Delivery Plan 2025-2026

July 2025

Introduction

The NHS Forth Valley Delivery Plan 2025-26 reflects the national Delivery Planning Guidance issued in December 2024. This builds on the Board's Delivery Plan for 2024-2027, which had a focus on the detailed actions for 2024-25. Our Delivery Plan refers to and reflects the Board's Financial Plan for 2025-26 and to the Workforce Template for 2025-26. Reference is also made to the Planned Care Plan template for 2025-26 and the Board's Anchor Institution Plan narrative and metrics templates. This Plan aligns delivery in Forth Valley, where appropriate, to the planning priorities described in the Scottish Government Guidance.

Members of the Senior Leadership Team and other organisational leaders have informed the preparation of the Delivery Plan, detailing the key deliverables aligned to the national priorities set out in the guidance. The Delivery Plan has been prepared in collaboration with the two Health and Social Care Partnerships, acknowledging the planning responsibilities of the Integration Joint Boards and delegated operational delivery for significant parts of this Delivery Plan. The Delivery Plan aligns to the two Integration Joint Boards' Strategic Commissioning Plans, which were developed in 2023, following extensive public and staff engagement and consultation.

Financial Context

The financial position of NHS Scotland remains extremely challenging as we enter the next three-year planning cycle however, we have an opportunity to drive meaningful transformation in response to these challenges. While the current financial environment presents complexities, we remain committed to achieving long-term financial sustainability through strategic planning and innovation.

By embracing whole-system reform, we can enhance efficiency, improve workforce capacity, and harness advancements in technology and medical treatments to deliver the best possible care. Our approach will be guided by the principles of Value-Based Health and Care, ensuring that every decision supports the well-being of our population.

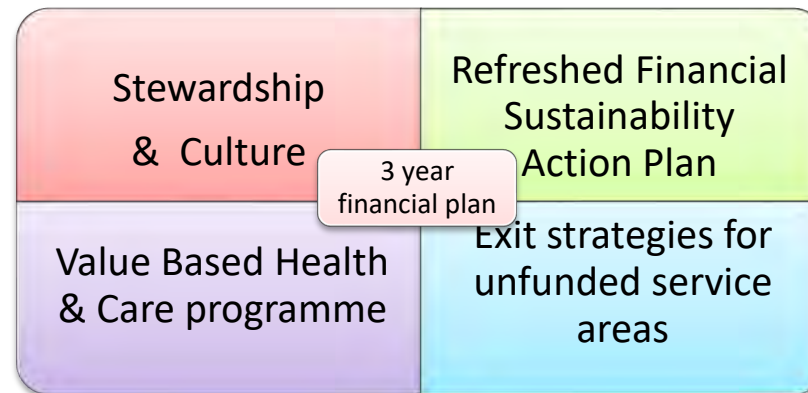Through our Delivery Plan, Population Health and Care Strategy, and Workforce and Digital Plans, we will take proactive steps to adapt and evolve. While some difficult decisions may be necessary, these will be made with a clear focus on maintaining high-quality, sustainable services for the people of Forth Valley.

Recognising the significant financial and workforce challenges the following planning assumptions have been made:

- Further decisions regarding the plans to achieve financial balance will be made in the coming months by the NHS Board and the impact of these on service capacity and performance will need to be assessed and quantified. This includes understanding the operational plans for, and the impact of, major cost reduction plans, including minimising reliance on contingency bed areas, maintain reduction of supplementary staff use in many areas and extend this to further professions, and a focus on achieving a reduction in sickness absence.
- The service plans and performance levels which will be included in the final draft Delivery Plan are provisional and will be reviewed and amended, as further financial decisions are made and the full impact of these is understood.
- NHS Forth Valley relies on tertiary and specialist services provided by other NHS Boards and this is a significant component of our annual expenditure. Any decisions made by our partner Boards regarding services provided to NHS Forth Valley patients will need to be communicated and assessed, to understand the potential impact on access and performance.
- Financial sustainability is one of the two highest scoring strategic risks on the NHS Forth Valley Corporate Risk Register, alongside Urgent and Unscheduled Care. The impact of the financial plan on all areas will include an assessment of risk, including reviewing and updating current risks, risks scores and status and adding any further risks to the Corporate Risk Register, in terms of service capacity, performance and service provision.
- Service change plans will be innovative and centred on redesign to enhance efficiency and improve patient care. Where financial implications arise, they will be supported through strategic funding solutions, including efficiency improvements, service redesign, or resource reallocation. All service changes will be guided by the principles of Value-Based Health and Care.
- Changes in the levels or scope of services provided to NHS Forth Valley by the 3rd sector and other strategic partners could have a significant impact on capacity and performance in services where we rely on other providers.

Financial Priorities

The Financial plan confirms the total resources available to meet the NHS Board's strategic priorities over the next 3 years and has been informed by input and engagement from the Senior Leadership Team, staff side and clinical representatives. The plan is a live document which will be subject to continuous review and updated to reflect the impact of our forthcoming local Population Health and Care Strategy, new national policy developments and changes in financial planning assumptions over time. The plan sets out an ambitious 3-year strategy to restore recurring financial balance through whole system reform and innovation, guided by the principles of Value Based Health and Care. There are 4 key priorities which underpin our 3-year financial plan, aligned with our emerging Population Health and Care Strategy as highlighted below and summarised in the Financial Plan 2025-2028.

Stewardship & Culture

Refreshed Financial Sustainability Action Plan

3 year financial plan

Value Based Health & Care programme

Exit strategies for unfunded service areas

Population Health and Care Strategy 2025-2035

Whilst we finalise our new Population Health and Care Strategy during 2025, we will continue our focus on population health actions around prevention and early intervention, supporting people to keep well and stay well, whilst tackling health inequalities. Primary care and staff wellbeing will continue to be at the core of our plans to stabilise and reform services. Our ambitious plans to improve Urgent and Unscheduled Care performance have delivered some improvements during 2024-25, notably a reduced reliance on contingency beds, except during periods of peak seasonal demand and recent improvements in the 4-hour emergency access standard. In the coming year, we will continue to implement our transformation programmes with a focus on whole system collaboration to further develop community pathways, to reduce unscheduled hospital attendances and admissions and reduce the time that people spend in the acute hospital, by improving the planning and timeliness of discharges. The scale of change required to achieve recurring financial sustainability presents an opportunity to enhance efficiency and reshape services for long-term success. While this may impact on capacity, services, and performance, our focus remains on delivering high-quality, sustainable care that meets the needs of our communities.

The key components to becoming a Population Health Organisation are:

Our vision is '**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.**'

Our draft corporate objectives for 2025-26 are summarised below:

Collaboration	Transformation	Stewardship	Outcomes
We will work collaboratively with staff, primary care colleagues, partners and our communities to improve the health and wellbeing of local people.	We will reform and redesign the way we deliver health and care services to meet current and future challenges.	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.	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.

Service Change and Prioritisation

During 2024-25, NHS Forth Valley has introduced a new process for evaluating service change plans and prioritising these, using agreed criteria. This approach is overseen by the Strategic Prioritisation Review and Implementation Group (SPRIG), with membership from NHS Forth Valley and the 2 HSCPs, including specialists in digital, nursing, medicine, finance, planning and risk and employee representation. The SPRIG process provides a consistent methodology for determining priorities, aligned to value based health and care.

Value Based Health and Care

Value Based Health and Care aims to make the best use of the resources available, to improve the health of all local people, achieve better outcomes for patients and deliver sustainable health services. Over the last six months, significant work has been undertaken in NHS Forth Valley to raise awareness of the principles of Value Based Health and Care and what it looks like in practice. This builds on the considerable work already undertaken locally to deliver Realistic Medicine and change the way many local services are designed and delivered in response to increasing demand. Further details of the 4 pillars of value below is set out in the Board's Three-Year Financial Plan.
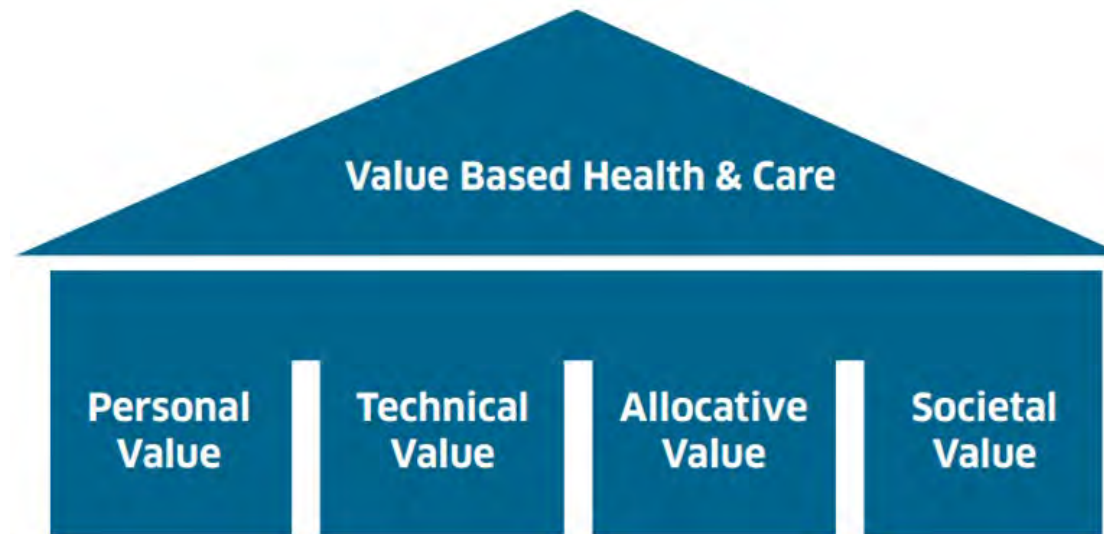
The next stage involves implementing a new Value Based Health and Care Programme across Forth Valley to deliver outcomes which matter most by matching the resources available to the needs of our local patients and populations. To support this, a number of workstreams are being established and work is also underway to agree several initial pilot areas to help inform the wider implementation across Forth Valley. The expected impact and benefits are outlined below.

- **Procedures of low or limited clinical value**: Understanding which procedures or resources meet this definition within services and directorates, and working to reduce overuse and underuse of interventions, ensuring resources are allocated effectively to meet patient and population needs, aligning with national work from the Centre for Sustainable Delivery.
- **Waste**: Understanding and addressing all forms of waste (including but not limited to clinical, time, resource etc.) by ensuring services are supported to utilise capacity appropriately and work collaboratively with procurement colleagues. All actions should be in line with supporting sustainable care aligned with the NHS Scotland Climate Emergency Strategy.
- **Unwarranted variation**: Understand & address unwarranted variation using existing resources and dashboards including Atlas of Variation, working with public health and third sector colleagues to understand and begin to address disparities in access, treatment and outcomes.
- **Personal value**: Focus on advancing person-centred care, supporting services to deliver kind and careful care with outcomes which matter to individuals. These outcomes should be measured with existing resources including PREMs & PROMs, tools including CollaboRATE and Care Opinion, and by promoting shared decision making through staff training and appraisal framework.

- **Demand optimisation**: Clinicians and teams should be supported to use interventions appropriately, including diagnostics, prioritising interventions that add meaningful value to patient care. Stewardship of resource will be key to this, including ensuring that all staff have an understanding of and access to the costs of tests, equipment and other resources used in their daily practice.
- **Stewardship**: Maximising the effective use of available resources and delivering the best value healthcare.

Whilst the work on Value Based Health and Care is expected to contribute to the Board's savings plan for 2025-26, it also designed to maximise the outcomes for people within the available resources.

As part of the Value Based Health and Care work, there is an initial focus on cardiology and cardiovascular health. There will be mapping undertaken of Cardiovascular Disease (CVD) services, including those in the community. Part of this will be aiding the Chief Medical Officer's (CMO) CVD prevention programme. The lead for innovation in Forth Valley is on the national CMO steering group for workstream 2 and so learning is readily assimilated.

Regional and National Working

NHS Foth Valley will continue to work with national planning as part of the NHS Scotland Reform agenda and where possible, taking a population planning approach for Scotland. With our regional partners we will continue to collaborate to put in place more sustainable solutions for vulnerable services or improve value by delivering services across traditional NHS Board boundaries. Work to identify vulnerable services which could benefit from regional planning is underway and clinical engagement events are planned in the coming months. We will also continue to work with individual Boards to progress service sustainability priorities, workforce planning and mutual aid. Discussions have already commenced in the West of Scotland Regional Planning Board to proactively look at potential areas of future collaboration, with an engagement session with key planning leads and clinical leaders being arranged for spring.

Strategic Risks

The key strategic risks which were considered in the development of this Delivery Plan are summarised below.

Code	Title	Description	Current Score	Target Score
SRR 002	Urgent & Unscheduled Care	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	10
SRR 005	Financial Sustainability	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	15
SRR 020	Health Inequalities	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	10
SRR 009	Workforce Plans	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	10
SRR 018	Primary Care Sustainability	If we do not have adequate resources to support and implement a Primary Care framework, there is a risk that we don't have effective measures to ensure delivery of primary care across Forth Valley, resulting in a failure to meet our statutory responsibilities.	15	10

Code	Title	Description	Current Score	Target Score
SRR 017	Environmental Sustainability & Climate Change	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	15
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.	15	5
SRR 011	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.	12	6
SRR 009	Culture & Leadership	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	10

1. Primary Care and Communities

Scottish Government Planning Priorities 2025-26

Boards should reflect in their plans how they will progress the strategic priorities for primary care focussed on shifting the balance of care closer to people's homes, and driving a proactive approach of early intervention and prevention, and promoting value for money across the health system. Planning should focus on increasing capacity and access to Primary Care by the end of 2026, supporting the national reform programme, and shifting the balance of care to preventative and community-based support

Plans for 2025-26 should set out how they will progress delivery in the following priority areas:

- Ensuring the Board Executive Team has clear oversight of planning and delivery of General Practice within the Board territory, with approaches demonstrably supporting patient needs and regular monitoring of approaches in place.
- Improving interface working across secondary and primary care so that patient journeys and experience are prioritised, and system efficiency is optimised.
- Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the Primary Care Phased Investment Programme.
- Ensuring the full provision of appropriately resourced Out of Hours services, with reporting of performance to the Board.
- working with Independent Contractor General Practices to (i) identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation; and (ii) support workforce and sustainability planning related to the General Practitioner workforce (in all localities).
- Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.
- General Dental Services: Plan, organise, staff, lead and control critical Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile. Using newly acquired management information from NSS Scotland, provide local oral health needs assessments, alongside effective partnership programmes with dental contractors and bodies corporate to drive forward sustained improvements in NHS dental access in the immediate aftermath of payment reform.
- General Ophthalmic Services: Continuing to roll out new initiatives such as the Community Glaucoma Service; where this service is live, Boards should set out planning to ensure patients are discharged by ophthalmology and registered with a CGS accredited

provider. Where there is not a live service, Board Plans should set out how they intend to introduce this, and if this is not due to occur in 2025-26, the reasons behind this.

Forth Valley Primary Care Delivery Plan 2025-26

The following key risk is associated with Primary Care and relevant mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
SRR 018	Primary Care Sustainability	If we do not have adequate resources to support and implement a Primary Care framework, there is a risk that we don't have effective measures to ensure delivery of primary care across Forth Valley, resulting in a failure to meet our statutory responsibilities.	15	10

Risk Mitigation
To mitigate this risk, the Board and its partners are focusing on strengthening the governance arrangements for our Primary Care Services, alongside the development and implementation of a whole-system Community Health & Wellbeing Transformation Programme.

1.1 Primary Care Overview

NHS Forth Valley continues to maximise the Primary Care Improvement Plan (PCIP) funding to provide additional capacity in Primary Care through the Multi Disciplinary Team (MDT). We continue to review and develop Enhanced Services to provide secondary care or specialist services via GP Practices. For example, opiate patients are supported in the community by prescribing and monitoring through their GP Practice.

Scoping of community diagnostic hubs is underway, to be taken forward in 2025-26. We will roll out of diabetic foot checks via the Community Treatment and Care (CTAC) services, which is well advanced in Forth Valley.

We have implemented prescribing initiatives to promote greater value for money for example, drug switches.

Focussed work on Primary Care risk identification and mitigation is reported through local governance routes. For example, a GP Update Paper is being considered by the NHS Forth Valley Board in March 2025. The review of Primary Care governance recommended reinstatement of a Programme Board for Primary Care, to support clear reporting and escalation. A Forth Valley wide IJBs workshop was held in January 2025 and concentrated on GP sustainability and pharmacy matters.

1.2 Capacity and MDT Working

There is an ongoing project, funded by NHS Forth Valley, to capture GP Practice capacity and weekly activity, with key indicators reported to the GP Sustainability Group and to the Forth Valley Whole system. Targeted support is provided for Practices in difficulty, in order to maintain the independent contractor model. Financial support has been provided to expand premises and implement boundary extensions, in order to increase GP capacity in Denny and the surrounding area. Patient communications supporting Care Navigation and accessing the Right Person, Right time is ongoing.

PCIP funding has been utilised fully in Forth Valley and is currently over the available budget. The original plan was to recruit beyond the budget allocation from Scottish Government, recognising that at any given time there would be vacancies causing gaps in service and underspend. This was a risk accepted for a number of financial years however this is now under scrutiny. The impact of this is that any additional recruitment above the original plan is not permitted, and it is possible in future that costs savings may need to be considered within the PCIP MDT services. The funding constraints for the Primary Care Improvement Plan require us to carefully prioritise activities to ensure the most effective use of resources. Moving forward, Forth Valley will take a proactive approach to managing financial sustainability while continuing to support essential primary care services.

We are expanding CTAC service to include diabetic foot check.

There is ongoing development of the pharmacotherapy service to increase the scope of the Pharmacy Technician role. This aims for a broader skill mix model supported by training and mentoring by more experienced pharmacy colleagues. This has increased the scope of work tasks which Technicians are able to carry out competently and safely, thus expanding overall service capacity.

1.3 Primary and Secondary Care interface

There is ongoing monitoring following the introduction of 'Working Across the Interface Guidance for Clinicians' agreement. The Consultant Connect digital programme was introduced as a pilot in 2024-25, with the full roll out planned 2025-26. The Digital Dermatology pathway has been introduced and will be implemented across Forth Valley in 2025-26. The on-line referral guideline site (MARG) has been initiated, and work is progressing on whole system patient pathways, which are being co-designed between Primary and Secondary Care. The Population Health Steering Group now includes Primary Care leads.

Significant Event Analysis, where patient interface between primary and secondary care is an element, are shared, as well as stories provided via the 'GREATix' tool for reporting positive feedback.

1.4 General Practice

Local concerns regarding the GP workforce and are in line with the national picture in the context of BMA Safe Working limits and rising demand. Detailed work has been carried out on the age profile of the workforce to identify "hotspots" and monitoring of trends with whole time equivalent, salaried/Partner ratios and Practices' own perspectives on their sustainability. A Focussed review of the GP Sustainability Corporate risk has also been undertaken ensuring controls are fit for purpose, recognising some are nationally determined e.g. GP Sustainability Loans.

1.5 Out of Hours

An Out of Hours update was presented to the NHS Board meeting in March 2025, reporting significant improvement in performance and full establishment of the team.

All vacant salaried GP hours have been recruited successfully resulting in the service now operating with full staff establishment. The 2024 Advanced Nurse Practitioner (ANP) trainees have finished their training and have completed the transition to become fully operational clinicians within the team. Newly established Band 6 nurse roles have also been recruited to successfully.

The OOH Service is completing 98% of all patient journeys within 6 hours consistently. Adopting an intelligence led operating model, the service has analysed data over weekends and public holidays, leading to changes in rota and resource planning for these known high

demand times. This ensures appropriate levels of staffing are in place to provide full service during the peak periods and has resulted in the service reducing significantly the number of 'escalations' and maintaining business as usual service delivery. The rota fill rate is consistently at greater than 90%.

The plans for 2025-26 include establishing and embedding a learning culture and environment. It is planned to further develop performance and data management, to evidence continued performance and inform development plans. Work will be undertaken to develop and implement a wellbeing plan, aligned to NHS Forth Valley and Health and Social Care Partnership strategic objectives, as the foundation of the service. We aim to adopt and embed the 6 pillars of realistic medicine and value based health and care within the OOH service.

1.6 Reducing Health Inequalities

GP Clusters are in place and supported through Cluster lead roles to enable quality improvement activity regarding health inequalities. Support for Clusters is provided from the Public Health Scotland Local Intelligence Support Team (LIST) analysts are increasing the data available on health inequalities such as Practice Profiles.

Additional funding has been provided to support increased identification of those with Learning Disabilities and enabling implementation of annual health checks for them. The General Practitioner Prescribing Service (GPPS) opiate therapeutic service is under review, aiming to expand GP involvement and care for patients closer to home.

Ongoing funding has been provided to support Link worker roles in Forth Valley. The Keep Well service has been providing health checks out with GP Practice services. Keep Well is a community-based service which provides a range of health assessments, along with tailored advice and support, to help improve health and wellbeing and prevent disease.

Capacity for Primary Care to engage in Preventative work is limited due to increasing patient demand, secondary care waiting times and overall complexity of patient presentations. However, there are opportunities to work with the local Public Health team on Anchor service design in 2025-26.

1.7 Community Pharmacy (Pharmacy First Plus) – A pilot was undertaken to increase access to Community Pharmacy services in particular, Pharmacy First, Pharmacy First Plus and Unscheduled Care for the patients in Forth Valley over a period of six Sundays starting on 15th December 2024 and ending on 19th January 2025, as part of the Winter Plan. Two local community pharmacies agreed to open

between 10am and 5pm with an Independent Pharmacist Prescriber available to provide advice and treatment for a wide range of clinical conditions (Pharmacy First Plus) to try and reduce the impact of patients seeking treatment at Out of Hours Services or the Emergency Department.

Over the 6 week period, 222 patients accessed the community pharmacy service. 41% of these patients were seeking support for respiratory tract infections. 78% of all patients required treatment under Pharmacy First Plus suggesting a prescriber was necessary to manage their clinical condition. Of the 99 patients who completed a patient evaluation; 48 patients stated they would have contacted NHS 111 and 8 would have presented at the Emergency Department adding to their already stretched workload. As part of the planning for Winter 25/26, a similar proposal will be presented to senior leaders for support.

Work is also underway to scope out the potential for Community Pharmacy access to Clinical Portal which will enable access to additional patient clinical information to ensure appropriate, safe care and treatment.

1.8 General Ophthalmic Services

With regard to Community Glaucoma services, a Data Protection Impact Assessment has been completed and associated Information Governance arrangement requirements are in place. The programme has been rolled out and we have accredited clinicians who can take on the care in the community, we also have our 4th cohort of clinicians in the community undergoing NESGAT (NES Glaucoma Award. This is a programme of accredited education and training in glaucoma management, delivered by NES Optometry. Whilst there have been some teething issues in the pathway between secondary and community care, as may be anticipated with a significant number of patients requiring discharge to the community, these are being addressed between the Ophthalmic Advisor and secondary care.

Central to developing the pathway is essential piece of work involving data migration on to the national electronic patient record ("Open Eyes"). This data migration will be undertaken by Great Glasgow and Clyde medical device unit once they have server space and e health support in Forth Valley. This work has been accepted onto the ehealth work plan for 2025-26, with a firm start date to follow.

1.9 General Dental Services

Recruitment and retention activities have been introduced, such as an improved induction pack for new GDS dentists, introduced in 2024-25. There is ongoing monitoring of the NHS dental provision. There has also been ongoing capacity monitoring within the Public Dental Service in responses to recruitment and theatre waiting time challenges. The impact is the whole time equivalent of dentists within the

service has reduced despite multiple attempts at recruitment, therefore waiting times for assessment and treatment have increased, causing concern for staff and patients. Risks associated with this have been highlighted formally both locally and to Scottish Government.

We welcome greater availability of management information which will be reviewed by Primary Care, Director of Dentistry and Dental Advisor and shared at Primary Care Operational Group and Primary Care Programme Board as appropriate. This will support existing information on NHS de-registrations, Practices accepting NHS patients and listings numbers. This will enable greater understanding of any pressure areas within Forth Valley and support data from Public Dental Service on demand/need.

