to help determine the root cause of a fall. It is currently a challenge to identify and analyse contributory factors of falls within ward areas.

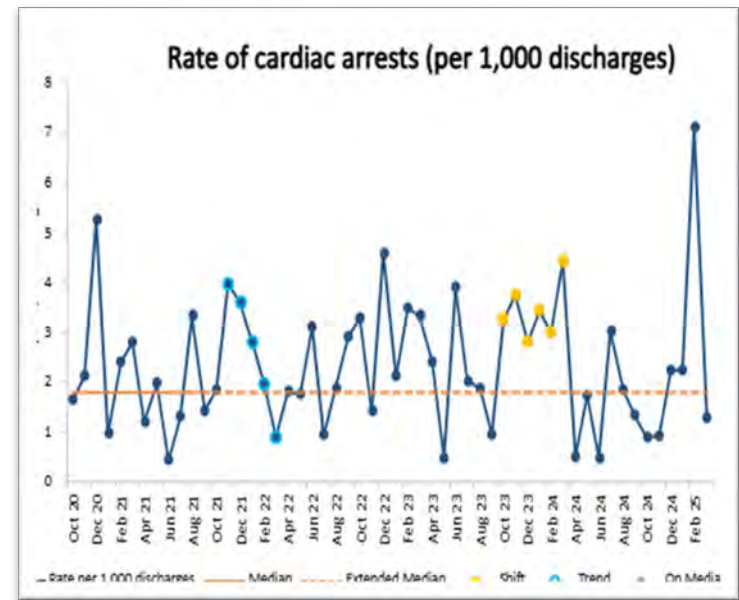
A new Forth Valley Safer Mobility policy is due to be released across the system.



3.2.3 Cardiac Arrest

Aim: Reduce Cardiac Arrest rate by 40% by Nov 2025 (NCAA) while improving cardiac arrest reporting via safeguard. (National Cardiac Arrest Audit)

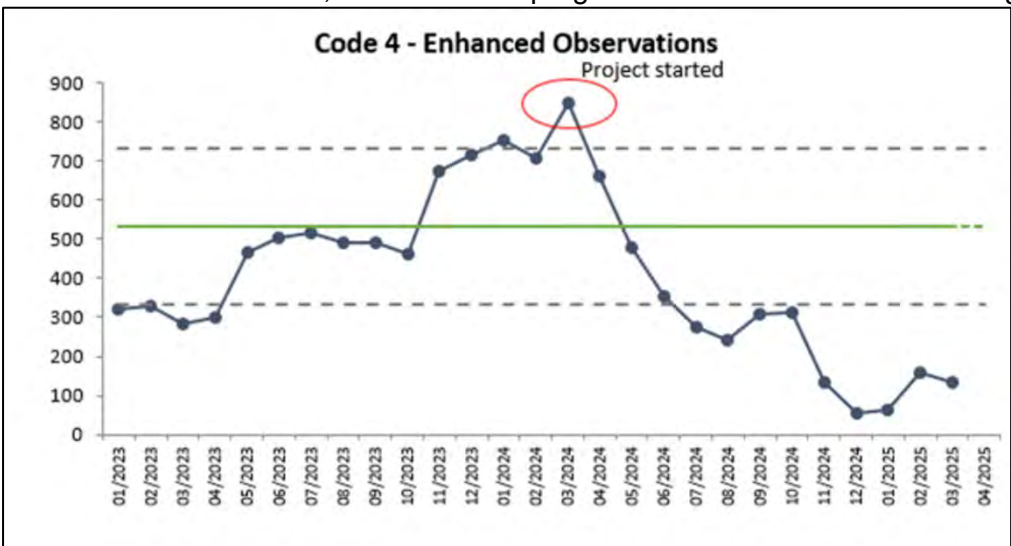
Cardiac arrest data continues to show random variation. There is noted an astronomical data point in February, each case is reviewed at the weekly cardiac arrest review meeting and outcomes shared with clinical teams. Progress will continue to be monitored and reported through to the NHS Board.



Enhanced Observations

Aim: Reduce enhanced observations by 50 % by November 25.

Improvement has been coordinated via the frailty workstream to ensure enhanced and constant observations are driven by need, promote mobility and stress and distress interventions. Statistical improvement achieved 11 data points under the median. This will continue to be monitored, however clear progress has been made and is being sustained.



3.2.5 Catheter Associated Urinary Tract Infection (CAUTI)

Aim: *Reduce Catheter Usage by 30% by Nov 2025*

Ongoing data quality work is in place to establish acute hospital usage of catheters with data moving to SSRS in May. Reporting of this data will come through in subsequent Board meetings.

3.3 Knowledge, skills and capacity for improvement

Overall work to build knowledge, skills and capacity for improvement across NHS Forth Valley and the Health and Social Care Partnerships continues as part of the QS implementation.

Priority 1: All NHS Forth Valley and Health and Social Care Partnership workforce will have access to quality improvement education

Priority 2: Create a robust and accessible quality improvement learning infrastructure that supports a culture for continuous learning and improvement

Priority 3: Create a culture which supports continuous learning and quality improvement where 'failure' is viewed as a learning gift.

This work is on track and staff numbers trained will come through in subsequent board reports.

4. Quality planning

4.1.1 Clinical guidelines review

The revised Clinical Policy and Guidelines Oversight Group is working to ensure greater assurance of standardised and aligned processes for the development, review and approval of clinical policies and guidelines within the Board, alongside a strategic risk having been developed to further enhance visibility and mitigation.

The workplan and associated timescales for work completion was taken to the CGWG in April 2025 for further engagement and support and endorsement. Directorates are now in the process of undertaking a RAG rating exercise to prioritise the review of core, critical clinical guidelines, remove unnecessary Standard Operating Procedures (SOP) and non-clinical guidelines and policies. Collaborative work with colleagues managing the IdeaGen risk management Pentana system is underway to support good governance for Directorates and services to manage SOPs going forward.

4.1.2 Quality Management system review

The FV Quality Team recently reviewed the structure and membership of the Quality Programme Board. The last meeting was held in person, with attendees from Health Improvement Scotland. During this session, members were supported in undertaking a Quality Management Self-Assessment exercise. The results of this exercise will serve as the foundation for ongoing development over the coming months. Additionally, the current portfolio was reviewed to ensure we have a robust plan in place for 2025/26, aligned with both national and local priorities. For further details, please refer to **Appendix 1**.

4.1.3 Person Centredness

Performance in 24/25 has demonstrated improvement in comparison with the 23/24 position, although considerable improvement remains essential. Combined performance across the organisation has remained between 60 – 70% between the period April 2024 – February 2025 a 10% increase in comparison with 23/24 data. The patient relations department continues to implement service changes to further improve performance in line with high level service objectives. The delays to the outstanding complaints responses have been

discussed by the ELT with a range of further additional measures being explored to mitigate this risk.

1) To achieve a 25% Stage 2 performance rate by the end of March 2025.

Performance which dropped below 20% in January and February, was largely impacted by planned and unplanned leave. Following an earlier than anticipated maternity gap and a vacancy, this position is expected to continue until new staff are onboarded in June 2025.

2) To achieve a 20% reduction in the volume of complaints by the end of March 2025 in comparison with 23/24 statistics.

We continue to see an increase in the volume of complaints received. The 24/25 monthly average has remained comparable with the 23/24 Q4 service demand – which had increased by 16% in comparison with Q1-3 23/24. January and March demonstrated a further increase with 230 complaints received within each of these months, an increase of 30 complaints in comparison with our usual intake.

While this remains an area of focus, it should be recognised that the volume of healthcare interactions has increased considerably with a 21% increase in healthcare interactions being evidenced in 23/24 versus 22/23 data. We are currently processing the 24/25 year-end data to act as a comparator.

3) To increase the patient relations workforce in line with national averages by the end of March 2025.

The interview process has now concluded with onboarding progressing over the next two months to deploy two additional WTE Band 6 staff to support the department. Two Band 5 staff, new positions only recently ratified by job evaluation, are being recruited to.

The maternity leave gap and vacancy will also be backfilled, although not representative of additionality. Departmental performance remains at further risk during the onboarding period while the workforce remains depleted.

While demand continues to outstrip capacity, the above appointments are considered a positive mitigation step and presents the opportunity of significant performance improvements over coming months.

A service level agreement has been agreed with a neighbouring board to support further additionality and also the development of a staff bank resource to support supplementary staffing.

4) To manage 65% of complaints under Stage 1, local resolution, processes by the end of December 2024.

Target met since March 2024 excluding February 2025 which presented a singular data slippage point with 52% compliance.

Work is ongoing to enable complaint avoidance practices through the development of robust learning environments with collaborative working between the business units.

Financial Implications

There are no direct financial implications arising from the recommendations of this paper other than the time commitment of the faculty and the test teams in the delivery of the collaborative as part of the Board's approach to patient safety and quality improvement.

Workforce Implications

There are no direct workforce implications arising from the recommendations of this paper, except the opportunity to support staff to participate in the faculty and the test teams to strengthen care provision and improve outcomes for patients.

Infrastructure Implications including Digital

There are no immediate infrastructure implications arising from this paper.

Sustainability Implications

There are no immediate sustainability implications arising from this paper.

Sustainability Declaration

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

☐ Yes

☒ N/A

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

Participation, Leadership, and Support

The Executive Director of Nursing and the Medical Director are the executive sponsors for the STC. The STC will contribute to building improvement in clinical and care knowledge, skills, and practice and to workforce development. The Medical and the Quality Clinical Directors also provide support and contribute to the Forth Valley Quality Portfolio.

Demonstrating Impact

A measurement plan for the programme has been developed to outline outcome, process and balancing measures aligned to improvement aims. Data and measurement support is crucial to the STC to be able to deliver a standard of reporting that drives improvement, through intelligence and data that measures and accurately reflects harms and the impact that implementation of tested change ideas produces.

Evaluation is in progress by the FVQ team to identify how we demonstrate impact and support shared learning and identify next steps for the Collaborative aligning with Value Based Health and Care.

There is a current review of the Quality Strategy deliverables to date and a paper will be presented to the Quality Programme board in June setting out next steps to achieve deliverables by March 2026.

Information Governance Implications

There are no immediate information governance implications arising from this paper.

Relevance to Strategic Priorities

- The Forth Valley Board Quality Strategy.
- NHS Forth Valley Clinical Governance Implementation plan
- NHS Forth Valley's Innovation Plan
- Leadership: Develop individual and collective responsibility to enable a collaborative approach to system leadership.
- Culture: Model behaviours and a culture where staff and patients feel valued, safe, and empowered
- Transformational Change: Reimagine and redesign the way we work to improve the health of the population of Forth Valley.
- Performance: Progress incremental and sustainable improvements in our system wide performance.

Equality Declaration

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

Further to an evaluation it is noted that:

- ☒ Paper is not relevant to Equality and Diversity
- ☐ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement, and consultation

- Safer Mobility Leadership Group,
- Deteriorating Patient Leadership Group
- Pressure Ulcer Improvement Group
- NHS Forth Valley Directorate Level Clinical Governance meetings
- Clinical Governance Working Group
- Clinical Governance Committee
- NHS Forth Valley Safer Together Collaborative

Appendices

Appendix 1: Forth Valley Quality 2025–2026 Portfolio Cover Paper

Appendix 1:

Forth Valley Quality 2025–2026 Portfolio Cover Paper

Forth Valley Quality Vision

To deliver a person centred and adaptable service where FV Quality teams seamlessly integrate to maintain high-quality care, drive positive outcomes, and create exceptional experiences for the people of Forth Valley.

Purpose and alignment of the Quality Portfolio

The 25/26 Quality portfolio brings together the projects and programmes to be delivered by the FV Quality Improvement, Clinical Governance and Research & Development and Innovation teams by April 2026 with the overall aim of planning for, improving, and assuring quality (of services/care/outcomes) across Forth Valley. The portfolio provides a systematic approach to planning and delivering our organisational priorities and aligns to NHS Forth Valley's Quality Management System (QMS) approach. The 25/26 portfolio objectives focus on alignment to the wider Value Based Health Care (VBHC) programme, the six dimensions of healthcare quality, and NHS Forth Valleys Quality Strategy. Research and Development is included for the first time for 25/26.

The portfolio lays out the objectives and intended outcomes of included projects and workstreams, and how delivery of these will be measured. The projects and programmes included have been prioritised and developed for inclusion according to the strategies and priorities outlined in the graphic below. It is of note that a Research Strategy is currently in development which will align with the strategies and priorities noted in the graphic below, setting out specific priorities and objectives for Research & Development in NHS Forth Valley.



The portfolio supports alignment and management of dependencies and resources across the four teams within FV Quality to support delivery of outcomes and benefits. The portfolio will be delivered within a QMS approach and overall KPIs will be developed for each of the teams to allow measurement and monitoring of quality, in addition to the individual project and programme outcome measures.

FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

17(b). Healthcare Associated Infection (HAI) Report April 2025

For: Assurance

Executive Sponsor: Professor Frances Dodd, HAI Executive Lead

Author: Mr Jonathan Horwood, Infection Control Manager & Clinical Lead

Executive Summary

The Healthcare Associated Infection Reporting Template (HAIRT) is mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the HAIRT report.
- **note** the performance in respect for SABs, DABs, CDIs & ECBs
- **note** the detailed activity in support of the prevention and control of Health Associated Infection

Risk Assessment / Management

Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHS Forth Valley to meet both national and local standards/expectations.

Key Issues to be Considered

- Total SABs remain within control limits. There was one hospital acquired SAB in April.
- Total DABs remain within control limits. There were two hospital acquired DABs in April.
- Total CDIs remain within control limits. There were two hospital acquired CDIs in April.
- Total ECBs remain within control limits. There were four hospital acquired ECBs in April.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were three mandatory surgical site infections in April.
- There were no outbreaks reported in April.

Implications

Financial Implications

None.

Workforce Implications

None.

Infrastructure Implications including Digital

None.

Sustainability Implications

None.

Sustainability Declaration

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

☐ Yes
☒ N/A

Quality / Patient Care Implications

Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions.

Information Governance Implications

None.

Relevance to Strategic Priorities

LDP Standards in respect of SABs, ECBs & CDIs.

- New interim targets have now been set with no increases in the incidence of CDIs, SABs or ECBs for the period between April 2025 and March 2026, from the 2023/2024 case number baseline

Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

☐ Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee

Additional Information

None.

Appendices

HAIRT April



Healthcare Associated Infection Reporting Template (HAIRT)

April 2025

NHS Forth Valley



**Infection Prevention
& Control Team**

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI	Healthcare Acquired Infection
SAB	<i>Staphylococcus aureus</i> Bacteraemia
DAB	Device Associated Bacteraemia
CDI	<i>Clostridioides</i> Infection
ECB	Escherichia Coli Bacteraemia
AOP	Annual Operational Plan
NES	National Education for Scotland
IPCT	Infection Prevention & Control Team
HEI	Healthcare Environment Inspectorate
SSI	Surgical Site Infection
SICPs	Standard Infection Control Precautions
PVC	Peripheral Vascular Catheter

Definitions used for *Staph aureus*, device associated and *E coli* bacteraemias

Definition of a bacteraemia

Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria. Bacteria can enter the bloodstream as a severe complication of infection (like pneumonia, meningitis, urinary tract infections etc), during surgery, or due to invasive devices such as PVCs, Hickman lines, urinary catheters etc. Transient bacteraemias can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock, which has a high mortality rate. Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones). Treatment for bacteraemia is with antibiotics for many weeks in some circumstances, however cases such as *Staph aureus* bacteraemia usually 14 days of antibiotic therapy is required.

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

- Hospital acquired is defined when a positive blood culture is taken >48 hours after admission i.e. the sepsis is not associated with the cause of admission. An example would a patient with sepsis associated from an infected peripheral vascular catheter.

Healthcare acquired

- Healthcare acquired is defined when a positive blood culture is taken <48 hours after admission but has in the last three month had healthcare intervention such as previous hospital admission, attending Clinics, GP,

dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

Nursing home acquired

- Nursing home acquired is defined when a positive blood is taken <48 hours after admission and when symptoms associated with sepsis developed at the nursing home.

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Performance at a glance:

***Staph aureus bacteraemia* - total number this month: 4**

- There was one hospital acquired SAB this month.
- There were two healthcare acquired SABs this month.
- There was one nursing home acquired SAB this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 4

- There were two hospital acquired DABs this month.
- There were two healthcare acquired DABs this month.
- Total DAB case numbers remained within control limits this month.

***Clostridioides difficile* infection – total number this month: 3**

- There were two hospital acquired CDIs this month.
- There was one healthcare acquired CDI this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 13**

- There were four hospital acquired ECBs this month.
- There were 8 healthcare acquired ECBs this month.
- There was one nursing home acquired ECB this month.
- Total ECB case numbers remained within control limits this month.

Surgical site infection surveillance

- There were three mandatory reported surgical site infections this month.

HAI Recorded Deaths

- There were no MRSA or *C.difficile* recorded deaths this month.

Outbreaks

- There were no outbreaks reported this month.

New LDP interim targets for 2025-2026

The publication of [Further Update on Standards on Healthcare Associated Infections DL \(2025\) 05](#) sets out the local delivery plan standards for year 2025/2026.

The agreed standard **should be no increase in the incidence (number of cases) of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) in the period between April 2025 and March 2026, from the 2023/2024 case numbers baseline.**

In accordance with this ARHAI have provided FV with our 2023/2024 baseline number of healthcare associated CDI, ECB and SAB cases to enable local monitoring. This number reflects the number of cases that should not be exceeded in 2025/26 to meet the new standard.

Healthcare associated case numbers of CDI, ECB and SAB, NHS Forth Valley.

	2023/2024 case numbers (maximum number of cases for 2025/2026)	2024/2025 case numbers based on local data
CDI	40	47
ECB	142	136
SAB	57	53

Ongoing work to support the targets

- Regular reporting of AOP targets on a monthly basis to Executive Team and Service Leads.
- AOP targets reported to ICC, Board and Clinical Governance Committees to ensure appropriate scrutiny and progress towards targets.
- ECBs in particular urinary catheter sepsis case numbers are anticipated to fall following assessment of urinary catheter prevalence across FV as part of the Safety Collaborative work.
- Research near completion regarding PPI and biliary sepsis. Results shared with primary care and to be shared with surgical teams.
- IR1s generated for all hospital infections (ECBs, SABs, DABs and CDIs)

Based on 2024/2025 data NHSFV is on target to meeting required case numbers (SABs & ECBs) however CDI case numbers are currently exceeding target. Further work is proposed to look at antimicrobial prescribing across NHS FV to identify potential opportunities to reduce CDIs and to achieve the target.

HAI Surveillance

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

Staph aureus bacteraemias (SABs)

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly.

Total number of SABs this month; **4** compared to **3** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2025 – date) = **4**

- Hospital acquired = **1**
 - PICC line (Ward B11)

There was no data exceedance for hospital acquired SABs this month.
- Healthcare acquired = **2**
 - PICC line
 - Portacatheter

There was no data exceedance for healthcare acquired SABs this month.
- Nursing Home acquired = **1**
 - Unknown

There was no data exceedance for nursing home acquired SABs this month.

Hospital SABs

- **PICC line**; infection attributed to B11 due to incomplete bundle compliance, this has been addressed with the local team.

NHS Forth Valley's approach to SAB prevention and reduction

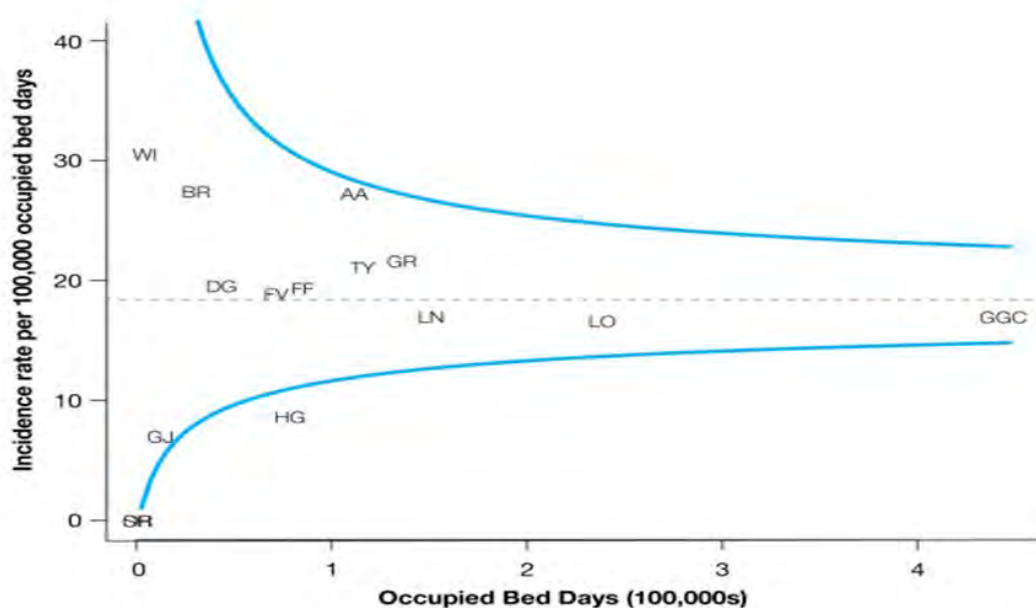
All *Staph aureus* bacteraemias are monitored and reported by the IPCT.

Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a monthly basis. The analysis of the data enables the IPCT to identify trends in particular sources of infections, such as Hickman line infections etc and identifying areas requiring further support. The data also influences the direction of the HAI annual workplan.

National Context

All SABs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (October – December 2024) highlighting Forth Valley's position compared to all other boards in Scotland.



Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

NHS Forth Valley's approach to DAB prevention and reduction

Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

Total number of DABs this month; **4** compared to **4** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2025 – date) = **4**

- Hospital acquired = **2**
 - Urinary catheter short term (Ward A12)
 - PICC line (Ward B11)There was no data exceedance for hospital acquired DABs this month.
- Healthcare acquired = **2**
 - PICC line
 - PortacatheterThere was no data exceedance for healthcare acquired DABs this month.
- Nursing Home acquired = **0**

There was no data exceedance for nursing home acquired DABs this month.

Hospital DABs

- **Urinary catheter short term** - patient developed infection following catheter insertion. Attributed to ward A12 due to incomplete documentation, this has been addressed locally.
- **PICC line**, refer to SAB section above.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

Total number of ECBs this month - **13** compared to **10** last month.

There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **13**

- Hospital acquired = **4**
 - Intra-abdominal (No attributed ward)
 - Post procedural (No attributed ward)
 - Urinary Catheter short term (Ward A12)
 - UTI (No attributed ward)

There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **8**
 - UTI x 2
 - Hepatobiliary x 3
 - Unknown x 2
 - Renal x 1

There was no data exceedance for healthcare acquired ECBs this month.

- Nursing Home acquired = **1**
 - UTI x 1

There was no data exceedance for nursing home acquired ECBs this month.