1.10 Prison Healthcare

NHS Forth Valley serves approximately 5% of Scotland's total population but provides healthcare for around 25% of the country's prisoner population. With three prisons in the area, most current prisoners were not originally residents of Forth Valley and will return to their home communities upon release.

The prison population across Scotland has risen significantly over the past two years due to the criminal justice system addressing the Covid-19 backlog. In addition to this increase, the demographic and healthcare needs of prisoners in Polmont and Glenochil Prisons have changed. Glenochil now houses a growing number of ageing prisoners with higher healthcare needs, while Polmont, which previously accommodated young offenders, now includes adult male and female prisoners with more complex health requirements.

These changes, combined with a higher volume of new admissions and releases, as well as adjustments to Scottish Prison Service protocols, have increased both workload and complexity for healthcare teams. Despite these evolving demands, staffing levels in Polmont and Glenochil have remained unchanged, and the current healthcare model requires adaptation to better meet patient needs.

A positive example can be seen in the recent redevelopment of Stirling Prison, where a redesigned healthcare model, supported by appropriate staffing and skill mix, was successfully implemented with additional Scottish Government funding. Moving forward, a similar approach could help ensure that prison healthcare services in Forth Valley are resourced effectively to provide high-quality care that meets the needs of this unique patient population.

Despite the significant challenges of additional and more complex prisoner demands being placed on the health care staff in Polmont and Glenochil, the health care staff are committed and motivated to provide the best care that they can, evidenced in recent Mental Welfare Commission and Health Improvement Scotland inspections of Glenochil prison. NHS Forth Valley and the Falkirk HSCP have asked Scottish

Government to review the health care needs, service model and staffing in the two prisons, and a detailed future service proposal is being prepared.

The primary remit of the prison Women's Health Clinic will continue to deliver sexual and reproductive healthcare equivalent to that of community clinics. This includes medical care for complex cases beyond the scope of the nursing team, such as:

- Complex contraception and Genitourinary Medicine (e.g. recurrent infections)
- Menopause management
- Abortion counselling and care (including telemedicine or face-to-face as appropriate)
- Pre-exposure Prophylaxis and HIV management

These activities align with the Women's Health Plan, particularly in:

- Improving access to contraception and sexual health services
- Enhancing data collection and intersectional analysis to inform service design
- Promoting flexible consultation options (video, telephone, face-to-face) to support privacy, dignity, and choice for women in custody

Summary of Key Deliverable 2025/2026

- Review and development of Enhanced Services, e.g., GP-led opiate prescribing and monitoring.
- Scoping of community diagnostic hubs.
- Diabetic foot checks rolled out via Community Treatment and Care (CTAC) services.
- Cost-saving prescribing initiatives, e.g., drug switches.
- Strengthened governance, including reinstating a Primary Care Programme Board.
- Care Navigation communication efforts to improve patient access.
- Monitoring the implementation of 'Working Across the Interface Guidance.'
- Consultant Connect pilot (2024-25) progressing to full rollout in 2025-26.
- Implementation of Digital Dermatology pathway across Forth Valley.
- Review the potential for expansion of GP involvement in opiate therapeutic services.
- Review service models and staffing in Glenochil and Polmont prisons.

2. Urgent and Unscheduled Care

Scottish Government Planning Priorities 2025-26

Performance against the 4-hour target continues to be challenged across the majority of Boards and work to address this should be a key focus of planning for 2025-26.

Following an in-depth process carried out by the Centre for Sustainable Delivery, each Board was issued with a number of actions that would improve their local performance against the 4-hour target. This work should continue to inform planning for 2025-26 to target improvement initiatives towards areas of greatest need, contributing to easing access block and associated risks of harm, improving the timeliness and safety of care, and the overall patient and staff experience.

Plans should identify how their plans will impact on improvement metrics, including the following:

- Reduce self-presenters to Emergency Department
- Reduce time in Emergency Department
- Reducing length of stay over 14 days
- Reducing length of stay for those aged over 85 Planning Priorities for 2025-26

Plans should set out how they will progress delivery in the following priority areas:

- How Boards will continue to support the Scottish Government and COSLA's Joint Mission to reduce Delayed Discharges.
- Ensure patients receive the right care in the right place by optimising Flow Navigation Centres, increasing scheduling of appointments and alternative services, increasing the routes for professional-to- professional advice with a focus on care home support.
- Reduce hospital admissions for patients with low clinical value such as those aged over 85 and end of life care by improving urgent care in the community and increasing Hospital at Home pathways.
- Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.

- Ensure people are discharged as soon as they are medically safe, by promoting robust and responsive operational management and providing early and effective discharge planning including rehabilitation and reablement in line with the 6 principles of good rehabilitation.
- Deliver rapid assessment and move to implement Frailty Units or designated bed base at the front door aligned to dedicated enablement or discharge to assess support that will facilitate new services within 24-36 hours of request, 7 day per week to provide recovery in the community.

Forth Valley Urgent and Unscheduled Care Plan 2025-26

The following key risk is associated with Urgent and Unscheduled and relevant mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
SRR 002	Urgent & Unscheduled Care	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	10

Risk Mitigation
The development and implementation of the whole-system urgent & unscheduled care delivery plan, as outlined below, is listed as a key mitigation of this risk. The rest of this section details other actions which will mitigate this risk.

In addition to the changes outlined in sections 2.1 to 2.7 below, Forth Valley has prepared a detailed whole system urgent and unscheduled care delivery plan, which was submitted to Scottish Government using the template provided on 5 March 2025.

The submission from Forth Valley included trajectories against core metrics with a number of the key trajectories highlighted below.

Unscheduled Care Trajectories (updated 4 hour and ED occupancy trajectories 27 03 25)

Delivery Area	Planning Priority	Target	Measure	Baseline	2025-2026 Trajectories			
					Q1	Q2	Q3	Q4
Urgent and Unscheduled Care	4-hour Target	Increase 4-hour EAS by 10% by September 2025, and a further 10% by March 2026 - ED & MIU	Compliance against 4-hour emergency access target	60.2% [c]	64.4%	68.5%	72.7%	76.8%
	Optimising assessment and care in Emergency Departments	Reduce ED attendances by 20%, by March 2026	The average monthly number of Planned New, Unplanned New and Unplanned Return attendances at Forth Valley Royal Hospital ED	5,224 [c]	4,963	4,702	4,440	4,179
		Reduce emergency admissions by 10%, by March 2026	The average monthly number of patients admitted as an emergency admission	3,212 [c]	3,132	3,051	2,971	2,891
		Aim ED occupancy to 95%, by March 2026	The average percentage occupancy at ED at 8am where the capacity is 30	116.7% [c]	111.0%	105.7%	100.3%	95.0%
	Reduce hospital admissions for patients with low clinical value such as those aged over 85	Reduce acute geriatric length of stay (LOS) by >20%, by December 2026	The AvgLOS (days) of patients discharged from Forth Valley Royal Hospital whose specialty is Geriatric Medicine	16.6 [c]	16.1	15.7	15.2	14.7
	Support the Scottish Government and COSLA's Joint Mission to reduce Delayed Discharges	Reduce total respective HSCP delayed discharges by >20%, by March 2026	The average daily number of delayed discharges on community sites	98 [c]	93	88	83	78
		Less than 25% of delayed discharges are in acute hospitals, by December 2025	The % of delayed discharges, excluding code 100s, that are in an acute ward at Forth Valley Royal Hospital	29.8% [c]	28.2%	26.5%	24.9%	24.9%

The trajectories assume that the impacts of the improvement plan will be delivered fully and includes the assumption that of funding availability to provide the necessary resource to deliver.   Improvement initiatives described in the Whole System Improvement Plan include

delivering the Discharge without Delay programme principles in all inpatient areas to ensure timely discharge, implementing a dedicated frailty unit and increased access to community-based capacity such as hospital at home and OPAT. Revising the Flow Navigation Centre model and increasing senior clinical decision maker access are also included. Further details are in the sections below.

2.1 Impact on improvement metrics

The key to improving performance is taking a whole system approach to developing and implementing the work streams set out nationally as part of the Urgent and Unscheduled Care (UUSC) programme. Locally, from a governance perspective this work is performance managed via the UUSC Programme Board. Using the Centre for Sustainable Delivery (CfSD) national benchmarking report, leverage points identified key areas for focus with an improvement plan in place to measure against performance across a range of measures linked to length of stay in hospital. Bi-monthly reporting of performance to the NHS Board is also in place. As part of the UUSC programme, a monthly performance report is available which outlines progress towards key performance metrics such as: 4hr access standard, emergency admissions, average length of stay, delayed discharges and Hospital at Home capacity.

The actions outlined in the UUSC delivery plan align with the CfSD improvement plan and the Discharge Without Delay national collaborative work. The existing governance arrangements will ensure the impact of the delivery plan on improvement metrics will be measured to demonstrate positive change.

In addition to this work Forth Valley is fully engaged in the national Discharge Without Delay Collaborative Programme which is a whole-system programme for frail older people. Both HSCPs have signed up to the principles of the Discharge without Delay (DWD) programme. This incorporates 4 key workstreams to be delivered around frailty at the front door, integrated discharge hubs and planned dates of discharge (PDD), discharge to assess, home first and community hospital and intermediate care resources.

# Discharge Without Delay (DWD) Programme Overview

A needs assessment has been completed, and an action plan is in development. Reporting of this work will also be via the UUSC Programme Board feeding into the national collaborative. This work runs through all aspects of the Forth Valley Delivery Plan.
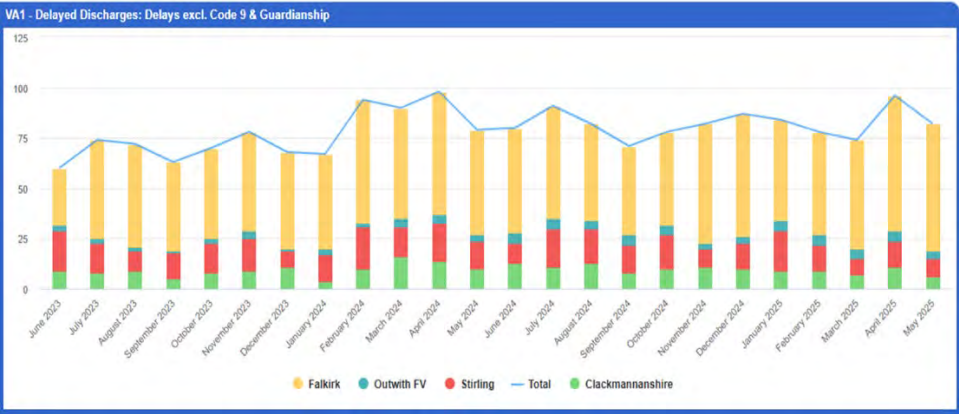
The graphs below provide details of the 4-hour emergency access standard performance over the last 2 years, along with the numbers of patients delayed in their discharge numbers and associated bed days.
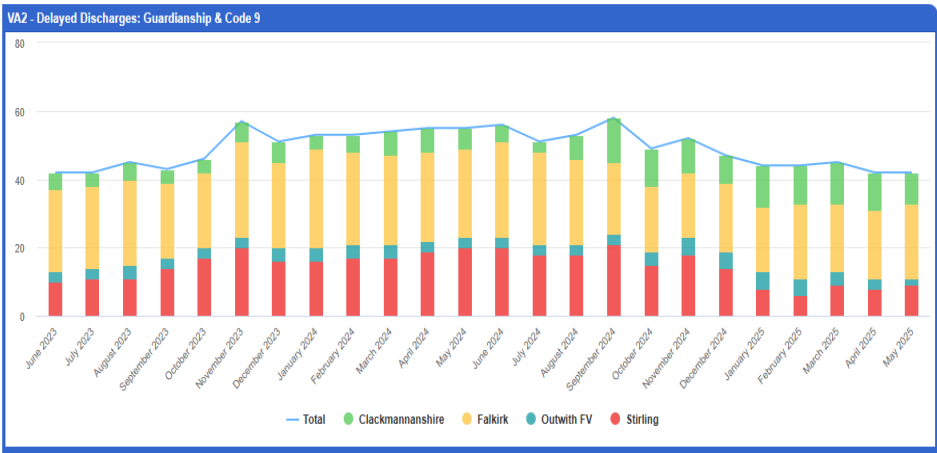
4-hour emergency access standard performance

4-hour Emergency Access Compliance
June 2023 to May 2025
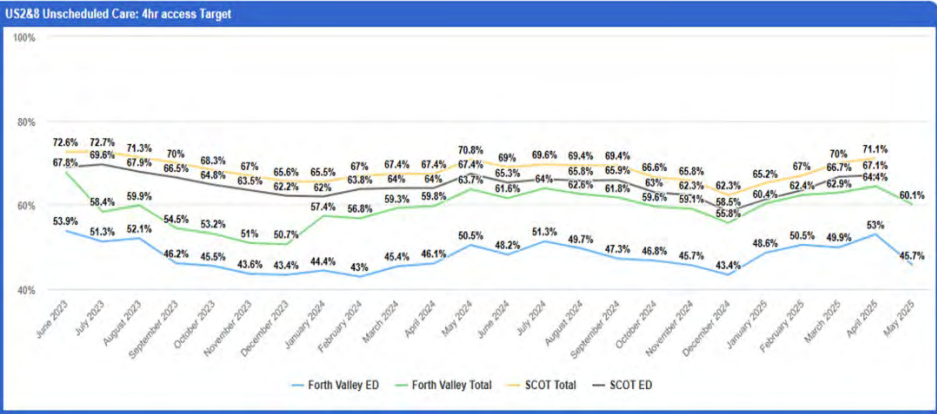
Number of standard delays
June 2023 to May 2025

Number of Guardianship or Code 9 delays
June 2023 to May 2025

Delayed Discharge occupied bed days
June 2023 to May 2025

2.2 Scottish Government and COSLA joint mission to reduce Delayed Discharges?

As part of NHS Forth Valley Senior Leadership Team, and as attendees at the NHS Board and Committee meetings, the HSCP Chief Officers help shape service delivery and progress the whole system approach. The cross-fertilisation of ideas, learning and thinking from across our networks ensures we are bringing a breadth of thinking and practice to support the NHS Forth Valley ambition to improve patient flow and reduce delays. Examples of system change with positive outcomes include Right Care, Right Time, Multi-Disciplinary Team working and whole system daily huddles, supporting the patient to be in the right place in the system to have their care needs met.

Our understanding of the issues and challenges within our system is ensuring we are problem solving proactively and planning for sustained systemic improvements. In addition, our three Local Authorities have met and are planning cross NHS Forth Valley options for broader service opportunities and improvements. Falkirk HSCP is leading efforts to develop and implement an integrated discharge service as part of a whole-system approach. The goal is to establish a coordinated, standardised team that supports safe, effective, and timely hospital discharges to home or a homely setting. This service will provide a single point of contact, streamline patient pathways, and reduce duplication of effort. By enhancing coordination and leadership in discharge management, the approach aims to improve patient experience and continuity of care.

The HSCP Chief Officers meet weekly with the Cabinet Secretary for Health to discuss delayed discharges nationally, to hear about good practice and share learning across the country. They Chief Officers engage proactively with Health and Social Care Scotland (HSCS) and Chief Officers across Scotland at regular meetings to share our work and problem solve nationally. The two HSCP Senor Leadership Teams meet jointly on a regular basis and we have joint IJB development sessions. We take a pan NHS Forth Valley approach to a number of areas hosted by each HSCP and are working towards shared language and common approaches around a number of HSCP processes.

2.3 Optimising Flow Navigation Centres, scheduled appointments and alternative services,

The Flow Navigation Centre (FNC) model is being reviewed with the need to reform current service and pathways to continue to provide person centred care delivered at the right time, in the right place. The main focus is to explore establishing Senior Decision Maker model as a test of change which will align with the national guidance on FNC.

Consultant Connect continues to be rolled out which provides immediate access to senior decision maker. Current pathways include:

- Scottish Ambulance Service to Emergency Department, Hospital at Home and Rapid Access Care Unit
- Minor Injuries Unit to Emergency Department pathway
- Acute Assessment Unit frailty team to Hospital at Home
- Emergency Department to Hospital at Home
- Primary care to specialty pathways

A further 4 pathways are in development. This work is reducing avoidable Emergency Department attendances by directing patients to the more appropriate urgent care settings whilst increasing scheduled urgent appointments to the Emergency Department / Minor Injuries Unit, avoiding busy waits in the department.

A developing model within Falkirk HSCP includes having a regular presence within acute front door areas in order to provide timely support, signposting to service or community resources and preventing admission. This work involves collaboration with 3rd sector colleagues, in particular the carers centre to support informal carers and signpost to relevant service. This will continue to be reviewed and prioritised as part of the integrated discharge service developments to ensure a responsive service into social care pathways where required.

2.4 Reduce admissions for patients with low clinical value

Work continues as part of the Hospital at Home service to improve existing processes to optimise capacity using Quality Improvement methodology and to develop additional pathways to Hospital at Home, such as Outpatient Antibiotic Therapy (OPAT), heart failure and respiratory. Although some of this work is in its infancy, there are signs of positive impact on reducing hospital admissions via these extended pathways.

2.5 Optimise ED assessment and care

Our emergency and acute assessment departments remain under significant pressure with over occupancy and difficulty discharging patients. Admitted pathways remain challenging due to limited flow through the whole system.

Our Discovery data showed that Emergency Department (ED) occupancy exceeds physical capacity in the afternoon, and each hour the ED is over occupancy is associated with a growing backlog of activity increasing the time to first assessment, and a rise in ED length of

stay. The limited capacity of senior clinical decision-makers within the ED overnight sees the day shift inherit a backlog of work from the overnight period which is associated with deteriorating performance out with the 9am-5pm period.

Work is ongoing to develop a Target Operating Model for front door services; with the use of data, the model will define how the front door areas should operate to deliver urgent and unscheduled services going forward. A redesigned triage system has been implemented, using the Manchester triage system. To further support this work, e-health are supporting the development of electronic recording of triage score.

Key areas of work to improve ED assessment includes:

- Breach analysis to inform improvement actions.
- Re-instating 'plan in 120' including training for the MDT.
- Morning Huddle with front door to support streaming patients to appropriate area.

2.6 Ensure patients are discharged as soon as medically safe

Work to standardise Daily Dynamic Discharge (DDD) and accurate recording of predicted day of discharge (PDD) is ongoing with the aim to reduce inpatient length of stay by discharging patients on planned date of discharge. This work is linked to the development of a ward-based improvement matrix (balance scorecard) to improve patient flow and discharges, increasing capacity across the whole system. Support is also being provided to the triumvirate structure to ensure the multi-disciplinary team is embedding these processes in day-to-day ward activity.

To support ongoing flow across the system, regular day of care audits are being undertaken as well as daily whole system length of stay meetings both of which are impacting on reducing length of stay in Forth Valley Royal Hospital. The purpose of the daily meeting is to review patients with a length of stay in hospital of 5 days or more in a multi-agency forum to establish the most appropriate discharge patways for the patient timeously. This supports robust oversight to support discharge planning and early intervention. As part of winter planning, the Day of Care audits are being undertaken twice monthly. Our last Day of Care Survey (DoCS) showed that 40.3% of patients did not meet DoCS criteria for an acute hospital stay.

The integrated discharge team is essential to support patient discharge. Taking a whole system approach, the current model is being reviewed with the plan to develop a truly whole system team. This will enable further exploration of utilising discharge coordinators in wards, particularly frailty and ageing and health.

In relation to discharge to assess options, Falkirk HSCP have been working on an assessment at home model since December 2024. This is at an early stage but continues to develop and support exploration of models of care.

With regard to Community Hospitals and Intermediate Care, there are regular multidisciplinary meetings to discuss admissions, discharges, trajectories and plans. This supports the delivery of the national key performance indicator of a length of stay of 28 days or less, whole system oversight and patient flow.   This is ongoing development work as part of the national DWD workstream.

This financial year will also see the acute site trial an electronic drugs cabinet in one ward area that is projected to release hundreds of hours of nursing time to patient care. There is also expected to be a small release of pharmacy support worker resource , and reductions in medicines waste/cost.

Later this year, we are aiming to optimise how the pharmacy department dispensary uses the new robotics that were installed towards the end of 2024-25 and realise the benefits in terms of increased capacity and improved turn around times for dispensing prescriptions.

The Forth Valley Pharmacy Homecare Team were set up to care for a patient population of up to 2500 patients. This cap has now been exceded and the team are at capacity. Work is ongoing to review the resource within this team, so homecare efficiencies workstreams can be pursued again, and the associated significant savings accessed.

2.7 Deliver rapid assessment and move to implement Frailty Units

With an increasingly ageing population, we continue to experience high demand for acute frailty admissions. To support flow across the site the frailty at the front door model is being reviewed to streamline processes and improve patient safety. This will also align with the ageing and health standards which were launched late 2024 and the national Discharge Without Delay Collaborative Programme.

The HSPCs provide input to the Frailty team within the front door areas on the acute site and this work will continue to be developed in conjunction with the development of the Integrated Discharge Team.   This will support the ongoing development of earlier interventions to manage patient, family, and colleague expectations. This includes the earlier identification of frailty at front door, creating a shared threshold of risk, safeguarding the shared values of Right Patient, Right Time, Right Place.

Following the test of change last year to cohort frailty within the Acute Assessment Unit, an options appraisal has been completed to identify the most suitable location for the frailty at the front door model. A further workshop is scheduled to further refine the location and model with

the aim of providing a 7-day frailty service. This work will require an integrated approach to ensure the needs of the patient group are being met both in community and acute. As part of the Discharge Without Delay programme, a needs assessment has been completed with an action plan in development for delivery of the frailty at front door model.

Summary of Key Deliverable 2025/2026

- Ongoing active engagement in the national Discharge Without Delay (DWD) programme.
- Development of an integrated discharge service to ensure safe, timely transitions from hospital to home.
- Review and reform of the Flow Navigation Centre to enhance efficiency.
- Expansion of Consultant Connect to facilitate rapid decision-making and reduce avoidable Emergency Department (ED) visits.
- Develop additional Hospital at Home pathways, e.g., Outpatient Antibiotic Therapy (OPAT), heart failure, and respiratory care.
- Refine Target Operating Model to streamline front-door services.
- Strengthening of the Integrated Discharge Team to coordinate hospital-to-home transitions effectively.
- Redesign of Frailty at the Front Door to provide timely, integrated care.
- Options appraisal and planning for a 7-day frailty service.

3. Mental Health

Scottish Government Planning Priorities 2025-26

Delivery Plans should set out the high-level actions and impacts to address mental health waiting times and note that a separate commission will follow in January to request more detailed trajectories from Boards for 2025-26 for progress towards meeting the CAMHS and Psychological Therapies waiting times standards.

We continue to expect that progress will be made locally towards 10% of frontline Board spend being utilised for mental health services, with 1% of frontline Board funding being spent on CAMHS.

Plans for 2025-26 should set out how they will progress delivery in the following priority areas:

- Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis.
- Implementing National Standards for Mental Health services including the Core Mental Health Standards, the Specification for Psychological Therapies and Interventions, the CAMHS and Neurodevelopmental specifications and the Eating Disorder and IPCU Specifications, when published. This includes, where relevant, planning and delivery of the regional aspects of the CAMHS specification.
- Building on work already underway to improve unplanned and urgent mental health care, including for those in mental distress, prioritising working with Public Health Scotland on data improvements and reviewing local Psychiatric Emergency Plans to align them to the national template.
- Delivering a more coherent system of forensic mental health services, by collaborating and cooperating across Health Boards and with the Forensic Network to address the governance, capacity and placement issues raised by the independent review into such services and applying the forthcoming escalation arrangements being developed by the Forensic Network.
- Implementing the Mental Health and Wellbeing Workforce Action Plan to support improved planning and retention of the workforce and service reform.
- Continuing work to ensure the mental health-built estate enables the delivery of high quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit.

- Improving data input quality and completeness of mental health data returns (for example the CAMHS and Psychological Therapies National dataset (CAPTND) to PHS and workforce data to NES) and proactively engaging with Public Health Scotland for analytical advice and support.
- Boards are asked to describe their mental health services priorities under the Public Sector Equality Duty, listing their priority groups and those with complex needs for focus (including people affected by suicide, self- harm and addiction) and their rationale for focusing on these vulnerable groups, referencing impact assessments undertaken.