Hospital ECBs

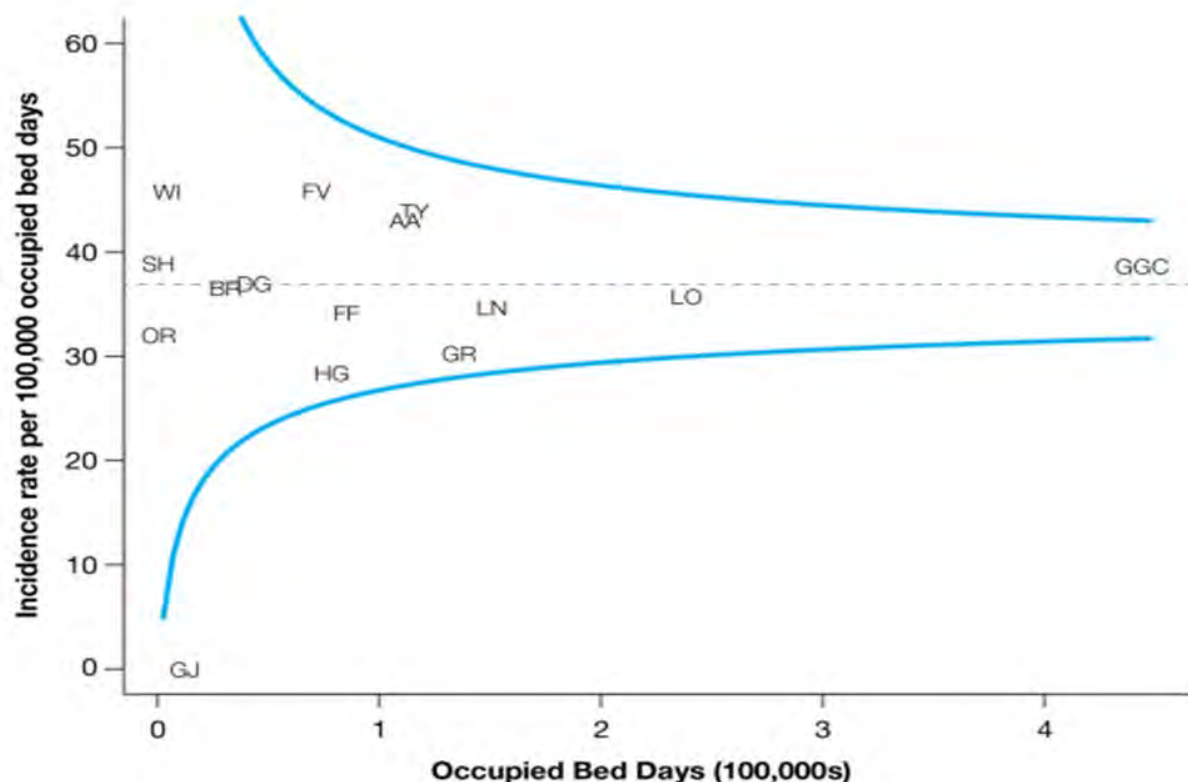
- **Hepatobiliary**; radiology report recorded cholecystitis with developing hepatic abscess.
- **Intra-abdominal**; Patient treated for a rectal mass.
- **Post procedural**; Patient developed infection following prostate resection.
- **Urinary catheter short term**; refer to DAB section above.

Local improvement plans through the Safer Together Collaborative are targeting the use of urinary catheters, working on reducing catheter reliance and targeting clinical practice in relation to catheter insertion and maintenance across clinical areas. There

is also local work being progressed by the Infection Control clinical lead in relation to the use of PPIs and their link to biliary sepsis. This work is being presented to the surgical community and has been presented to the General Practice community.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FV's position nationally. Below is an extract from ARHAI's Quarter 4 report (October – December 2024) highlighting Forth Valley's position compared to all other boards in Scotland. In the previous report Forth Valley had exceeded control limits for the quarter however, Forth Valley's position has now returned within control limits.



Clostridioides difficile infection (CDIs)

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with *C. difficile* resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with *C. difficile*. NHSFV has met its targets over the years and has maintained a low rate of infection.

C. difficile can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing *C. difficile* to proliferate and cause infection. This is the predominant source of infection in Forth Valley. *C. difficile* in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

Cause definitions for Clostridioides difficile infections

Hospital acquired

- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

Healthcare acquired

- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc.

Nursing home acquired

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission.

GP acquired

- GP associated CDI infections are not required to be reported nationally, however, locally it is considered important to monitor and report infections deriving from GP practices. All CDI infections from GPs are reviewed and investigated to the same standard as hospital infections to determine the cause of infection. In addition, data is shared with the Antimicrobial Management Group to allow the group to monitor overall antibiotic prescribing trends for individual GP practices.

NHS Forth Valley's approach to CDI prevention and reduction

Similar to our SABs and DABs investigation, patient history is gathered including any antibiotics prescribed over the last few months. Discussion with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as sometimes the organism isolated can be an incidental finding and not the cause of infection. Data is shared with the antimicrobial pharmacist and

cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

Total number of CDIs this month; **3** compared to **2** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2025 – date) = **3**

- Hospital acquired = **2**
 - No attributed ward x 2 (associated with antimicrobials / recurrence of infection)

There was no data exceedance for hospital acquired CDIs this month.

- Healthcare acquired = **1**

There was no data exceedance for healthcare acquired CDIs this month.

- Nursing Home acquired = **0**

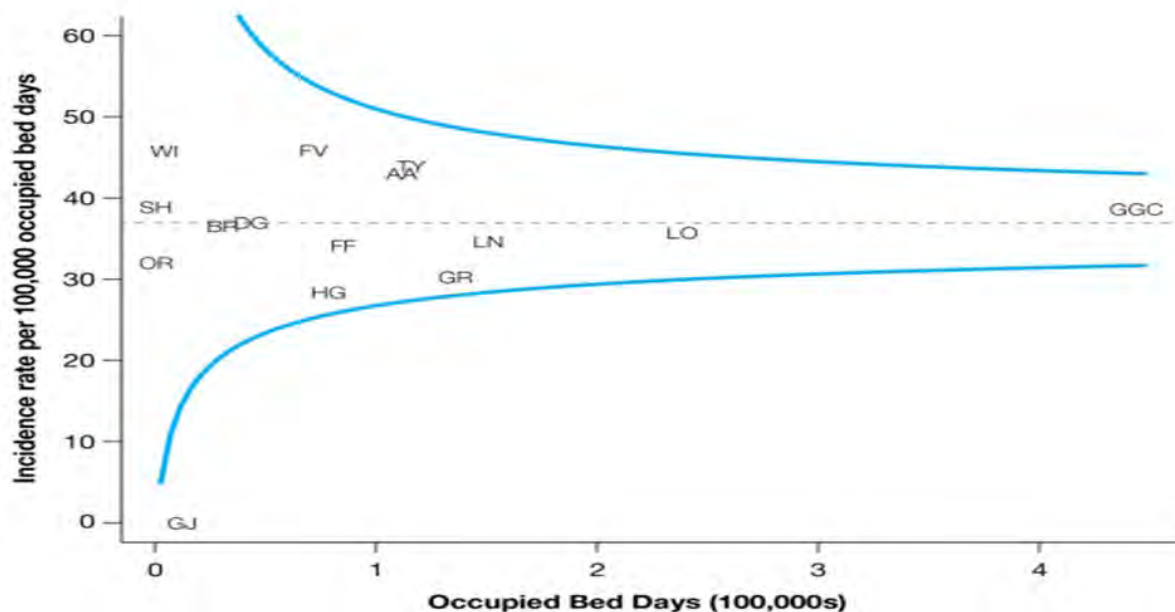
There was no data exceedance for nursing home acquired CDIs this month.

- GP acquired = **0**

(GP figures are not included in the total as it is not part of national reporting)

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plots below are based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (October – December 2024) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains above the national mean but within control limits.



Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post-surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. The NHS Forth Valley infection rates are comparable to national infection rates.

NHS Forth Valley's approach to SSI prevention and reduction

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patient's weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates, and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates. The table below also contains local surveillance with an extended surveillance period of 90 days.

Procedure	No of Procedures this month	No. of Confirmed SSIs this month (Mandatory 30 days)	No. of Confirmed SSIs this month (Local 90 days)
Abdominal Hysterectomy	18	2	0
Breast Surgery	36	0	0
Caesarean Section	83	0	2
Hip Arthroplasty	58	1	0
Knee Arthroplasty	48	0	0
Large Bowel Surgery	15	0	0

Meticillin resistant *Staphylococcus aureus* (MRSA) & *Clostridioides difficile* recorded deaths

The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

- There were no MRSA or *C. difficile* deaths reported this month.

Hand Hygiene Monitoring Compliance (%) Board wide

The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SIPC audits.

The request by Board members to have this data broken down by staff groups is being further explored, it is not readily available for this report, but the feasibility of producing this for future reports is still being worked on.



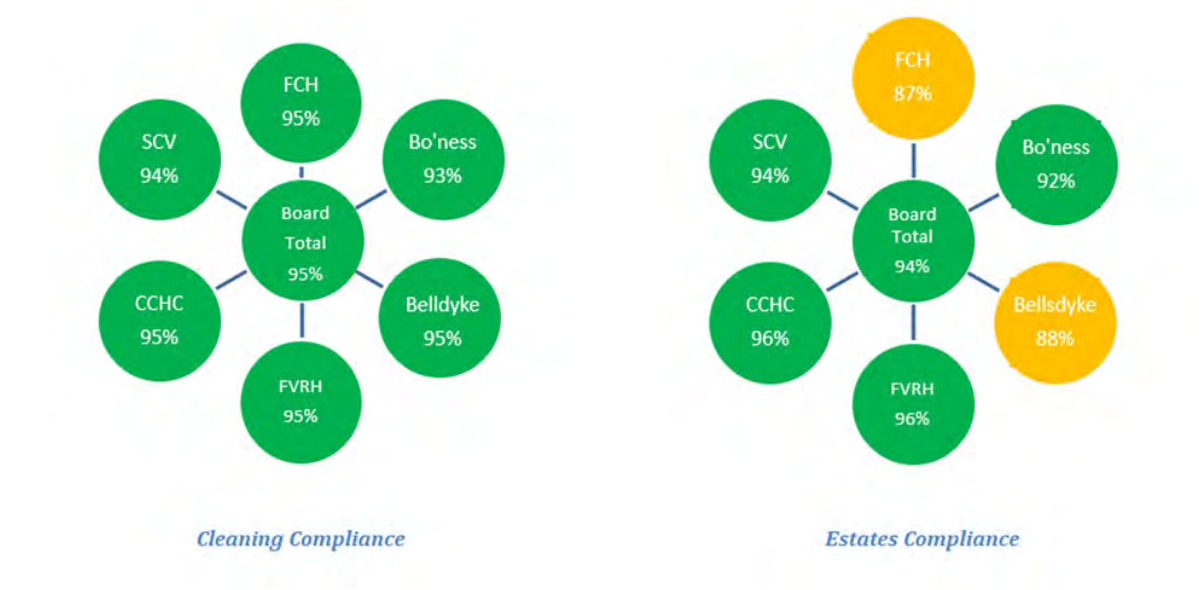
Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital and Bellsdyke Hospital scores have decreased this quarter. Falkirk Community hospital is 87% compared to 86% the previous quarter and Bellsdyke is 88% compared to 87% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard January – March 2025



Colour		Description
	Green	compliance level 90% and above - Compliant
	Amber	compliance level between 70% and 90% - Partially compliant
	Red	compliance level below 70% - Non-compliant

Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributory factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports and are discussed at the local Infection Control meetings.

The predominant non-compliance categories reported were Managing Patient Care Equipment category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. Control of the Environment, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area. Non-compliances have slightly reduced compared to last month (330 non-compliances).

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

Below is a table detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	2	38	35	54	48	18	15	210
Primary Care & Mental Health Services	0	0	2	13	17	1	2	35
WC&SH Directorate	0	0	3	0	5	2	2	12
Totals	2	38	40	67	70	21	19	257

Please refer to the appendix for a further breakdown of non-compliances.

Incidence / Outbreaks

All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

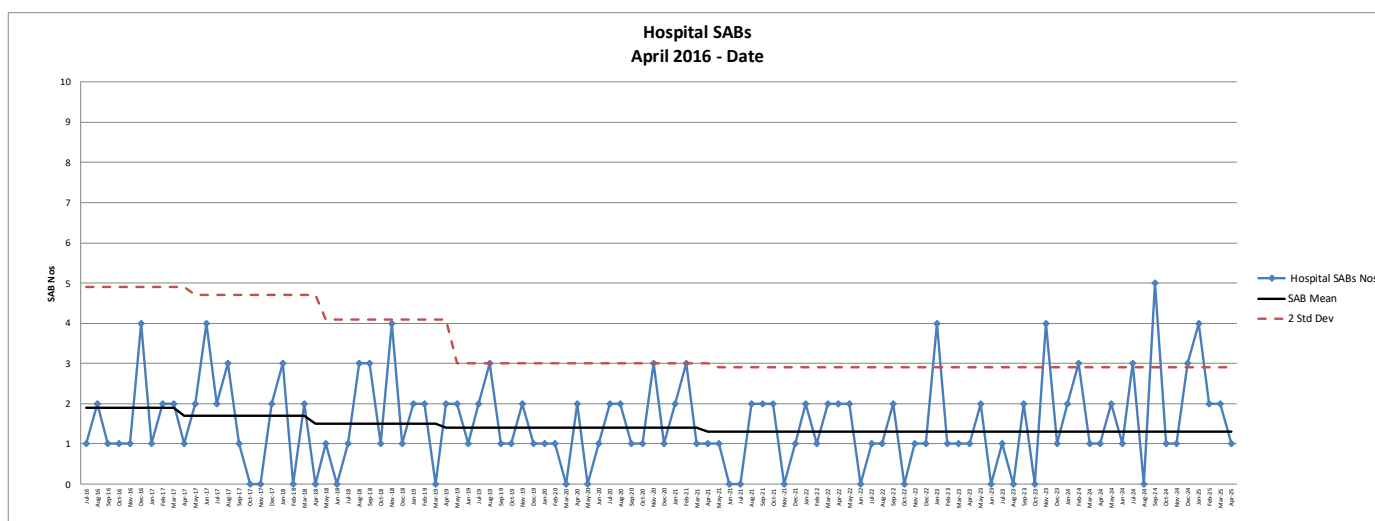
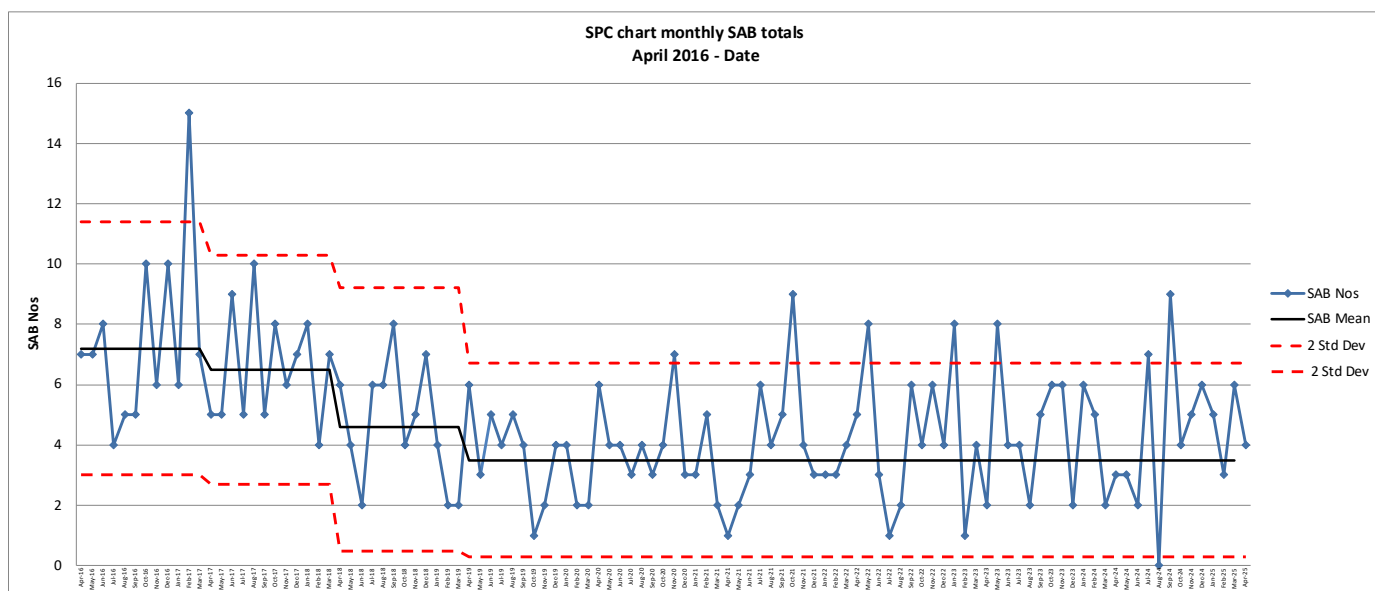
Healthcare Acquired Infection Incident Template (HAIT)

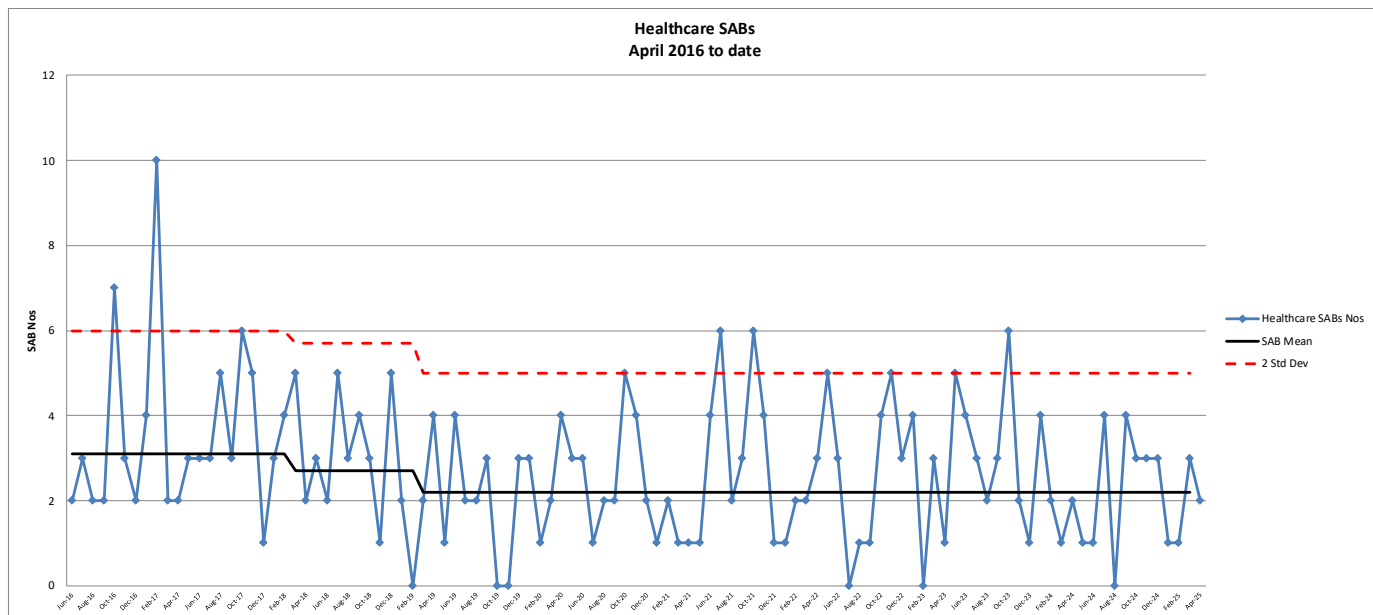
The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

There were no outbreaks reported this month.

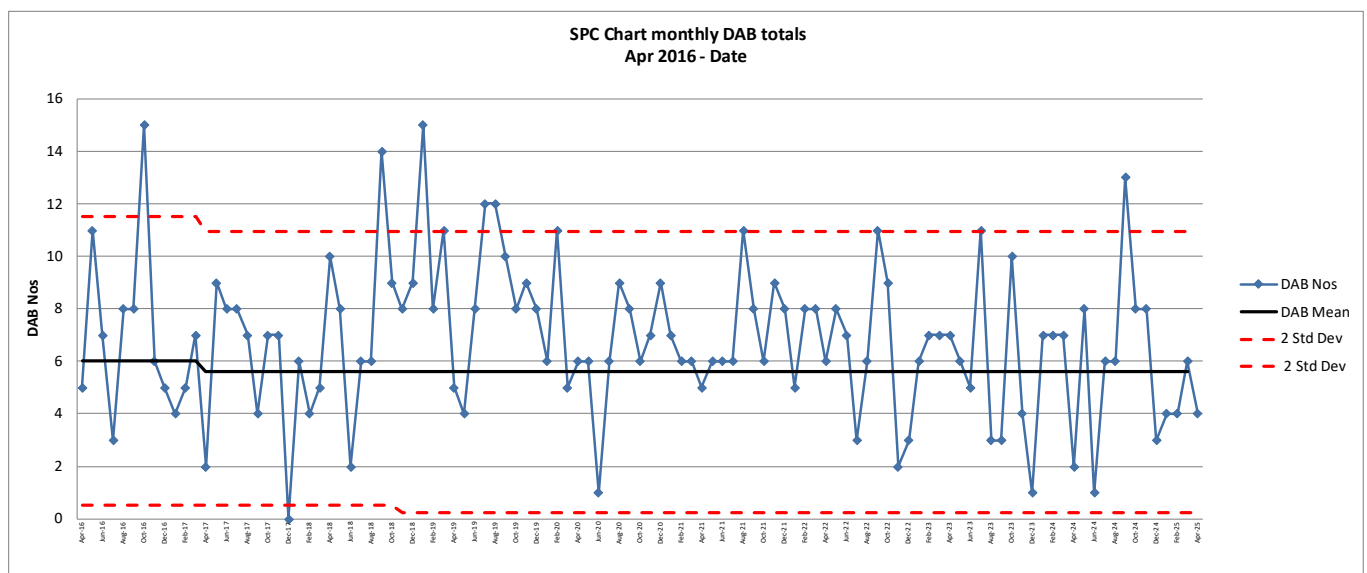
HAI Surveillance Statistical Processing Charts

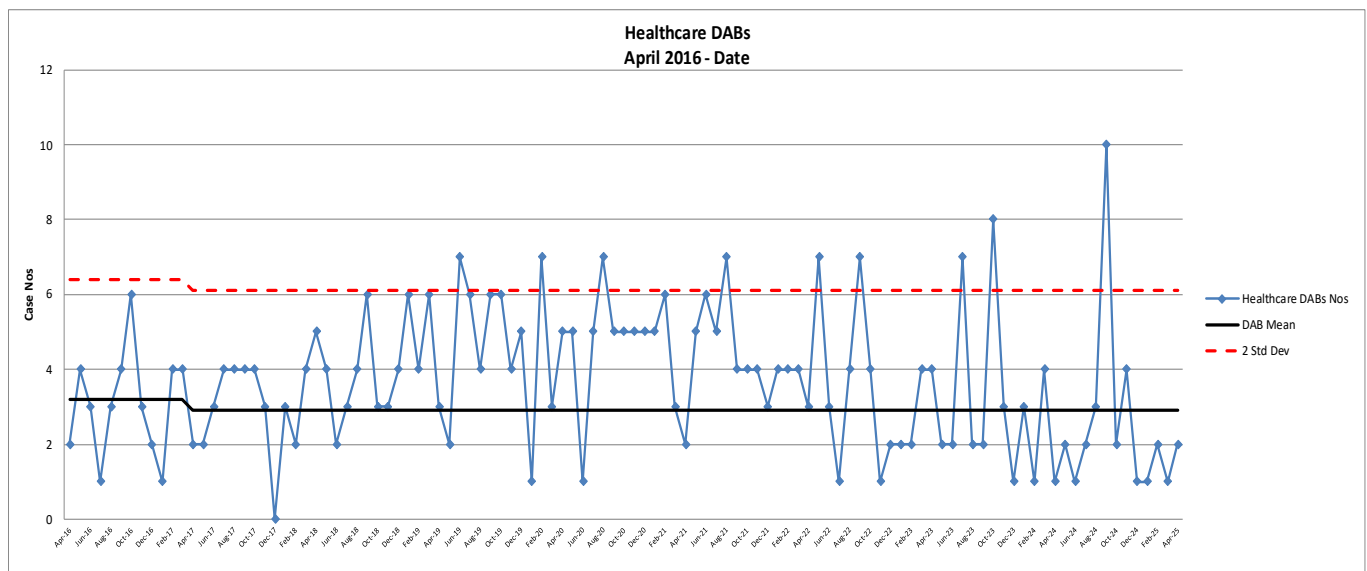
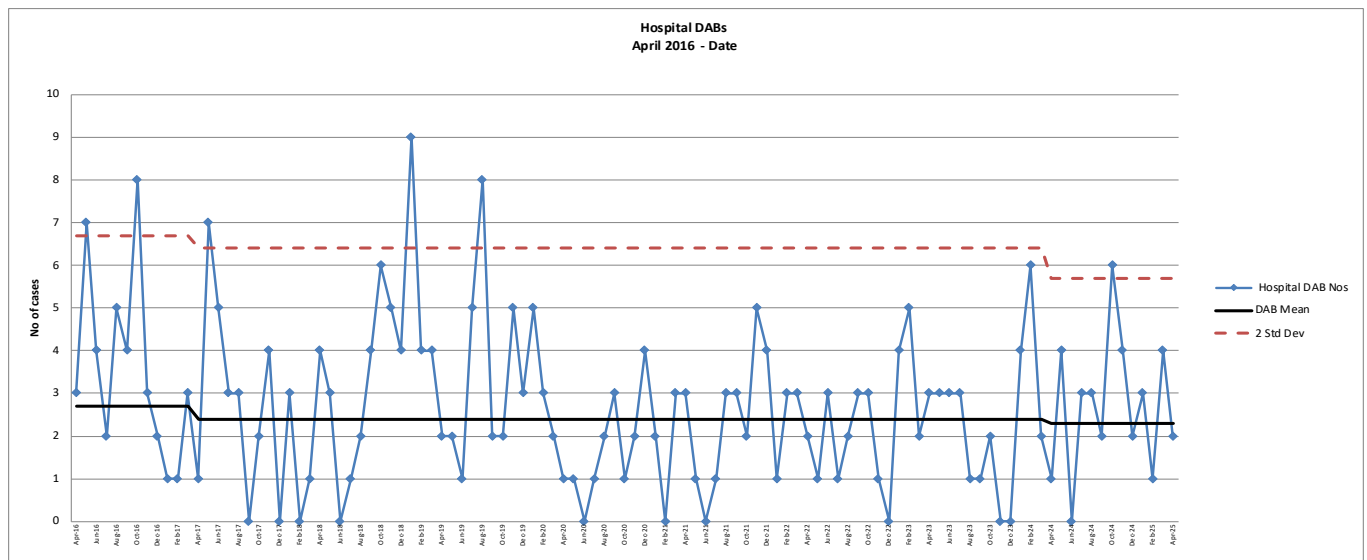
Staphylococcus aureus Bacteraemias (SABs)



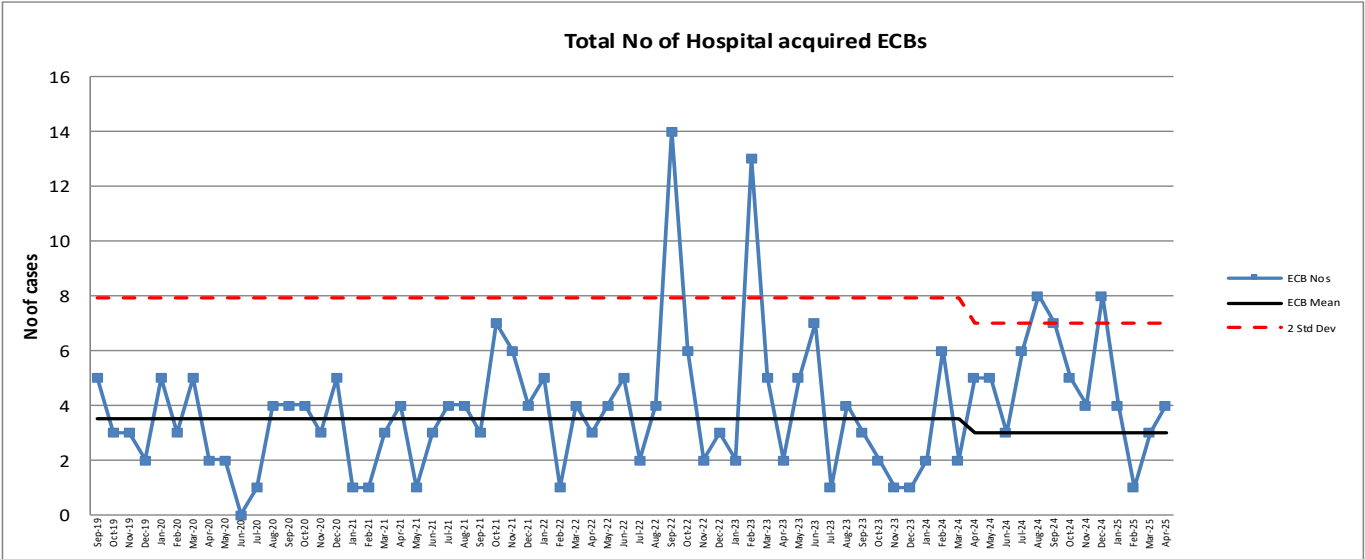
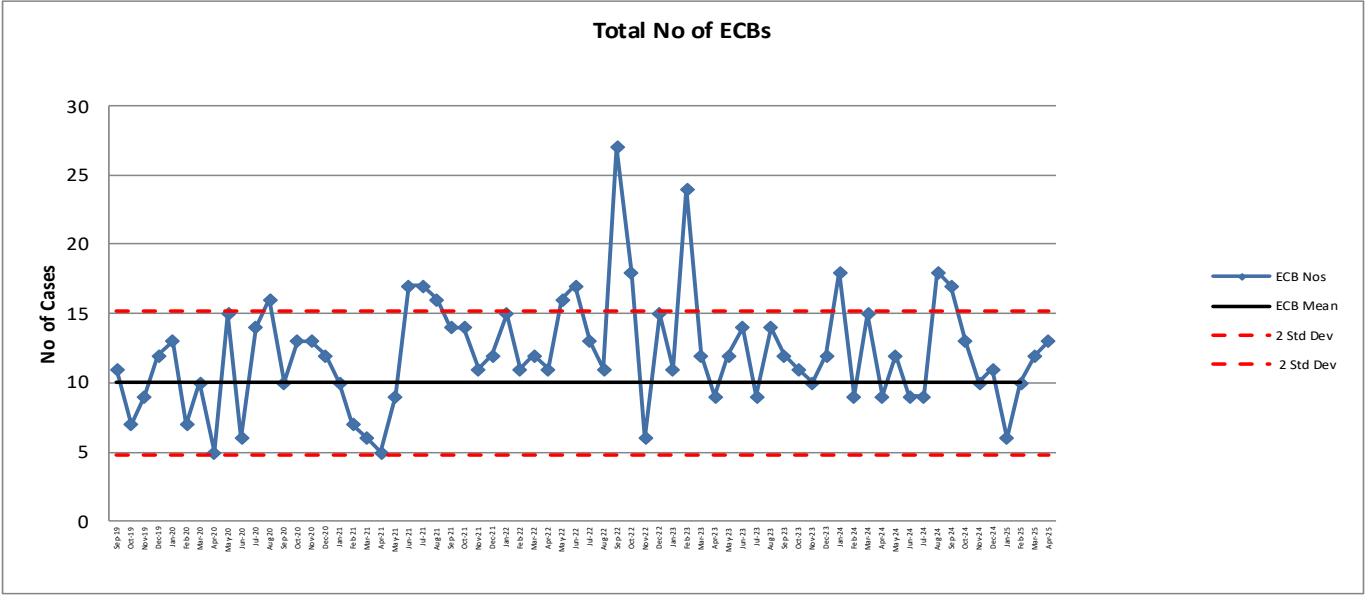


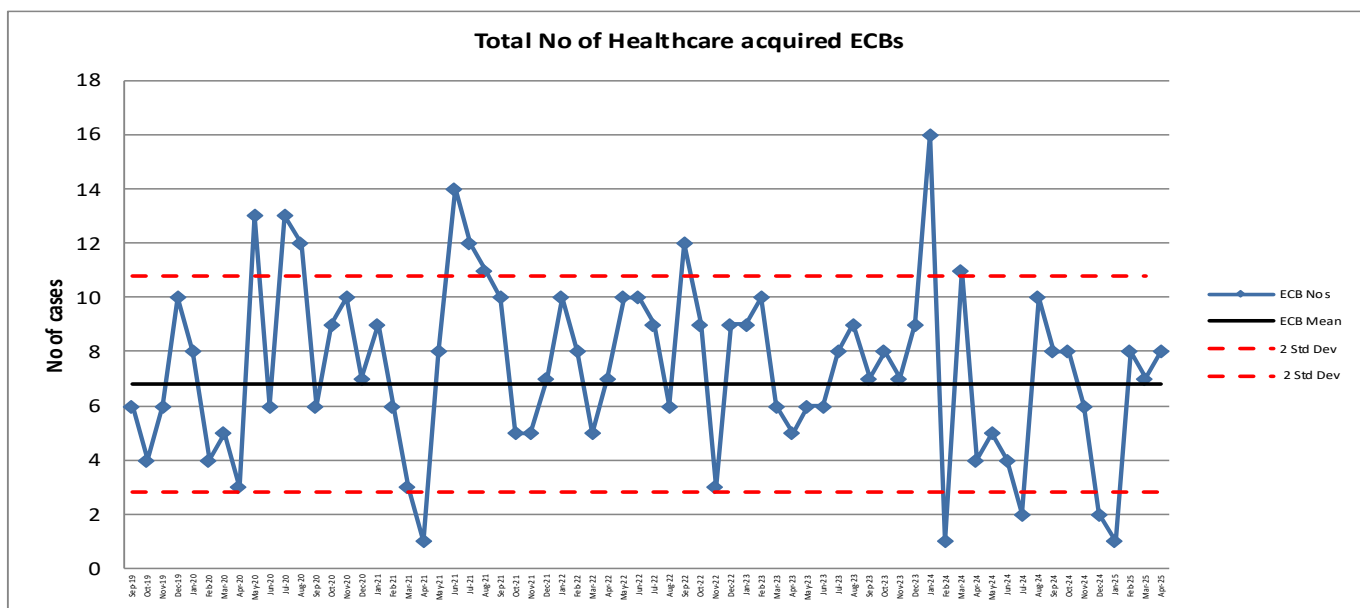
Device Associated Bacteraemias (DABs)



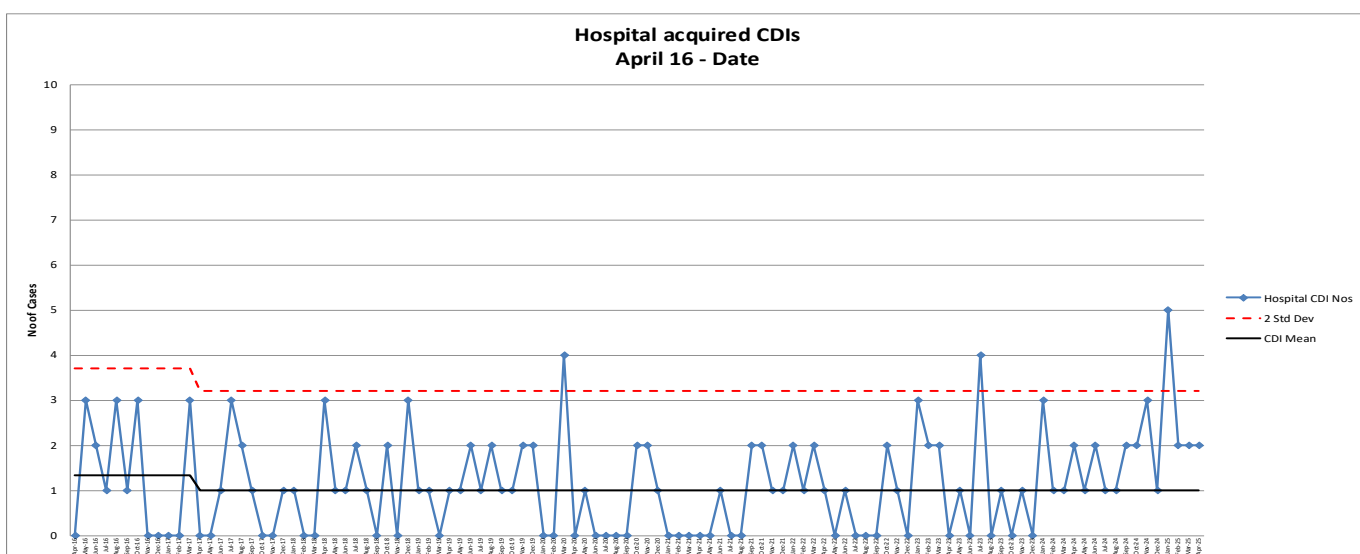
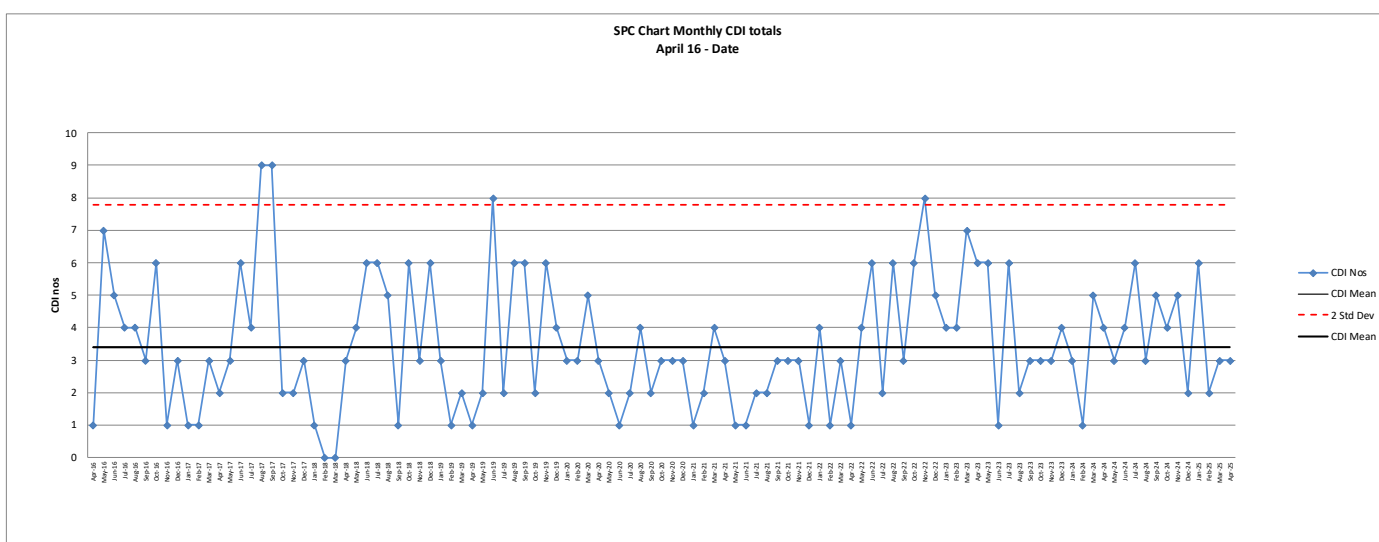


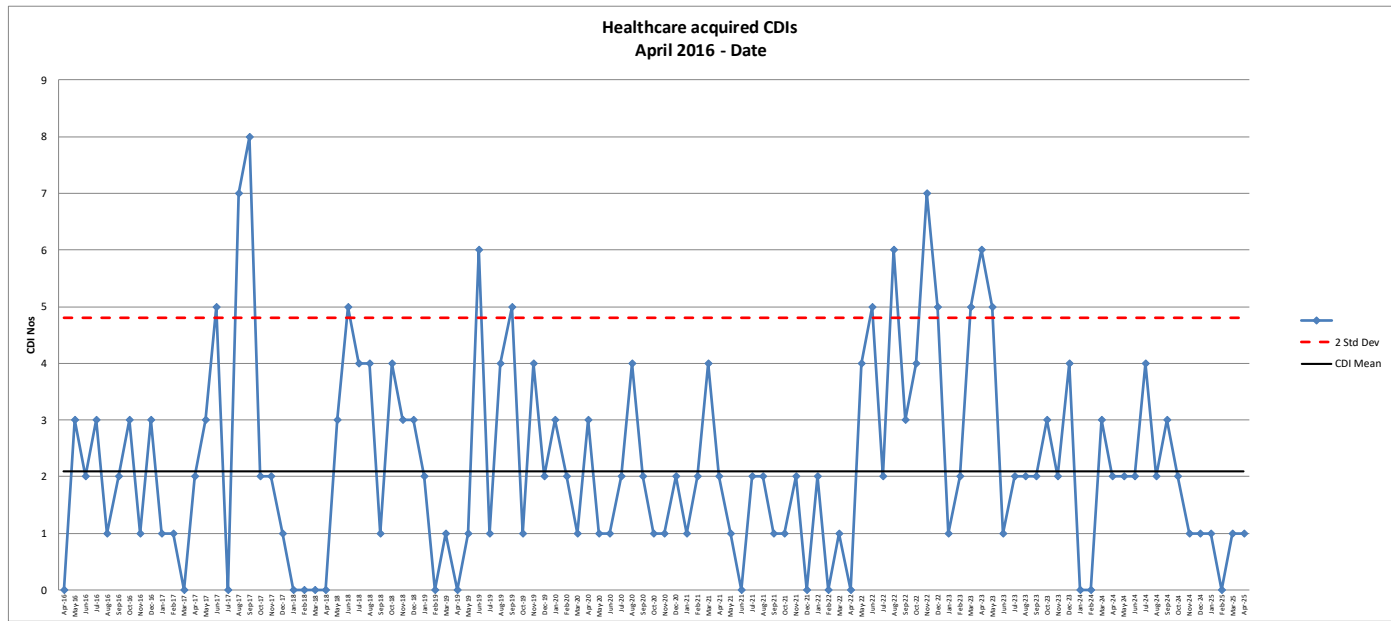
Escherichia coli Bacteraemias (ECBs)



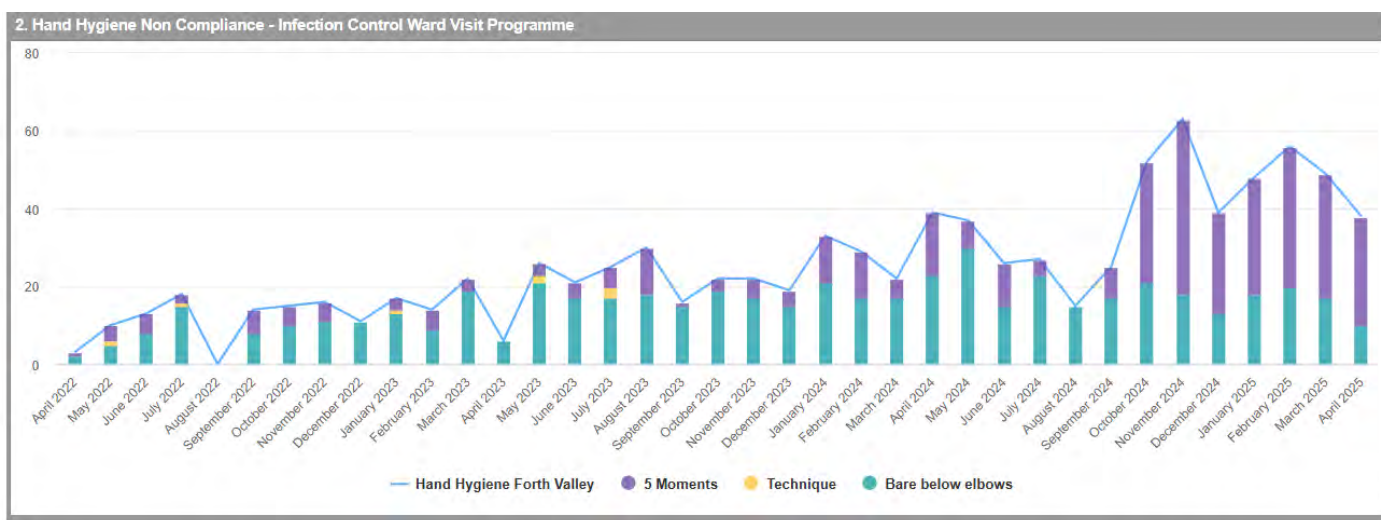
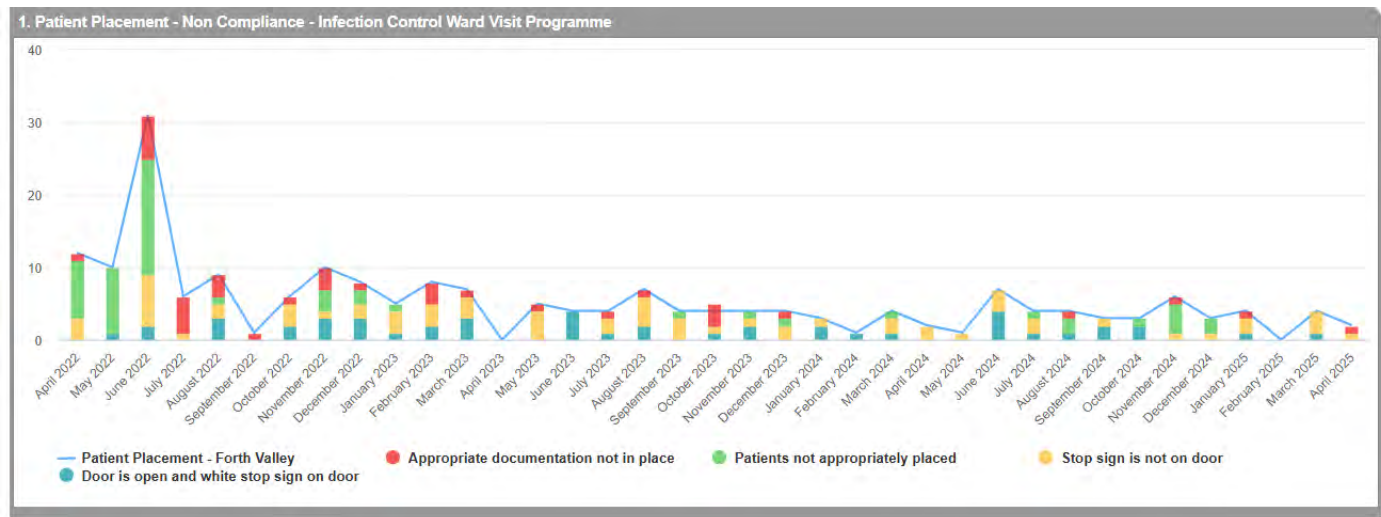
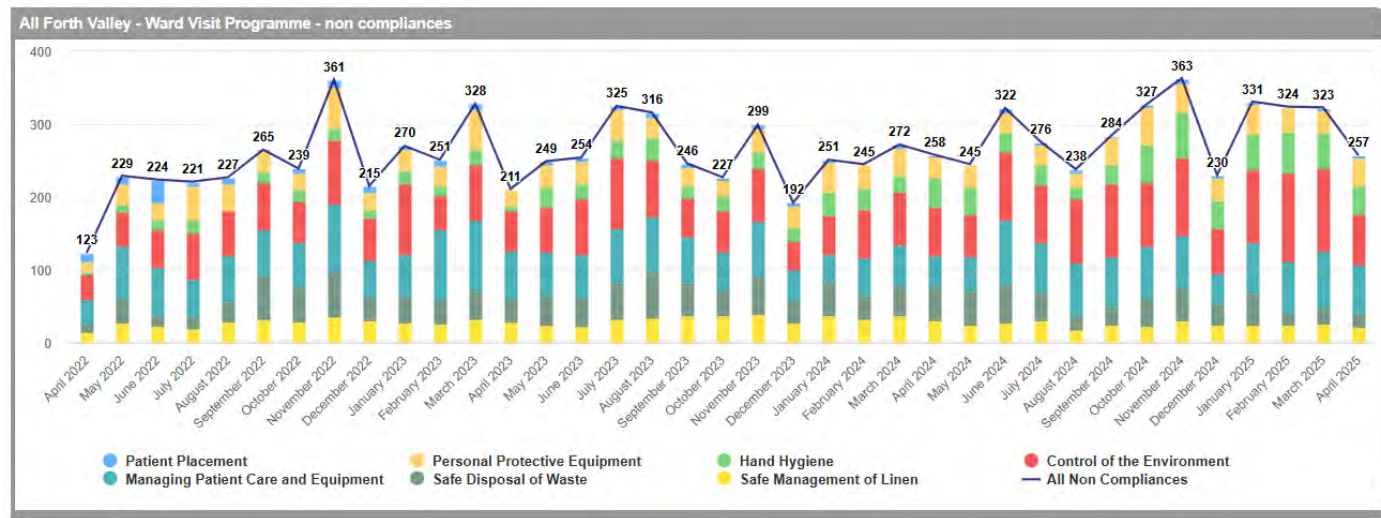