Delivering annual health checks for all people 16+ with a learning disability known in their areas across Scotland, complying with their legal duty through the Annual Health Check Directions. This includes maintaining delivery models currently in operation as well as commencing delivery models that haven't yet started.

Forth Valley Mental Health Delivery Plan 2025-26

3.1 Progressing the vision and priorities in Scottish Government Mental Health and Wellbeing strategy

NHS Forth Valley is in the process of developing a local Mental Health and Wellbeing Strategic Commissioning Plan. This will be pan-Forth Valley, supported by both Falkirk and Clackmannanshire and Stirling HSCPs. It has been agreed that the plan will be inclusive of all ages and will align with the Scottish Government Mental Health and Wellbeing Strategy as well as with local strategies. The plan is still in development, with the next phase of consultation due to commence later this month. However early indications are that stakeholders are particularly keen that the plan reflects issues of inequality. Although the plan is for all of Forth Valley, it is important that it is flexible enough to reflect the real differences between our local communities, and the variation in the type of needs they have.

Once the high-level plan has been finalised and approved, this will then guide more specific actions targeting particular needs within our communities. As stakeholder engagement is ongoing it would not be appropriate to pre-empt this by suggesting the likely content of the plan here. However, our initial round of consultation raised a variety of themes including:

- Transitions between teams/services.
- The role of activity in supporting mental health and wellbeing.
- Effective working across third sector and statutory services.
- The importance of embedding population health approaches.

- Ensuring equitable access while taking account of populations/areas with particular needs.

The Forth Valley Mental Health & Wellbeing Strategic Commissioning Plan is for discussion and, if agreed, approval at both IJBs and the NHS Board in June and July 2025.

3.2 Mental Health Waiting Times

The following key risk is associated with Psychological Services:

Code	Title	Description	Current Score	Target Score
CSHSCP DIR 08	Psychology Waiting Times	If FV does not ensure sufficient capacity within psychological services to meet ongoing demand and address existing patient backlogs, there is a risk that waiting lists will continue to grow and we will fail to achieve national targets and deliver improvement plans, resulting in deteriorating patient conditions, potential for patient harm and damage to public/stakeholder confidence.	25	10

Risk Mitigation
The key actions articulated in this section, including, but not limited to, the programme of improvement work being progressed, will mitigate this risk.

We await the separate commission from Scottish Government with regard to Mental Health waiting times for adults. In the meantime, we continue to have a specific focus on waiting times for Psychological Therapies. A full programme of improvement work is in place, with a focus on the delivery of evidence-based, time-limited interventions in the most effective way. Specific pieces of improvement work include:

- Further expansion of therapeutic group programme.
- Streamlining pathways of care to include group as standalone intervention.
- Review of referral criteria and adherence.
- Pilot of brief interventions.

- Pilot of 'Waiting Well' approach.

Notwithstanding the ongoing actions to improve waiting times, it is important to be clear that there remains a mismatch between capacity and demand, with data evidencing a significant increase in referrals for psychological therapy. This is in the context of a reduction of around 10% to Forth Valley's Mental Health Outcomes Framework Allocation, and the additional requirement to reduce spend in all areas across the Clackmannanshire and Stirling HSCP in order to deliver a viable financial position. As a result, Psychological Services have fewer staff to meet greater demand, therefore delivering significant and sustained improvement in waiting times is likely to be extremely challenging.
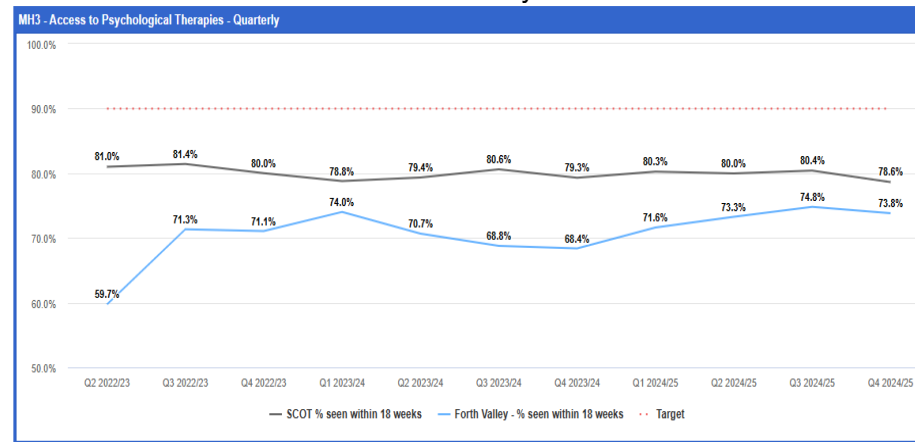
The Forth Valley performance against the Psychological Therapies referral to treatment access standard over the last 2 years and quarterly from Q1 2022-23, is provided in the graphs below.

Psychological Therapies Referral to Treatment Performance

Psychological Therapies 18-week RTT
June 2023 to May 2025
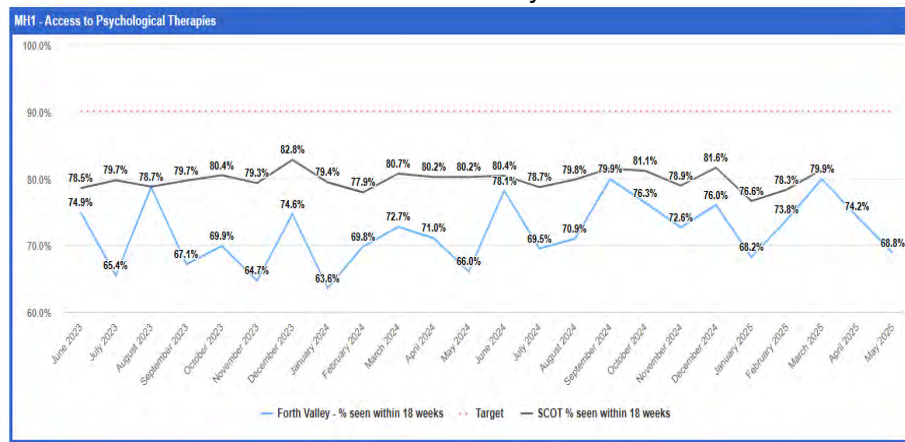
Psychological Therapies 18-week RTT
Quarterly

Forth Valley's self-assessment against the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland was submitted on 6 April 2025. Staff from the service attended the national event held on 30 April 2025 where a high-level overview of

Board submissions was presented. From this, it would appear that Forth Valley is broadly consistent with the national picture, although specific feedback is awaited from the SG Psychological Therapies Improvement Team.

Based on the self-assessment Forth Valley is fully compliant with the National Specification against 16 of the standards, and a further 7 are partially implemented. The 4 parts of the Specification which have not been implemented locally are Standards 1.4 (recording and reporting of routine outcome measures), 2.1 (initial contact appointment within 12 weeks), 2.4 (contact every 12 weeks while waiting) and 7.4 (sufficient resource to meet demand).

Progress is being made against Standard 1.4, with the national data capture questionnaire for CAPTND currently being trialled in the service. Once fully implemented, this will support the routine recording and reporting of clinical outcomes. Standards 2.1 and 2.4 are under discussion. In order to fully implement these, resource would require to be redirected from other functions of the service, and work is ongoing to understand the potential impact of this.

A specific stroke psychology post was established in 2022 to partially implement the National Model of Psychological Care in Stroke (NMPCS). It was acknowledged at the time that this was a limited resource (0.5 WTE Band 8b) for the 700 stroke patients annually. The agreed focus is on supporting rehabilitation within inpatient services, early supported discharge, and supporting patients open to the neurorehabilitation team.

There is no other psychology resource for stroke patients, and the demands from across these areas are such that a waiting list has built up. There is no resource for patients in the community and there are occasional demands placed on other specialties within psychology (e.g. older adults) to see these patients, although these demands cannot be met. There have been requests for the stroke psychologist to deliver training and formulation to support levels 1 and 2 of the model, however capacity for this is also limited. The recognised gaps in service provision have been highlighted via regular Progressive Stroke Pathway meetings.

3.2 CAMHS

The following key risk is associated with CAMHS:

Code	Title	Description	Current Score	Target Score
ORG 16	Mental Health Services - CAMHS	If NHS FV does not ensure sufficient substantive capacity within child and adolescent mental health services (CAMHS) to enhance our ability to meet referral to treatment targets, there is a risk that our waiting lists continue to experience high waiting times, thereby not meeting government expectations of us, resulting in a potential deterioration of patient conditions, potential for patient harm and damage to public/stakeholder confidence.	8	10

Risk Mitigation
As outlined below, the CAMHS team have been meeting the waiting times target since February 2024, therefore the identified risk is a medium, and no further mitigation necessary at the point of review.

The CAMHS team is currently meeting the waiting times target of 18 weeks for CAMHS and have achieved this consistently since February 2024. Scottish Government stepped down the enhanced support in October 2024, whilst we continue to meet and engage with them. We review clinical and operational activity data frequently to enable capacity to be flexed to identify fluctuations in demand and meet the waiting times targets for new patients. To maintain performance, the service will continue using a Value Based Health & Care Approach:

Personal Value
- Responsive Early Contact Appointments
- Use of Informed Consent & Goal based Care Planning
- Informed Person-centred Care & Regular Review of Care
- Focus upon Patient Experience

Technical Value

- Continue to build and strengthen the Patient Booking System (TRAK-Care)

Allocative Value

- Quality Improvement Focus
- Working with our CYP and carers as facilitative experts
- Multi-faceted and multi-professional approaches
- Capacity & Activity Monitoring

Societal Value

- Reflective practice and Continual focus upon improvement
- Tackling health Inequalities
- Ensuring those that need the most help can access the care they will benefit from
- Use of data
- Reducing variation
- Clear clinical governance structures

This will be achieved and assured with weekly performance meetings, monitoring waiting times, which can be stepped up if required. Continued validation of the waiting list with quarterly job plan reviews in line with CAPA (Choice and Partnership Approach) cycles to support maximising capacity across the service. We have a clear operational governance structure and are creating an accountable and learning-based working environment with a focus on staff wellbeing via supervision.

This maintained performance will assume that demand remains as predicted, with a slight year on year increase. It also assumes that unscheduled care will remain the same as previous years. This trajectory also considers predicted absence. It is important to highlight that unpredicted absence and the reduction in Scottish Government outcomes framework funding, with a current pause with recruitment to current vacancies, there is a risk that the Referral to Treatment time guarantee will be affected with a downward trajectory. This will be closely monitored within CAMHS Performance and Governance meetings as described and escalated at Board level where appropriate.
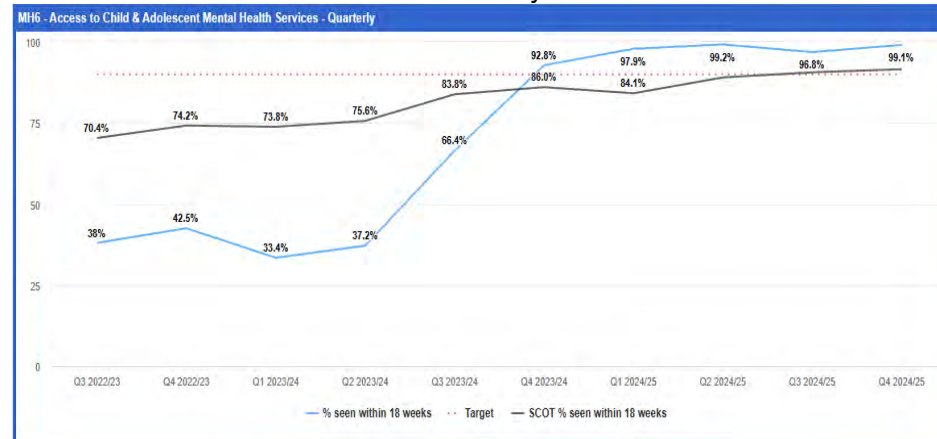
The Forth Valley performance against the CAMHS referral to treatment access standard over the last 2 years and quarterly from Q1 2022-23, is provided in the graph below.

Child & Adolescent Mental Health Services Referral to Treatment Performance

CAMHS 18-week RTT
February 2023 to January 2025
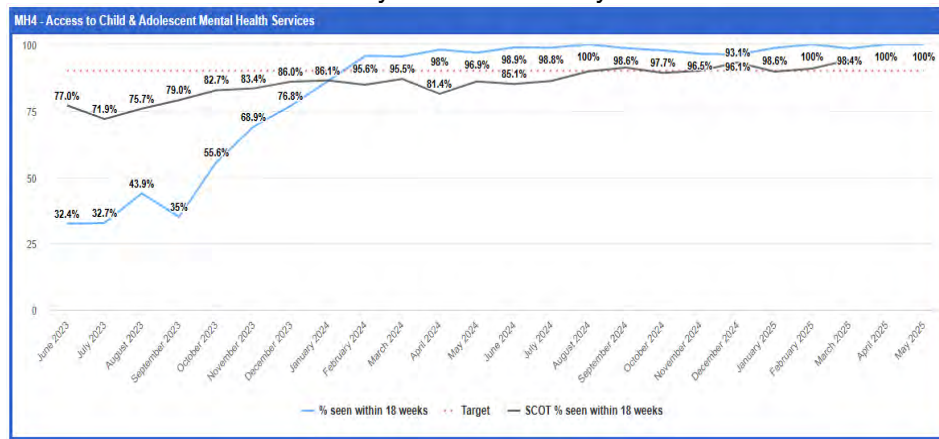
CAMHS 18-week RTT
Quarterly

3.4 Unplanned and Urgent Mental Health Care

Our mental health service has begun testing the pathway for direct access to mental health assessment for patients coming through the Scottish Ambulance Service (SAS). This testing is in an early stage but has so far been effective and well received. The development of this pathway will be navigated within the context of the Mental Health Outcomes Framework funding and it will be essential that the planning around the reduced funding does not collide with the planned expansion of this service. Meanwhile, the service has also introduced Distress Brief Interventions (DBI) and is making arrangements to ensure core funding in the next financial year. This will enable more detailed planning for further expansion of this service to create opportunities for more patients to access this service.

The Psychiatric Emergency Plan (PEP) in NHS Forth Valley was developed with reference to the Mental Welfare Commission's template, and the contents of the plan satisfy these requirement, when considered with other extant local guidance. The PEP is due for review in the autumn of 2025 and the team will aim to capture learning from the joint working with other agencies to enhance the planning and operational arrangements across our services.

Data quality will remain a focus for our services and the service will continue to work in partnership with eHealth, Health Records and the system administrators to improve our position.

3.5 Mental Health Standards Implementation

The Forth Valley self-assessment against the Core Mental Health Standards, as well as the Readiness for Change assessment, were completed and submitted to Health Improvement Scotland. Work is now ongoing to develop a local improvement plan to address the areas identified within the self-assessment as priorities for development. This plan will align with the improvement plan already in place following the recent Joint Inspection of Integration in Clackmannanshire and Stirling HSCP.

Work has begun on the self-assessment against the National Specification for Psychological Therapies and Interventions and is on schedule to be submitted by the due date. Once the self-assessment has been completed, an action plan will be developed as required. The implementation of this will be overseen by the Psychological Therapies and Eating Disorders Clinical Governance Group, chaired by the Director of Psychological Services. The National Specification for the Care and Treatment of Eating Disorders is being reviewed by both adult and child services for people with an eating disorder. As this work spans services across the age range, governance of this work will sit with both the Psychological Therapies and Eating Disorders Clinical Governance Group and the CAMHS Clinical Governance Group.

Once published, we will review and address the IPCU Specification as required. It is likely that governance will sit with the Mental Health & Learning Disability Clinical Governance Working Group.

The National Mental Health standards are reviewed and incorporated within the service through the clinical governance processes and pathways. Here is active participation in the regional West of Scotland CAMHS steering group and a focus on early intervention working in partnership with local councils, education and third sector agencies.

The RTT for Children and Young People's Psychological Services for January was 88.5%. The Head of Psychological Specialities for Children and Young People is engaged with the enhanced support from the Scottish Government alongside Adult Psychological Services. Clinical demand, activity and capacity is frequently reviewed to support and promote performance.

The Eating disorders Pathway Group has been established for CAMHS Children and Young People, to map competency frameworks and best practice guidelines to operational delivery, workforce development plans and clinical governance. CAMHS senior staff also attend the

Joint Eating Disorders Steering Group and Eating Disorders Development Group to focus upon transition and joint delivery of clinical care standards.

3.5 Data improvements and Psychiatric Emergency Plans

We are working closely with Public Health Scotland to deliver improvements with reporting against the CAMHS and Psychological Therapies National Data Set (CAPTND). Clinical Services, Information Services and eHealth have been meeting regularly with national colleagues leading CAPTND, and we are the first Board area to have incorporated the national data capture template into our local recording system. While there are still issues to be worked through, we are in communication with PHS around this and are committed to successful implementation.

Our unscheduled mental health services are engaged in the national Mental Health Unscheduled Care (MHUC) and have been working on developing our local systems to support reporting through this forum.

In addition, we have a Forth Valley Mental Health and Learning Disabilities eHealth Group where clinical services, Information Services and eHealth meet regularly to discuss and agree issues and priorities. Current data priorities include improvements in data recording and reporting within Learning Disabilities, Allied Health Professionals and Old Age Psychiatry. Information Services has analysts dedicated to supporting Mental Health Services and CAMHS. There is a Senior Information Analyst whose time is ring-fenced to support Mental Health Services, although unfortunately a similar post within Psychological Services has not been recruited to due to the current financial challenges. Forth Valley has also participated in all national benchmarking work to date.

The Senior Information Analysts work to deliver the data elements in line with service objective, providing in-depth analysis and scenario modelling, as well as the submission of national data returns. Information Services has a key role in the development of the national programme CAPND which is being supported for CAMHS and Psychological Therapies, alongside the TrakCare Team in Digital.

The national template for the Psychiatric Emergency Plan (PEP) is anticipated for publication in Summer 2025. The NHS Forth Valley PEP was last refreshed in 2022 and is scheduled for a review in Autumn 2025. This will provide an opportunity to align the PEP to the national template. The updated PEP will include reference to the role of DBI in supporting unscheduled care presentations of distress, which is now in place in Forth Valley.

3.6 Forensic MH service system

Our services have been represented on capacity and patient flow meetings and participated actively in the national conversations to achieve the necessary changes set out in the Barron Report. NHS Forth Valley has been proactive in engaging with neighbouring boards to make effective use of the inpatient low secure service provision available to us across men's and women's services. Whilst there remains uncertainty about the implications for the operation of our forensic and low secure services, we welcome the focus on improving the process for accessing medium and high secure inpatient services.

3.7 Mental Health & Wellbeing Workforce Action Plan

Plan: Across our Mental Health and Learning Disability (MHLD) inpatient and community settings, we use the national workforce and workload planning assessment tools, where these exist. This allows us to plan our workforce and prepare for change. A significant change in the workforce in recent years has been the introduction of the Primary Care Mental Health Nurses. We now have a workforce of approximately 32 nurses working across General Practice in Forth Valley. An example of local planning is how we manage our vacancies for newly qualified mental health nurses through a single process which affords applicants choice and control of their post, whilst allowing us to identify opportunities and plan recruitment.

Attract: We have embraced international recruitment and successfully recruited several doctors and health care support workers through this process. We use our positive profile within several higher education establishments to make NHS Forth Valley an attractive employer for registered nurses, psychologists, doctors and across the allied health professions. An example of success is the significantly reduced level of vacancies we have across many of our registered healthcare professions. This is most stark within the registered nursing establishment.

Train: We support professional development and alternative routes into the registered professions, for example, by supporting health care support workers to access undergraduate nurse training through the Higher National Certificate (HNC) programme. Our Advanced Nurse Practitioner (ANP) workforce is supported to access and complete their ANP training. We have given training in psychological trauma a greater profile across all of our professions and seek to ensure that all service developments and change are undertaken in a trauma-informed way. We have strong working relationships with Stirling University and have worked to develop secondments for clinical staff. This helps foster greater joint working between our services and create an environment where education and development is valued highly and accessed easily.

Employ: We undertake iMatter every year as a means of having a consistent check-in with the development of our teams. For the year 2024 our colleagues' responses in respect to staff governance were all within the 'Strive & Celebrate' index.

Nurture: We have implemented the Safe Staffing legislation and have processes in place to monitor our compliance, mitigate identified risks and ensure regular reviews of progress. We are planning to roll out the access to assessments in the coming months to every member of staff. We have established processes to ensure that staff can access supervision. Although this is challenging for some groups of staff, e.g., within the inpatient nursing teams, we have altered the team structure to increase the number of supervisors and continue to work to balance the workloads to make this achievable.

3.8 Mental Health Estate

Across our MHLD inpatient services we have administered the ligature assessment tool to identify and allow us to mitigate risks posed by ligatures. This will require work over successive financial years to spread the cost of the necessary work to optimise the safety of our inpatient services. Similarly in community settings like resource centres, we are working to roll out the assessment of ligature risks and make changes where necessary to enhance the safety of our patients.

The Bellsdyke hospital site offers longer-term hospital-based care and treatment for adults with severe and enduring mental illness. The buildings on this site are ageing and the design and construction of these buildings are not well suited to the needs of the patients. Having undertaken scoping exercises we have identified that by redesigning the service we can consolidate our inpatient rehabilitation provision to maximise use and minimise demand for infrastructure investment. This redesign process is well underway and anticipated to deliver in the Autumn.

Away from the inpatient services, we continue to work with our estates colleagues and other departments to identify opportunities to alleviate the pressure on physical space. This is most pronounced within our Substance Use Services and Older Adult Mental Health Services.

3.9 Public Sector Equality Duty and Mental Health priorities

Mental Health services in NHS Forth Valley aim to be inclusive, accessible and responsive to the needs of people accessing our services, especially those from marginalised groups or those facing disadvantage. All changes to the provision of our services are assessed using an Equalities Impact Assessment which allows us to consider any potential implications for people's protected characteristics and make reasonable adjustments to reduce or eliminate any negative impact. Our services deliver on the Public Sector Equality Duty (PSED) by

ensuring that we do not unlawfully discriminate against individuals based on protected characteristics. For example, we provide monitoring information on the use of the Mental Health Act to the Mental Welfare Commission and ensure that our referral criteria do not exclude or preclude access for specific groups.

We ensure that our diagnosis, treatment and care pathways provide fair treatment and through our clinical governance group, seek standardisation of process where this is appropriate. Reasonable adjustments are made for individuals accessing and working within our services and we have worked with colleagues across health and social care to ensure mental health care is accessible.

Recognising the specific needs of some disadvantaged or marginalised groups, we ensure that our models of care take account of varying need and presentation. For example, within the Substance Use Service we offer a model of assertive outreach following near-fatal overdose and make adjustments to the application of the Access Policy when responding to missed appointments. These adjustments have been made recognising that for some people in this patient population, not attending appointments may be a symptom or product of psychological trauma as opposed to a wilful disengagement from services.

3.10 Learning Disability Health Checks

Following the release of the Directions in 2022, a pilot was run supported by a local Implementation Group. Patients in Forth Valley have been invited to attend Health checks under the pilot. The previous service proposal to scale up to a hybrid delivery model between GP Practices (under a Local Enhanced Service) and the Keep Well team, was approved by the Senior Leadership Team and GP subcommittee in September 2024, was unable to be released for service contracting. A redesign of the programme has been required, given the reduced funding allocation (approximately 10% of original level) to ensure programme remained affordable. A Keep Well service led approach has been considered the most affordable route and Keep Well has already been supporting the programme under the pilot. Keep Well understands the needs of the patient cohort and has well established links with General Practice in Forth Valley.

This model is going through local governance to agree the required capacity expansion and formally note the service approach to meet the full requirements of the Directions. The team will utilise GP Practice registers to facilitate invitations to patients and provide the health checks. The Morse system will support the information gathering on the activity and associated reporting.

3.11 Mental Health Spend

In 2023-24, the proportion of NHS expenditure on mental health (general psychiatry) was 9.16% of the total Board expenditure and for CAMHS, the proportion of total Board expenditure was 0.71%. However, it should be noted that this figure does not include the often costly highly specialist regional and national inpatient services used for NHS Forth Valley patients and private providers.