Clostridioides difficile Infections (CDIs)

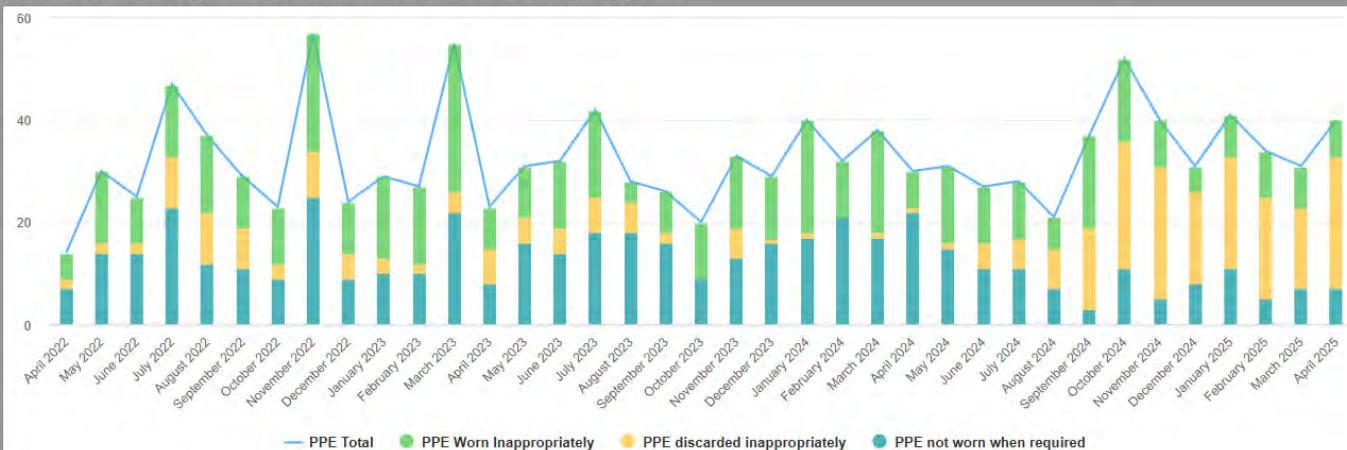




Ward Visit Non-Compliances by SICP



3. Personal Protective Equipment Non Compliance - Infection Control Ward Visit Programme



4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme



5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme



6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme



7. Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme



FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

18(a). Whistleblowing Annual Report

For: Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director / Executive Lead
and Mr Gordon Johnston, Whistleblowing Champion/Non-Executive
Director

Author: Claire Peacock, PA to Executive Nurse Director / Whistleblowing
Liaison Officer

Executive Summary

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

The standards are applicable across **all NHS services** and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021, and it is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and an annual basis.

This annual report is presented to the NHS Board to provide an update on Whistleblowing activity during 2024/25.

Recommendation

The NHS Board is asked to:

- **note** Whistleblowing Annual Report 2024/25.

Risk Assessment / Management

Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

NHS Forth Valley promote the use of Business-as-Usual reporting for all areas of concern, however where these have been exhausted, or are felt by the reporter to be closed to them, then Whistleblowing routes should be used.

There is also a public confidence and reputational risk if whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

Financial Implications

No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on Safeguard to data capture the Whistleblowing process.

Workforce Implications

An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post continues to be supported within the NMAHP directorate, however is undergoing banding review of the role.

Infrastructure Implications including Digital

None

Sustainability Implications

None

Sustainability Declaration

None

Quality / Patient Care Implications

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

Information Governance Implications

Information must be handled in a confidential and sensitive manner. A breach of information handling could lead to organisational failings or potential personal detriment towards the reporter.

Relevance to Strategic Priorities

The introduction of the Independent National Whistleblowing Officer Service aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of openness, and speaking up in the NHS, which is a key priority for NHS Forth Valley.

Equality Declaration

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

Further to an evaluation it is noted that:

☒ Screening completed - no discrimination noted

Communication, involvement, engagement and consultation

This paper has been developed and considered to date by the following groups. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee

Additional Information

None

Appendices

Whistleblowing Annual Report 2024/25



NHS Forth Valley

Whistleblowing Annual Report

2024/25

Introduction to National Whistleblowing Standards

Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as: *“when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2020) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing”*

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a ‘whistleblowing concern’.

The standards are applicable across all NHS services and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

Executive Summary

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021. Whistleblowing is viewed by NHS Forth Valley as a very important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity.



The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.

We understand that there will be staff that have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or NHS Forth Valley itself, it can be difficult to know what to do.

Staff may be worried about raising such an issue and may think it best to keep it to themselves, perhaps feeling it is none of their business or that it is only a suspicion. Staff may also feel that raising the matter would be disloyal to colleagues, to managers or to the Board. It may also be the case that a member of staff has said something but found that they have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

NHS Forth Valley is committed to managing the organisation in the best way possible and follows the revised national whistleblowing standards introduced across NHS Scotland. We strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

NHS Forth Valley Whistleblowing Arrangements

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

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

The organisation has an internal webpage with all of the whistleblowing and speak up resources clearly identified. This is publicised across the organisation. The whistleblowing arrangements across Forth Valley are available to all staff, contractors and students to use.

The guidance available supports staff to raise concerns in a confidential way, to ensure there is safety for all reporters. We continually review our local guidance, ensuring that it remains compliant with the National Whistleblowing Standards.

Confidential Contacts

The role of Confidential Contacts within NHS Forth Valley is to provide informal signposting and support to staff who have concerns that they wish to raise and believe this is a whistleblowing concern.

They provide a listening ear, information about the whistleblowing policy and procedures, and signposting to other more formal sources of support such as the wellbeing resources or staff side representatives.

In addition, NHS Forth Valley have in place a Speak Up Service. The Service was launched in December 2021 with the aim of promoting an open, honest and responsible culture where staff are supported to raise concerns.



Pauline Donnelly



Alison McBride



Morag Farquhar



Pauline Miller



Jillian Thomson



Sarah Grant



Lorna Hood



Melissa Kelly



Brian McAuley



Laura Campbell



Maureen Santosh

The service consists of a Speak Up Ambassador who also acts as a confidential contact for any concerns raised through the formal Whistleblowing procedures which are in place. The Ambassador is supported by the Speak Up Advocates who provide a confidential, impartial service where employees can discuss concerns in a safe space or speak to someone in confidence for support and advice. These roles were recently combined to support both processes.

The roles include a diverse range of staff from both clinical and non-clinical backgrounds. The purpose of this is to ensure that staff who are raising concerns have the option to choose a contact within or out with their own clinical or non-clinical sphere to create the conditions of their choice, and to ensure they are protected and supported during the process.

The confidential contacts maintain the confidentiality of the reporter at all times, they offer meetings, and support required as part of the process. The confidential contacts connect with the reporter/s regularly throughout the investigation to ensure they are supported and have mechanisms for identifying and escalating any detriment throughout the investigation.

The details and profiles of these roles are promoted widely across the organisation and on the NHS Forth Valley intranet and internet pages. This has been designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need, to ensure the right level of support is available to them at the time of their concerns. This is with the intention to provide support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

There are plans underway to further enhance the role of the Confidential Contacts and Lead Investigators by delivering simulation training to those involved. The purpose of the training is to give exposure to realistic investigation scenarios to enhance investigation skills and to support decision making abilities as part of the Whistleblowing process. This training will be delivered in 2025.

Whistleblowing Network

The Whistleblowing Network continues to meet bi-monthly and gives opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening the processes, communication with reporters, the process of investigation, as well as the organisational learning from whistleblowing investigations. The whistleblowing network is led by the Executive Lead for Whistleblowing and supported by the Whistleblowing Champion.

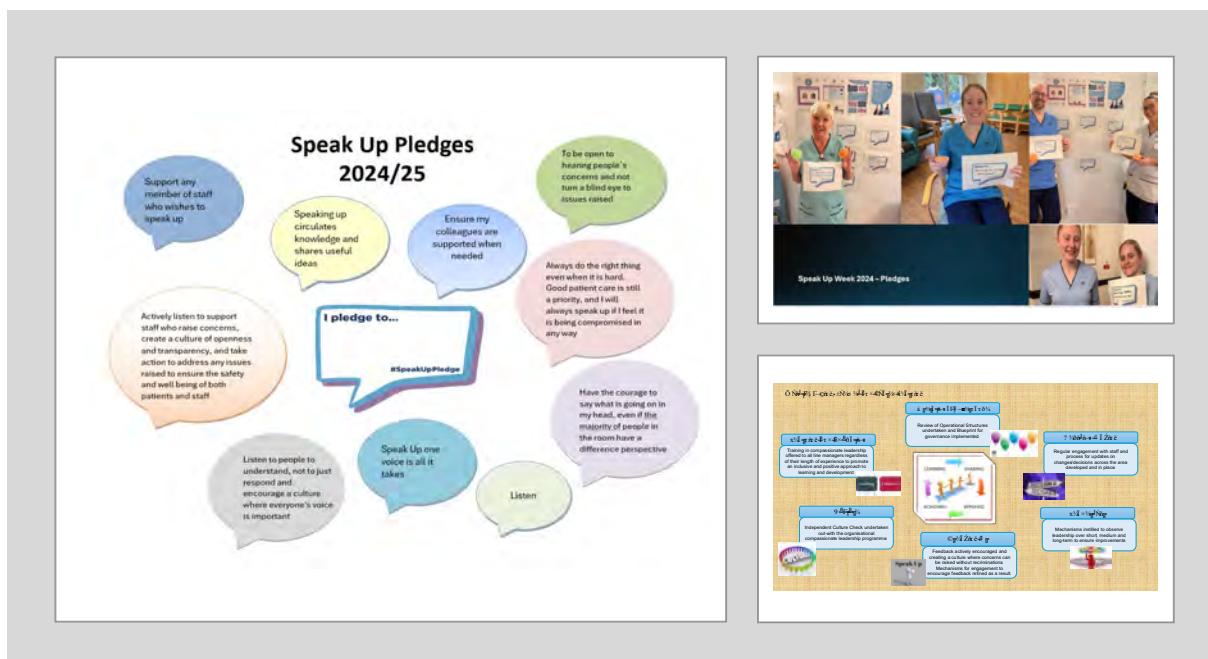


In August 2024 the INWO attended NHS Forth Valley's Whistleblowing Network to provide an overview and to identify any key learning from the INWO case loads, and to discuss the INWO's activities for Speak Up Week 2024.

The Whistleblowing Network focussed on NHS Forth Valley's arrangements for national Speak Up Week 2024. The plans included a range of virtual activities to widely promote NHS Forth Valley's Whistleblowing arrangements and to share learning.

The activities included views from our Whistleblowing Champion, Executive Lead, Confidential Contact, Lead Investigator and anonymous views from a Whistleblower. The content was shared widely across the organisation and is available on NHS Forth Valley's intranet.

Also, as part of the Speak Up Week arrangements staff were encouraged to give a pledge to "Speak Up". The pledges were collated to identify themes and further work to align the themes to the "What Matters to you" data. This work was taken forward by the Whistleblowing Network.



Whistleblowing Training

Whistleblowing training is for anybody who provides services on behalf of the NHS in Scotland, including students, contractors and volunteers.

The modules have been designed to provide training on the National Whistleblowing Standards (the Standards) and the role of the Independent National Whistleblowing Officer (INWO).



The modules have been provided by the INWO and are set out in 3 different learning programmes:

Whistleblowing: an overview	People who need an overview of the Standards.
Whistleblowing: for line managers	People who are line managers or work in a similar role, who are likely to receive concerns from colleagues in their day-to-day work.
Whistleblowing: for senior managers	Senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on whistleblowing concerns to the board.

We continue to raise awareness of the TURAS training modules and in particular the line/senior manager training to ensure staff are undertaking the training most appropriate to their role. The training modules are promoted widely across the organisation and there continues to be a focussed approach in this area. Further elements of the whistleblowing training performance are detailed within the report.

Independent National Whistleblowing Officer (INWO)

The INWO will investigate complaints and, where needed, recommend action for the NHS organisation to take. In addition to complaints, the INWO has a national leadership role providing support and guidance to NHS organisations, focusing on appropriate early resolution, and good practice in whistleblowing handling, recording, reporting, learning and improvement. The ultimate aim is to ensure that patients received a good, safe service from a well-run NHS in Scotland.



The INWO is the **final stage of the process** for those raising concerns. The INWO can consider complaints about:

- Any actions taken by your organisation in response to your concerns
- Whether your organisation followed the process laid out in the Standards
- How you were treated during and after you raised a concern
- How the organisation supports a culture of speaking up

The INWO is able to investigate complaints and, if appropriate, carry out an external review to come to a decision. If individuals are unhappy with a decision on their complaint, they will have an opportunity to provide comments and express why they feel the decision is not correct.

More information about the Independent Whistleblowing Officer and their role can be found on the INWO website.

National advice line free on 0800 008 6112 (*from 9am-1pm on Mondays, Wednesdays and Fridays, and from 12-4pm on Tuesdays and Thursdays*) or **via email** inwo@spso.gov.scot.

Whistleblowing Performance

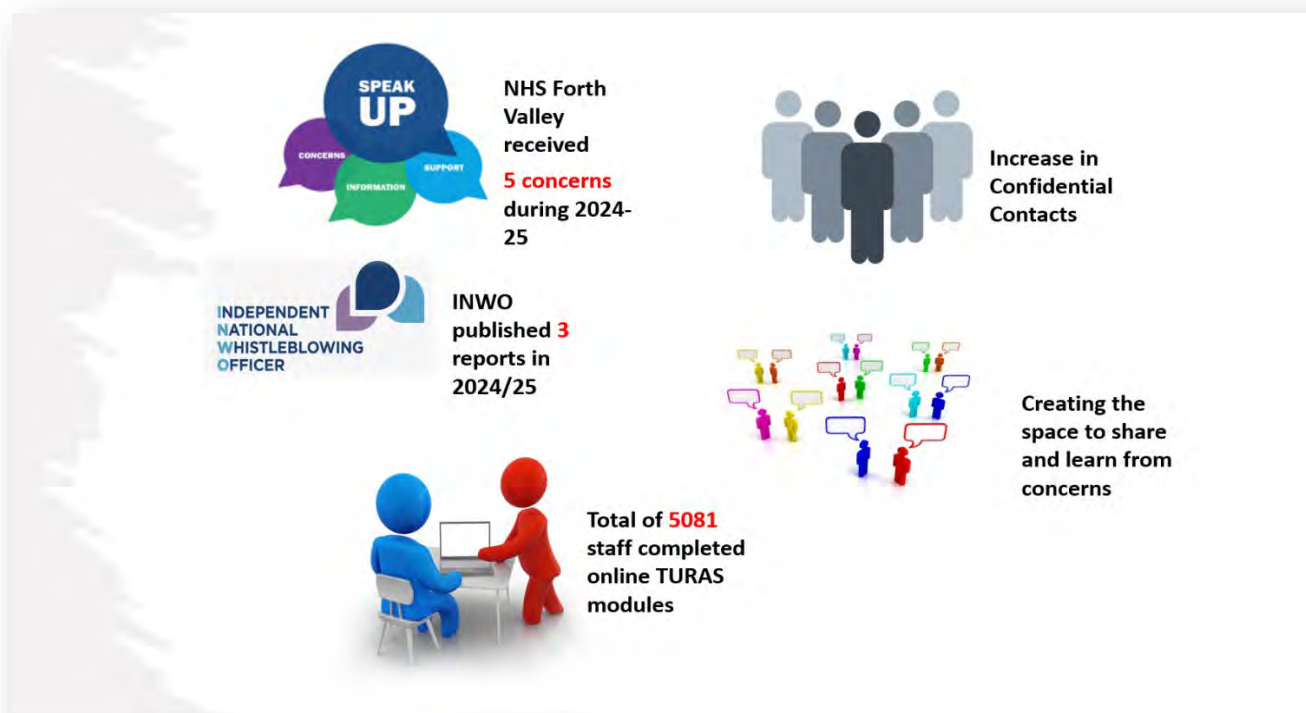
Whistleblowing activity is presented to the NHS Board to reflect the Scottish Government's mandate to capture performance of the Board against the 9 Key Performance Indicators as outlined in the Whistleblowing Procedure and below:

KPI	Measure
KPI 1	Learning from Whistleblowing Concerns
KPI 2	Whistleblowing Procedure Experience
KPI 3	Self-Awareness & Training
KPI 4	Total Number of Concerns Received
KPI 5	Concerns Closed at Each Stage
KPI 6	Concerns Upheld or Not Upheld
KPI 7	Average Times
KPI 8	Closed in full within the timescales
KPI 9	Number of Cases where an extension is authorised

Performance across the key indicators is presented to the Board on a quarterly basis as per the requirement of the standards.

The information provided below provides an overview of the annual performance for 2024-25 across NHS Forth Valley against each of the Key Performance Indicators.

Performance At a Glance – 2024/25



Breakdown of Performance to Date

	Stage 1	Closed	Stage 2	Closed
Acute	3	3	4	3
Corporate	0	0	3	3
Community	0	0	1	1
MH/LD/Prisons	4	4	2	2
Women & Children	1	1	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1
Total	9	9	14	13

Key Performance Indicator One: Learning from Whistleblowing Concerns

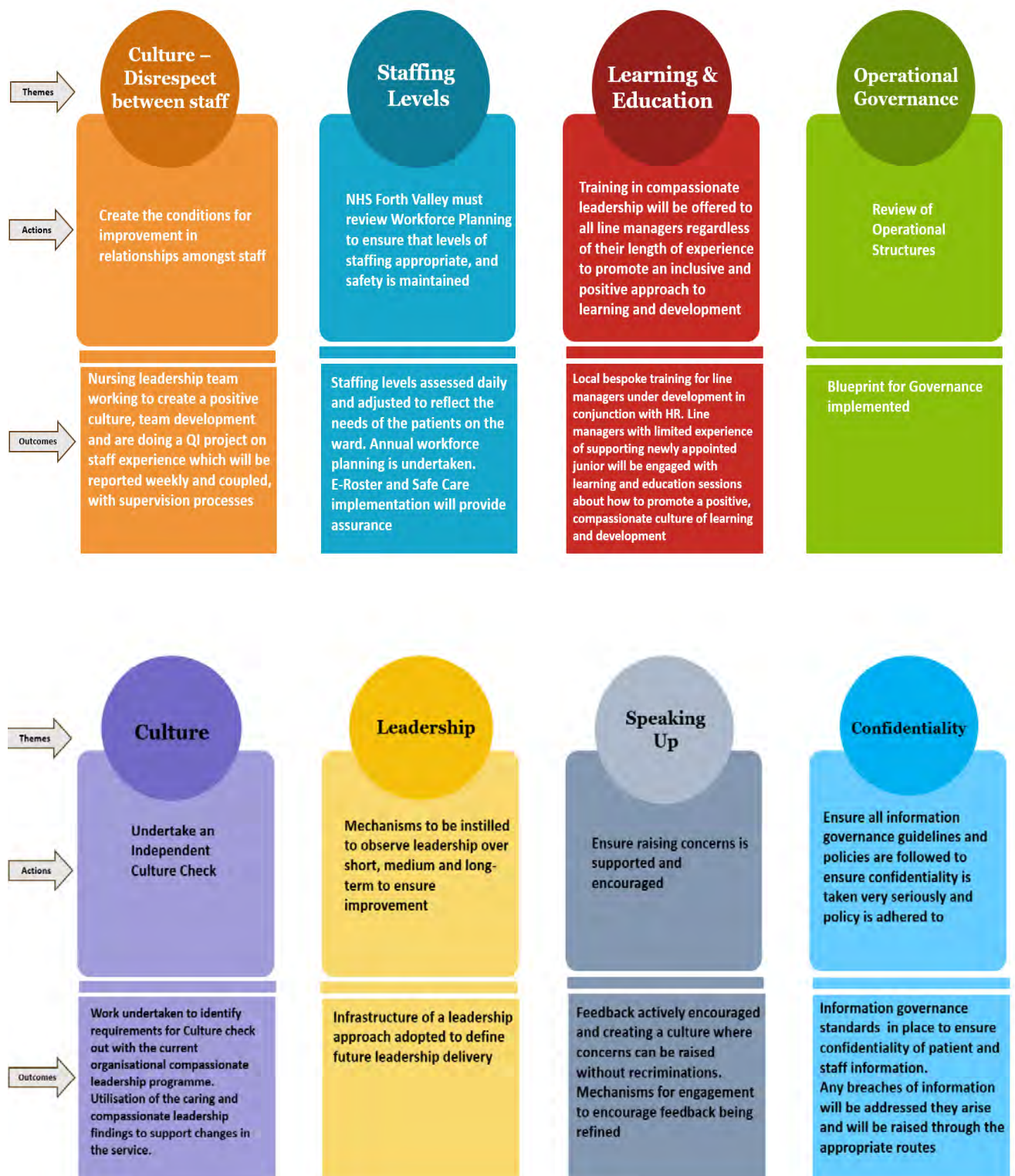
The indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

The process for organisational learning from whistleblowing concerns is led through the whistleblowing network, this continues to be an area of development to ensure organisational, and not just individual service, learning takes place.