Summary of Key Deliverable 2025/2026

- Approve the Forth Valley Mental Health & Wellbeing Strategic Commissioning Plan.
- Continues to focus on Psychological Therapies waiting times by:
  - Expanding the therapeutic group programme. including group as a standalone intervention.
  - Reviewing referral criteria.
  - Piloting of brief interventions and a 'Waiting Well' approach.
- The CAMHS team will continue to work to maintain performance using a Value Based Health & Care Approach.
- Develop an action plan following completion of the self-assessment against the National Specification for Psychological Therapies and Interventions
- Continue to work with Public Health Scotland to deliver improvements with reporting against the CAMHS and Psychological Therapies National Data Set (CAPTND).
- Refresh the Psychiatric Emergency Plan (PEP) to align with the national template, incorporating the Distress Brief Intervention (DBI) model for unscheduled care.
- Continue to deliver our mental health and wellbeing workforce action plan across our Mental Health and Learning Disability (MHLD) inpatient and community settings

4. **Planned Care**

Scottish Government Planning Priorities for 2025-26.

The Planned Care Planning Guidance will set out a clear focus on reducing long waits and increasing capacity through productivity and efficiencies. Plans for 2025-26 should set out high level detail on the following priority areas:

- Tackling long waits and backlogs focusing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics.
- Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).
- Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation.
- Implementation of digital solutions.

Forth Valley Planned Care Plan 2025-26

The following key risk is associated with Planned Care and the relevant mitigations are in the sections below.

Code	Title	Description	Current Score	Target Score
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.	15	5

Risk Mitigation
The implementation of the planned care plan, the theatres efficiencies project, and the addition of the 3rd CT Scanner is thought to reduce this risk. However, as noted below, the introduction of national and regional approach to activity may have a subsequent impact on this risk.

A detailed Planned Care Plan has been prepared by NHS Forth Valley, in line with the guidance and the template provided by the Scottish Government. This was submitted in January 2025. A revised and updated version of the plan was submitted following feedback from Scottish Government regarding further opportunities to create additional capacity. The Forth Valley Planned Care Plan is included in appendix 1. The plan focuses on efficiency, workforce optimisation, and digital innovation to improve care delivery while balancing national support obligations.

4.1 Tackling long waits

The Forth Valley Planned Care Plan seeks to improve waiting times and reduce the numbers of people waiting, within the existing resources available to Forth Valley. This includes the additional capacity which will be available from the 3rd CT scanner that comes online at the end of March 202 and is already fully funded. This will provide capacity for an additional 6,500 CT scans across the year. Without additional funding, waiting lists in some specialties may not improve and could worsen. While NHS Forth Valley is working within its existing resources to enhance capacity, the impact of the costed improvement proposals is critical. If these are not funded, certain services will struggle to reduce waiting times, affecting patient access to timely care.

NHS Forth Valley is making good progress in terms of delivering a reduction in the number of outpatients waiting beyond 12-weeks. This success however has created a build-up in the number of inpatient and daycases waiting, impacting on delivery of our Treatment Time Guarantee. It is anticipated however that within the next year to 18 months this wait will be below 12 weeks.
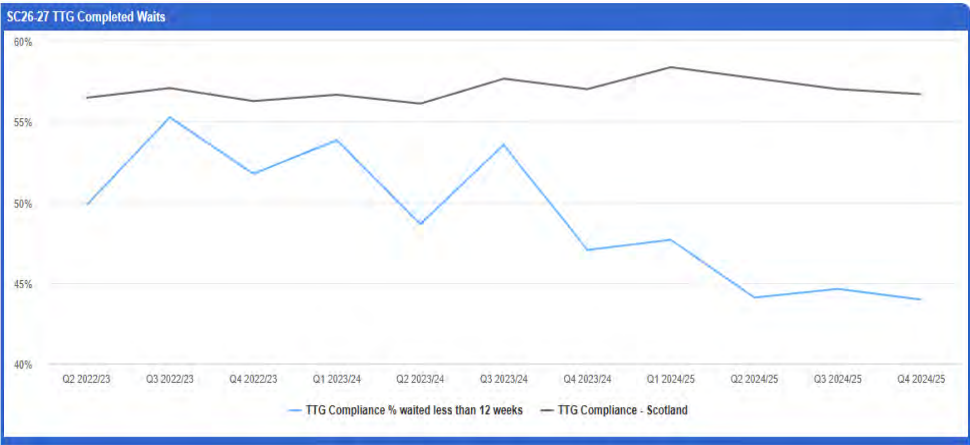
The graphs below provide details of performance against the key planned care metrics for 2023-24 and 2024-25.
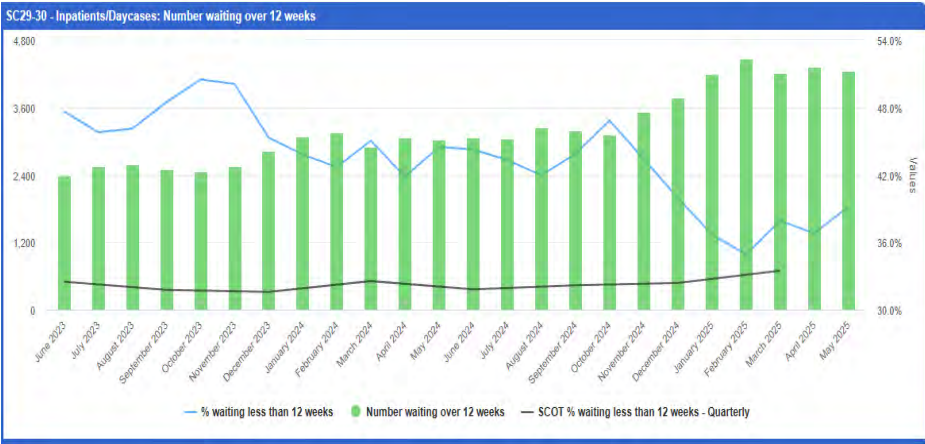
Planned Care Performance
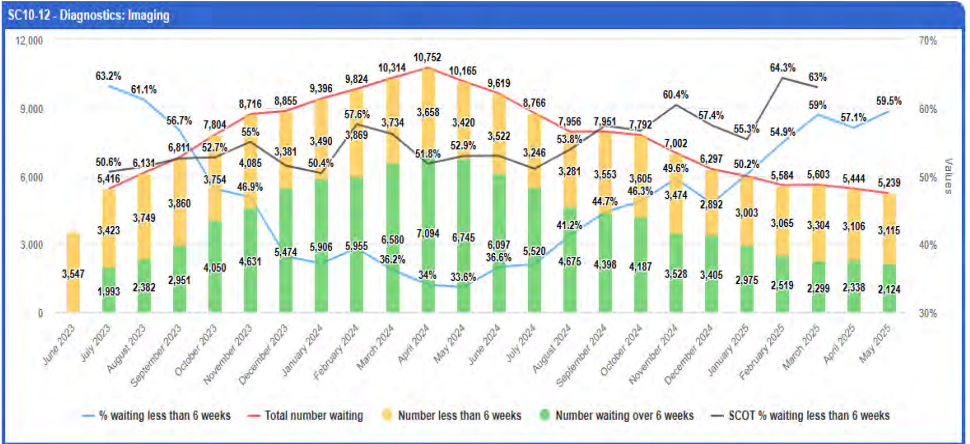
Outpatient waits over 12 weeks
June 2023 to May 2025
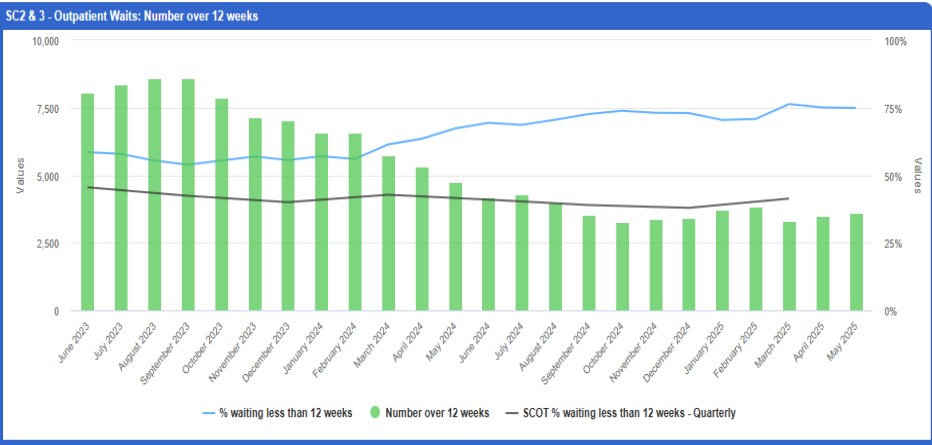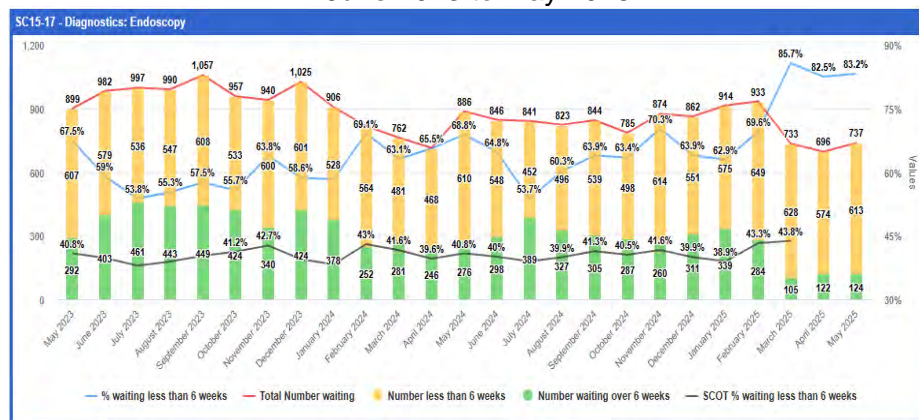

12 Week Treatment Time Guarantee

Inpatients/Daycase waits over 12 weeks
June 2023 to May 2025

Imaging waits over 6 weeks and total
June 2023 to May 2025

Endoscopy waits over 6 weeks and total
June 2023 to May 2025

4.2 Match outstanding demand with available capacity across Scotland

At the request of Scottish Government, further costed improvement proposals have been submitted, over and above the core activity actions set out in the Planned Care Plan. These additional proposals have been made with the aim of reducing waiting times and numbers waiting, improving local resilience and where appropriate, delivering additional capacity for Scotland. The service areas for which these proposals have been submitted include ophthalmology, gynaecology, orthopaedics, general surgery and pharmacy oncology. The proposals were submitted on 5 March 2025 and a response is expected from Scottish Government in March. Until a response is received, it cannot be assumed that any additional resources for the costed improvement proposals will be made available.

It should also be noted that by taking a national and regional approach to activity, centres which have achieved lower waiting times and numbers for their own population, may see local waiting times and numbers increase, while they give capacity to the Boards with the longest waits. This is likely to be the case for Forth Valley and may result in local patients waiting longer to be seen and treated.

4.3 Productivity, Efficiency and Reducing Variation

The trajectories for each speciality, for outpatients, inpatient/daycase and for diagnostics are set out by quarter in the Planned Care Plan, using the core board funding allocation for 2025-26. Cancer activity for 2025-26 is also set out in the Planned Care Plan. The plan describes the approach to planned care in Forth Valley, including the following. We will:

- Continue to apply consistent adoption of CfSD productive opportunities across all services, apply rigorous application of the Access Policy, strive to continue to reduce DNAs and continue to develop and monitor recovery plans to achieve sustainability across all services. The majority of services have applied most CfSD productive opportunities. Therefore, the initial boost of removals from this will now have plateaued. Services will continue to apply and gain a steady removal rate going forward.
- Continue to work to utilise all available outpatient and theatre sessions over 50 weeks per year. INFIX has been implemented with initial services with a plan to spread to the remaining services in Q1 of 2025-26. Scan for safety will be implemented early 2025-26.
- Increase procedure room capacity and strive to expand this footprint even further with capital investment.
- Continue to interrogate data to ensure optimisation of job planned capacity with support from e-Rostering across medical and non-medical job plans. Ensure capacity is maximised to support delivery of sustainable.
- Continue to develop multiprofessional advanced practitioners with particular investment in Surgical Care Practitioners to release consultant surgeons from the non-complex procedures which can safely be delivered by non-medical workforce.
- Continue to identify solutions in addition to National Treatment Centre (NTC-Forth Valley) arthroplasty surgery commitment, to provide planned care activity to other Health Boards across NHS Scotland in support of meeting national targets.

A comprehensive programme of work around the benefits realisation from the introduction of these productive opportunities is in progress. For example, Active Clinical Referral Triage (ACRT) has been rolled out across 22 specialties (85%) coverage and the spread will continue across 2025-26. Patient Initiated Review (PIR) continues to be rolled out across specialties. Patient Focussed Booking (PFB) has been implemented across the majority of specialties with significant benefits realised. NHS Forth Valley has an established theatre programme, which includes scheduling and optimisation of theatre lists, reducing fallow time, INFIX roll out, pre assessment improvement, British Associated of Day Surgery (BADS) compliance and reduction of overnight stays. NHS Forth Valley has implemented Surgical Care Practitioner roles and works on high volume low complexity procedures in minor operations, freeing up main theatre capacity for more complex cases. The suggested increase of 7% of outpatient activity will have already been gained in 2024-25, through robust list management which will continue throughout 2025-26. The potential to further increase theatre efficiency and productivity will be realised

through 2025-26 following a productive project which has identified some quick wins and medium-term actions which will be taken forward. Interrogation of theatre metrics will ensure theatre capacity is maximised.

Work is being undertaken to scope out and trial having clinical pharmacists working in new roles, better integrated into specialist teams. We are in month 6 of a 12 month trial having a clinical pharmacist work with dermatology, running outpatient clinics and supporting medicines governance and medicines efficiencies work. As well as making a valuable contribution to reducing outpatient waiting lists, the post-holder has been able to progress homecare opportunities within dermatology at pace, to increase our savings on these high cost treatments. Over the coming months, pharmacist led clinics in respiratory and cardiology will be trialled, and other specialties are in the pipeline.

NHS Forth Valley are targeting the long gynaecology waits, over 52wks , whilst also reviewing services to be more sustainable. This includes:

- Consultant Connect: To allow GPs to get real-time advice from gynaecologists, reducing unnecessary referrals and ensuring patients are directed to the right care first time
- Workforce and Job Planning Reviews: Team service job planning looking at priority areas. Consideration for flexible clinic working to support evening clinics
- Review Access policy, to enhance resources, improve patient experience, focus on Patient Focussed Booking
- More proactive work with Active Clinical Referral and Triage
- Pilot 'one stop' clinic for Post Menstrual Bleeding to commence in September 2025, early intervention for detection of gynaecology cancer.
- Investment in locum Consultant and expansion of nurse led clinics for benign gynaecology

4.4 Implementation of digital solutions

Forth Valley continues to implement digital solutions, with several highlighted below:

- Digital Dermatology went live in January 2025, with one GP practice to show proof of concept, to be followed by other practices as they take on board the benefits of the system and access IT support, during 2025-26. The system will provide opportunities for improved ACRT and enhanced vetting, and a reduced waiting list.
- The Open Eyes electronic record is fully integrated with the Trakcare patient management system and the service has progressed to using the EPR in the Macula work stream and plans further spread into other subspecialties.

- We are implementing a Patient Hub communication system via an on-line portal. The current outpatient appointment process appoints patients, and a letter is printed and posted to the patient. This process relies heavily on administrative staff to print and post the letters. Postage is expensive and delays are experienced in response times to the letters. Patients are increasingly expecting digital interaction which aligns with the National Digital Strategy, supporting patients in Scotland to access a wide range of self-serve health and social care services. The Patient Hub will give patients the opportunity to access their own outpatient information by digitising the booking of appointments, supporting a paper light process and care closer to home. A waiting well module launched the Hub in January 2025, providing automated SMS messages to patients on current waiting lists, to ensure they still require their appointment and can give an option for escalation should their condition have deteriorated. The outpatient module is due to go live in March 2025. Pre-op assessment and initiation of rehabilitation processes will follow. This system will support improved access for patients with the intention to reduce DNAs and potential to provide sign posting and sharing of information for ACRT, PFB and PIR.
- Early discussions are underway to pilot concentric digital consent, which will provide patients with on-line information regarding their surgery prior to their agreement to consent to surgery. It is anticipated that this system will reduce the number of on the day cancellations and provide patients with time to digest the relevant information regarding their procedure.
- Digital Pathology is due to be implemented in 2025-26. This will provide a platform through which tests and results can be shared electronically and align NHS Forth Valley with other Health Boards across NHS Scotland.

Planned Care trajectories

Delivery Area	Planning Priority	Target	Measure	Baseline	2025-2026 Trajectories			
					Q1	Q2	Q3	Q4
Planned Care	Tackling Long Waits	No waits over 52 weeks by March 2026	Inpatients/Daycases waiting over 52 weeks	594[a]	965	1,188	1,327	1,400
		No waits over 52 weeks by March 2026	New Outpatients waiting over 52 weeks	75[a]	40	70	70	90
		Reduce backlog to achieve 95% of key tests completed within 6 weeks by March 2026	Diagnostics: Imaging waiting over 6 weeks	3,496[a]	2,606	2,056	1,506	1,006
		Reduce backlog to achieve 100% of key tests completed within 6 weeks by March 2026	Diagnostics: Endoscopy waiting over 6 weeks	336[a]	0	0	0	0

	Increasing Productivity	Achieve a 7% increase in reportable activity (based on 24/25 levels) forNOP	New Outpatients Activity	18,204 [b]	14,784	14,683	15,034	15,041
		Achieve a 15% increase in reportable activity (based on 24/25 levels) for IP/DC	Inpatient / Day cases Activity	2,551 [b]	2,541	2,541	2,496	2,603

Planned Care Plan Response From Scottish Government

In May 2025 the Scottish Government signed-off the core planned care plan. This is on the basis that activity in 2025/26 is similar for new outpatients and higher for the Treatment Time Guarantee than it was in 2024/25. Progress against the plan will be monitored throughout the year.

As part of the £100 million additional investment for Planned Care activity in 2025/26, NHS Forth Valley will receive up to **£3,656,435** funding in 2025/26 to deliver the additional activity. **£1,424,532** of this funding will be allocated on a recurring basis in 2026/27 following agreement with Scottish Government on the additional activity this will deliver on a full year basis. Scottish Government will work with NHS Forth Valley to agree the activity profile in 2026/27 as a result of the recurring funding

In addition, Forth Valley will receive separate funding of £469,500 for endoscopy in 2025/26 to deliver 750 scopes. Further endoscopy proposals are currently under consideration and Boards will be advised of the outcomes of these discussions in due course.

Summary of Key Deliverable 2025/2026

- Work towards increasing the use of outpatient and theatre sessions to over 50 weeks per year.
- Develop advanced practitioner roles e.g., Surgical Care Practitioners, to free consultant time.
- Continue to identify solutions to enable additional capacity for other Health Boards across Scotland.
- Continue Rollout of Active Clinical Referral Triage, Patient Initiated Review and Patient Focussed Booking.
- Adopt CfSD productive opportunities and rigorous Access Policy application.
- Continued implementation of digital solutions.

5. Cancer Care

Scottish Government Planning Priorities for 2025-26

NHS Boards should consider how they anticipate that their plans will impact on performance metrics, including the following:

- Cancer waiting time standards
- Specific improvement plan for 62-day cancer pathway
- Diagnosis at disease stages III and IV
- Cancer Quality Performance Indicators
- Oncology Waiting Times Planning Priorities for 2025-26
- Plans should set out how they will progress delivery in the following priority areas:
- Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.
- Increasing diagnostic capacity including endoscopy and its new
- alternatives, alongside assurances of the Board's plan to establish or maintain a Rapid Cancer Diagnostic Service.
- Embedding optimal cancer diagnostic pathways and clinical management pathways.
- Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care.
- Configuring services in line with national guidance and frameworks. Specifically, the Framework for Effective Cancer Management, Six Principles of Good Rehabilitation, Prehabilitation (Key Principles for Implementation), Psychological therapies and support framework, and the Nutrition framework for people affected by cancer.
- Supporting the work underway of oncology sustainable services including the next phase of considerations for implementation of the proposed Target Operating Model for oncology.

When developing plans, Boards should reflect how they will progress the vision and priorities set out in the Scottish Government's Cancer Action Plan 2023 to 2026 to improve cancer survival and provide excellent, equitably accessible care to all.

Planning should also reflect the aim to ensure that people living with cancer, their families and carers are at the heart of cancer services, and a focus on reducing inequities in access to cancer care and cancer outcomes, recognising each person's time of need.

Forth Valley Cancer Delivery Plan 2025-26

The detailed plans for cancer services in Forth Valley are included within the Planned Care Plan (appendix 1) which was submitted to Scottish Government in January 2025 and updated following discussion with the Government in February 2025. Below are key actions from the Cancer sections of the Planned Care Plan and associated performance information. Trajectories for improvement are included in the Planned Care Plan. Following modelling work undertaken by NHS Lanarkshire we have approached colleagues to ensure we are linked into any relevant networking and learning.

62-day Cancer Standard Performance

62-day cancer performance (monthly)
May 2023 to April 2025
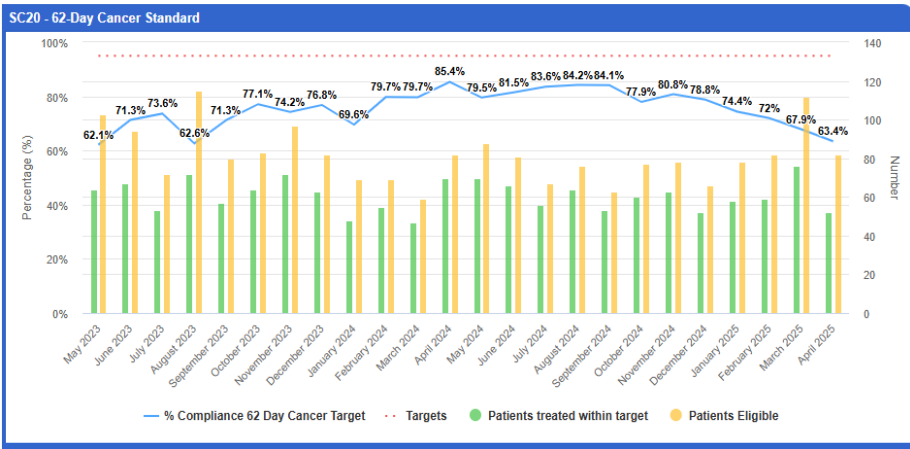
62-day cancer performance
Quarterly
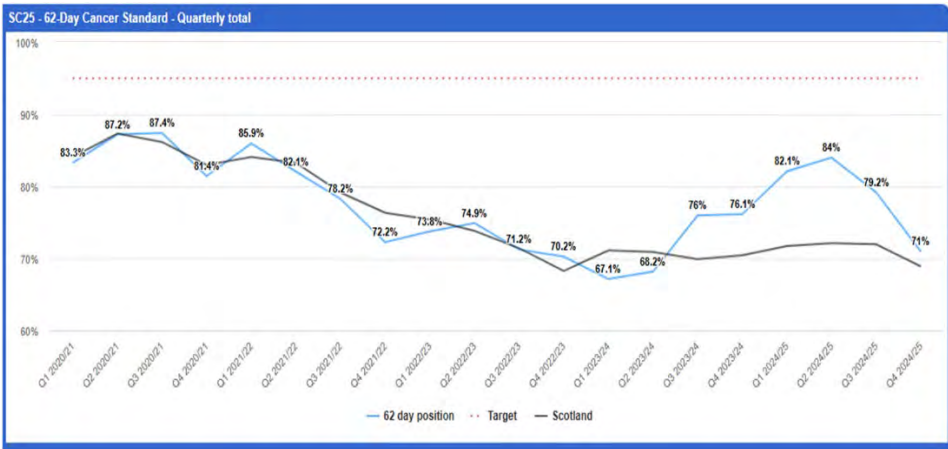
5.1 Performance

A revision of Access Governance arrangements in NHS Forth Valley will align all cancer metrics within the Access structure ensuring cancer remains a priority across all services.