As described earlier in the report the Whistleblowing Network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.

Work continues in relation to organisational learning from whistleblowing, this was aligned with the work across the system looking at learning from complaints and SAERs, to ensure organisational learning is robust.

The infographic below highlights the some of the key themes, actions and learning identified from the Whistleblowing cases in NHS Forth Valley:



Independent National Whistleblowing Officer (INWO)

As described earlier in the report, if a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has received a total of 6 cases relating to concerns that have been investigated under Stage 2 of NHS Forth Valley's procedure. NHS Forth Valley have provided additional information which inform the INWO's decision on whether a full investigation is undertaken in relation to these cases.

During 2024/25 3 of these cases were investigated and upheld by the INWO. The decision was to uphold on the basis of the Boards failing to handle the concerns in line with the standards.

INWO Published Reports in 2024/25

March 2024	INWO 202300519.pdf
May 2024	INWO202206509.pdf
July 2024	INWO202301821.pdf

NHS Forth Valley values any feedback from the INWO and reporters to improve the process and experience for future cases.

Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback on the experiences of all those involved in the whistleblowing procedure.

Currently any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. A feedback mechanism was also built into the arrangements to seek feedback from reporters on the use of the process which will allow us to further develop and strengthen our local processes. In addition, a survey was also developed to gather feedback from those using the process but unfortunately the response rate was nil to date, this will be encouraged going forward.






The confidential contacts have taken on board feedback from initial cases to improve the communication with reporters during investigations. This includes the offer of regular contact with the confidential contacts throughout and after the handling of the concerns.

The organisational learning from whistleblowing is initially developed in the local teams through robust action planning and improvements, these are tracked to completion by the whistleblowing administrator. The wider learning is shared through whistleblowing reporting in the form of learning summaries, as well as on the internal webpage, describing the concerns raised and the developments and improvements that have been made as a result of the whistleblowing concerns. This remains an iterative

process where we continually challenge how we might share learning wider and in more innovative ways to ensure staff have access to this organisational learning.

As highlighted earlier in the report the whistleblowing network which involves all of the staff involved in the administration and investigation of whistleblowing concerns acts to review all of the cases in relation to the whistleblowing process and how we can further develop and refine the process, as well as using feedback from reporters to strengthen our arrangements and introduce elements which would have enhanced the experience for the reporter.

Highlighted below is some feedback from Whistleblowing Investigators and Confidential Contacts on their experience of being part of the process:

<p>1. What is your role?</p> 	<p>5. Did you feel you had enough support throughout the process?</p> 
<p>2. How was your experience of being an investigator/ Confidential contact</p> 	<p>6. Do you feel anything could have been done differently?</p> <p><i>I feel that over the years we have had continued learning and changed the way things are done. No, continual learning as things progress making tweaks to templates etc.</i></p> <p><i>No, I am aware that all of us on the network have a role to play in developing lean processes in order to enable the work and to support each other in each of our whistleblowing roles. At times early in the process of NHS FV creating a healthy speak up and whistleblowing mechanism, there were things that could have been done differently, and we have taken on these lessons to make it as it is today. I expect this continuous improvement approach to continue in order to evolve what we do but right now I would not suggest any drastic change is required.</i></p> <p><i>No</i></p> <p><i>No</i></p> <p><i>Not with the WB process, it is clear across the organisation we could listen earlier and prevent the need for staff to pursue a WB route.</i></p> <p><i>No</i></p> <p><i>Locations could sometimes be a problem as there's a wait for contacts to agree time and place. Emails go back and forth to finalise meetings.</i></p>
<p>3. Can you describe your experience?</p> <p><i>Challenging often difficult however rewarding</i></p> <p><i>Well supported and clear templates processes, just learning from experience and will feedback</i></p> <p><i>All investigations take time and investment to ensure they are of a high standard. However, the support given by the executive and administrative leads for whistleblowing was invaluable and made the process manageable. The development and use of processes and letter templates has been really helpful.</i></p> <p><i>It was a relatively simple case in the scheme of things, but I felt the benefit of the support from the team in taking it on and bringing it to conclusion.</i></p> <p><i>My role was to review an original whistle blowing investigation and outcome. Complainant disagreed with original outcome. I found this challenging. Robust admin support required</i></p> <p><i>I have not had the opportunity to meet with a staff member/staff group as yet as a confidential contact.</i></p> <p><i>For me it's about giving something back to the organisation by supporting staff who needs to be listened to. The experience is a bit nervous at first because every case is different and it's not knowing what you are going into. On a more personal level, not knowing what happens after that first meeting is difficult as we are there to listen and sign post. Also, as there's wide gaps between meeting another contact, it feels some new training could be helpful. Having said this, I am happy to continue as a Confidential Contact for NHS FV.</i></p>	<p>7. Please add any additional comments including ways that could improve the process</p> <p><i>Continue with scenarios - always very good for learning. Always, excellent support from the WB Liaison Officer</i></p> <p><i>Value the tight local network being able share support as required</i></p> <p><i>The network has been invaluable, and I would hope this would continue.</i></p> <p><i>Continuing with the Network and learning/sharing lessons from cases.</i></p> <p><i>Robust admin support and ring-fenced time to carry out this role and task within delegated timeframes</i></p> <p><i>My involvement has been limited, so do not feel I have enough experience or 'data' to provide any further info. I do feel there has been significant improvement in the process, I'm also unsure if staff trust WB or (in particular) speak-up. I don't think the automatic allocation of the WB team to be Speak-up contacts has been helpful in this regard.</i></p> <p><i>I found it extremely helpful linking in with the lead Confidential Contact prior to my first proposed meeting with a staff member as a confidential contact. This helped me to check out my understanding to ensure I would be following the correct process. Having skills practice would be helpful to allow confidential contacts to work through various scenarios to identify the differences between the different processes that may need to be highlighted to staff members/groups such as grievance, bullying and harassment as well as whistleblowing</i></p> <p><i>A quicker turnaround from initial email from contact to actual meeting</i></p>
<p>4. Do you feel you had enough information to undertake your role?</p> 	

Key Performance Indicator Three: Self Awareness and Training

There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is necessity for staff to complete the training developed by the INWO.

Whistleblowing training was made mandatory across NHS Forth Valley in August 2022 and reports are now accessible from TURAS which further supports the developments of training arrangements.

Graph 1 overall percentage of compliance of staff who have completed the training to date and demonstrates an increase month on month.

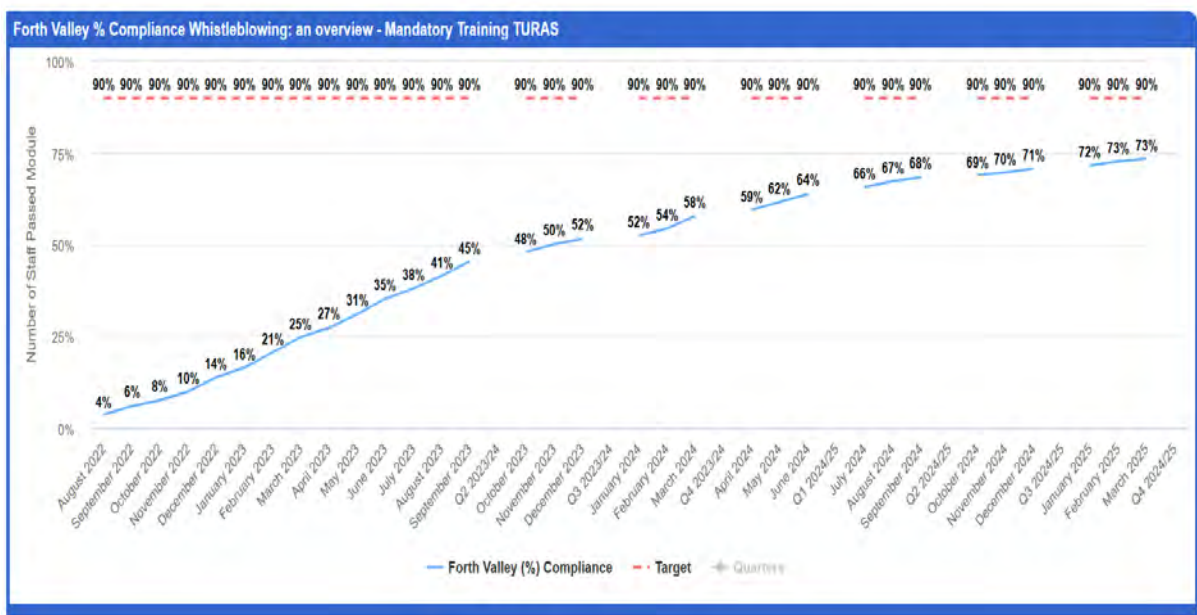


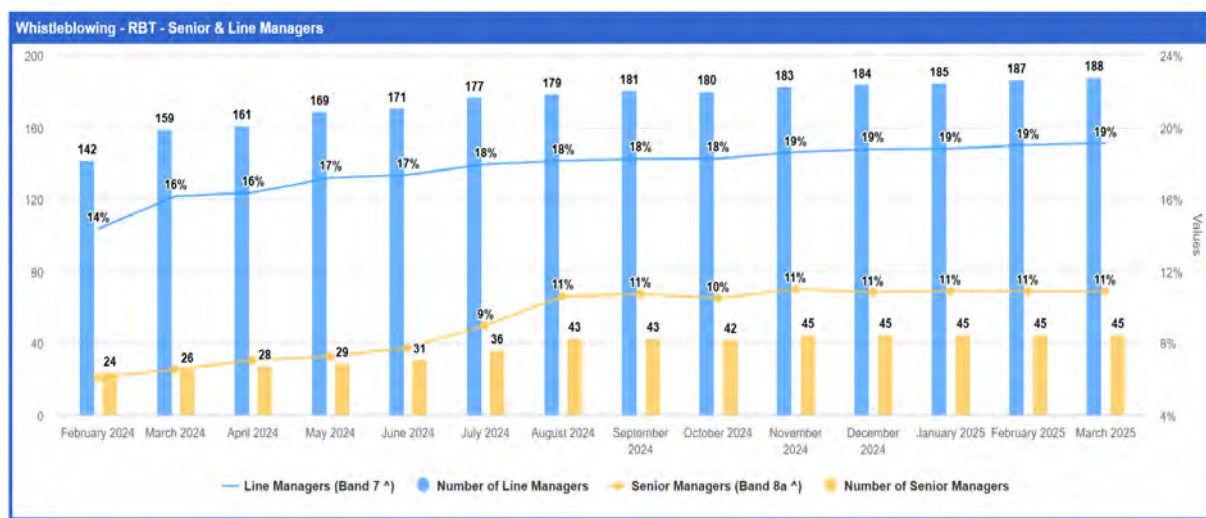
Table 2 total number of staff who have completed the training to date

Whistleblowing Training	Numbers
All Staff “An Overview”	5081

The training modules are continuously promoted widely across the organisation and there continues to be a focussed approach in this area.

During 2024/25 it was recognised that there was a need to give further attention to the Senior/Line managers training to ensure staff are undertaking the training most appropriate to their role. We worked closely with colleagues to create a space for capturing this data through NHS Forth Valley’s performance system (Pentana). We continue to work with leaders across the organisation to continually improve this rate and this remains a focus.

Graph 2 overall percentage of compliance of Senior/Linda Managers who have completed the training



Key Performance Indicator Four: Total number of Concerns Received

To date NHS Forth Valley has received an overall total of 23 cases. 9 cases were managed under Stage 1 of the Whistleblowing procedure and 14 case under Stage 2 of the procedure.

Graph 3 total number of concerns received

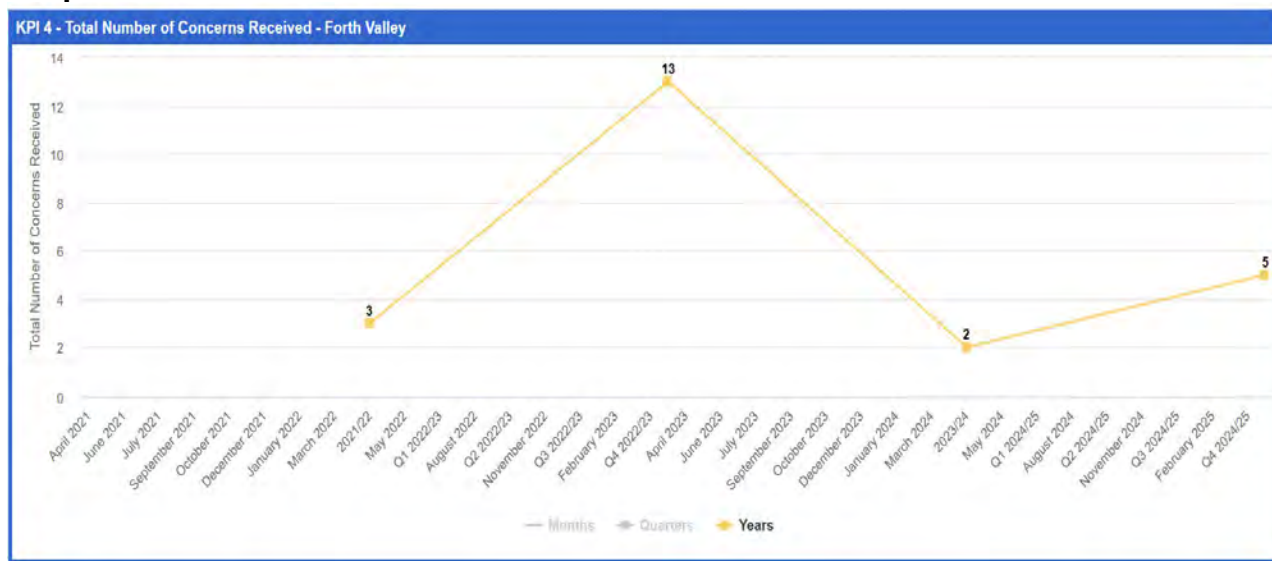


Table 3 – Total number of concerns for each area:

	Stage 1	Closed	Stage 2	Closed
Acute	3	3	4	3
Corporate	0	0	3	3
Community	0	0	1	1
MH/LD/Prisons	4	4	2	2
Women & Children	1	1	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1
Total	9	9	14	13

Key Performance Indicator Five: Concerns Closed at Each Stage

During 2024/25 **5** cases were investigated - 3 cases were managed under Stage 1 of the Whistleblowing Procedure and 2 cases under Stage 2 of the procedure. 1 of the 5 cases remain open.

Table 4 – concerns closed at each stage

	Stage 1	Closed	Stage 2	Closed
Acute	1	1	2	1
MH/LD/Prisons	1	1	0	0
Women & Children	0	0	1	1
Total	2	2	3	2

The graphs below provide the total number of concerns closed at each stage of the procedure as a percentage % of all concerns closed.

Graph 4 Total number of concerns closed:



Table 4 Total number of concerns closed 2024-25.

	Stage 1	Stage 2
Total Number of concerns received	3	2
Total Number of concerns closed	3	1

Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns.

The tables below provide the Stage 2 concerns upheld, partially upheld, and not upheld during 2024/25.

Table 4 Total number of Stage 1 Concerns Upheld or not Upheld – 2024-25

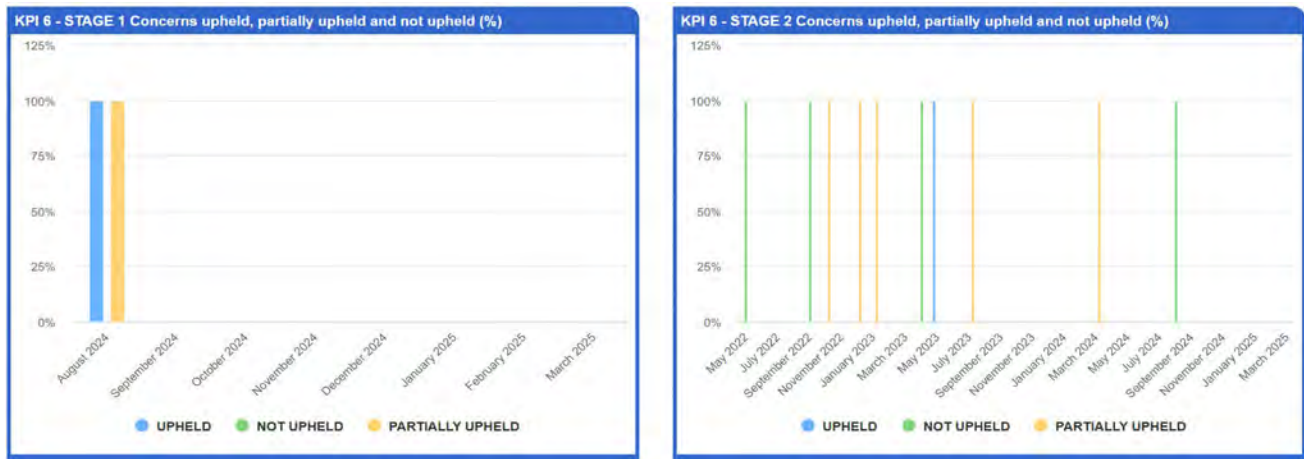
Decision	Q1	Q2	Q3	Q4	Total
Upheld	0	1	0	0	1
Partially Upheld	0	1	0	0	1
Not Upheld	0	0	1	0	1

Table 5 - Total number of Stage 2 Concerns Upheld or not Upheld – 2024-25

	Q1	Q2	Q3	Q4	Total
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	1	0	0	0	1

The graphs below provide an overall percentage of concerns upheld, partially upheld, and not upheld at each stage of the procedure as a percentage % of all concerns closed in full at each stage:

Graph 5 Percentage of outcome of concerns closed in full



Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

During 2024/25 5 cases were investigated - 3 cases were managed under Stage 1 of the Whistleblowing Procedure and 2 cases under Stage 2 of the procedure. 1 of the 5 cases remain open.

During 2024/25 it took on average 20 days to conclude Stage 1 investigations.

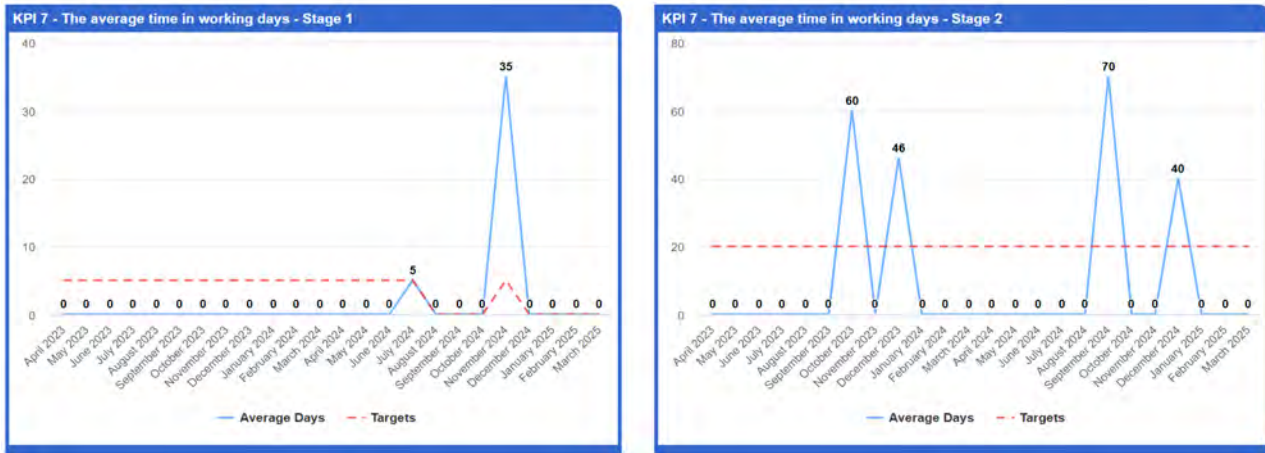
Due to the complexity of Stage 2 concerns, it has taken on average 55 days to conclude investigations and for the outcome of the investigation to be communicated to the reporter.

It has been recognised by reporters through feedback that it is important that a thorough investigation of complex issues takes time, and they place high value on the quality of an investigation. We continue to work to eliminate avoidable delays and provide continued support for reporters during and after investigations.

There has also been a particular focus on improvement around governance of extensions to investigations including regular updates on progress and authorisation of extensions to timescales.

A detailed breakdown of the total average times in working days of concerns closed at each stage of the procedure is provided in the graphs below.

Graph 6 Breakdown of average times in working days:



Key Performance Indicator Eight: Closed in Full within the Timescales

The INWO’s expectation is that Stage 1 concerns are responded to within 5 working days and 20 working days for Stage 2 to allow a full investigation.

During 2024/25 there were 2 Stage 2 concerns closed within the expected timescales. The Stage 2 investigations did not meet the expected target due to the nature and complexity of the concerns. As mentioned above this area continues to be monitored for improvement.

Table 10 – provides the number of concerns closed within timescale for each Stage of the procedure during 2024/25:

	Closed within timescale
Stage 1 (5 working days)	2
Stage 2 (20 working days)	0

Graph 7 The number and percentage of concerns closed in full within timescale



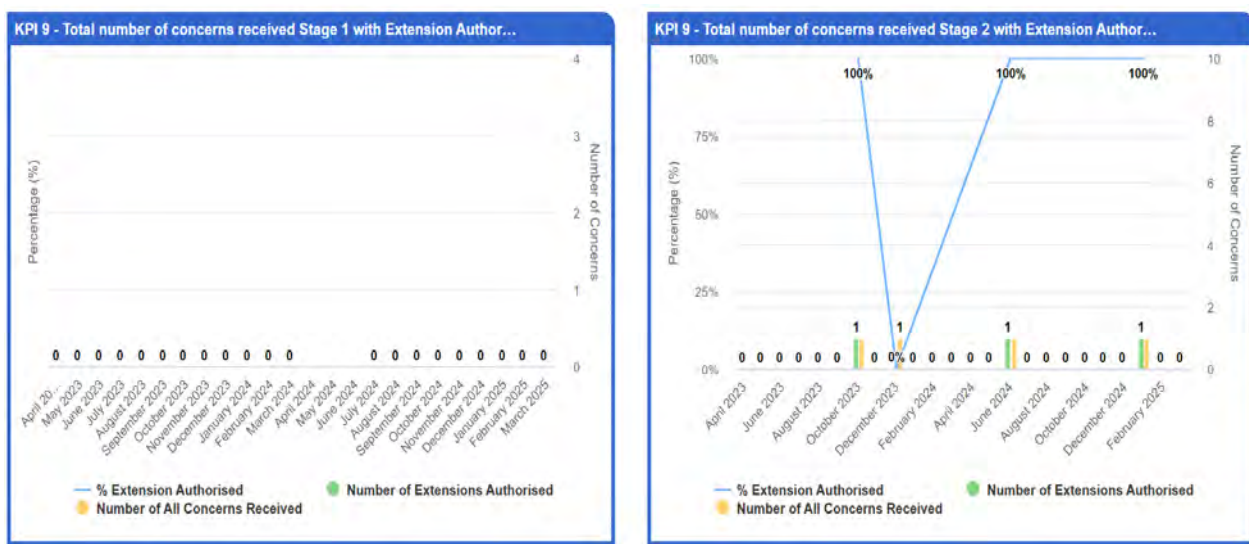
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

NHS Forth Valley is aware that it is important that concerns are responded to timeously however not all investigations will be able to meet the timeframe due to the complexity of the concern and requirement for additional support. The Whistleblowing Procedure does allow an extension where it is necessary to complete the investigation.