The revision of the urgent suspicion of cancer (USC) referral guidelines will provide primary care and secondary care with further information on which patients should be referred through the USC route, with the aim of diagnosing patients earlier, requiring less intensive treatments. The quality performance indicators are vital in ensuring Forth Valley is diagnosing and treating patients in line with national and regional guidelines and receiving the same care in Forth Valley as in other boards. Regular regional and national meetings are held to review the metrics and ensure Boards have improvement plans in place if they are not meeting the standards.

The Framework for Effective Cancer management is a document consisting of 8 elements focused on assisting Boards to meet the 62 Day and 31 Day Cancer Standards. This document is under review and will be published in the next few months with additional content for Boards to action.

The current Framework focuses on Corporate Responsibility, Optimal Referral, Initiating the Pathway, Dynamic Tracking & Escalation, Optimal Diagnostics, Effective MDT, Treatment and Collective Strength. The focus within Forth Valley cancer services is the improvement of enhanced vetting, diagnostics, capacity for outpatients and dynamic tracking and escalation. The breast service has reviewed their capacity and demand and create sufficient capacity to maintain the wait for patients initially to be seen and treated within the Government Standards. The colorectal and urology services both face capacity challenges to meet the Standards:

- **Diagnostic – Endoscopy**: The service is reviewing demand and there will be updated Urgent Suspicion of Cancer referral guidelines being published in 2025-26, as well as new guidance around QFIT, which will assist us revise the vetting protocol. Currently the service has only one stream to diagnose patients, however the Team is exploring multiple routes for patients, dependent on their circumstances and to best meet their needs. With the 3rd CT scanner due to be installed and implemented in spring 2025, the team have requested additional resources from Scottish Government for CT colonography and there has been new data presented about colon capsule, as a filtering test.
- **Diagnostic – MRI Capacity**: The radiology service is in discussions with the Scottish Government about re-allocating the Forth Valley capacity which is given to other boards to be returned to Forth Valley to address the growing waiting times. This would benefit both the Colorectal and Urology pathways as well as others.
- **Diagnostic – TRUS Capacity**: The urology service is progressing plans to increase the number of staff who can perform this diagnostic procedure to allow more resilience and flexibility.
- **Treatment – Theatre Capacity**: Urology will increase the number of sessions available, assisting the service to meet both the 62 day and 31day Pathways.

- **Treatment – Oncology capacity**: As more Systemic Anti-Cancer Treatments (SACT) are approved for use nationally and patients are living longer with cancer, oncology new and return patients are increasing. While there has been workforce and service redesign, capacity is not growing at the same rate as demand, presenting major challenges for oncology services in Scotland. There are National and Regional reviews of Oncology ongoing (see 5.5).
- **Treatment – Robotic Capacity**: This is being led nationally and regionally.

5.2 Diagnostic Capacity

The following key risk is associated with Radiology and the associated mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
ORG 28	Radiology Imaging/Capacity	As a result of the radiology/imaging team not having adequate imaging capacity, there is a risk that the service are continually unable to meet the demand of the organisation resulting in an inability to meet the 62 day target for cancer patients, inability to meet 6 week target for imaging, CT, MRI & ultrasound, ultimately creating a negative impact on patient experience, creating delays elsewhere within the system.	15	10

Risk Mitigation
As outlined below, the implementation of the 3rd CT Scanner in Forth Valey is expected to support the diagnostic capacity within Forth Valley.

Diagnostic capacity will increase with the 3rd CT Scanner in Forth Valley implemented during 2025-26. A plan has been submitted to Scottish Government which seeks access to additional MRI and Ultrasound capacity as well as additional reporting capacity (see Planned Care Plan, appendix 1). The Endoscopy recovery plan has been agreed, supporting improvements in efficiency and productivity. Double Q-fit and Transnasal Endoscopy (TNE) will be implemented, and it is planned to increase CT colonography, reducing endoscopy demand

We have received Scottish Government non-recurring funding this year to develop and implement the rapid cancer diagnostic service. This will be a GP-led service. Rapid Cancer Diagnostic services in other Boards has been extremely successful in providing quicker diagnosis and speedier access to definitive treatment for patients whose symptoms do not fit with one of USC pathways, but for whom the referring GP has a concern that the patient may have cancer. The Cancer Team is submitting a detailed case for funding beyond 2025, for the Board's prioritisation group to consider.

5.3 Cancer Pathways

NHS Forth Valley has recruited 2 single point of contact (SPoC) staff, also known as navigators. The impact of these posts is significant in improving the cancer experience for patients. It is hoped further funding will be available to expand this service and create a navigator hub in Forth Valley, developing a more robust and resilient service. A possible future role for the SPoC team will be to weave through the Improving Cancer Journey work, to provide SPoC for community and social care services

The Improving Cancer Journey (ICJ) Programme Board involves HSCPs, third sector and NHS. The Macmillan One-to-One (MacOne) Steering Group reports into this programme board. This steering group will integrate ICJ within MacOne team and look at future development of the team. It is the hope that this programme board will report to the cancer board, but still to be defined.

Within the oncology pharmacy team, we are taking forward spend to save proposals that will increase the resource within the oncology pharmacy team to allow them to complete the work necessary to safely access large recurring savings associated with high-risk drugs coming off patent.

5.4 Service Configuration

The New version of National Framework for Effective Cancer Management is due to published in the next few months and is expected to include additional requirements. In Forth Valley we have benchmarked our cancer services against the current framework and regularly update the local cancer action plan. On the publication of the new framework a similar exercise will be performed with the action plan being developed into PENTANA for all staff involved, to track progress and performance, ensuring the objectives are met.

Prehabilitation advocate services are being scoped and a delivery plan will be developed by March 2026. A NMAHP cancer day is planned for August 2025 to look at prehabilitation and rehabilitation, and to include s local prehabilitation planning event. The Prehabilitation work will involve the Nutrition Framework, screening, assessment, intervention, education and training.

The Improving Cancer Journey work is progressing in line with Macmillan's expectations, working across the system in Forth Valley to consider ways to further integrate pathways and develop a service model with equitable access. It is planned to incorporate this into service delivery design, including mechanisms to capture data to demonstrate improved patient outcomes.

The Local Forth Valley Psychosocial Steering Group has reconvened over recent months with active engagement from all partners including Maggie's, Strathcarron Hospice, MacOne team, Improving Cancer Journey and prehabilitation staff. The current focus of the group is on mapping the different levels of psychological support and therapies being delivered across the partnerships in Forth Valley, at different points of the patient's journey. The aim is to develop a suite of available resources with clearly defined referral and escalation pathways for both health care professionals and patients, to help ensure that the right psychosocial support is provided at right time to patients. This piece of works aligns with the principles behind the Psychological Therapies and Support framework.

5.5 Service Sustainability

NHS Forth Valley is participating in and working closely with the national and regional review of Oncology services. The West of Scotland Cancer Network is leading a comprehensive review of oncology services. This work commenced in 2024-25, analysing capacity, current future demand, workforce and service delivery, with an initial focus on outpatient oncology in all West of Scotland Boards, starting with Breast and Urology services. The review will extend to other specialties in 2025-26. The review reports to the Regional Cancer Advisory Group and to the West of Scotland Board Chief Executives, and is expected to present future service models, including workforce and best practice, in the context of the continuous growth in demand for oncology and sustainability challenges.

Cancer Standard Trajectories

Delivery Area	Planning Priority	Target	Measure	Baseline	2025-2026 Trajectories			
					Q1	Q2	Q3	Q4
Cancer Care	Improving cancer waiting times standards	Reduce the backlog of patients who have breached waiting times for cancer treatment.	62-day standard	84.6% [b]	83.0%	84.0%	85.0%	86.0%
			31-day standard	99.0% [b]	>=95%	>=95%	>=95%	>=95%

6. Health Inequalities and Population Health

Scottish Government Planning Priorities 2025-26

When developing their plans, Boards should set out how their public health programmes will be designed and delivered in ways that meet the needs of all groups in society, maximising the health benefits and reducing health inequalities.

Prior to the 2025-26 planning year a new Population Health Framework will be published for Scotland which will take a cross-government and cross-sector approach to improve the key building blocks of health including: good early years and education; good work and income; and healthy places. It will also support ongoing work around healthy living and equitable health care.

Its purpose is to accelerate the recovery and improvement of population health in Scotland with a focus on whole system primary preventative action over the next decade. NHS Boards will be critical to the successful delivery of the Framework both in terms of the actions Boards can take themselves but also through work with local partners to support health and wellbeing and reduce inequalities within communities.

Plans for 2025-26 should set out how they will progress delivery in the following priority areas:

- Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions
- Demonstrate the steps they are taking to implement and make progress towards meeting the interim national standards for vaccination services
- Demonstrate that there are local High consequence infectious diseases (HCID) pathways in place for assessment and management of suspected cases in secondary care (and for management until onward transfer of a confirmed case into the HCID network) and ensure that any agreements with other NHS Boards in relation to HCID pathways are still relevant and up to date.
- Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes
- Working with partners to maintain the progress achieved by the National Mission on Drugs to reduce deaths and improve lives, including the implementation of MAT Standards, increasing access to residential rehabilitation and supporting sustainability planning
- Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets

- Taking forward the relevant actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan to support improvements to sexual health and BBV service delivery, and work towards HIV transmission elimination targets, including through interventions to increase HIV prevention, detection and retention in care, and work to improve the lives of people living with HIV
- Actions to support improvements to access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum
- Supporting improved population health, with particular reference to smoking cessation and weight management
- Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment
- On racialised inequalities, developing and delivering against anti- racism plans covering workforce and service delivery, aligning with the Scottish Government framework for action set out in the guidance
- Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan
- Develop plans on integration of transport into wider health planning and reform, reflecting the Scottish Government's Transport to Health plan published October 2024 and Section 120 and 121 of the Transport (Scotland) Act in relation to Board provision of non-emergency patient transport services
- How they will embed the GIRFE Toolkit, and the principles of GIRFE, into the planning and delivery of services

6.1 Population Health

During 2025-26 the Board will engage on and publish an ambitious Population Health and Care Strategy. This Strategy will set out the changes we want to make help improve the health and wellbeing of the whole population of Forth Valley by working closely with staff, partner organisations and the public to make the best use of the resources available and achieve the best possible health outcomes.

People in Forth Valley will spend more of their life experiencing ill health if they live in the poorest, most disadvantaged communities. In the poorest areas, people are also dying younger than in the wealthier areas and the gap in life expectancy between the poorest and wealthiest areas is growing.

- We want to prevent people from becoming unwell for as long as possible, and to provide support to those who need care and treatment at an earlier stage to prevent their health from worsening.

- We want to make more health services and support available in local communities rather than hospitals, wherever possible, to make it easier for people to access the care and support they require.
- Everyone has a role to play in improving health and we therefore will need to work more closely with local partners like councils, care home and social care staff, schools, colleges, universities and local businesses. We will also work more closely with local patients and healthcare staff to further improve the way local services are designed and delivered, building on some of the positive changes already made.
- We want to make the best use of the resources we have available to ensure we deliver the best value, and the best health outcomes. This includes ensuring the funding we have available is spent in the areas and services which deliver the greatest benefits and impact and diverting funding from other areas which are not making a difference.

By preventing people from becoming unwell or providing support to those who are ill at an earlier stage, it means more people can enjoy longer, healthier and happier lives. It also helps reduce pressure on health and care services and frees up more resources to develop and improve services in the future. Investing in services which deliver the better value and achieve better health outcomes will help us to respond to future increases in demand and financial challenges.

Our Vision is '**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.**'

Our Strategic priorities which will be the focus of our Population Health and Care Strategy are:

- Better Population Health
- Better for Staff
- Better Value Care

6.2 Public health Programmes

A healthcare inequalities action plan will be developed using out puts from the health inequalities workstream of the health and Care Public Health Action Team.

We will build on the Anchor service design planning undertaken with the Women & Children's Division, which used Anchor service design and delivery dimension from the Public Health Scotland 'Harnessing the power of anchor institutions: a progression framework for Scottish organisations' in order to be accessible and of benefit to all communities.

Integrated Equality Impact Assessment's will be undertaken when planned to ensure that all equalities groups can benefit from the programmes.

6.3 Population Health Framework

In line with the 4 health and wellbeing drivers proposed for the Population Health Framework.

Social & economic factors and promoting health & wellbeing and reducing health harming activities: We will continue to work with community planning partners to develop and deliver actions which improve health and social factors, for example through Local Employability Partnerships, Alcohol & Drug Partnerships and Community Justice Partnerships. As well as this, we will continue to further develop the NHS Forth Valley Anchor Institution work plan, to further enhance the employability opportunities offered, increase local spend on goods and services and design and deliver services which reach and benefit local communities of greatest need.

Equitable health & care: We will publish a new Population Health & Care Strategy in summer which sets out the Board priorities for the next 10 years with a heavy focus on prevention and early intervention and value based healthcare focused delivery. Delivery of this plan will require ongoing whole system planning with community planning partners and communities to deliver improved population healthy life expectancy, in particular for local communities of greatest need.

Places & communities: Building on existing partnership working with community planning partners to address locality action plans, the learning from the collaboration with Clackmannanshire Council and the Improvement Service on Shaping Places for Alloa and the development of the Greener Grangemouth programme proposal within the Falkirk & Grangemouth Growth Deal with Scottish Futures Trust, we will build place based planning as part of our NHS Forth Valley Anchor Institution service design delivery with a specific focus on the outcome of improving healthy life expectancy in our communities of greatest need.

NHS Forth Valley will develop a prevention plan seeking to embed primary, secondary and tertiary prevention across services and in the community.

6.4 Vaccination Services

There is a commitment to continual improvement with respect to the nine areas highlighted within the national standards being developed by the Scottish Vaccination and Immunisation Programme. The planned development of key indicators within each of the high-level standards is anticipated and is expected to aid progress within the standards. Progress in the board will be measured and reported within the Forth Valley public health annual immunisation and vaccine preventable disease report.

NHS Forth Valley health board achieves robust vaccine uptake across the life course. Health board governance of vaccination activity has been reviewed, and measures are being taken to implement new governance systems. The emphasis will be on providing assurance of standards across the health board area, putting a public health emphasis at the heart of vaccination activity.

Work continues to align vaccination activity and priorities to that of the SVIP 5-year framework. There is a strong focus on reaching underserved groups and reducing inequalities, providing a patient-centred and flexible service, making best use of data, and collaborative working.

6.5 Infectious Diseases

The East Region Health Protection Service (ERHPS) provides the Health Protection function for four Health Boards (NHS Borders, Fife, Forth Valley, and Lothian). The four Boards are served by two specialist tertiary centres, the Regional Infectious Diseases Unit at Western General Hospital and Ward 5C at Queen Elizabeth University Hospital. Each Board has convened short life working groups supported or led by an ERHPS Consultant to review High Consequence Infectious Diseases (HCID) pathways and protocols. Through this process areas for improvement have been identified (including training and preparedness of non-specialist staff and availability of appropriate clinical environments) but each Board has considered and rehearsed pathways for possible or confirmed cases of HCID.

These pathways have been circulated for consultation, and have limited distribution, with ongoing further dissemination, communication, training, and exercising planned. Initial drafts of action cards for all staff and areas are in place and continue to be developed. ERHPS continues to act as a conduit for discussion, agreement, and sharing of good practice across the four Boards and links through the Directors of Public Health with colleagues in Scottish Government taking forward this work.

6.6 Screening

We will work to implement our Screening Inequalities Plan, which sets out our response to the actions in the Scottish Equity in Screening Strategy 2023-2026.

6.7 National Mission on Drugs

Local data relating to suspected drug related deaths is monitored by Public Health and Police Scotland, this information is used to identify emerging concerns and opportunities for improvement.

Local data is entered into the National Drug Related Death Database to support data collection and national reporting.

Public Health is engaged in ongoing discussion with both Clacks & Stirling and Falkirk ADPs to restart multi-agency review of drug related deaths. There will be spate processes for each HSCP area. It is anticipated that learning from the revised review process will support improvements across the system, improving support and reducing risk.

NHS Forth Valley public health department will continue to provide expertise to the Alcohol and Drug Partnerships, ensuring a person-centred, holistic approach, and ensuring a consideration of the wider determinants – deprivation and serious organised crime

The Clackmannanshire & Stirling, and Falkirk Alcohol & Drug Partnerships (ADP) continue to interface with a range of local and national strategic and operational organisations as well as facilitating effective and swift communication between partners, stakeholders, and commissioned services. The ADPs report on several aspects of work to Scottish Government and Integration Authorities as well as local partnerships and leadership teams within the HSCP. The ADP is also a key partner in the councils' various Public Protection groups and Licencing Forums. Broadly, ADPs are responsible for delivering national and local priorities identified and published in strategy documents such as:

- Rights, Respect & Recovery (2019)
- Alcohol Framework (2019)
- Partnership Delivery Framework (2019)
- National Drug Mission Plan (2021)
- Local Outcomes Improvement Plans

Forth Valley's ADPs are making progress against 7 national ADP outcomes:

- Health: People are healthier and experience fewer risks as a result of alcohol and drug use.
- Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
- Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.
- Families: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.
- Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
- Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available.

Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

We will continue to review drug related deaths, both on an NHS basis and more importantly on a partnership basis across Forth Valley. New processes for this are in development. In common with other areas of Scotland we have made progress against implementation of the Medication Assisted Treatment (MAT) standards, and will continue towards full implementation, and the work will continue this year. Whilst the MAT standards represent an advance on a single treatment approach to care, they fall short of a fully holistic, person-centred approach. To this aim we are working through the Clackmannanshire and Stirling HSCP Commissioning Consortium to deliver a Forth Valley wide complement of services for people with substance use issues. The needs assessment work in Falkirk is progressing and will be finalised shortly. It will inform delivery across the whole of Forth Valley. Arrangements for residential rehabilitation are also progressing.

The deliverables we are working to relate to the above. In addition, outcomes of commissioned services are monitored through Key Performance Indicators.

An example of joined up working is that the Dietetic Department is carrying out scoping exercise / needs assessment while linking with Falkirk ADP (plan to link with Stirling & Clacks ADP too) to improve the nutritional support by all engaging with individuals at all stages of recovery to improve lives.

6.8 Sexual Health and Blood Borne Viruses (BBV)

The Forth Valley Sexual Health and BBV Managed Clinical Network is taking forward the Sexual Health and BBV Action Plan and HIV Transmission Elimination Delivery as part of cross organisational working with shared outcome measures that will be described following local mapping of services. There is a continued focus on easier access to testing and early treatment initiation for BBVs. Through continual refocus, mapping, collaborative working and new initiatives, we aim to ensure access to testing, support and treatment of Sexual Health and BBV's.

Forth Valley continue to work towards HIV transmission elimination goals and oversee and monitor the implementation of key actions identified by Scottish Government as a priority. In partnership with drug and alcohol services, 3rd sector agencies and peer support workers, fast track testing is offered within the community, resulting in reduced treatment initiation time and more sustained patient engagement. This initiative directly supports marginalised groups living in the community, often with poor health outcomes. The MCN Steering Group supports community organisations and in the achievement of national outcomes through keeping under review the progress on priority actions, shared learning and collaboration.

To address poor sexual health outcomes, the MCN continues to monitor and fund the Condom by post scheme, prevent HIV, STI's and unintended pregnancy and support vulnerable young people with poor sexual health outcomes. Monitoring of sexual health clinic 'Chat Line' pilot, identifying the barriers young people are experiencing, encourage better engagement and attendance at clinics. Evaluation of sexual health awareness training by Health Improvement colleagues to staff and partner organisations.

With the projected figures from Public Health Scotland, Hepatitis C Virus elimination target should be achieved by 2026 in Forth Valley. There is a sustained programme of activity and funding across the MCN to ensure continued progress towards this target. The MCN aims to reduce transmission of HIV by 2030, by implementing and monitoring of key Scottish Government actions and priorities, working collaboratively with 3rd Sector African Health Project, supporting and funding local patient support group and through the delivery of BBV Awareness training highlighting key HIV messages on reducing stigma, testing and early diagnosis.

6.9 Improved population health

The new NHS Forth Valley Population Health & Care Strategy will have a strong focus on prevention and early intervention with key prevention topics being smoking cessation and healthy weight management. It is proposed to scope a broader community planning approach to weight management.

The Keep Well Forth Valley programme continues to support these agendas. NHS Forth Valley provides leadership and operational delivery for the whole of Forth Valley is through the Falkirk Health and Social Care Partnership. This includes development of programmes that reach groups most at risk of health inequalities e.g. learning-disabled clients, clients within the community justice system.

- Ensure a person-centred, holistic approach, within value-based health care.
- Provide leadership to national discussions on potential CVD risk identification programme for 2025 onwards

The Tobacco Action Group oversees a strategic approach in Forth Valley and is progressing work including policy development, governance of smoking cessation, delivering a whole system approach (WSA) event, and taking an executive decision that vaping is within scope. Actions this year are:

- Finalise NHS ForthValley policy and ensure a process of regular / continuous review
- Take forward the corporate risk paper on smoking cessation.

- Develop a tobacco action plan – based on the outputs of the whole systems event.
- Work with the health and social care Public Health Action Team (PHAcT) smoking cessation workstream to implement recommendations from the national review.

Tobacco: The tobacco plan will cover community pharmacies and consider the role of varenicline. The tobacco plan aims to be comprehensive, engaging all stakeholders and cover prevention and cessation – linking to the forthcoming NHS FV population health and care strategy. One of the key things about the WSE was strong interest in vaping as a public health problem. National support around vaping as a commercial determinant of health would be helpful.

Deliverable actions from the Healthier Future Strategy Group include:

- Continue delivery of child healthy weight pathway and adult weight management tier 2 and 3 programmes, and the early detection and prevention of diabetes pathway, with direct reporting to Scottish Government via the Delivery Plan.
- Pathways of Care for antenatal and postnatal gestational diabetes, people with pre-diabetes, type 2 diabetes remission pathway for people with newly diagnosed diabetes, and programmes for people with established type 2 diabetes.
- Focused improvement work within above areas to improve efficiency, impact and reduce inequalities of delivery
- Community Food Work and asset-based approach to community resilience to promote living and eating well and incorporating this into implementation of the Good Food Nation Act.
- Maternal and infant nutrition support, capacity building in communities, working with local nurseries and schools to improve health for children and young people.

Overall, this is an exciting time for healthy weight work with the development of an obesity (or health weight) group in Forth Valley which aims to work across the whole population health system and work to the consensus statement from PHS and the Directors of Public Health on healthy weight.

Healthy weight GLP-1: We have developed a pathway for the provision of GLP-1 Medications for patients deemed high risk and in need of life saving surgery or support where weight loss is essential. There will be a test of change over the next 24 months where we will be undertaking robust analysis of interventions and outcomes.

Adult Weight Management: Provides assessment, treatment and advice for Adults who are living with Obesity through Tier 2 and 3 Weight Management Programmes. Delivered within group settings, one to one clinics and digital offerings. This service includes NHS Forth Valley Diabetes remission programme and non-medical prescribers.

Child Healthy Weight: Provides assessment, treatment and advice for Children and Young People who are living with or at risk of Obesity and/or Type 2 Diabetes. Delivered within group settings (including practical cooking groups with families) and one to one clinics.

Type 2 Diabetes Early Intervention: Provides assessment, treatment and advice for Adults who are living with or at risk of Type 2 Diabetes including Gestational Diabetes.

6.10 Local Health Inequalities

The following key risk is associated with Health Inequalities and the relevant mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
SRR 020	Health Inequalities	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	10

Risk Mitigation
The development and introduction of the Population Health & Care Strategy is seen to be a key mitigation of this risk, supported by the development of the action plans listed below.

The NHS Forth Valley Population Health and Care Strategy will set out the Board's approach to tackling health inequalities and delivering services which address population health needs.

In line with this, in the development of new action plans:

- There will be local joint strategic needs assessments developed for the new child health and child poverty action plan.
- Local data relating to suspected suicide is monitored and used to identify emerging concerns and opportunities for improvement.
- Demographic information is fed back to the local multi-agency Suicide Prevention groups for planning purposes, which helps to inform targeted prevention work across the system.
- The development of the suicide prevention action plan aims to tackle health inequalities taking a whole system approach to address determinants of health that result in the highest risk of suicide. This work will include the voices of those with lived and living experience, and links to the aims of the national suicide prevention strategy.
- Ensure a person-centred, holistic approach overall
- Develop and implement the local screening equity plan
- Work with Community Planning Partnerships on Community Action Plans
- Person centred care is enabled through promoting universal and targeted approaches to health improvement.
- Working with communities at highest risk of multiple deprivation and minority ethnic groups, in collaboration with local partners to maximise capacity and better manage the wider determinants of health.
- Proportionate universalism will be considered as an approach to service provision where appropriate.

6.11 Equality and Inclusion Strategy 2025 - 2029

NHS Forth Valley is currently developing its new Equality and Inclusion Strategy which outlines our approach to working collaboratively with our patients, staff, and partners to build a more inclusive NHS Forth Valley. It reflects our dedication to creating an organisation where everyone feels respected, safe, and supported. By listening to those we serve and work alongside, we can better understand and address their diverse needs. This strategy represents our commitment to driving meaningful change. We are taking deliberate steps to address inequalities and promote an inclusive environment across all levels of our organisation, breaking down barriers and ensuring that every voice is heard and valued.

6.12 Racialised Inequalities

The NHS Forth Valley Anti-Racism Plan will align with the ongoing work of our Ethnic Diversity Network, in addition to other key strategic priorities such our new Equality Objectives as part of our NHS Forth Valley Equality and Inclusion Strategic Framework (2025-2029). Please see additional information below the table

As well as this, taking learning from the NHS Greater Glasgow & Clyde Globalised Majority Women programme, we have established planning groups for the perinatal racialised inequalities programme and started strategic planning including logic modelling and review of existing data sets.

In addition. opportunities to develop and deliver anti-racism work will be considered in the context of reducing inequalities and included within the suicide prevention action plan.

The anti-racism delvery tool includes the following actions:

Workstream	Action(s)
Planning and Development	- Populate Delivery Tool with key milestones and objectives and schedule activity. - Establish short-life working group to support the development and implementation of plan with key stakeholders and lived experience experts. - Undertake scoring exercise against Scottish Government Anti-Racism Plan Checklists to inform activity.
Outreach and Engagement	- Undertake community outreach and engagement work to help us identify barriers to healthcare, lived experience and needs of our local minority and easy-to-miss groups. - Feedback from discussions at Ethnic Diversity Network event on 3rd June incorporated into planning and follow-up arranged. - Explore leadership approaches and make links with recruitment and OD colleagues to identify internal development opportunities to increase diversity and improve accessibility for all. - Staff Wellbeing – targeted approach as part of our Workforce Wellbeing Plan engagement period to ensure different needs captured. - Explore barriers and challenges to engagement and ensure accessibility is maximised.

Data and Evidence	• Promoting awareness and sharing user-friendly how-to-guide for eESS workforce data to encourage better uptake of staff recording ethnicity data. • Review current incident reporting processes and associated data recording, including response and learning approaches. • Review current data to identify gaps and shortfalls and plan improvement activity as required. • Ongoing research project with University of Glasgow - ethnographic research with people who speak languages other than English to establish any barriers and produce improvement work – led by Eneida García Villanueva (PHD Student) and allow creation of dedicated toolkit to support improvements.
Mapping and Strategic Links	• Undertake mapping exercise of current workstreams, projects and strategic objectives that align or overlap with our anti-racism plan objectives. • Connect current work relating to New Scots Integration Strategy and engage with key stakeholders and community groups. • Review relevant data from patient feedback and make connections with Patient Centred Care colleagues. • Review relevant data from discovery phase and ongoing work of Culture Change and Compassionate Leadership Programme and make strategic links with current workstreams. • Connect with key strategic pieces of work such as Population Health and Care Strategy, Values Based Health and Care and Engagement and Participation Framework. • Establish links with current targeted racialised inequalities projects such as quality improvement and engagement work within Women and Children's on experience of Black, Asian and Minority Women within Maternity Services.
Governance and Assurance	• At key milestones throughout the development and implementation of our Plan, update reports will go to Staff Governance Committee and Board Meetings as required. The Plan will remain an recurring agenda item, with ongoing input and feedback from our Ethnic Diversity Network colleagues and community groups. • Agree measurement and evaluation framework and work with data and planning colleagues to create relevant data dashboard to support and inform plan.
Communications Plan	• Development of an effective communications plan to support the consultation and engagement period and subsequent launch and implementation following approval. This will include focus on our Diversity Calendar, promoting awareness and joint celebrations.

6.13 Community Wealth Building

NHS Forth Valley will further progress community wealth and health building programmes and projects with community planning partners, including our University College NHS Partnership. Key focus this year will be in increasing the employability opportunities which NHS Forth Valley offers to local communities as well as developing community planning partnership community wealth building and healthy life expectancy outcomes and indicators and planning healthcare services utilising Anchor service design approaches.

6.14 Integrating Transport

Through Anchor springboard and child poverty planning, initial planning is underway to assess how to maximise accessibility of transport and opportunities for the reduction of the cost of public transport.

6.15 GIRFE

Through development of value based health and care, person centred care will be central to service redesign. This will follow the GIRFE principles.

6.16 Long-Acting Reversible Contraception (LARC)

The two main actions for LARC in Forth Valley are:

- Expand the delivery of a sustainable post-natal contraception service, introducing LARC following vaginal birth
- Expand training for delivering LARC training to junior doctors, nurses, and midwives to widen availability of contraception post abortion.

Summary of Key Deliverable 2025/2026

- Approve and launch the new Equality and Inclusion Strategy 2025 - 2029
- Develop a Healthcare Inequalities Action Plan.
- Collaborate with community partners on health & wellbeing initiatives e.g., employability, addiction recovery.
- Publish the Population Health & Care Strategy focused on prevention and early intervention.

- Develop a prevention plan integrating primary, secondary, and tertiary prevention.
- Strengthen governance and public health focus in vaccination programs.
- Continue to align efforts with the Scottish Vaccination and Immunisation Programme (SVIP) 5-year framework.
- Target underserved groups in support of reducing health inequalities.
- Enhance High Consequence Infectious Disease (HCID) pathways, preparedness and training.
- Implement the Screening Inequalities Plan aligned with the Scottish Equity in Screening Strategy (2023-2026).
- Monitor drug-related deaths and restart multi-agency reviews of drug-related deaths.
- Strengthen support systems and commissioned services for addiction recovery including the continued implementation of Medication Assisted Treatment (MAT) standards.
- Advance the Sexual Health and BBV Action Plan with a focus on HIV transmission elimination.
- Continue to support community initiatives to enhance sexual health awareness and STI prevention.
- Prioritize smoking cessation and healthy and structured weight management activities along with work around diabetes prevention.
- Align Anti-Racism Plan with the ongoing work of the Ethnic Diversity Network.
- Improve maternity care to address racialised healthcare inequalities
- Expand employability opportunities and strengthen community wealth and health-building programs.
- Embed person-centred care into healthcare service redesign.
- Increase LARC training for healthcare professionals to enhance accessibility.

7. Women and Children's Health

Scottish Government Planning Priorities 2025-26

Plans for 2025-26 should set out how they will progress delivery in the following priority areas:

Women's Health

Plans should also set out how they will contribute towards the Women's Health Plan, and that the particular needs of women and girls should be considered in the context of NHS Board planning in all parts of the system, for example through effective use of EQIA and the Public Sector Equality Duty.

- Taking forward the relevant actions set out in the Women's Health Plan and take steps to ensure the particular needs of women and girls are considered in the context of NHS Board planning in all parts of the system.

Maternity and Neonatal Services

- Continuing delivery of 'Best Start' policy, ensuring more women receive continuity of carer from the same midwife from pregnancy through birth, prioritising those who are most likely to benefit, such as minority ethnic women and women with additional social needs, with continuity of carer rolled out by mid-2026.
- Introducing the New Pathways for Maternity Care.
- Implementing the new model of neonatal intensive care to improve outcomes for the very smallest and sickest babies, with the aim of having the new model in place by the end of 2025.
- Continuing with implementation of the Lancet Series recommendations for improvements to miscarriage care, with Boards working towards delivery of the Framework for Miscarriage Care.
- Continuing to tackle Racialised health inequalities in maternity care, with Boards working to develop and deliver actions in maternity services in their anti-racism plans, supported by the Scottish Government Action Plan and the associated Interpretation Toolkit.

Child Health Services

- Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.
- Ensuring that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years from a qualified Health Visitor or Family Nurse, that those reviews are conducted in the home and that assessment is supported by an appropriate version of the Ages and Stages Questionnaire.
- Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report.

Forth Valley Women and Children's Health Delivery Plan 2025-26

7.1 Population Health and Care Strategic Plan for Children and Families

The board is currently developing a Population Health & Care Strategic Plan for children and families to align with other elements focused on adult health care. This strategic plan is being created in partnership with the three local authorities for Forth Valley – Clackmannanshire, Falkirk and Stirling - and in the context of their individual, locality-focused Children's Service Plans.

To ensure a child has the best start in life, maternity services continue to offer antenatal care and education to all parents. The health visiting team is now in a position from January 2025, to offer all parents an antenatal contact in accordance with the Universal Health Visiting pathway. The aim of antenatal care is to promote maternal health and to introduce maternity and health visiting services, explaining the support they can offer families in preparing to bond with and parent a growing child. Such efforts are concentrated on optimising the developmental health and wellbeing of each and every child born and living in Forth Valley by promoting nurturing and caring practises in all parents during the most crucial 1001 days of a child's life. NHS Forth Valley's maternity, neonatal and health visiting/family nurse partnership services are UNICEF Breast Feeding Initiative (BFI) accredited. They are progressing all necessary actions to achieve and sustain gold status by 2026-27. Adopting and function, in accordance with BFI principles, is to promote positive child and family nutritional intake that will sustain healthy weights for all.

7.2 Women's Health

NHS Forth Valley will continue to contribute to women and young girls' health following the Scottish Government Women's Health Strategic Plan. This will be supported with the following:

- Conduct comprehensive assessments to identify the unique health challenges faced by women. This will involve several strategic approaches to ensure that the needs of women and young girls are adequately considered and addressed.
- Actively engage with women and young girls through feedback surveys, focus groups such as the 'maternity voices group'.
- Equality Impact Assessments (EQIA) are performed with all policy change. This ensures that potential inequalities are identified and addressed before implementation and provide a duty of care, with an aim to ensure that all individuals have fair access to public services and their needs are considered.
- Whole system working with key stakeholders focussing on women's health to share resources and knowledge. This is practiced at local, regional and national level.
- NHS Forth Valley with support training and development for health care providers to enhance their understanding of gender-specific health issues and promote a culturally competent approach to care.
- Monitoring and Evaluation, reported via the Women and Children's Department Quality Improvement Group and via the relevant clinical governance groups. Outcomes are reviewed and services altered, based on findings.

Delivery priorities for the NHS Forth Valley Women's Health Plan this year include:

- A clear pathway for adolescent gynaecology.
- Expand the delivery of a sustainable post-natal contraception service, introducing LARC following vaginal birth.
- Expand training for delivering Long-Acting Reversible Contraception (LARC) training to junior doctors, nurses, and midwives to widen availability of contraception post abortion.
- Continue to Increase availability of specialist menopause services, including open sessions for staff.
- Development of menstrual patient information for young women and cardiology and obstetrics pre-pregnancy advice for women with cardiac issues.
- Opportunistic blood pressure monitoring within the appropriate gynaecology clinics.
- Focus on mental health.

NHS Forth Valley have recently appointed a Locum Sexual Health Consultant with a special interest in adolescent health. Through job planning, sessions will be secured to review the Women's Health Plan, working with other gynaecologists and paediatric consultants towards a model of business as usual. Work has already started using the platform of the TOP services.

7.3 Maternity and Neonatal Care

The Midwifery teams continue to work in a continuity model of care with all women booking for care being allocated a primary and buddy midwife. The teams have continued to meet the target of 75% continuity of carer in the antenatal period since 2021. The teams are currently reviewing the models with a focus on how to increase the current continuity in the postnatal (currently 59%, target 75%) and intrapartum areas in line with the targets set by the Scottish Government. The Willow team continue with a caseload of women with additional support needs.

NHS Forth Valley has established a short life working group which will benchmark the Maternity Standards due to be launched in August 2025. The short life working group has commenced benchmarking the draft document.

We will work with tertiary centres to provide care for smallest and sickest babies. NHS Forth Valley is committed to ensure that parents are fully supported to be by their baby's side, playing an active role in their care. This includes financial assistance through the Young Patients Family Fund to help families during their baby's neonatal stay. Our clinical teams will build on staff knowledge and confidence with management of sicker and more preterm neonates through various mechanisms:

- Ensuring continued alignment with appropriate national and regional guidelines our staff will receive additional training to deliver the best outcomes for preterm and critically ill babies. This will include ongoing professional development and access to the latest evidence-based practices
- Early liaising with tertiary centre to allow prompt repatriation of complex patients will allow better flow to the network.
- Reviewing current outreach services to support earlier discharge to the home environment promoting person centred care

7.4 Miscarriage Care

NHS Forth Valley will continue to support all 5 National Bereavement Care Pathways (NBCP) including miscarriage. NHS Forth Valley is committed to enhancing the quality and compassion of care provided to women experiencing miscarriage.

Key Actions for implementation are:

- **Graded Model of Care:** A graded model of miscarriage care will be introduced, allowing for tailored support and services. This model ensures that women do not have to wait until a third miscarriage to receive specialist care and includes access to progesterone prescriptions where clinically appropriate.

- **Individualised Care Plans:** We will develop individualised care plans following a woman's first miscarriage, providing comprehensive support and information tailored to their specific needs and circumstances.
- **Training and Support:** Our staff will receive training to provide compassionate and high-quality care, ensuring that all interactions are sensitive to the emotional and physical needs of women experiencing miscarriage, in line with our Trauma informed training model.
- **Data Collection and Review:** We will enhance our data collection processes to better understand the incidence and management of miscarriage within our Health Board. This data will be reviewed regularly to inform ongoing improvements in care which will present within relevant governance groups.

7.5 Racialised Health Inequalities

Addressing Inequalities in Maternity Services in Forth Valley Project Group has been established with multi-disciplinary, professional and stakeholder membership to develop and deliver actions from the Scottish Government anti-racism action plan. This group will link in with wider Forth Valley racialised inequality and ethnic diversity networks and report progress through Women and Children's Programme Board.

The NHS Forth Valley Anti-Racism Plan will align with the ongoing work of our Ethnic Diversity Network, in addition to other key strategic priorities such our new Equality Objectives as part of our NHS Forth Valley Equality and Inclusion Strategy (2025-2029). Furthermore, there will be a focus on improving maternity care to address racialised healthcare inequalities, taking learning from the NHS Greater Glasgow & Clyde Globalised Majority Women programme.

7.5 Child Health

The Health Visiting Service will continue to offer to all children living in the Forth Valley area, home contacts in line with Scotland's Universal Health Visiting Pathway. Workforce recruitment and retention activities will continue to ensure the availability of health visitors, sustaining this level of service delivery. Through core education provisions and continual professional development (CPD), all health visitors will have the necessary knowledge of child development to effectively utilise the ages and stages assessment questionnaire.

NHS Forth Valley utilise the Ages and Stages questionnaire 3 and Ages and Stages questionnaire Social and Emotional 2 when completing developmental screening activities with all eligible children. All health visitors and family nurses have the knowledge and skills necessary to be proficient in the use of the questionnaires and to operate in line with the recommendations of the Universal Health Visiting Pathway.

7.7 Child Poverty

NHS Forth Valley will work collaboratively with local authorities and broader community planning partners to tackle child poverty. In Clackmannanshire, we will work with the Community Planning Partnership Tackling Poverty Partnership to build and deliver the new Tackling Poverty Action Plan. In Falkirk Council area, we will work with the Fairer Falkirk Partnership to plan and deliver the new Fairer Falkirk Plan. Both the Clackmannanshire and Falkirk plans focus on increasing income maximisation opportunities, improving employability and improving access to and cost of public transport. New work on this theme will be driven by the Joint Strategic Needs Assessment currently being developed. As agreed with Stirling council leads, the focus in Stirling will be on tackling food poverty.

7.8 Audiology

Newborn screening is provided by trained hearing assessors within the Women and Children's Service and all babies are screened prior to discharge from hospital. Babies are referred to the Audiology service following the initial screening test, should this be necessary. The risk associated with Auditory Brainstem Response (ABR) testing of newborns in the Audiology Service is recorded on the corporate Risk Register. We have an Audiology Services Action Plan, which includes paediatrics. The highest risks still remain in place, due to Audiology Services workforce, which includes vacancies, maternity leave and long-term sickness absence. Where possible, staff are working additional hours to cover some of the gaps.

Summary of Key Deliverable 2025/2026

- In partnership with Clackmannanshire, Falkirk and Stirling local authorities, develop a Population Health & Care Plan for children and families
- Increase availability of Specialist menopause services
- Develop an adolescent gynaecology pathway and menstrual patient information for young women and
- Develop cardiology and obstetrics pre-pregnancy advice for women with cardiac issues.
- Benchmarking maternity standards ahead of launch in August 2025.

- Improved outreach services for earlier neonate discharge and home support.
- Enhance the care provided to women experiencing miscarriage through provision of specialist individualised care, staff training and support and enhanced data collection and review.
- Improve maternity care to address racialised healthcare inequalities through learning from NHS Greater Glasgow & Clyde's Globalised Majority Women programme. Work will align to NHS Forth Valley's Anti-Racism Plan.
- Continue Universal Health Visiting Pathway home visits for all children.
- Collaboration with local authorities will continue in support of addressing child poverty issues.

8. Workforce

Scottish Government Planning Priorities 2025-26

The Scottish Government will continue to take forward key workforce reform in 24/25 designed to enhance staff and patient safety, improve working cultures, optimise workforce planning and staff deployment, and deliver sustainable improvement in conditions of service, and NHS Board delivery planning should take into account national workforce strategies.

The NHS Scotland Executive Group is considering the requirement for a national- level business services transformation and Boards should therefore take this into account when considering workforce planning of their own business services.

The Scottish Government's Workforce Planning teams will be engaging with Boards on workforce planning. Again, whilst it is not expected that this material is duplicated in Delivery Plans, these should be informing service delivery planning.

Planning Priorities for 2025-26: Plans for 2025-26 should set out how they will progress delivery in the following priority areas:

- Achieve further reductions in agency staffing use and to optimise staff bank arrangements
- Achieve reductions in medical locum spend
- Increasing efficiencies across administrative and support services
- Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the NHSScotland Attendance Policy
- An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026
- How they are working with Further/Higher Education Institutions to improve the way they plan the education needs of their workforce, and what collaboration takes place to ensure education curriculums offered can respond to the changing population health needs both locally and nationally
- Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.

Forth Valley Workforce Delivery Plan 2025-26

**8.1 Agency and bank staff reduction**

The following key risk is associated with nurse supplementary staffing and the relevant mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
ORG 38	Nursing Supplementary Staffing	If we do not have the core workforce to meet the demand within NHS FV, there is a risk that we are heavily dependent on supplementary staffing to meet the demand which can lead to ineffective skills mix across the site, sub-optimal patient care and, an increase in financial spend.	10	10

Risk Mitigation
As highlighted below, Forth Valley's nursing agency levels remain at zero use, therefore, there is currently low risk for Forth Valley and no further mitigation required at this time.

Agency Nursing is at zero use since 6 November 2024. NHS Forth Valley has an All-staff bank that covers all workforce groups across NHS Forth Valley. All national enablers have been adopted, and NHS Forth Valley continues to engage with the national SSTFG on agency reduction. AHP agency is at zero use and NHS Forth Valley is well prepared for the national enablers for AHP being introduced on 1 April 2025. Clinical other services will be using framework only agency by 1 April 2025. The reduction in agency and bank use for registered and unregistered nurses is reflected in the graphs below.

Agency and bank nursing cost reduction
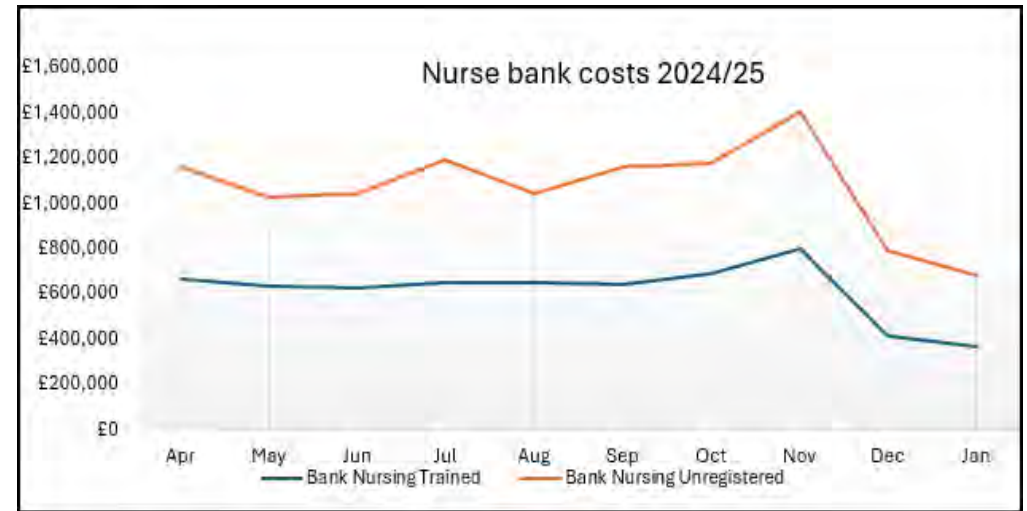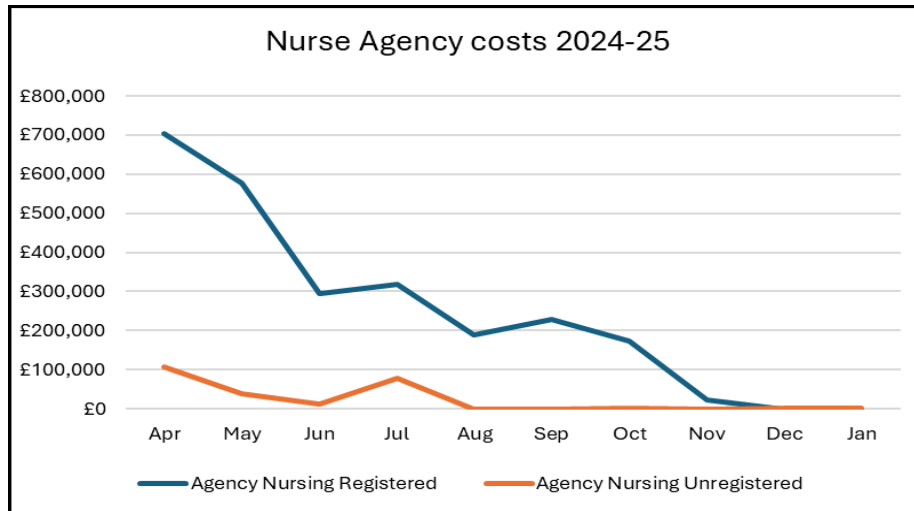
8.2 Medical locum spend reduction

Medical services continue to use agency locum medical staff, work has been ongoing, and we have achieved a shift to 100% supply from framework agencies only and can report we are 100% direct engagement compliant.

Demand remains high across Acute services for the use of medical locums mainly in acute care and ageing and health areas. The Medical Workforce Governance Group which was established in September 2024 will lead the plan to have improved governance around medical locum use with improved authorisation and escalation pathways in place.

8.3 Increasing efficiencies across administrative and support services

In 2024-25 as part of review of our functional delivery model we have been assessing the appropriate use of resources across services to ensure we are geared to deliver our strategic plans. A number of corporate functions - Corporate Programme Management Office, Corporate Risk Management, Corporate Services, Performance Management, and Strategic Planning - have been unified to provide clear, cohesive

support for the organisation's priorities, aligned with our strategic direction. The upcoming Population Health and Care Strategy and the Value Based Health and Care Programme are affording NHS Forth Valley new ways of working with the team focussing their efforts alongside the Quality Team in support of development and delivery in these areas. The NHS Forth Valley Executive Leadership Team has commissioned the next phase of this review to ensure that we prioritise resource allocation to ensure this.