There has been a particular focus on improvement around governance of extensions to investigations. There is a system in place to monitor investigations with weekly check ins with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work continues to be undertaken to continuously strengthen the processes, and this includes regular updates on progress and authorisation of extensions to timescales.

During 2024/25 this reporting period there was 2 Stage 2 investigations with an extension authorised.

Graph 7 Cases where an extension is authorised:



Additional Information

Since the implementation of the Whistleblowing Standards there have been an additional 4 concerns received through Whistleblowing. The concerns were reviewed by the Whistleblowing Decision Making Panel and the panel agreed that the concerns did not meet the criteria for Whistleblowing. The reporters were made aware of the decision and advised that although whistleblowing was not the appropriate avenue to pursue their concerns, other options were suggested depending on the nature of the concerns.

In addition, the Speak Up Service as mentioned earlier in the report has received 34 enquiries since the arrangements were put in place in December 2021. To which some of these enquiries involved multiple staff members. The enquiries were managed, and staff were supported and signposted accordingly.

Reporting & Governance Arrangements

Within NHS Forth Valley there is a system of governance reporting to the Staff Governance Committee on a quarterly basis and up to the NHS Forth Valley Board. NHS Forth Valley also has robust reporting arrangements to ensure all national reporting has been through internal governance arrangements in a timely manner to allow national reporting to be in line with the whistleblowing standards. This gives the assurance that NHS Forth Valley is meeting national reporting requirements.

NHS Forth Valley is using a Performance Management system (Pentana) which supports the organisation in using appropriate and accurate data to inform and support performance management and improvement. Work continues to further develop this mechanism of reporting to capture and report performance against the KPI's.

Future Focus

The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS. NHS Forth Valley have a continued focus to improving and strengthening Whistleblowing arrangements and this remains a key priority.

As highlighted earlier in the report there are plans underway to further enhance the role of the Confidential Contacts and Lead Investigators by delivering simulation training to those involved in the process. The purpose of the training is to give exposure to realistic investigation scenarios to enhance investigation skills, and to support decision making abilities as part of the Whistleblowing process.

We will also continue to focus on learning from feedback to ensure improvements are made and shared across the organisation as this is core to building the confidence of staff in using these standards overtime.

Whistleblowing Champion

Although the number of active whistleblowing cases remained low this year, we have continued to learn from every individual case. We review and refine our local processes taking a continuous improvement approach, and we are always seeking to make whistleblowing as straightforward a process as possible.

We will always encourage our staff to speak up. Our approach is to be as supportive as we can and to ensure that issues raised lead to appropriate actions being taken. This takes a great deal of effort, and we are fortunate to have a skilled and committed team of staff working on our local whistleblowing processes.

Our Whistleblowing Network meets bi-monthly, providing a forum for everyone involved to share our experiences and learning and to work together. This approach is invaluable, combining our knowledge and skills for the benefit of our staff.

I'd like to thank everyone involved in our whistleblowing team, particularly Frances Dodd (Executive Lead), Claire Peacock (Whistleblowing Officer) and Pauline Donnelly (Speak Up Ambassador), as well as all of our Confidential Contacts and Lead Investigators for their hard work over the past twelve months.



FORTH VALLEY NHS BOARD

Tuesday 27 May 2025

18(b). Whistleblowing Standards and Activity Report

For: Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director / Executive Lead
and Mr Gordon Johnston, Whistleblowing Champion/Non-Executive Director

Author: Claire Peacock, PA to Executive Nurse Director / Whistleblowing Liaison Officer

Executive Summary

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

The standards are applicable across **all NHS services** and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021, and it is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and an annual basis.

This report is presented to the NHS Board to provide an update on Whistleblowing activity in NHS Forth Valley.

NHS Forth Valley Position at a Glance

To date NHS Forth Valley has received an overall total of 23 cases. 9 cases were managed under Stage 1 of the Whistleblowing procedure and 14 cases under Stage 2 of the procedure.

The table below provides a breakdown of areas and total number of concerns received and investigated at each stage of the procedure:

	Stage 1	Closed	Stage 2	Closed
Acute	3	3	4	3
Corporate	0	0	3	3
Community	0	0	1	1
MH/LD/Prisons	4	4	2	2
Women & Children	1	1	3	3
HSCPs	0	0	0	0
Estates & Facilities	1	1	1	1
Total	9	9	14	13

Recommendations

The Forth Valley NHS Board is asked to:

- **note** Whistleblowing performance in NHS Forth Valley in Q4 2024/25

Key Issues to be Considered

This paper is presented to the NHS Board to provide an update on the Whistleblowing Performance in NHS Forth Valley during Q4 in 2024/25, and to note the Annual Report 2024/25.

Position

The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.

The standards are applicable across all NHS services and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

NHS Forth Valley is committed to managing the organisation in the best way possible and follows the revised national whistleblowing standards introduced across NHS Scotland. We strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

Whistleblowing Performance

The format of this section of the report reflects the Scottish Government's mandate to capture performance of the board against the 9 key performance indicators.

Work continues to capture and report performance against the KPI's using the performance management system Pentana.

Whistleblowing Key Performance Indicators Rag Status

The table (1) below provides a summary of each of the Key Performance Indicators. Progress on each of the indicators is provided throughout the report.

Table 1 – Key Performance Indicators

KPI	Measure
KPI 1	Learning from Whistleblowing Concerns
KPI 2	Whistleblowing Procedure Experience
KPI 3	Self Awareness & Training
KPI 4	Total Number of Concerns Received
KPI 5	Concerns Closed at Each Stage
KPI 6	Concerns Upheld or Not Upheld
KPI 7	Average Times
KPI 8	Closed in full within the timescales
KPI 9	Number of Cases where an extension is authorised

Key Performance Indicator One: Learning from Whistleblowing Concerns

The indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

The process for organisational learning from whistleblowing concerns is led through the whistleblowing network, as mentioned in the last update this continues to be an area of development to ensure organisational, and not just individual service, learning takes place.

The whistleblowing network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.

The annual report demonstrates some of the key themes, actions and learning identified from the Whistleblowing cases in NHS Forth Valley.

Independent National Whistleblowing Officer (INWO)

If a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has to date received a total of 6 cases relating to NHS Forth Valley Whistleblowing concerns. NHS Forth Valley have provided additional information which informs the INWO's decision on whether a full investigation is undertaken in relation to these cases.

Table 3 Provides detail of the outcomes overall from the INWO's investigations:

2023/24 INWO Outcomes	Total Number
Fully Upheld	4
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	0
Withdrawn	0

During 2023/24 4 of these cases were investigated and upheld by the INWO. The decision was to uphold on the basis of the Boards failing to handle the concerns in line with the standards. The published reports can be found here [Our findings | INWO \(spso.org.uk\)](https://spso.org.uk/our-findings-inwo).

The feedback from the INWO provided NHS Forth Valley, the opportunity to further refine processes, to learn from the experience of reporters and also to strengthen these processes going forward. As previously reported the areas which have been upheld relate to communication and learning has subsequently been identified and processes strengthened as a result.

Based on feedback from the most recent Staff Governance Committee, a summary of the learning identified from the INWO cases will be reported during the next quarter.

Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.

Any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. We also encourage feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of feedback, we have strengthened our processes with the purpose of providing a confidence in the whistleblowing processes for all involved within NHS Forth Valley.

A survey was developed to gather feedback from all those involved in the process including reporters, investigators and confidential contacts. Unfortunately, the reporter's response rate was nil but we are continually encouraging feedback as part of the process. The feedback received from investigators and confidential contacts is demonstrated in the annual report.

Key Performance Indicator Three: Self Awareness and Training

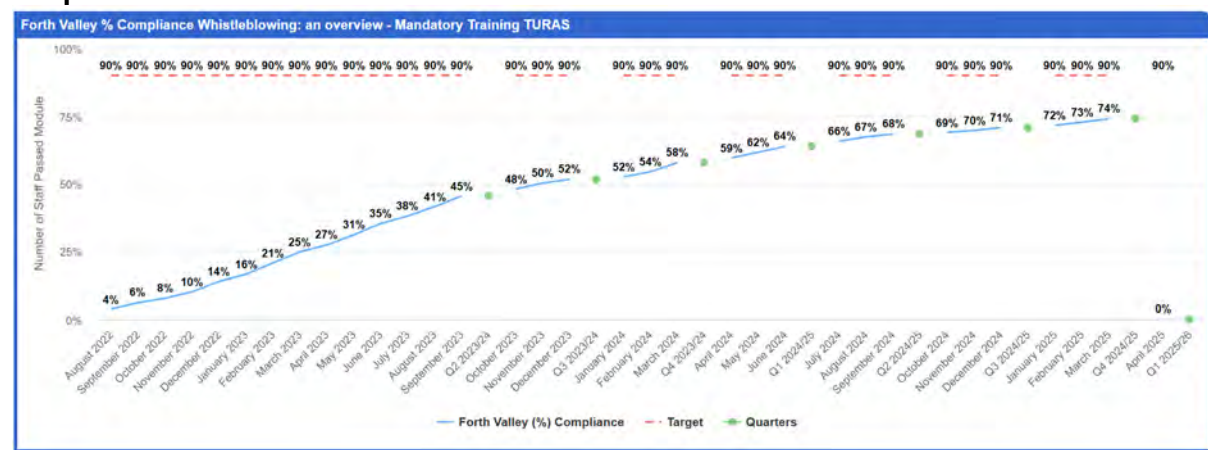
There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is requirement for staff to complete the training developed by the INWO. Whistleblowing training reports are now accessible from TURAS which in turn supports the developments of training arrangements.

Table 4 - provides an overview of numbers of staff who have completed the Whistleblowing Overview training to date, this equates to 74% of the organisation against a target of 90% and is an increase from the last reporting period.

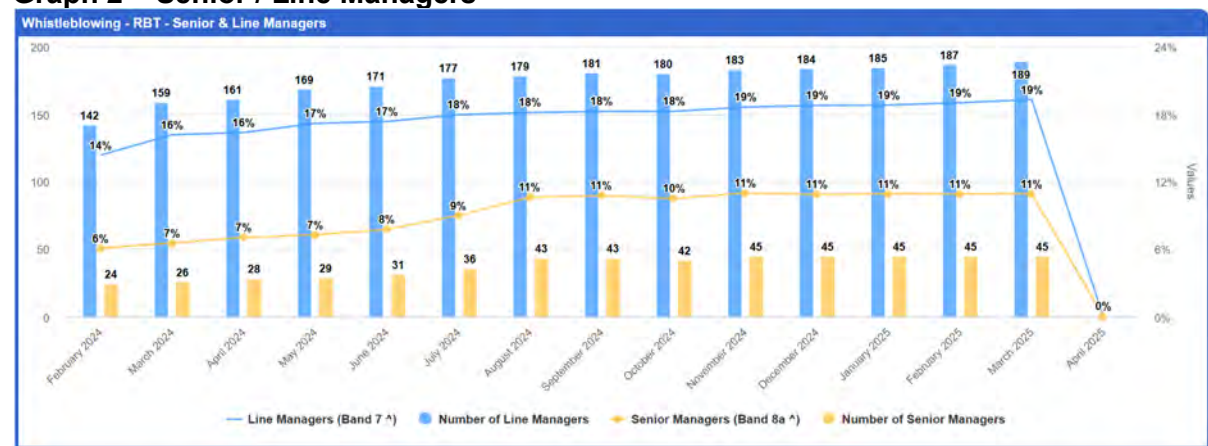
Whistleblowing Training	Completed Numbers	Eligible
All Staff "Overall"	5097	6891

The graph below gives the overall percentage of compliance of staff who have completed the training to date and demonstrates an increase since the last reporting period.

Graph 1 – An Overview



Graph 2 – Senior / Line Managers



The training modules are promoted widely across the organisation and as previously reported it has been recognised that there is a need to give further attention to the Senior/Line managers training to ensure staff are undertaking the training most appropriate to their role. Although the level anticipated has not been reached, there continues to be a focussed approach in this area and this remains a focus of the senior leaders across the organisation.

Key Performance Indicator Four: Total number of Concerns Received

During this reporting period there was a total number of 0 concerns received.

To date NHS Forth Valley have investigated or are investigating a total number of 23 concerns since the development of the whistleblowing arrangements. This includes 9 under Stage 1 and 14 under Stage 2 of the Whistleblowing Procedure.

Graph 2 – Overall number of concerns received to date

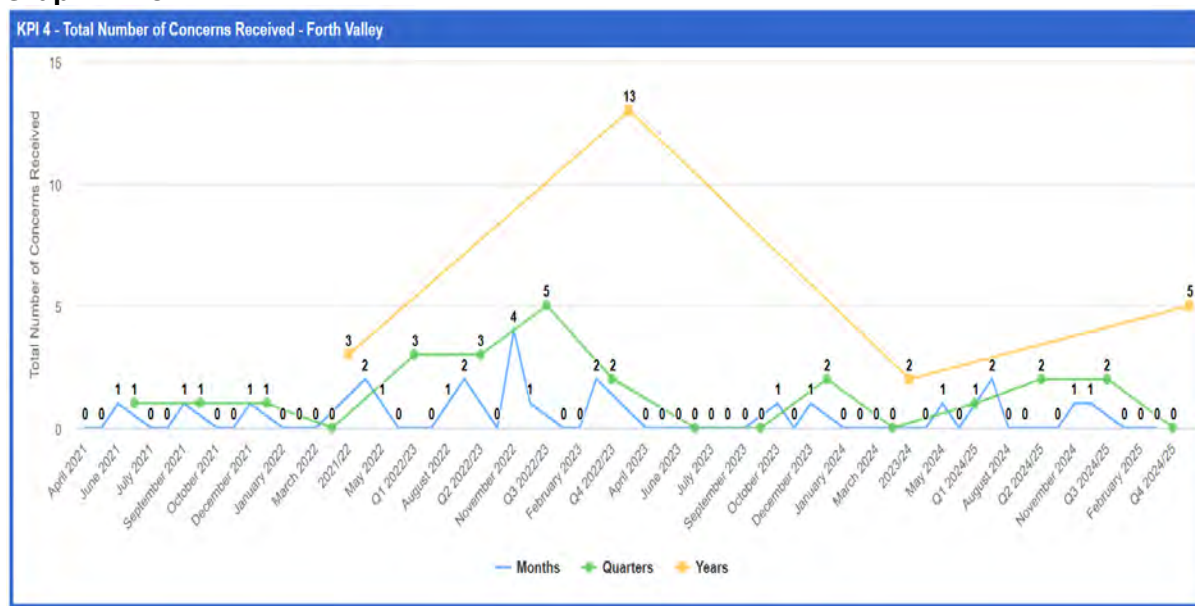


Table 5 – A breakdown of areas and total number of concerns received and investigated at each stage of the procedure:

	Stage 1	Closed	Stage 2	Closed
Acute	3	3	4	3
Corporate	0	0	3	3
Community	0	0	1	1
MH/LD/Prisons	4	4	2	2
Women & Children	1	1	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1
Total	9	9	14	13

It may be worth noting that there have been occasions where individuals have raised concerns collectively. A breakdown of the number of reporters is provided below:

Table 6

Area	Number of reporters raising concerns
Women & Children's Directorate	4
Mental Health	6
Mental Health	3

Key Performance Indicator Five: Concerns Closed at Each Stage

There were no concerns closed during this reporting period.

Table 7 - Provides the total number of concerns closed to date

	Total Number Received	Total Number Closed
Stage 1	9	9
Stage 2	14	13

Graph 3 Total number of concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure as a percentage of all concerns closed:



Key Performance Indicator Six: Concerns Upheld and Not Upheld

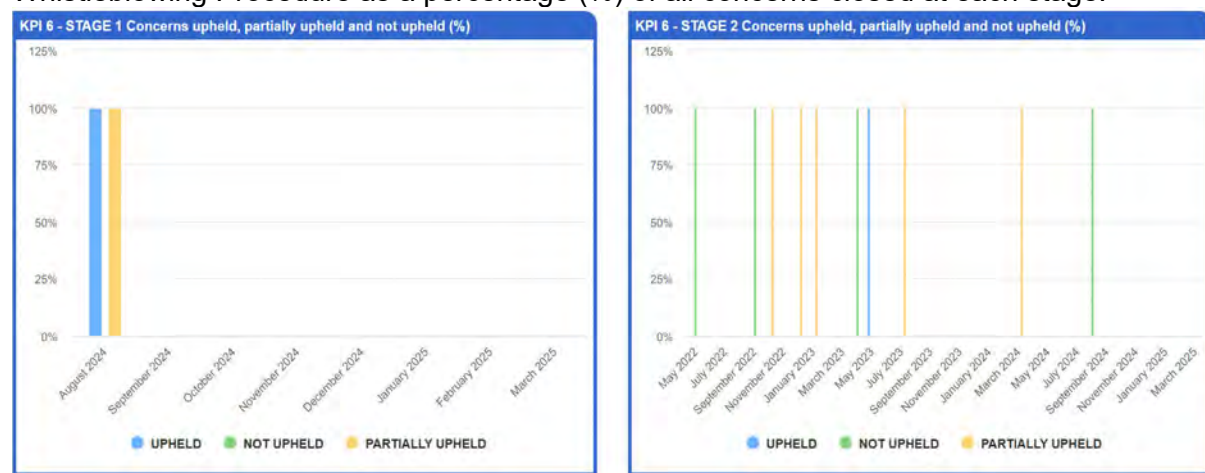
To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns is provided below

There were no concerns raised or closed during this reporting period.

Table 7 below provides a total breakdown of the formal outcome against Stage 1 and Stage 2 concerns since 2021.

	Stage 1	Stage 2
Upheld	1	5
Not Upheld	5	7
Partially Upheld	3	1

Graph 4 Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing Procedure as a percentage (%) of all concerns closed at each stage:

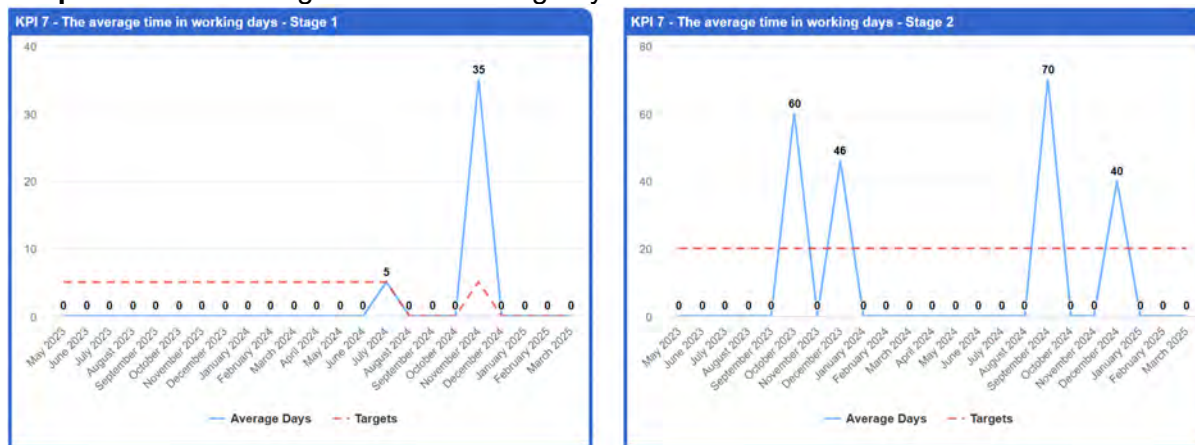


Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

A detailed breakdown of the total average time in working days for a full response to concerns at each stage of the Whistleblowing Procedure is demonstrated in the graph below:

Graph 5 – Total average times in working days



It has been recognised that the timeframes for the average time in working days for a full response particularly relating to Stage 2 cases is concerning, however this is often due to the complexity of the concerns and the level of investigation required. The increase in numbers of lead Investigators is hoped to improve this over time, and continues to be monitored as part of the process.

Key Performance Indicator Eight: Closed in Full within the Timescales

There were no concerns raised during this reporting period.

As noted above, the timescales may not always be met due to the complexity of the concerns.

Table 8 below provides the total number of concerns closed within timescale for each Stage of the procedure:

	Closed within timescale
Stage 1 (5 working days)	6
Stage 2 (20 working days)	3

Graph 6 Total number of concerns closed in full within the timescale:



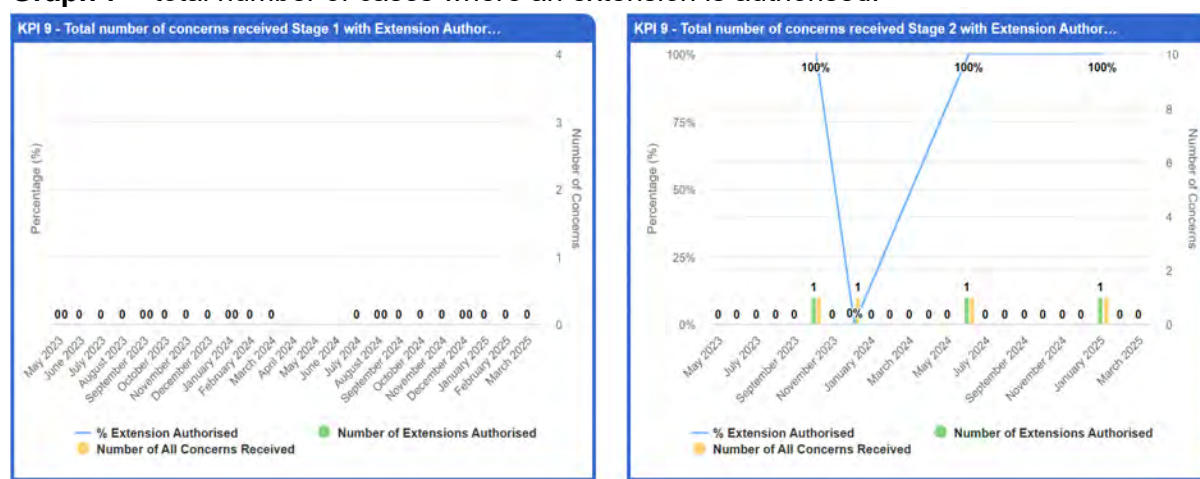
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important that we respond to concerns timeously however not all investigations will be able to meet the timeline. The Whistleblowing Procedure allows an extension where it is necessary to complete the investigation.

There has been a particular focus on improvement around governance of extensions to investigations. As previously reported the Executive Lead has developed a system to monitor investigations with weekly check in with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work has been undertaken to strengthen the processes and this includes regular updates on progress and authorisation of extensions to timescales.

During this reporting period there was 0 Stage 2 case with an extension authorised.

Graph 7 – total number of cases where an extension is authorised.



Additional

As previously reported, there were an additional 4 concerns received through Whistleblowing. The concerns were reviewed by the Whistleblowing Decision Making Panel and the panel agreed that the concerns did not meet the criteria for Whistleblowing. The reporters were made aware of the decision and advised that although whistleblowing was not the appropriate avenue to pursue their concerns, other options were suggested depending on the nature of the concerns.