In addition, we are building on our work started in 2024 through our Work Smart Forth Valley programme, which is aimed at identifying how we can change the way we work to directly contribute to this efficiencies' agenda. This work has supported our down-sizing of our headquarters premises through consolidating and building on our hybrid working model to release resources. We are also progressing digitalisation of services with initial work aimed at improving staff experience but with increasing emphasis on how ways of working can be streamlined to support reduced administrative requirements.

8.4 Attendance

In 2023, NHS Forth Valley formed an Attendance Management Oversight Group and Action Plan to improve attendance across the organisation. Key actions to date include:

- Focus on Return to Work: Encouraging managers to meet the 2-day KPI for returning staff.
- 4-Day Trigger Alert: National discussions are advancing on implementing a 4-day alert for short-term absences (already in place for long-term absences).
- Dismissal Training: Training for all managers involved in dismissals was completed in November 2024.
- Absence Audits: Regular audits are conducted, and findings are shared for learning.
- Training: Once for Scotland 3hr Attendance Policy Training dates for 2025-26 have been published. Once for Scotland e-module is also available through TURAS.
- Workforce Reports: The Group monitors attendance hot spots through regular Workforce Performance Reports.
- Health and Wellbeing: A Health and Wellbeing Toolkit was launched in 2025 and will continue to be developed.
- Able Futures: Working: Working towards implementing The Access to Work Mental Health Support Service provided by Able Futures on behalf of the Department for Work and Pensions.

- Attendance Reporting: Monthly Workforce Performance Reports highlight attendance trends, with detailed data available at the Directorate/HSCP and departmental level through Pentana. Through Pentana and other means we will continue to analyse absence data and feedback to understand its causes and effects, using these insights to implement preventative measures.

The Occupational Health Service (OHS) provides clinical services and advice to support attendance. Additionally, the OHS's Counselling and Psychology team runs a Peer Support programme for early emotional support to staff in crisis. Coaching models are also available to improve confidence, motivation, and manage change, ultimately supporting attendance.

Looking ahead to 2025-2027, NHS Forth Valley will focus on achieving sustained and ongoing improvements to enhance staff attendance at work. We will continuously monitor progress across all areas as part of our Performance Review Activity. Prioritising staff health and wellbeing remains a key objective. A comprehensive staff health and wellbeing managers' toolkit, addressing key topics such as making wellbeing a priority and supporting emotional, mental, physical, social, and financial health, will continue to be developed. In response to staff feedback, our efforts will also focus on addressing basic needs in the workplace

The Culture Change and Compassionate Leadership Programme: launched in April 2023 and continuing through 2025-26 and beyond, focuses on improving NHS Forth Valley's workplace culture. It encourages staff collaboration and input through eight project teams: Attract & Retain, Develop Our Leaders, Get Connected, Great Communication, Invest & Celebrate, Learning & Continuous Improvement, Live the Values, and Safe, Well & Heard. These teams address issues such as staff wellbeing, leadership, communication, and values alignment, aiming to reduce staff absence and create a supportive environment.

Key initiatives for 202-26 include fostering a psychologically safe culture, addressing inappropriate behaviours, improving personal development plans (PDPs), enhancing recognition and reward, supporting colleagues with health or caregiving needs and a focus on developing leaders and managers to consistently show compassion, creating a safe and positive work environment, which can lead to a reduction in absenteeism.

The improvement areas were identified by colleagues as key factors impacting their wellbeing at work. Although it's challenging to directly link these recommendations to attendance data, we are confident that the evidence supports these initiatives, which will help create a positive work environment that encourages attendance and enables employees to thrive.

Equality, Inclusion, and Wellbeing: we continue to provide training on support options and legal obligations under the Equality Act (2010). It offers guidance on reasonable adjustments, supports staff networks, and oversees resources to address the diverse needs of the workforce, including neurodiversity awareness and the NHS Forth Valley Ability Passport. The Staff Support and Wellbeing Programme Group and Staff Networks provide a platform for colleagues to share their experiences, helping to shape our approach and ensure it is tailored to meet the diverse needs of our workforce.

All these efforts aim to improve staff engagement and wellbeing, which may help improve attendance at work.

8.5 eRostering Plan

By the end of 2024-25, NHS Forth Valley will have completed implementation across all nursing areas with the introduction of both e rostering and safe care. Progress has been made in some AHP areas and some clinical other areas with work ongoing in pharmacy and radiology immunisation services and prisons. Work has been completed in paediatric physiotherapy, orthotics, speech and language therapy, podiatry and occupational Therapy. In April 2025 we will begin the implementation of all medical rosters and the introduction of Allocate Rota for resident doctor monitoring. With the continuation of funding for year 2025-26 the rostering programme aims to be completed by 31st March 2026 for all Nursing, AHP, Clinical other, medical areas and non-clinical services.

8.6 Workforce Education

NHS Forth Valley has created a supported pathway into further education in a few different areas. Healthcare Support Workers within NMAHP can complete a Scottish Vocational Qualification in Healthcare Support (Clinical) at SCQF Level 7 to support career progression and potential articulation into undergraduate nursing studies at university.

New starts who would not meet the current entry requirements for nursing or for whom University would not be a viable option for financial or other reasons are recruited from the Forth Valley Board area into Trainee Healthcare Support Worker positions. Current NHS Forth Valley HCSW Staff are also offered the opportunity to complete a qualification under this pathway.

Regular discussions take place with Forth Valley College to ensure that the units assessed by the college under this framework meet the needs of NHS Forth Valley Nursing, Midwifery and Allied Health Professions (NMAHP) Services. This qualification is delivered by Forth Valley College and Healthcare Support Workers (Nursing) on completion can be supported by the NHS Forth Valley Practice Education and

Development teams to undertake an HNC in Care Practice or Nursing Assistant Practitioner qualifications and ultimately articulation into Nursing Studies. There are however currently limited articulation routes into the Allied Health Professions (AHP) through the HNC route.

There are three entry points into this pathway:
- Healthcare Support Worker Academy (Anchors Fair Work Pillar) - entry level skills training, work placement and employment as trainee followed by completion of SVQ Level 7 In Healthcare Support (Clinical)
- Modern Apprenticeships (Anchor Fair Work Pillar/Young Persons Guarantee) - completion of SVQ Level 7 In Healthcare Support (Clinical)
- Current staff within AHP and N&M Services (Fair Work) - completion of SVQ Level 7 In Healthcare Support (Clinical)

NHS Forth Valley has also contributed to Scottish Government Health Workforce Directorate workstream on the use of Earn as You Learn (EAYL) Pathways including Apprenticeships (Foundation, Modern and Graduate) specifically for Health and Social Care careers through existing frameworks and exploring the potential for new frameworks.

NHS Forth Valley has appointed a Trainee Podiatrist (Graduate Apprenticeship Model) under an EAYL pathway as part of the PREPARE programme (PRE-registration podiatry: accessible recruitment and employment) delivered by Glasgow Caledonian University, however we are unable to further expand this EAYL model into Nursing or other AHP professions as these frameworks are not presently available in Scotland.

The University of Stirling (UoS) Dean of Nursing and in their absence the Deputy Dean attend NHS Forth Valley NMAHP Formal leadership meetings which is chaired by the Executive Nurse Director, these occur every 4 weeks. The agenda has a section for UoS update including any emerging concerns/issues. In addition, the Chief Nurse for Practice Development Unit (PDU) in NHS Forth Valley has regular 6 weekly meetings with the University of Stirling Deputy Dean to continue collaborative working and encourage joint working between the organisations. Moreover, the Chief Nurse for PDU and lead Nurse for Care homes/PDU has 4-6 weekly meetings with the programme director for adult and mental health Nursing in which they discuss any emerging concerns which may impact curriculum.

NHS Forth Valley has regular partnership meetings with the University of Stirling and Forth Valley College under the auspices of NHS Forth Valley University College Partnership - Research and Innovation, which is jointly chaired by the Deputy Dean for the University and the Quality lead. The University of Stirling created a leadership module at level 9 for professionals in response to NHS Forth Valley's request due to a need identified but the NMAHP workforce for further leadership development and education. At present NHS Forth Valley is funding

15 NMAHPs to undertake this module with an SLA in place. Furthermore, the Dean of the University is in discussions with the Chief Nurse for PDU to explore Continuing Professional Development modules which meet the workforce needs, one such module being explored is a bespoke critical care module for NMAHPs working within ICU, ED and cardiology. This will allow consolidation of learning and help towards completion of competencies. Currently the Nursing workforce in ICU attend Glasgow to undertake this module however, spaces are few and with a high recent turnover of staff post covid 19 NHS Forth Valley, there is a backlog of staff awaiting attendance. The additional hope is that with investment in training and education needs retention rates will be positively impacted.

8.7 Face Fit Testing FFP3

All appropriate staff are fit tested for FFP3 RPE. FFP3 fit testing clinics are available on a daily basis to capture new staff or refitting existing staff; this service is led and coordinated by the Infection Prevention and Control Team however this is currently under review and likely to return to Health and Safety in keeping with the rest of NHS Scotland later this year. Records of staff fit testing are made available to ward and service management to ensure service provision is maintained in the event of FFP3 RPE being required.

Summary of Key Deliverable 2025/2026

- Improve governance around medical locum usage and authorisation.
- Ensure support functions continue to be streamlined and aligned to the organisational priorities.
- Build on the Work Smart Forth Valley programme.
- Continue to focus on attendance management through the Attendance Management Oversight Group with delivery of the associated Action Plan.
- Continue with the delivery of the Culture Change and Compassionate Leadership Programme to improve workplace environment.
- Continue the implementation of eRostering, to be completed by 31 March 2026.
- Continue work to expand educational pathways for all staff through our Forth Valley University College NHS Partnership and our employability links.

9. Digital Services and Innovation Adoption

Scottish Government Planning Priorities 2025-26

Boards planning should align to the national Digital health and care strategy, which sets out how we will work together to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services, in a way, place and time that works best for them.

- [Digital health and care strategy - gov.scot](#)

Planning Priorities for 2025-26

Plans for 2025-26 should set out how they will progress delivery in the following priority areas:

- Adoption and implementation of the national digital programmes.
- Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.
- Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce, including promotion of Digital and Data Capabilities Framework and Digital Learning Pathways.
- Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.
- How analysis of Digital Maturity Assessment updates informs planning, priority setting and progress reporting aligned to the Board's Digital Strategy.

<u>Forth Valley Digital and Innovation Delivery Plan 2025-26</u>

The following key risk is associated with Digital and eHealth and the relevant mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
SRR 011	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.	15	6

Risk Mitigation
To support the rollout of our Digital Strategy, one of the key mitigations listed, is the implementation of digital champions throughout the organisation, and the development of a benefits realisation process.

9.1 Microsoft Office 365 (M365)

The M365 Cross-Organisation Collaboration project has been established to maximise collaboration and communication opportunities available to organisations using the M365 platform. NHS Forth Valley is not one of the Territorial Boards taking part in the pilot for Phase 2 (Document Sharing) so we await further notice to commence this work.

With regards to M365, plans for 2025-26 have been set out to rollout SharePoint Online and OneDrive to all departments. However, our main objective remains for the removal of Office 2007 from all devices.

A review is ongoing with regards to the adoption of the additional M365 tools and functionality such as Power Automate, BI and Co Pilot. Until this review is complete and SharePoint is widely available, these additional tools are restricted for use where possible. Tools in current use are Excel, Word, PowerPoint, Outlook, OneNote. Teams is widely used across the organisation and forms the basis of the main business tool deployed.

NHS Forth Valley is still operating on the licence allocation detailed below, based on an 80%: 20% split, and this will remain until the new licencing arrangements have been agreed between Microsoft and National team.

A weekly and monthly review of licences is conducted to enable the management of licences utilising the national dashboard and local information from Active Directory. Our Joiners-Movers-Leavers process is now built into Service Now (Service desk system) to manage the licences from start to finish.

Communications around the introduction of M365 SPO and OneDrive will ramp up to local users to inform them of the changes coming and help guide them through the process. There will be ongoing training, guides, and facilitation from the eHealth department to keep staff updated of any changes and assist with change management.   This will assist staff to use the M365 suite of products both current and future ones. The local benefits of deploying M365 have been identified, and these will be monitored to ensure they are realised through the M365 Project monthly, which is held monthly.

9.2 National digital programmes

Summary position statements on each of the national programmes are as below:

- **Child Health**: System is expected to go live in June 2025. Migration and system testing is ongoing.
- **GP IT:** All work in the migration to the Vision 3 system has been put on hold until it is understood what the Contractual position is with Cadegim going into voluntary redundancy.
- **LIMS**: Proposed go live for NHS Forth Valley is October 2026. Preparation work is underway locally and national to recruit essential staff for implementation and BAU, create the data migration strategy (aligning with Lothian) and configuration workshops to complete standardised design specifications for the national build.
- **HEPMA**: Upgrade work be completed by March 2026.
- **PACS:** Forth Valley are due to the be the first site to go live in October 2025 with the new Sectra PACS.
- **M365**: See section 9.1.
- **Endoscopy reporting system:** Significant project delays due and system yet to be signed off by TEST Health Board. Await details of new go live date.
- **Docman Upgrade:** Awaiting potential date for Forth Valley to upgrade to Docman 10.

- **Scan for Safety:** Forth Valley will be focussing on putting the systems in place to collect and store Unique Device Identifier (UDI) information for high-risk implantable devices linked to the patient to ensure traceability.

9.3 Local Priorities

- **RIS:** Current RIS system, provided by Philips goes end of life in December 2025. Procurement for new system will commence in January with an aim to have full replacement completed before end of September 2025.
- **Order Comms:** Supplier have advised that the product currently installed in Forth Valley for use by GPs', Radiology and Labs will be end of support by December 2025.
- **Patient Hub:** Implementation of Waiting Well, Waiting List Validation, Online Appointments and Online Surveys.
- **Prescribing and Medicines Administration Acute Service:** An important deliverable during 2025/26 for urgent and unscheduled care as well as the digital agenda is the partial introduction of HEPMA within the Emergency Department for bedded patients awaiting admission. This initiative will reduce medication-related risks and improve patient safety within the Emergency Department.

9.4 Digital Maturity

Digital Maturity Assessment will start again in June 2025. This will feed into the mid-strategy review and inform planning for next year.

9.5 Leadership in digital

NHS Forth Valley has Executive support and commitment to how we are optimising use of digital and data technologies in the delivery of health services. Furthermore, we have ongoing commitment to developing and maintaining digital skills across the whole workforce. Our refreshed Digital Health and Care Strategy 2023-27 was approved by the NHS Board in January 2024 and governance is maintained via our Digital and eHealth Programme Board, reporting to the Strategic Planning Performance and Resources Committee as well as the Senior Leadership Team.

NHS Forth Valley has a track record of developing and supporting Digital Leaders with recent participants in National Schemes supported by our eHealth Clinical Lead for NMAHPs. This Lead has national recognition by gaining a Digital Health Leadership Postgraduate Diploma and a Digital Health Leadership Master of Science Degree with Distinction from Imperial College, London and regularly contributes to the national agenda on Digital Health and Care.

From 2023-24 a Senior Digital and eHealth Manager is currently part of the National Digital Health and Care Transformational Leaders Programme, which is funded by Scottish Government for 2 years, studying Data Science for Health and Social Care (PG Diploma in Professional Development). This is sponsored and mentored by the Director of People and has Executive support. Learning will be shared through various forums, reports, and committees.

Integration of acute and health and social care and Local Authority data to enable population health data to be considered alongside acute service data. As health inequalities is being considered as a corporate risk, greater understanding is required on access and service usage. Develop dataset to assess healthcare generated health inequalities. E.g., Use vision in primary care to increase understanding of access to healthcare and health inequalities. We will continue to work through CPPs to deliver on digital inclusion for all (R100), which is key to access.

9.6 Scottish Health Competent Authority /Network & Information Systems Regulations (NI)s Regulation Audits

During 2023/24 NHS Forth Valley developed and approved our local Cyber Resilience Framework called 'Shaping the Future: a supporting Cyber Resilience Sub-Strategy for NHS Forth Valley 2022-25'. This follows the national guidance as well as linkages to Cyber Centre of Excellence (CCoE) and set out how the Board will comply with NIS regulations and the national audit programme. The Cyber Resilience Sub-Strategy was also enhanced by the Forth Valley Digital Health & Care Strategy (2023-2027).

As evidenced in previous NIS audits 2020-2024, the Health Board will aim to continue to improve compliance year on year with the Cyber Resilience Framework through the audit process. The Health Board has adopted the new evidence template and has implemented this as part of internal progress monitoring. Significant recurring investment has been made in the cyber team during 2023/24 underlying the NHS Board's commitment to this important area.

The NHS Board has been engaged with the CCoE since its inception and has close working relationships with members of the centre which help support incident response, monitoring, and reporting.

NHS Forth Valley founded the national NIS Leads Team which is focused on cross-board collaboration inclusive of the CCoE and Competent Authority to encourage and support continuous improvement of NIS compliance.

9.7 Innovation

Forth Valley Innovation have partnered with the Digital Team to form a joint governance process through the Digital & Innovation Proposal Evaluation Group to support the governance of Accelerated National Innovation Adoption (ANIA) programmes. This includes eHealth, Information Governance, Clinical Governance, Risk, Medical Physics, relevant clinical leads and managers. This provides review of internally generated demand for new solutions, procurement and implementation of already tested and validated solutions. Reviews include consideration of risks and benefits, organisational and national priorities and resources, and potential return on investment.

NHS Forth Valley has a dedicated Innovation Team with expertise in project and change management to adopt and scale ANIA innovations. The innovation team work closely with eHealth and review priorities quarterly, and the associated resource required.   As part of this, both teams need to understand how all IDA approved ANIA pathways align with our local priorities with a plan to ensure they meet the appropriate governance routes. The Digital & eHealth Delivery Plan / ICT Team includes a digital project support resource to scope and plan. However, each ANIA solution to be adopted will require an assessment of digital, technical and other resource requirements, depending on our existing systems and technologies and specialist capacity. The Innovation Team work in collaboration with a number of national organisations and the Innovation Strategic Plan 2022-27 highlights the key stakeholders in this area.

The range of risks and benefits associated with adoption of each ANIA solution will be assessed through existing governance processes. Anticipated risks include timescales for adoption not being met; benefits not being fully realised due to insufficient clinician, management and specialist engagement and capacity; financial risk due to contractual requirements for existing systems and changes in ANIA timelines. Measurement and benefits realisation plans will be used to support delivery of best value.

We are continuing to deliver the ambitions of the Triple Helix Research and Innovation Collaboration as part of our Forth Valley University College NHS Partnership with staff and with primary and community colleagues, academia, industry partners, third sector and patients, service users and citizens. This is informing the way research is used and the discovery work to identify organisational challenges and inform planning, design and improvement of support and services. The formation of local triple helix collaborations with Industry and small businesses is part of developing our systematic approach to finding solutions to meet the organisational effectiveness and clinical and care challenges identified by our services and teams.

This has included identifying a shift in NHS Forth Valley research priorities towards preventive and proactive care and identifying joint research priorities with the University of Stirling and Forth Valley College including mental health, population health and health improvement.

This Partnership will also help us explore innovation in organisational effectiveness, use of data and in our workforce development and career pathways.

In response to the NHS Board's request that workforce is an area of focus for our innovation activities, collaboration is in place with the University of Stirling and University of Pennsylvania School of Nursing to deliver a Nurse Innovation Programme.

The Innovation Team have continued to connect with CSO to share progress, learning and challenges including accessing Artificial Intelligence and technical architecture expertise. NHS Forth Valley also contributes to the national Digital and eHealth, Information Governance, Procurement and Innovation Regulation lead groups. The team were visited by the Chief Scientist and Director for Population Health in early 2025, to understand the current programme of work within the Innovation Team in NHS Forth Valley.

Connecting with the regional Hubs, national project management groups and the innovation network is an important part of the collaboration activities of the Innovation Team. As a member of the West of Scotland Innovation, the team stay connected to the Hub monthly for support and shared learning.

Forth Valley is leading and managing two national innovation consortia; Dermatology AI Consortium and Eye Health Consortium, both of which were established with the financial support of CSO. These have members from academia, health and social care, industry partners, Scottish Government, NSS Innovation Procurement, Health Improvement Scotland-Scottish Health Technology Group, Centre for Sustainable Delivery and ANIA.

In 2025, NHS Forth Valley will continue to lead two Contracts for Innovation:

- **Phase 2 AI Skin cancer challenge** - This commenced in February 2025 and will run for 12 months, working with 2 of the successful companies from phase 1. Collaborating with NHS Tayside for the operational delivery of the project.
- **Phase 2 Home Glaucoma Monitoring SBRI** - Phase 2 commenced in November 2023 and will run until April 2025, this is made up of 2 of the 3 companies involved in phase 1. Working closely with NHS Lothian as the second test bed for the project.

Summary of Key Deliverable 2025/2026

- Roll out SharePoint Online and OneDrive to all departments while prioritising the removal of Office 2007 from all devices
- Complete review of the adoption of Power Automate, BI, and Co-Pilot, with usage currently restricted.

- Deliver communication and training to support the SharePoint and OneDrive rollout.
- Continue to support the national digital programmes
- Procure and replace the RIS system.
- Replace Order Comms System
- Continue implementation of Patient Hub.
- Undertake digital maturity assessment.
- Improve NIS compliance through annual audits.
- Continue cross-board collaboration to support NIS compliance
- Continue to support national and local innovation through working collaboratively with national and local partners.
- Continue to lead and manage the two national innovation consortia: Dermatology AI and Eye Health.

10.   Climate Emergency and Environment

Scottish Government Planning Priorities 2025-26

It is recognised priorities for climate action take place against a challenging financial settlement, but within that context, there is much that can and should be done to make progress.

Boards should continue to find ways to reduce greenhouse gas emissions and consumption through reductions in emissions under their direct control including medical gases, fleet and leased vehicles, waste and building energy.

Boards should also consider what action they can take in areas they do not have direct control but can significantly influence, such as metered dose inhalers, procurement and circular economy; staff commuting and patient and visitor travel.

Building energy is the biggest source of emissions in direct control with not all Boards on track to meet the 2030 target of 75% reduction against 1990 baseline. Board plans should set out how they will make progress on this. In addition, Boards should continue to plan for major energy transition to ensure the 2040 net zero target is met, ensuring projects are at hand if funds become available.

The restoration of nature and tackling environmental pollution are also critical and Boards should ensure that an Environmental Management System (EMS) is being proactively implemented. Boards also have a statutory duty to further biodiversity conservation and improvement on NHS land and can do so in a way which also supports climate adaptation.

Plans for 2025-26 should set out how delivery will be progressed in the following:

- Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases.
- Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.
- The achievement of national waste targets, local targets for clinical waste, and engagement with local procurement, waste leads and clinicians to progress Circular Economy programme within Boards.
- Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.

- Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHS Scotland estate.
- Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process.
- Reducing environmental impact through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach.

Forth Valley Climate Emergency and Environment Delivery Plan 2025-26

10.1 Introduction

The following key risk is associated with environmental sustainability and climate change and the relevant mitigations are in the sections below:

Code	Title	Description	Current Score	Target Score
SRR 017	Environmental Sustainability & Climate Change	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	15

Risk Mitigation
Key actions taken to mitigate this risk, is the successful implementation of the Environmental Management System alongside the development of a communication strategy.

Work progresses in line with the Board's Climate Change and Sustainability Strategy and Action Plan, with priority areas including the continued implementation of National Green Theatres Programme improvements, waste management, energy efficiency and decarbonisation.

An NHS Forth Valley Climate Emergency and Sustainability Board is in place to oversee the NHS Board's response to the climate emergency. It has both a governance and a strategic role and is responsible for reporting progress to the Scottish Government's Climate Emergency & Sustainability Board.

A Climate Emergency Response and Sustainability Team has also been established. This group informed development of the NHS Forth Valley Climate Emergency and Sustainability Strategy and is responsible for delivery of outcomes within the Action Plan. An extensive amount of work is carried out by the Working Groups which have been set up by NHS Forth Valley to respond to the climate emergency. The activities that will be delivered by each Working Group in 2025-26 are summarised in the following section.