In addition it is worth noting that the Speak Up Service has received 34 enquiries since the arrangements were put in place in December 2021. To which some of these enquiries involved multiple staff members. The enquiries were managed, and staff were supported and signposted accordingly. Based on feedback from the most recent Staff Governance Committee, a summary of the themes identified will be reported during the next quarter.

Conclusion

The Whistleblowing process and Speak Up Service is available to all NHS employees. The aim is to promote an open, honest and transparent culture where staff are supported to raise concerns. As previously reported the roles of the Speak Up advocates and confidential contacts were combined to support both the Speak Up and Whistleblowing processes. The roles include a diverse range of staff from both clinical and non-clinical backgrounds. The purpose of this is to ensure that staff who are raising concerns have the option to choose a contact within or out with their own clinical or non-clinical sphere to create the conditions of their choice, and to ensure they are protected and supported during the process. This was raised at the most recent Staff Governance Committee and is included for assurance of the existing processes.

Whistleblowing is viewed by NHS Forth Valley as a very important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity.

The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach. We continue to strengthen our processes across a number of areas with the aim of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

NHS Forth Valley's annual report demonstrates and describes the progress made during 2024/25. We continue to promote a culture of speaking up and this remains a key priority. NHS Forth Valley is committed to continually reviewing and refining our processes to ensure staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

Financial Implications

No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on Safeguard to data capture the Whistleblowing process.

Workforce Implications

An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post continues to be supported within the NMAHP directorate, however is undergoing banding review of the role.

Infrastructure Implications including Digital

None

Sustainability Implications

None

Sustainability Declaration

None

Quality / Patient Care Implications

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

Information Governance Implications

Information must be handled in a confidential and sensitive manner. A breach of information handling could lead to organisational failings or potential personal detriment towards the reporter.

Risk Assessment / Management

Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

NHS Forth Valley promote the use of Business-as-Usual reporting for all areas of concern, however where these have been exhausted, or are felt by the reporter to be closed to them, then Whistleblowing routes should be used.

There is also a public confidence and reputational risk if whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

Relevance to Strategic Priorities

The introduction of the Independent National Whistleblowing Officer Service aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of openness, and speaking up in the NHS, which is a key priority for NHS Forth Valley.

Equality Declaration

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

Further to an evaluation it is noted that:

☒ Screening completed - no discrimination noted

Communication, involvement, engagement and consultation

This paper has been developed and considered to date by the following groups. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee

Additional Information

None.

Appendices

None.

Forth Valley NHS Schedule of Business 2025/26							
	27 May	17 June (Private)	29 July	30 Sept	25 Nov	27 Jan	31 Mar
Standing Items							
Minute of previous meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Action Log	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chair's Update	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Board Executive Team Report	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strategic Risk Register	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient/Staff Story	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Finance Report	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Report	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HAIRT	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality & Safety Report	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule of Business	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minutes							
Assurance Committee Minutes							
Audit & Risk Committee	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical Governance Committee	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff Governance Committee	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strategic Planning, Performance & Resources Committee	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advisory Committees Minutes							
Area Clinical Forum	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Area Partnership Forum	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IJB Minutes							
Clackmannanshire & Stirling IJB	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Falkirk IJB	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strategy							
Access Policy			<input checked="" type="checkbox"/>				
Anchor and Community Planning Partnership Update			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Annual Delivery Plan 2025/2026 (including Workforce Plan)			<input checked="" type="checkbox"/>				
Anti-Racism Strategy – tbc							

Climate Emergency & Sustainability Strategy and Action Plan 2023-2026 – Annual Update				☑			
Communications Priorities – Annual Update							☑
Communications Update			☑			☑	
Development Plan Against Self-Assessment Progress Report							☑
Digital and eHealth Plan	☑						
Equality Outcomes and Mainstreaming Annual Report - tbc							
Innovation Plan Annual Update			☑				
Mental Health & Wellbeing Strategic Commissioning Plan			☑				
Model Hours for Pharmacy	☑						
Participation & Engagement Strategy Update							☑
Population Health & Care Strategy				☑			
Quality Strategy Annual Update			☑				
Risk Management Framework					☑		
Risk Appetite & Tolerance					☑		
Whole System Plan – tbc							
Winter Plan					☑		
Performance & Finance							
Annual Accounts		☑					
Draft Financial Plan 2025/2026							☑
HSCP Annual Performance Reports					☑		
Person Centred Complaints Feedback Annual Report				☑			
Safe Staffing Annual Report							☑
Whistleblowing Annual Report	☑						
Whistleblowing Standards and Activity Report	☑			☑		☑	
Governance							
Board Assurance Framework – Annual Review (including Performance Framework)							☑
Code of Corporate Governance – Annual Review							☑
Corporate Objectives							☑
Dates of Meetings				☑			
Advisory Committee Annual Reports 2024/25 – tbc							

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 29 January 2025 2 pm – 4.30 pm, in the Boardroom, Carseview House, Stirling and hybrid via MS Teams

PRESENT

Voting Members

Councillor David Wilson (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Joanna Macdonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Lorraine Robertson, Chief Nurse HSCP
Robert Clark, Employee Director, NHS Forth Valley
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Mike Evans, Localities representative
Kevin McIntyre, Union Representative, Clackmannanshire
Julie Morrison, Union Representative, Stirling
Andrew Murray, Medical Director, NHS Forth Valley

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement
Paul Cameron, Head of Community Health and Care
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability
Ross Cheape, Head of Service Mental Health and Learning Disability Services
Caroline Sinclair, Chief Executive Stirling Council
Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Paul Morris, Carers Representative, Clackmannanshire

2. NOTIFICATION OF SUBSTITUTES

Councillor Kathleen Martin for Councillor Janine Rennie

3. DECLARATIONS OF INTEREST

Councillor David Wilson (Chair) noted a declaration of interest in relation to agenda item 8, it was agreed that Mr Rennie (Vice Chair) would Chair this item.

4. DRAFT MINUTE OF MEETING HELD ON 20 November 2024

The draft minute of the meeting held on 20 November 2024, was approved, with the following amendments:

Deletion of paragraph 5 on page 9 due to duplication of text.

Move paragraph 4 on page 14 to the end of item 11 on page 13.

Amend the start of the sentence at paragraph 7, page 15 to state, "Councillor Earl was **not** concerned".

Amend the text at recommendation 3 at item 10 to include "with the full text of the Direction being expanded to make clear the exact subject matter".

5. ACTION LOG

The action log was approved and updated.

6. CHIEF OFFICER UPDATE

Ms Macdonald provided a verbal update to the IJB.

Ms Macdonald gave a heartfelt thank you to all the colleagues who worked tirelessly through storm Eowyn on 24 January 2025 keeping essential services open, this demonstrated excellent teamwork across the constituent authorities. As a result of the storm, the scheduled meeting to discuss the joint inspection plan with Chief Executives will to be rearranged.

Ms Macdonald provided an update starting with the National Care Service Bill in Scotland, confirming responsibility for Adult Social Care will remain with the Councils.

The joint development session with Falkirk IJB took place on 17 January 2025, the session was well received and was a great opportunity for colleagues across both IJBs to have an open and frank discussion about the current challenges being faced. Further joint development sessions will be planned throughout the year.

SLT members have been invited to the meeting and will attend and participate in all future IJB meetings to develop relationships.

The Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) have settled into their new head office premises at the Stirling Health and Care Village. The move will enable opportunities for the team to improve relationships whilst proactively working across the HSCP.

The Carers Information Event will take place on 18 February 2025 at the Bellfield Centre, Stirling Care Village, Stirling.

Ms Macdonald explained that, starting at the IJB meeting on 26 March 2025, the schedule will be a development session in the morning, followed by the IJB meeting in the afternoon. This will provide an opportunity for the Board to review and discuss papers prior to the meeting and have detailed conversations around any issues.

Finally, Ms Macdonald explained she would like to invite Board members to visit services along with her and team members this year, to highlight the positive impacts of the decision making through the IJB.

7. DRAFT IJB BUSINESS CASE

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The draft IJB Business Case covered the same key points as set out in the existing integration scheme which will also be a requirement of the future integration scheme, this is under consideration by the constituent authorities based on methodology set out in the national guidance for integration authorities.

Mr Murray explained there is significant ongoing uncertainty regarding the impact of the increased employer National Insurance contributions and the National Care Home Contract rates which materially impacts the cost of directly provided and commissioned services.

The business case incorporates some metrics around the demographic challenges being faced both in older people and learning disabilities where there have been cost pressures over the past couple of years.

The opening financial gap for 2025/26, before any additional pressures, is £21.858m on the Strategic Plan Budget with £16.061m being related to the integrated budget, which drives the estimated financial gap of £27.248m. Without radical change the gap will continue.

The paper set out a list of opportunities to deliver savings, Mr Murray highlighted that these alone won't fully close the financial gap but will address priority issues which need to be addressed at pace and echoed the list of opportunities to deliver the Strategic Plan Priorities at lower cost detailed in the financial report to the IJB on 2 October 2024. Significant further work is required to develop the delivery plan for the next three years which is intended to form the HSCP Senior Leadership Teams contract with the IJB to deliver against. He explained the challenges of setting a balanced budget incorporating the level of change and savings which are deliverable. The delivery plan, medium term financial plan, and revenue budget seek to show how the shape of activity and spend will change over time to align to the strategic priorities. There is a need to work with partners on engagement and communication strategies and further develop the delivery plan in very fine detail with owners, timescale and deliverables ensuring future service delivery.

Mr Murray explained that if a realistic balanced budget cannot be set the integration scheme requirement is to set a recovery plan, which IJB Chief Finance Officers are discussing. Ms Macdonald added that SLT are looking at how to achieve a balanced budget and some of the papers at IJB meetings will evidence the different approaches being taken to reach better outcomes for people. The IJB will need to make some difficult decisions in relation to services people are already receiving to transform these into improved services with better outcomes.

Councillor Earl asked how the IJB are going to fulfil their statutory legal requirements and balance the budget. Ms Macdonald confirmed she has written to the Chief Executives of the constituent authorities to make them aware of the this and next year's reality. She will provide updates to the IJB throughout the process.

Mr Andrew Murray explained NHS Forth Valley were working, as a whole system with partners, to the strategy of value-based health and care over the next few months. There is a strategic way through the work, and he expected the health board would be taking a more active lead in how they provide more resources into primary care and prevention.

The Integration Joint Board:

- 1) Considered, debated and commented on the 2025/26 IJB Business Case**
- 2) Approved the Draft 2025/26 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme**
- 3) Noted the next steps and further budget development work required prior to the IJB considering the 2025/26 Revenue Budget, Delivery Plan and Directions for approval.**

Due to a conflict-of-interest Councillor David Wilson (Chair) left the meeting and Mr Rennie (Vice Chair) took over, for item 8 only, as Chair.

8. COMMISSIONING A CHANGE TO THE MODEL OF LONG TERM CARE FOR OLDER ADULTS

The IJB considered the paper presented by Paul Cameron, Head of Community Health and Care

At the meeting on 20 November 2025 there were powerful conversations and representations from members from Clackmannanshire Council and trade union colleagues. Mr Rennie confirmed that there was a clear consensus from the meeting that there were fundamental issues due to lack of consultation and understanding of costs and alternative options.

The IJB declined to approve the Direction on 20 November 2024 but asked for work to be carried out in terms of completing a thorough process which set out viable options for the future of Menstrie House fully costed, with realistic timelines, taking into account full consultation engagement with multiple people including key stakeholders, service users, families, staff and trade unions and partners.

Mr Cameron confirmed that work is being progressed via a small sub-group comprising senior managers, and Menstrie House staff. It is envisaged that this work will be completed no later than the end of February 2025 to allow for any delays in meeting families due to availability of family members, and to ensure 1-1 consultations to protect privacy of residents and their relatives during discussions.

Consultations with trade union colleagues have now started and Mr Cameron is attending the bipartite meetings providing regular updates to allow them to ask questions and let them know where the process is at and the direction it is heading.

Mr Cameron confirmed there have been delays with staff consultations as Clackmannanshire Council HR policies do not allow full consultation with staff until after the IJB have approved a proposal and issued a Direction. It has been agreed with trade union representatives that conversations with staff can continue, to discuss the options available, which can be presented to the IJB, but the full consultation process cannot start until after the Direction has been approved and issued at the meeting on 26 March 2025. Finance staff at Clackmannanshire Council are working on the options appraisal costings for incorporation within the paper to be presented to the meeting on 26 March 2025 and discussions are ongoing regarding feasibility of potential for a change in the use of Menstrie House.

Mr Fairbairn requested that the IJB have sight of the costs of providing alternative care for current residents and implementation costs to enable the IJB to inform a commissioning decision, and suggested the paper set out the policy foundation around the type of care which should be offered. Mr Murray agreed the paper for the meeting on 26 March 2025 will contain detail around the finances where assumptions have been made around issues which remain uncertain.

Mr McIntyre, Clackmannanshire Council Union Representative, explained that the policy process within Clackmannanshire Council was not designed for an IJB

approach. He has had good discussions with Mr Cameron about how this can be taken forward and confirmed the staff are keen to have a resolution and want to see the options available. At this point staff need to be included in the design of the options, until a Direction is approved.

Mr Rennie suggested that Mr McIntyre present a personal impact statement at the meeting on 26 March 2025.

The Integration Joint Board:

- 1) Noted the update on the progress of actions**
- 2) Agreed that a further paper for decision with direction is brought to the March IJB meeting for approval.**

Councillor Wilson resumed chairing the meeting

9. INSPECTION REPORT AND IMPROVEMENT PLAN

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The initial feedback on the improvement plan was presented at the meeting on 20 November 2025 where Ms Forrest discussed the key learnings, findings and some of the recommendations from the care inspectorate as part of the process.

The improvement plan has now been submitted to the care inspectorate, this has been based on the learning from the joint inspection process, feedback from care inspectorate colleagues and from the event in December where all partners, colleagues and stakeholders, who participated in the process attended. Ms Forrest and Ms Macdonald have met with the care inspectorate link inspector to go through the improvement plan and the approach taken. Ms Macdonald has taken over as chair of the steering group and will continue to oversee the activity in the plan going forward.

The improvement plan focuses on the key indicators which were measured against. Ms Forrest confirmed that work has started around carers and colleagues within mental health, as well as the wider system in Community Health and Care, looking at what can be done to address these and how to respond to inspection colleagues. The care inspectorate will come back within the year to measure the progress against the improvement plan. Work will continue as a partnership and wider stakeholder group, including third sector partners.

Mr Fairbairn asked how the IJB can be assured that the target dates are sensible and appropriate and wanted some more detail on the leadership and direction action. Ms Macdonald explained the deadline of end of March 2025 will be committed to and both Chief Social Work Officers have a critical role to ensure that the governance and professional intelligence around the actions are being taken.

Councillor Earl asked for more information around best value review of housing action. Ms Forrest provided an update on the work being carried out by the Housing Policy Officer with Clackmannanshire Council and Stirling Council housing departments. She explained there is a requirement for policy change across the housing sector, and the HSCP need to ensure that regulatory housing requirements are met as well as the financial accountability as an IJB. She agreed that this could be issued as a Direction.

Ms Forrest explained that the new Self-directed Support (SDS) policy document is in place to pilot the SDS assessment tool. A session will take place on Friday 07 February 2025 to look at how to roll out these services. Work is currently ongoing with Clackmannanshire and Stirling Councils around the replacement of social work recording systems which is vital in terms of some of this work. Ms Forrest will bring back a progress report to a future IJB meeting.

Following discussion, the Board agreed to approve and endorse the paper.

The Integration Joint Board:

- 1) Noted the contents of this paper**
- 2) Approved and endorsed the Improvement Plan for the HSCP.**

The Board agreed that items 16 and 17 Chief Social Work Officer reports for Clackmannanshire and Stirling Council are moved to the agenda for the meeting on 26 March 2025.

10. FINANCIAL REPORT

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The financial report is based on projections at month 8. Mr Murray also has projections based on month 9 which show a relatively modest improvement.

The report sets out the projected overspend with detail on key areas of variance and drivers of cost.

Mr Murray explained there will be a significant overspend in the current financial year and discussions- with the constituent authorities on how this will be met are ongoing. Although financial projections are relatively stable, the position remains deeply concerning.

For clarity, Mr Murray explained the integration scheme sets out that a recovery plan is required where an overspend is projected. He explained efforts are continuing to examine options which could further reduce the overspend but there are no further material options to present to the IJB at this time. Mr Murray did, however, set out his view that the projected overspend of £11.456m set out in the

papers to the November 24 IJB meeting were still deliverable and all further efforts to mitigate the overspend continued to be pursued.

Mr Fairbairn asked if there is an obligation to implement a recovery plan if a balanced budget cannot be set. Ms Macdonald explained that as part of the integration scheme there is a risk sharing aspect which requires all partners to agree, and she will be discussing further with all Chief Executives. If the IJB cannot deliver a balance budget for 2025/26 a recovery plan would be required which may involve oversight from Scottish Government. Ms Macdonald and Mr Murray will agree on wording for a communication for the constituent authorities.

Ms Sinclair highlighted that the constituent authorities need to set their own budgets and suggested the communication is issued once these are finalised, in case anything unexpected happens in the process.

The Integration Joint Board:

- 1) Noted the projected outturn based on financial performance to Month 8, specifically the high likelihood of significant overspend in the current financial year.**
- 2) Noted the Integrated Finance Report including narrative on areas of significant variance and update in respect of the Set Aside Budget for Large Hospital Services. (Sections 3 and 4)**
- 3) Noted the Transformation and Savings Programme progress (Section 5 and Appendix 1)**

11. MINISTERIAL STRATEGIC GROUP REVIEW

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

The paper follows on from the paper presented at the IJB on 19 June 2024, when there was agreement by the IJB that there would be another consultation process linked to the Ministerial Strategic Group, the activity was carried out initially in 2019 in line with the Public Bodies Act.

Ms Forrest explained the paper presented linked in with the results of the consultation which was issued to the IJB and SLT within the HSCP. The improvement plan has been developed to identify issues which need to be raised and ascertain what learning and development is required across the HSCP, IJB and the wider constituent organisations.

The Integration Joint Board:

- 1) Noted the content within the report.**
- 2) Agreed the development of an updated improvement plan for consideration at the next IJB meeting in March 2025**

12. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer

Given the increasing risk profile across Health and Social Care both locally and nationally from March 2024, the Strategic Risk Register (SRR) is now a standing agenda item on the IJBs agenda rather than being an element of performance reporting as was previous practice.

The Audit and Risk Committee last reviewed the SRR on 04 December 2024 and Mr Murray has reflected some of the requests from the Audit and Risk Committee as part of the scrutiny, and, where that is reflected, within the SRR. He explained there is a close relationship between the SRR and the development of the delivery plan.

Mr Murray explained that the SRR would require further review and update aligned to the development of the delivery plan and risk would be updated as part of this process.

The Integration Joint Board:

- 1) Reviewed, discussed and approved the Strategic Risk Register**
- 2) Noted the full Strategic Risk Register**

13. REVIEW OF MEETINGS

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The paper set out options for the future conduct of the IJB to enable the accountability of the decisions and strategic direction with all partner bodies.

Ms Fulford explained that in the Summer of 2020, partly as a result of the COVID pandemic, a [protocol for virtual meetings](#) was developed and issued to IJB members. As this protocol is over 4 years old, there is a requirement to review how the IJB is running and identify opportunities to structure this differently.

She stated that as the IJB meetings are still operating on a hybrid basis, it would be prudent to retain the protocol for virtual meetings, perhaps with some amendments. Options to be considered were:

- Release of Recordings
- Deputations
- Amendments to Standing Orders
- Amendments to Virtual Meeting Protocol

Ms Fulford explained the above recommendations will increase the transparency of the IJB and enable the accountability of its decisions and strategic direction

with all partner bodies; whilst ensuring all legislative and statutory requirements are met.

The Board agreed the meeting should be recorded on the condition it is limited to a period of time then deleted, once the minute of the meeting is finalised. Ms Fulford confirmed, for assurance, this is what happens currently. Following discussion around whether there is a need for a new process to be implemented for the IJB, it was agreed that this would need to be considered further before a recommendation can be approved.

The Board also agreed that more clarification was required on the deputation process before a recommendation can be approved.

The Integration Joint Board:

- 1) Noted the contents of this paper**
- 2) Agreed a process for the recording of meetings would need to be considered further before a recommendation can be made.**
- 3) Agreed further clarification on the deputation process is required before a recommendation can be approved.**

14. MEMBERSHIP OF THE IJB AND COMMITTEE

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager

Ms Fulford provided details of the new Finance, Audit and Performance Committee and the amended IJB membership.

It was previously agreed that the Committee membership could be verbally agreed as the IJB has the responsibility to determine who is appointed to the Committee. It was proposed to the Chief Executives that the Chair and Vice Chair of the Audit and Risk and Finance and Performance Committees become members of the new Committee, along with 2 non-voting members one professional and one non-professional.

Ms Fulford highlighted changes to the IJB membership which were resignations from current third sector representatives:

- Narek Bido, Recovery Scotland
- Helen Duncan, Town Break

Two new third sector representatives were proposed to join the IJB:

- Anthea Coulter, Clackmannanshire Third Sector Interface (CTSI)
- Natalie Masterson, Stirling Voluntary Enterprise (SVE).

The Integration Joint Board:

- 1) Noted the contents of this paper
- 2) Noted dates and times for the Finance, Audit and Performance Committee meetings at 1.4
- 3) Approved the proposed membership of the Finance, Audit and Performance Committee.
- 4) Approved the proposed amendments to membership of the IJB.

15. NHS FV CLINICAL GOVERNANCE ARRANGEMENTS - UPDATE

The IJB considered the paper presented by Ashley Calvert, Head of Clinical Governance, NHS Forth Valley.

Mr Calvert provided an update and overview of the Clinical Governance Arrangements within NHS Forth Valley, covering the period between the Clinical Governance Committee meeting on 10 September 2024 and the Clinical Governance Working Group meeting on 10 October 2024. He confirmed there were no key risks to escalate at this time.

Mr Fairbairn requested, that for future meetings, the paper is updated to provide assurance that the quality of Clinical Governance Arrangements in NHS Forth Valley meets the requirements. In addition, he questioned why the paper did not include an update on the professional delivery of governance on the social care side. Mr Calvert was unable to provide a response to the social care question but agreed to be clearer that there are no key risks to escalate in papers going forward.

The Integration Joint Board:

- 1) Noted the report

18. CLACKMANNANSHIRE WELLBEING LOCAL OUTCOMES IMPROVEMENT PLAN (LOIP)

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

The paper laid out the local outcomes for Clackmannanshire which are aligned to the Strategic Commissioning Plan as a HSCP and an IJB. Ms Forrest confirmed there has been widespread consultation across Clackmannanshire with statutory, voluntary, and community work and that Ms Macdonald will be involved with work with The Alliance.

The Integration Joint Board:

- 1) Noted the content of the refreshed Clackmannanshire Wellbeing Economy Local Outcomes Improvement Plan 2024 - 2034.

- 2) Approved and committed to the Wellbeing Local Outcomes Improvement Plan 2024/34 as statutory partner of Community Planning Partnership - The Alliance.**

16. FOR NOTING

Minutes

- a. Strategic Planning Group – 23.10.2024**
- b. Audit and Risk Committee – 18.09.2024**
- c. Audit and Risk Committee – 04.12.2024**

17. ANY OTHER COMPETENT BUSINESS (AOCB)

None

18. DATE OF NEXT MEETING

26 March 2025

**Minute of the Clackmannanshire & Stirling Integration Joint Board special meeting
held on Friday 07 February 2025 3.30 pm – 4.30 pm via MS Teams**

PRESENT

Voting Members

Councillor David Wilson (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Councillor Jane McTaggart substitute for Councillor Wendy Hamilton,
Clackmannanshire Council
Kirsten Cassells substitute for Martin Fairbairn, Non-Executive Board Member,
NHS Forth Valley
Frances Dodd substitute for John Stuart Non-Executive Board Member, NHS
Forth Valley

Non-Voting Members

Joanna MacDonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Helen McGuire, Service User Representative, Clackmannanshire
Robert Clark, Employee Director, NHS Forth Valley
Mike Evans, Localities representative

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Sandra Comrie, PA (minutes)
Wendy Forrest, Head of Strategic Planning and Health Improvement

1. APOLOGIES FOR ABSENCE

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Councillor Martha Benny, Clackmannanshire Council
Andrew Murray, Medical Director, NHS Forth Valley
Lorraine Robertson, Chief Nurse HSCP

Alan Clevett, Third Sector Representative, Stirling
Kevin McIntyre, Union Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Jennifer Rezendes, Interim Chief Social Work Officer, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

Councillor Jane McTaggart for Councillor Wendy Hamilton, Clackmannanshire Council
Kirsten Cassells for Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Frances Dodd for John Stuart Non-Executive Board Member, NHS Forth Valley

3. DECLARATIONS OF INTEREST

None.

4. IJB FINANCE AUDIT AND PERFORMANCE COMMITTEE REVISED TERMS OF REFERENCE AND MEMBERSHIP

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The IJB previously agreed to combine the remits of the Audit and Risk and Finance and Performance Committees into a single committee.

Mr Murray explained that the paper approved by the IJB in August 2024 was, however, incompetent for the reasons set out in the background section of this paper. The paper presented addressed this in a transparent manner and addressed associated risks in order that the IJBs governance arrangements are compliant with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Due to the issue above, the presentation to the IJB on 29 January 2025 on the revised Finance Audit and Performance Terms of Reference was also incompetent

Mr Murray confirmed he has had some correspondence with the previous Chairs and Vice Chairs of the Audit and Risk Committee and the Finance and Performance Committee for discussion in relation to the approach taken within the paper.

Mr Murray proposed 8 voting members of the IJB (4 NHS Forth Valley, 2 Clackmannanshire Council, 2 Stirling Council) plus 2 non-voting members. The Chair and Vice Chair positions will alternate every 2 years, and they must be voting members of the IJB from difference constituent authorities and must not be Chair or Vice Chair of the IJB.

Following discussion, it was agreed that the membership would not be agreed at the meeting and that the closing date for the nomination of members was proposed to be 4pm Monday 10 February 2025. A appointment to the committee Chair and Vice Chair positions will be agreed at the IJB meeting on 26 March 2025.

The Integration Joint Board:

- 1) Noted the background and purpose of presentation of this paper
- 2) Approved the establishment of an IJB Finance, Audit and Performance Committee
- 3) Approved the Terms of Reference for the IJB Finance, Audit and Performance Committee
- 4) Agreed the closing date for nomination of members is 4 pm on 10 February 2025.

Minute of hybrid meeting of the Integration Joint Board held within
Grangemouth Community Education Unit, 69-71 Abbots Road, Grangemouth,
FK3 8JB and remotely on Friday 31 January 2025 at 9.30 a.m.

Voting Members: Councillor Fiona Collie
Councillor Jim Flynn
Councillor Anne Hannah
Gordon Johnston
Stephen McAllister
Michele McClung

Non –voting Members: Margo Biggs, Service User Representative
Ian Dickson, Third Sector Representative
Frances Dodd, Nurse Representative, NHS Forth Valley
Carol Ann Harrower, Carer Representative
Marie Keirs, Chief Finance Officer (Items IJB54 and IJB55)
Sara Lacey, Head of Social Work Children's Services/Chief
Social Work Officer (Items IJB56 and IJB59)
Victoria McRae, Third Sector Interface
Roger Ridley, Staff Representative, Falkirk Council
Gail Woodcock, Chief Officer (Item IJB53)

Also Attending: Grace Carey, Team Manager, Central Locality (Item IJB57)
Tom Cowan, Head of Strategic Planning & Transformation
Caroline Doherty, Head of Community Services
Jim Millar, Team Leader - Committee Services (Item IJB58)
Colin Moodie, Chief Governance Officer (Item IJB56)
James Paterson, Policy & Research Officer (Item IJB57)
Paul Surgenor, Communications Officer
Martin Thom, Head of Specialist Services
Suzanne Thomson, Senior Service Manager (IJB58)
Carly Toland, Democratic Services Graduate
Cheryl White, Falkirk HSCP Support Officer
Nicola Wood, Falkirk HSCP Chief Nurse

IJB48. Apologies

Apologies were submitted on behalf of Robert Clark, Kenneth Lawrie, Ross McGuffie and Andrew Murray.

IJB49. Declarations of Interest

There were no declarations of interest.

IJB50. Transparency Statements

Ian Dickson made a Transparency Statement in relation to Item IJB55. He stated that he had a connection to the item by reason of his position as the Chief Officer of Falkirk's Mental Health Association, which received partnership funding. Having applied the objective test, he considered that he did not have an interest to declare.

IJB51. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 29 November 2024.

IJB52. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 29 November 2024 was provided.

Two actions related to Item IJB8 and an action related to Item IJB10 were the subject of reports on the agenda and subsequently fell from the action log.

Decision

The Integration Joint Board noted the Action Log.

Victoria McRae joined the meeting during consideration of the following item.

IJB53. Chief Officer Report

The Board considered a report by the Chief Officer and Senior Service Manager which highlighted current developments locally, regionally and nationally which were likely to be of interest to IJB members:

Local Updates:

- Falkirk HSCP Budget Savings Consultation;
- Adult Support and Protection (ASP) Inspection Programme, and
- Joint Staff Forum.

Regional Updates

- Out of Hours Service;
- Chief Officer, Clackmannanshire, and Stirling IJB;
- Joint IJB Development Session;
- Fatal Accident Investigation Determination;
- Joint Inspection of Adult Services in the Clackmannanshire and Stirling Partnership – Focus on People Living with Mental Illness;
- NHS FV Population Health and Care Strategy, and
- Prisoner Engagement.

National Updates

- Prisoners (Early Release) (Scotland) Bill;
- Healthcare Improvement Scotland (HIS): Aging and Frailty Standards;
- GIRFE – Team around the Person Toolkit;
- NHS Scotland 2023: Finance and Performance Report;
- Vision GP IT System, and
- iMatter Health and Social Care Staff Experience Survey 2024.

The Chief Officer commended the staff who had worked throughout the Red Weather Warning of Storm Eowyn.

Following questions in relation to the National Care Service, the Chief Officer advised that further details were still emerging, and that engagement with Chief Officers and the Scottish Government was ongoing. She added that updates would be provided to the IJB in due course.

Decision

The Integration Joint Board noted the report.

IJB54. 2024/25 Budget Monitoring Report – November 2024

The Board considered a report by the Chief Finance Officer which provided a high-level summary of the current 2024/25 projected financial position including consideration of risks to the financial position.

The forecast position was a projected overspend of £6.772m on the integrated budgets and an overspend of £7.078m was anticipated in relation to the set aside budgets for large hospital services delegated to the IJB.

Services in relation to Social Care were expected to overspend by £7.730m (down from £8.769m at Quarter 2) following the draw of £1.058m specific reserves agreed as part of the budget recovery plan.

Integrated services provided by NHS Forth Valley were expected to underspend by £0.958m (£0.210m at Quarter 2).

In line with Integration Scheme requirements, a budget recovery plan had been agreed at the September meeting of the IJB to address the projected overspend of £5.982m at that time. For the purposes of this report, projections included assumptions around the ongoing recovery actions where appropriate and the remaining projected overspend was assumed to be funded from non-recurring reserves.

Risks in relation to the 2024/25 financial position were set out within the report at Section 7.

The Board requested an update on the 2-for-1 approach taken in long-term care, and the mitigations in place to manage the risks associated with this. The Head of Community Services advised that this was monitored daily. Resource allocation panels had been implemented to assess and manage capacity for care at home and community resources had been enhanced to support people to remain at home for longer. She noted that waiting lists for care home placements had not seen any significant increases, but that care at home expenditure had risen.

The Board asked for further information on debt recovery processes for unpaid social care charges. The Chief Finance Officer advised that the rate of retrieval for these charges had increased by 10% from the previous financial year, and an updated position on this would be provided to the Board after the meeting. She advised that social care was provided based on assessed need and unpaid charges did not impact on entitlement to care in these cases.

Decision

The Integration Joint Board:-

- (1) noted the current projected position for integrated budgets and set aside services, and**
- (2) authorised the Chief Officer to issue revised directions to Falkirk Council and NHS Forth Valley as per the Directions summary provided at Appendix 6 of the report.**

Victoria McRae left the meeting during consideration of the following item.

IJB55. 2025/26 IJB Draft Business Case and Medium-Term Financial Plan (MTFP) Update – January 2025

The Board considered a report by the Chief Finance Officer which provided an update on the 2025/26 Revenue Budget process and medium-term financial plan setting process in respect of the current assumed position.

The IJB agreed the proposed Budget Strategy at its meeting on 27 September 2024 and received a Draft Business Case and Medium-Term Financial Plan at its November 2024 meeting. Since that time, the Budget Working Group had been preparing efficiency and transformation proposals for consideration and public consultation.

The Scottish Government settlement announcement was made on 4 December 2024, and the implications were still being considered and worked through by partners as more details emerged.

The Budget Working Group were continuing to identify further potential savings and transformational change proposals to bridge the total medium term funding gap. As settlement information became clearer, the overall budget gap would be kept under consideration and senior officers would work with partner organisations to provide clarity on the final position for consideration. Further development sessions for IJB members were planned in January and February to ensure members were informed throughout the process prior to the March IJB meeting where the business case would be presented for approval.

The Board requested further information on the proposed increase in social care charges and the income maximisation support which would be available. The Chief Finance Officer advised that service-users could complete a financial assessment to assess affordability and referrals for income maximisation could be made should increased charges cause financial hardship. The Chief Finance Officer assured the Board that letters would be drafted advising of the availability of income maximisation and financial assessment in all cases, and this would be monitored closely.

The Board asked for further information on projected prescribing budgets. The Chief Finance Officer advised that the recommended uplift for prescribing costs was 10%, but the Falkirk HSCP had accounted for 7.5% as the recommended level was based on a national average, and further analysis was still ongoing to gain insight into the required uplift for Falkirk.

The Board asked about benchmarking in relation to charges. The Chief Finance Officer advised that, historically, Falkirk HSCP had lower charges in comparison to other Scottish local authorities, and there was significant variation in charges across councils. She noted that, under the current proposals, charges would remain some of the lowest.

Following a question regarding standard operating procedures in relation to delayed discharges and unfunded beds, the Chief Officer advised that these were still in place, but that additional challenges such as winter pressures required reliance on unfunded beds.

Decision

The Integration Joint Board:-

- (1) noted the most recent position with the 2025/26 revenue budget and medium-term financial plan;**
- (2) endorsed the updated social care charging proposals which will be presented to Falkirk Council for approval on 6 March 2025 as per Appendix 1 of the report;**
- (3) noted that the partnership funds investment plan agreed in March 2024 required to be replaced due to the overall challenging financial position, and**
 - (a) approved the indicative funding package for 2025/26 as set out in Section 7 and Appendix 2 of the report, and**
 - (b) noted that an updated investment plan will be brought for approval in due course following thematic reviews to be carried out during 2025/26.**

IJB56. Proposed Integration of Children's and Justice Social Work Services into the Falkirk Health and Social Care Partnership

The Board considered a report by the Head of Children's Services & Justice Social Work, Senior Service Manager, Chief Governance Officer, Head of Specialist Services and Programme Management Co-ordinator which provided an update on actions taken following a decision by Falkirk Council on 27 September 2023 to consider whether the Council's Children's and Justice Social Work correctly sat within Children's Services alongside Education, or whether these services should be integrated into the Health and Social Care Partnership (HSCP).

A decision to progress with consultation and engagement with a view to implementing integration with the HSCP was made by Falkirk Council and supported by the Falkirk IJB at its meeting of 26 June 2024. An update was provided to NHS FV board at a seminar on 19 November 2024 and at the Strategic Planning, Performance & Resources Committee on 17 December 2024.

Mr. Ridley, Staff Representative, advised of concerns raised by staff and trade unions relating to the proposed integration of Children's and Justice Social Work Services into the Falkirk Health and Social Care Partnership.

He explained that research undertaken by the Centre for Excellence for Children's Care and Protection (CELCIS) suggested that there would be no overall benefit of the integration to front-line staff or service-users. He added that the scale of this upheaval would put a strain on already scarce resources, and there was concern that this would contribute to the pressures already being faced by staff.

The Chief Officer noted that no additional budget had been allocated to fund this work, and the time spent engaging with stakeholders to discuss areas for improvement was viewed as a valuable use of resources. She explained that it was the Programme Board's understanding that the research undertaken by CELCIS suggested that, while there was no benefit or disbenefit to the integration itself, it would create the conditions for better joined-up working which could improve service-user experience. She assured the Board that the Falkirk HSCP would work closely with staff to ensure that they were supported through this change and would take their concerns into consideration at all stages.

The Head of Integration added that 8 staff engagement events were held in relation to the proposal and the feedback from these was largely positive. There were concerns raised in relation to the loss of links to Education Services, but when explored further, there was a view that adult service-users could benefit from the strong links between Education Services and Children's Services, and this would lead to smoother transitions between Children's and Adults' Services. There was limited service-user feedback, but this was also largely positive.

The Head of Children's Services & Justice Social Work added that the CELCIS report stressed the importance of joined-up priorities and leadership regardless of how services were arranged, and the Programme Board would monitor and review outcomes closely to ensure that this was prioritised.

Decision

The Integration Joint Board:-

- (1) noted the report and the decisions taken by the NHS Forth Valley Board at its meeting of 28 January 2025 and Falkirk Council at its meeting of 30 January 2025, and**
- (2) endorsed the proposed transfer of operational management of Children's and Justice Social Work to the HSCP and the proposed delegation of the statutory function relating to these services to the Integration Joint Board.**

The Board adjourned at 10:55 and reconvened at 11:10 with all members present as per the sederunt.

IJB57. Locality Planning

The Board considered a report by the Team Manager, Central Locality and Policy & Research Officer which provided an update on the development of Locality Planning within the Partnership and presented the Draft Central Locality Plan 2025-2026 for approval.

The Central Locality Plan and associated Delivery Plan had been developed by the Central Locality Delivery Group with oversight provided by the Locality Planning Steering Group. The plan was based on available data for the Central Locality, evidence of local needs and challenges and feedback gathered through a consultation process.

The Board asked about the absence of strategic timescales with regards to the Locality Plan. The Head of Community Services advised that the Central Locality Delivery Group and the Locality Planning Steering Group had discussed the inclusion of timescales, but it was recognised that these would be out of sync with the HSCP Strategic Plan. The Chief Officer advised that a reference to timescales would be included in the Locality Plan, and these would be refined and developed over time.

The Board requested further information on the EPIA undertaken in respect of the Locality Plan, and it was agreed that the details of this would be circulated to the Board after the meeting.

The Board asked about the engagement with individuals with lived experience, and how it was being ensured that consultation reached as many groups as possible. The Policy & Research Officer advised that, in addition to an online survey, engagement was carried out with local community groups, and drop-in sessions were held at local libraries to gather the views of a wide range of individuals. The Team Manager, Central Locality, added that this consultation and engagement would remain ongoing.

Decision

The Integration Joint Board:-

- (1) approved the Draft Central Locality Plan, subject to the inclusion of a timeline,**
- (2) noted the Consultation Report on the development of the Central Locality Plan,**
- (3) noted the process for development of East & West Locality Plans, and**

- (4) authorised the Chief Officer to issue revised directions to Falkirk Council and NHS Forth Valley as per the Directions summary provided at Appendices 2 and 3 of the report.**

IJB58. IJB Governance

The Board considered a report by the Senior Service Manager, NHS Board Secretary and Team Leader, Committee Services which presented the IJB Performance, Audit and Assurance Committee proposed membership and draft terms of reference for approval. These matters were considered by the Committee at its first meeting held on 17 January 2025. The report also provided an update on changes to the Board membership.

Decision

The Integration Joint Board:-

- (1) approved the membership of the IJB Performance, Audit and Assurance Committee as outlined at paragraph 4.3 of the report;**
- (2) approved the terms of reference for the IJB Performance, Audit and Assurance Committee;**
- (3) noted that Mr. Gordon Johnston has been appointed as Vice-Chair of the IJB, effective 1 January 2025;**
- (4) noted that Mr. Gordon Johnston would be appointed as Chair of the IJB, effective 1 May 2025, and**
- (5) approved the nomination of Elaine McGinley for the position of carer representative and Sharon Mwale as nominated substitute.**

IJB59. Annual Report of the Chief Social Work Officer 2023/24

The Board considered a report by the Chief Social Work Officer which provided an overview of how the statutory responsibilities of the Chief Social Work Officer had been fulfilled during 2023/24, as well as summarising the work undertaken by social work services and the achievements recognised during this period. Chief Social Work Officers were required to submit an Annual Report in accordance with Scottish Government guidance.

The report also provided an overview of strategic and operational social work matters covering the areas of Children's, Justice, and Adults Social Work. The Annual Report of the Chief Social Work Officer 2023/24 was attached as Appendix 1 of this report.

The Board asked about Falkirk's relatively high number of child protection registrations in comparison to other local authorities. The Chief Social Work

Officer advised that there was no specific evidence to suggest that a high or low number of child protection registrations was positive or negative. She assured the Board that this figure was frequently monitored and analysed to ensure this was being managed.

Decision

The Integration Joint Board:-

- (1) noted the report, and**
- (2) acknowledged the commitment, skills and experience of social work staff in continuing to deliver services in challenging circumstances.**

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2025_26/001
Does this direction supersede, vary or revoke an existing direction?	CSIJB-2024_25/001
If yes, please provide reference number of existing direction	n/a
Approval Date	2 May 2025
Services / functions covered	Revenue Budget 2025-26, 2025-26 to 2027/28 Draft Delivery Plan and Medium-Term Financial Plan
Full text of Direction	<p>Clackmannanshire Council is directed to spend the delegated net budget of £30.047m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to:</p> <p>Commissioning a Change to the Model of Care for Older Adults £0.288m</p> <p>Review and Redesign of Learning Disability Day Services £0.131m</p> <p>Shift from traditional respite models to short breaks provision £0.148m</p> <p>Reducing Reliance on Long-Term Care £0.765m</p> <p>Additional Income from revised contribution policies £0.167m</p> <p>Improving Financial Assessment and Recovery £0.499m</p> <p>Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.100m</p> <p>Care at Home Review Team £0.217m</p> <p>Review of OOA Placement and high tariff packages of care £0.114m</p> <p>MECS Reduction in Overtime £0.010m</p> <p>Reablement staff costs £0.008m</p> <p>Cease all locum social work and OT posts £0.120m</p> <p>Removal of Historic Accommodation based housing support payments and maximising income £0.050m</p> <p>Stirling Council is directed to spend the delegated net budget of £57.337m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to:</p> <p>Reconfiguration of Bellfield Intermediate Care Beds with net 4 bed reduction £0.150m</p> <p>Reducing Reliance on Long-Term Care £1.530m</p> <p>Additional Income from revised contribution policies £0.333m</p> <p>Improving Financial Assessment and Recovery £0.999m</p>

	<p>Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.200m</p> <p>Care at Home Review Team £0.433m</p> <p>Review of OOA Placement and high tariff packages of care £0.360m</p> <p>MECS Reduction in Overtime £0.020m</p> <p>Reablement staff costs £0.017m</p> <p>Cease all locum social work and OT posts £0.241m</p> <p>Removal of vacant sensory centre post £0.024m</p> <p>Removal of Historic Accommodation based housing support payments and maximising income £0.100m</p> <p>Delete current vacancies at Riverbank £0.073m</p> <p>Improving Value from Supported Housing £0.028m</p> <p>NHS Forth Valley is directed to spend the delegated net budget of £190.909m in line (£36.333m of which is set aside for large hospital services) with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to this report, the following allocations relate to:</p> <p>Bellsdyke Ward Redesign £0.450m</p> <p>Reductions of 4 Beds in each of CCHC1, Wallace Bellfield and Bellfield Intermediate Care £0.706m</p> <p>Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals £0.387m</p> <p>Take management action to bring CCHC ward budgets into balance £0.669m</p> <p>Community Nursing Skill Mix Options £0.020m</p> <p>Improved Stock Management CCHC and Bellfield £0.030m</p> <p>Removal of vacant Band 2 former hairdressing post CCHC1 £0.020m</p> <p>Deletion of Service Manager post in Health Improvement £0.085m</p> <p>Primary Care Medicines Optimisation Programme £1.5m</p> <p>Income Generation for 3 beds (1 IPCU, 1 Hope House, 1 LD) £0.263m</p> <p>Review and Spend Reduction Older Peoples CMHTS £0.145m</p> <p>Substance Use Services – Technical Switches (Naloxone / buprenorphine) £0.062m</p> <p>Psychology Non pays budget reduction - £0.011m</p> <p>Psychology – Cease mat leave cover - £0.060m</p> <p>Move all patients, where safe, to typical antipsychotics £0.020m</p> <p>Delete Vacant Pharmacy Tech post at Lochview £0.010m</p> <p>Delete Vacant Arts Therapist Post £0.030m</p> <p>Apply Vacancy Factor to AHP budget based on recent years turnover rates £0.075m</p> <p>Admin Review: Eating Disorders Service 0.4WTE reduction £0.021m</p>
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	<p>Cease funding support for Frailty and ARBD from HSCP transformation funding £0.093m</p> <p>Clackmannanshire and Stirling Councils are directed to implement, effective from 7 April 2025 the increased rates for the National Care Home Contract as set out in the settlement letter and minute of variation from Scotland Excel, COSLA and Scottish Care dated 4 April 2025.</p> <p>The extant integration scheme requires Clackmannanshire Council, Stirling Council and NHS Forth Valley to consider draft budget proposals based on the Strategic Commissioning Plan as part of their annual budget setting processes. All partners are requested to consider the Medium-Term Financial Plan set out within this report as part of their budget processes for 2026/27 to 2027/28</p>
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement has taken place with the IJB Strategic Planning Group, Joint Staff Forum, Members of the Corporate Management Teams of Clackmannanshire Council, Stirling Council and NHS Forth Valley and Elected Members through the budget development process.
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	Clackmannanshire Council, Stirling Council and NHS Forth Valley Jointly
Link to relevant IJB report(s)	To be added when paper published on website
Budget / finances allocated	The budget delegated to Clackmannanshire Council is £30.047m, the budget delegated to Stirling Council is £57.337m and the budget delegated to NHS Forth Valley is £190.909m consisting of £36.333m in relation to the Set Aside budget for large hospital services and £154.576m in relation to the Integrated Budget as per the report.
Performance Measures	The budget will be monitored through established periodic budget monitoring arrangements.
Date direction will be reviewed	31 March 2026