10.2 Climate Change Reporting

There is a mandatory requirement within the Public Bodies Climate Change Duties (PBCCD) for Public Bodies in Scotland to submit an annual climate change and sustainability report to the Scottish Government (SG). NHS Forth Valley set the original PBCCD baseline of reportable emissions in 2014/15, and the Board has reported progress against this baseline since that time.

With the introduction of DL (2021) 38, The Policy for NHS Scotland on the Climate Emergency and Sustainable Development, in 2021 there is a requirement to submit an annual Climate Emergency and Sustainability Report setting out the Board's position in terms of compliance with DL38 and publish this on the NHS Forth Valley website. With the introduction of DL38, various healthcare-specific emissions sources were introduced which form the Board's revised baseline. This includes data for anaesthetic gases and respiratory medicine (inhalers). The DL38 baseline was set in 2022-23.

The NHS Forth Valley Annual Climate Emergency and Sustainability Report for 2023-24 can be found on the internet. The data and information presented in the report is submitted by the Project Leads in each of the Working Groups that form the NHS Forth Valley Climate Emergency Response and Sustainability Team. A review of the complete report is recommended to fully understand the level of effort that has been put into reducing the Board's impacts.

A summary of the progress that is being made against the Board's original baseline (PBCCD baseline set in 2014-15) is detailed in the table below.

Progress against Public Bodies Climate Change Duty (PBCCD)

PBCCD	Baseline 2014/15	2021/2022	2022/2023	2023/2024	Percentage change 2014/15 to 2023/24
tCO2e	25,192	16,103	15,169	14,722	-41%

N.B. The PBCCD baseline does not include emissions sources that were introduced when DL (2021) 38 came into force. The Board's carbon emissions baseline was revised in 2022-23 due to the addition of other emissions sources e.g. medical gases, respiratory medicines (inhalers) etc.

NHS Forth Valley reports progress annually in November for the previous financial year against the PBCCD and DL38 baselines.These are retrospective submissions that cover the preceding Financial Year.

10.3 Energy in buildings & Facilities Management

Work will continue in 2025-26 to build on the significant investment to decarbonise and improve the energy performance of the Board's property portfolio in 2024-25. This investment was in the region of £2.5m excluding VAT. However, it must be noted that accessing Green Public Sector Estate Decarbonisation Scheme (GPSEDS) funding has become significantly more challenging. To mitigate this, as part of the Board's Whole System Infrastructure Planning approach, a request for decarbonisation and energy efficiency funding has been included in the NHS Forth Valley Business Continuity Plan that was submitted to Scottish Government in January 2025. In addition, work is ongoing to formalise a recurring energy and sustainability budget within the Board's Capital Plan, over the next 5 years.

A key aspect of the decarbonisation work carried out on 2024-25 was delivery of two pathfinder projects which will help NHS Forth Valley, and NHS Scotland in general, understand fully the implications of a shift away from gas as the main fuel for heating and hot water. NHS Forth Valley has installed electric boilers at one site and an Air Source Heat Pump (ASHP) at another site. Both technologies are supported by the generation of electricity on-site through photovoltaic panels, which have been installed to reduce the revenue burden associated with using electricity for heating in place of gas. In 2024-25 gas cost circa 6p/kWh compared with electricity which cost around 32p/kWh. In 2025-26 a comprehensive programme of monitoring and evaluation of performance will be ongoing to fully understand the cost implications of switching to the use of electricity to provide heating and hot water.

In the Primary Care estate, an Energy Management Plan, that will focus on the 10 most energy intensive sites and the 10 worst performers in terms of energy consumed/m^2 will be implemented. With recent upgrades to the Building Management System (BMS) at a range of sites in 2024-25, work will continue in 2025-26 to improve building performance by optimising BMSs.

NHS Forth Valley's three PPP/PFI/HUB sites are Forth Valley Royal Hospital, which accounts for 50% of the Board's total energy consumption, Stirling Health & Care Village (SHCV) and Clackmannanshire Community Healthcare Centre (CCHC). Work has been carried out at all three sites to identify operational energy efficiency improvements. In addition, at SHCV and CCHC, the Board's partners are engaged actively in development of decarbonisation pathways. Work will continue in 2025-26 to maximise lifecycle planning and investment at these sites to drive efficiency and carbon reduction.

In 2025-26, the Board will consider preparing and submitting a GPSEDS bid with an expected focus on electric boiler/ASHP installations in conjunction with solar arrays that will generate power on-site and reduce demand for electricity from the grid to power the new equipment. However, any decisions will be made following analysis of the increased running costs referred to above.

The NHS Forth Valley Grounds Maintenance Team will continue to identify options to shift away from petrol driven equipment in favour of electric variants.

In terms of the energy transition, NHS Forth Valley was advised by Scottish Government to include a bid for decarbonisation funding in the Business Continuity Plan submission for 2025/26. It was confirmed at a meeting with Scottish Government on 1 May 2025 that the decarbonisation funding requested within the NHS Forth Valley Business Continuity Plan for 2025/26 was not being allocated, and the advice was to reroute the bid to the Scottish Government's Health Infrastructure and Sustainability Division. A bid was submitted to that team in May and confirmation of NHS Forth Valley's 2025/26 allocation is pending.

10.4   Greenspace & Biodiversity

A Greenspace & Biodiversity Champion has been identified at Senior Management level within the Board. In 2025-26, work will continue to identify opportunities to replicate the wellbeing and biodiversity benefits of the extensive greenspace improvements implemented at Stirling Health and Care Village (SHCV) in 2022-23. A Greenspace Framework has been produced to inform development of a Strategy and Action Plan. It is hoped that the NHS Scotland Greenspace Mapping exercise, commissioned by NHS Assure, will conclude in 2025-26 to further inform development of this Board's greenspace plans.

Partnership opportunities to develop collaborative greenspace and linked biodiversity 'corridor' options will be explored e.g. with local authorities and/or other public and private sector organisations.

The 'No Mow May' approach that was piloted at Stirling Health and Care Village in 2022-23 will be rolled out to other sites where appropriate. This will be aligned with the new Grassland Management Guidance that has been prepared by NHS Assure.

10.5   Fleet Operations

NHS Forth Valley is on track to achieve the Scottish Government's target to decarbonise the fleet, where technology allows, by December 2025. Currently, 84% of the core fleet has moved to electric and planned replacements at end of lease will see more fleet vehicles shift to Electric Vehicles (EV). It is expected that by March 2025, 88% of the NHS Forth Valley fleet will be electric. NHS Forth Valley is ahead of most Scottish Boards and on track to have a fully electric fleet by the Scottish Government deadline of December 2025. NHS Forth valley has been congratulated by Scottish Government on the progress made.

The 'fleet only' EV charging hub at Forth Valley Royal Hospital will be fully commissioned and made available in 2025. This is in addition to the other 'hub and spoke' arrangements already in place whereby 'fleet only' hubs with multiple charging outlets have been established at our large sites, with single or dual charging posts installed at the smaller/more remote/rural sites. It should be noted that SG funding for EV charging infrastructure is no longer available in 2025-26.

10.6   Active Travel

A wide range of healthy living activities are delivered by the Board on an ongoing basis. Many of these are linked to encouraging more active travel which also offers health and wellbeing benefits. This programme of work will continue in 2025-26. In addition, cycling facilities will be improved at NHS Forth Valley sites and the three-month free e-bike loan scheme will continue to be offered to NHS Forth Valley staff on the basis that they use the e-bike to cycle to work.

Increased uptake by NHS Forth Valley staff of the NHS Forth Valley Cyclescheme is expected to continue in 2025-26. There has been a significant increase in interest since 2023, when the funding limit was increased from £2,000 to £2,500 and the payback period increased from 12 months to 18 months for all eligible staff.

Work will continue in 2025-26 to consolidate the Board's various travel/transport-related policies to ensure that sustainable travel principles are reflected.

10.7   Waste Management & Circular Economy

The focus since 2022-23 has been on addressing operational issues. Notwithstanding this, work will continue in 2025-26 to improve waste management, with a view to reducing waste arisings and increasing recycling. Work will continue with Facilities Management staff, domestics/supervisors and waste contractors to establish a consistent approach to waste disposal/management across all sites. Activity will include a comprehensive review of Method Statements. A bespoke pilot project, initiated in 2024-25 to identify non-contaminated plastics from Theatres that can be recycled, will be developed in 2025-26. This initiative is likely to inform decisions and options across the whole of NHS Scotland.

10.8 Sustainable Care

The NHS Forth Valley Sustainable Care Working Group has 7 priority areas of activity: respiratory inhalers, medical gases, other green theatres projects, Realistic Medicine, care pathways (including 'green/active' alternatives), medicines and supporting Primary Care.

Theatre staff have engaged with NHS Scotland Green Theatres Programme (NGTP) since its inception and have been involved in successful delivery of associated projects for several years. Piped Nitrous Oxide was fully decommissioned in 2024-25 to eliminate leaks to the atmosphere. The Board's Nitrous Oxide reduction target has been exceeded, and work will continue in 25/26 to manage use of cylinders.The Entonox target has also been exceeded. Usage for labour analgesia will continue on an informed basis and the piped supplies where appropriate will be decommissioned.

A Short Life Working Group will review options to improve management of ventilation equipment in Theatres to reduce costs associated with energy consumed.

Other initiatives that will be taken forward by Theatres staff include managing volatile anaesthetic agents, cardboard segregation, washable gown trial, managing use of disposable drugs trays, reducing carbon impacts associated with paracetamol and recycling non-contaminated plastics. Many of the initiatives delivered within Theatres will be rolled out across the whole Forth Valley Royal Hospital site.

The NHS Forth Valley Greener GP Practices Group has agreed a way forward that will reduce impacts associated with respiratory inhalers. This work is ongoing in 2025-26 with support from Pharmacy.

10.9 Sustainable Procurement and Circular Economy

The NHS Forth Valley Sustainable Procurement and Circular Economy Working Group will continue to support the national drive to reduce impacts associated with NHS Scotland procurement. Product suppliers on all National Procurement (NP) contracts have been contacted to understand and gauge their net zero ambitions. NP have produced a database and dashboard for Boards, to inform procurement decisions. NHS Forth Valley has offered work with NP to support development of this approach in 2025-26.

In 2025-26, work will also continue with local suppliers to make the purchasing that is controlled by NHS Forth Valley more sustainable. Key suppliers have committed to support the climate response and will submit details of savings and initiatives on an ongoing basis.

The NHS Forth Valley Warp-it furniture and equipment re-use scheme was re-launched in 2024-25. Work will continue to maximise usage and associated savings.

10.10 Sustainable Communities

The synergies with the Board's climate emergency response have been acknowledged within the NHS Forth Valley Anchor Strategic Plan. Milestones have been established for all five anchor pillars: employment, procurement, land, assets and environment, service delivery and being an exemplar anchor have been developed.

The NHS Forth Valley Sustainable Communities Working Group is aligned directly with the NHS Forth Valley Anchor Springboard, which has a robust measurement framework in place to monitor progress. The NHS Forth Valley Anchor Plan sets out our current position, our vision, our strategic priorities for the next three years and how we plan to deliver the actions.

The key objectives will be achieved by supporting the development of a resilient local wellbeing economy across Forth Valley where more wealth is generated, circulated and retained within local communities. NHS Forth Valley will procure more goods and services locally and for social benefit, use our buildings and space to support communities where possible and widen access to good quality employment opportunities.

10.11 Environmental Management System (EMS)

NHS Forth Valley has engaged, as far as practicable with limited resources, with the NHS Scotland EMS User Group. It is acknowledged that there is much work to be done to embed an effective EMS across the whole organisation and steps have been taken to include this as a key risk within the NHS Forth Valley Strategic Risk Register.

Implementing the NHS FV Environmental Management System is a significant undertaking that affects all parts of the organisation. This is both challenging and resource intensive.   In March 2023 the Board's Executive Leadership Team approved recurring funding to create a new post that will include implementation of an approved EMS within the remit. Budgetary pressures had affected recruitment however a way forward within existing resources has been identified and the aim is to take forward implementation in 2025-26. The Board now has two members of staff who are qualified to undertake environmental audits. The same individuals have also attended the EMS training sessions provided by NHS Assure, the aim of which is to adopt a 'once for Scotland' approach to various aspects (where appropriate) of the EMS implementation process. The short to medium term future of the Assure-funded EMS platform is also in doubt, therefore internal options are being explored to identify a suitable platform to host the NHS Forth Valley EMS.

In summary, progress is being made, but the associated challenges cannot be under-estimated. EMS implementation will be an ongoing process over several years. Nevertheless, the Board will be in a position to report good progress in terms of EMS implementation by March 2026

10.12 Climate Change Adaptation

The NHS Scotland Climate Change Risk Assessment (CCRA) Toolkit has been used by NHS Forth Valley to assess the risks facing the organisation. Colleagues from a range of departments and services attended an initial workshop to inform the NHS Forth Valley CCRA and identify the key risks. A further workshop was attended by representatives from the NHS Board's Risk Management, Resilience and Contingency Teams, and the risks were revisited, scored and verified. NHS Forth Valley is aware of the requirement to have in place a Climate Change Adaptation Plan to underpin the efforts to mitigate the impacts. We acknowledge the importance of adapting to a changing climate, and when resources permit, will continue with efforts to finalise the Adaptation Plan during 2025/26, with a completion deadline of 231 March 2026.

10.13 Responding to the Climate Emergency

NHS Forth Valley is making progress in terms of responding to the climate emergency, and a review of the Annual Climate Emergency and Sustainability Report for 2023-24 is recommended to fully appreciate the arrangements that are in place and the outcomes achieved. However, we have acknowledged that significant and long-term changes to the way care is delivered will be required to ensure this NHS Board makes an effective contribution to the national and global drive to limit the impacts of climate change. Challenges remain, if we are to achieve our targets and in doing so, contribute towards achieving NHS Scotland's net-zero ambitions. The risk of not achieving what is required is recognised in the NHS Board's Strategic Risk Register, and in particular the resources required to build and sustain a climate change and sustainability team commensurate with the challenge.

NHS Forth Valley is conscious of the significant financial pressures that are affecting NHS Scotland and must stress that budget availability is highly likely to impact on our ability to achieve targets and deliver outcomes. It must also be acknowledged that the current financial pressures are likely to affect NHS Scotland's climate emergency response.

Key challenges in the years ahead for NHS Forth Valley, in terms of responding to the climate emergency, include:

- Funding for energy efficiency and carbon reduction projects is likely to become increasingly difficult to secure.
- Whilst efforts are ongoing at NHS Forth Valley to build a core team to support the Board's climate emergency response, the recurring funding required for two new posts has still to be confirmed.

10.14 Climate Emergency & Sustainability Communications

Effective communications underpin the Board's climate emergency response. It is important that staff and the wider public are aware of what has already been achieved, and the level of ambition set by NHS Forth Valley. People working for this Board also need to be aware of their role in reducing environmental impacts.

- In 2024-25, the Climate and Sustainability intranet pages were developed and published. Each Working Group has a separate section that will be updated to reflect progress and shifting priorities.
- The Board's annual climate change submissions to Scottish Government are published

- The Energy and Sustainability Manager is developing a list of actions staff can take to reduce energy costs and consumption. This will be used to support a targeted programme of work aimed at improving energy efficiency.
- Work will continue with the Communications Team to maximise coverage of sustainability achievements and opportunities to get involved in campaigns.

Summary of Key Deliverable 2025/2026

- Continue work to decarbonise and improve the energy performance of the Board's property portfolio.
- work will continue to improve building performance by optimising Building Management Systems
- Explore all funding opportunities to support efficiencies and improve environmental management.
- Develop a Greenspace Strategy and Action Plan.
- Expansion of 'No Mow May' and biodiversity-friendly practices.
- Continue work to progress the de-carbonisation of the NHS Forth Valley fleet where applicable.
- Consolidate the Board's various travel and transport-related policies to ensure that sustainable travel principles are reflected.
- Continue to promote active travel including the three-month free e-bike loan scheme.
- Work will continue to explore and encourage ongoing improvements in waste reduction and recycling across all clinical and non-clinical areas.
- Work will continue to focus on the sustainable care working group's 7 priority areas including inhalers, anaesthetic gases, and greener theatre practices.
- The Sustainable Procurement & Circular Economy Working Group will continue to work to reduce the impacts associated with NHS Scotland procurement and local suppliers.
- Deliver the relevant milestones for 2025/26 detailed in the NHS Forth Valley Anchor Plan 2023-2026 in support of sustainability and local economic resilience.
- Continue to focus on the implementation of an Environmental Management System where practicably possible and as resources allow.
- Develop the Climate Change Adaptation Plan as resources allow.
- Continue to focus on the Climate Emergency acknowledging the resourcing challenges.

- Ensure regular and relevant communications to increase and maximise messaging around the Climate Emergency and Sustainability achievements and opportunities.

11 Performance Metrics Summary (updated ED 4 hour and Occupancy 27 03 25)

Delivery Area	Planning Priority	Target	Measure	Baseline	2025-2026 Trajectories			
					Q1	Q2	Q3	Q4
Planned Care	Tackling Long Waits	No waits over 52 weeks by March 2026	Inpatients/Daycases waiting over 52 weeks	594[a]	965	1,188	1,327	1,400
		No waits over 52 weeks by March 2026	New Outpatients waiting over 52 weeks	75 [a]	40	70	70	90
		Reduce backlog to achieve 95% of key tests completed within 6 weeks by March 2026	Diagnostics: Imaging waiting over 6 weeks	3,496 [a]	2,606	2,056	1,506	1,006
		Reduce backlog to achieve 100% of key tests completed within 6 weeks by March 2026	Diagnostics: Endoscopy waiting over 6 weeks	336 [a]	0	0	0	0
	Increasing Productivity	Achieve a 7% increase in reportable activity (based on 24/25 levels) for NOP	New Outpatients Activity	18,204 [b]	14,784	14,683	15,034	15,041
		Achieve a 15% increase in reportable activity (based on 24/25 levels) for IP/DC	Inpatient / Day cases Activity	2,551 [b]	2,541	2,541	2,496	2,603
Urgent and Unscheduled Care	4-hour Target	Increase 4-hour EAS by 10% by September 2025, and a further 10% by March 2026 - ED & MIU	Compliance against 4-hour emergency access target	60.2% [c]	64.4%	68.5%	72.7%	76.8%
	Optimising assessment and care in Emergency Departments	Reduce ED attendances by 20%, by March 2026	The average monthly number of Planned New, Unplanned New and Unplanned Return attendances at Forth Valley Royal Hospital ED	5,224 [c]	4,963	4,702	4,440	4,179
		Reduce emergency admissions by 10%, by March 2026	The average monthly number of patients admitted as an emergency admission	3,212 [c]	3,132	3,051	2,971	2,891
		Aim ED occupancy to 95%, by March 2026	The average percentage occupancy at ED at 8am where the capacity is 30	116.7% [c]	111.0%	105.7%	100.3%	95.0%

	Reduce hospital admissions for patients with low clinical value such as those aged over 85	Reduce acute geriatric length of stay (LOS) by >20%, by December 2026	The AvgLOS (days) of patients discharged from Forth Valley Royal Hospital whose specialty is Geriatric Medicine	16.6 [c]	16.1	15.7	15.2	14.7
	Support the Scottish Government and COSLA's Joint Mission to reduce Delayed Discharges	Reduce total respective HSCP delayed discharges by >20%, by March 2026	The average daily number of delayed discharges on community sites	98 [c]	93	88	83	78
		Less than 25% of delayed discharges are in acute hospitals, by December 2025	The % of delayed discharges, excluding code 100s, that are in an acute ward at Forth Valley Royal Hospital	29.8% [c]	28.2%	26.5%	24.9%	24.9%
Cancer Care	Improving cancer waiting times standards	Reduce the backlog of patients who have breached waiting times for cancer treatment.	62-day standard	84.6% [b]	83.0%	84.0%	85.0%	86.0%
			31-day standard	99.0% [b]	>=95%	>=95%	>=95%	>=95%
Mental Health	CAMHS	90% of patients will start treatment with 18 weeks of referral	RTT compliance	96.8% [b]	92.3%	88.6%	81.4%	79.7%

Baseline Dates:

a. January 2025
b. Q3 2024/2025
c. 2024 Average

Template to provide information on Anchor plans

This template should be used by Boards to return the information requested of them as Anchor institutions in the ADP guidance for 2025-26. Please feel free to adapt the template to include further information if required.

NHS Board:

Named lead/Position overseeing Anchor Strategic Plan:

Janette Fraser, Head of Strategic Planning, NHS Forth Valley

Hazel Meechan, Public Health Specialist, NHS Forth Valley

Governance arrangements to oversee Anchor Strategic Plan

- Clear governance arrangements were set out in Anchor Strategic Plan submitted in 2023

Real Living Wage

- Working towards accreditation – timescale: six months

Community Planning Partnerships
If you are a territorial NHS Board, please use this space to provide an indication of how you are actively engaging with each of the Community Planning Partnerships in your area to progress your Anchor Strategic Plan to address the socio-economic determinants of health.

NHS Forth Valley provides co-leadership of the Falkirk Community Planning Fairer Falkirk and Community Wealth & Health Building partnerships. Falkirk CPP has recently approved new Building A Fairer Falkirk Plan 2024-2029 (People & communities - Building a Fairer Falkirk 2024 – 2029 | Falkirk Council). NHS Forth Valley is also a member of the Falkirk CPP Locality Action

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Planning Groups and Local Employability Partnership and produces a joint Local Child Poverty Action Report with Falkirk Council annually. NHS Forth Valley is a core member of the Falkirk CPP Board.

NHS Forth Valley is a member of the Clackmannanshire Community Planning Tackling Poverty Partnership and co-wrote the new Tackling Poverty Action Plan with the Clackmannanshire child poverty lead and wider Tackling Poverty partnership. NHS Forth Valley produces a joint Local Child Poverty Action Report with Clackmannanshire Council annually. NHS Forth Valley is a member of the Clackmannanshire Local Employability Partnership and a core member of Clackmannanshire Alliance.

NHS Forth Valley provides reporting for the Stirling Local Child Poverty Action Report annually and is a member of the Stirling CPP strategic children's services planning group. NHS Forth Valley is a core member of the Stirling CPP Executive Board.

Territorial Boards should also set out below at least two specific objectives of how you are planning to progress local partnership working with your CPP, Local Employability Partnership and/or other local partners.

Objectives to progress Anchor Strategic Plan

As set out in the ADP guidance, please set out 4 - 6 specific objectives in total across the three key strands (workforce; procurement; and land and assets) against which progress can be measured; include the date that you expect the objective to be met, how you will measure progress and what actions you will be taking to progress each objective.

Objectives			
	Actions to progress objective	**Due date**	**Measure**
Workforce			
1. Become an accredited Living wage employer	Register to become accredited Living wage employer	March 2026	Percentage of subcontracted staff paid real living wage.

	Put in place mechanism to evidence subcontracted staff are paid real living wage		Accreditation achieved.
2. Map priority groups of LEPs to local Anchor and SG Anchor priorities	Have used data to align employability objectives with local partners/LEP priority groups. Resolved Equality Act limitations on targeting disadvantaged or marginalised communities and people: work with community partnership teams in SIMD areas. Engage with local authorities to focus on those who most need work and skills (e.g., unemployed people and those leaving education).	March 2026	Anchor data submission.
3. Increased Placements for NOLB NHS Demonstrator project with Local Authorities	Improve processes and induction. Increase communication and awareness within NHS Forth Valley and with Local Authorities. This programme is dependent on SG funding being made available to partners and timing of funding.	March 2026	Anchor data submission.
4. Enhance reach of recruitment programmes and partnerships in schools and Forth Valley college.	Plan awaiting approval. Schools work progressing well with direct and DYW Supported programmes and work is ongoing to expand apprenticeship offering –	March 2026	Anchor data submission?

	college recruitment programme will be more difficult as means aligning recruitment intake with college programme completion dates and the availability of suitable vacancies at that time. Employability link under development for those completing taster or access health courses into NHS Forth Valley HCSW Academy Programme.		
Procurement			
1. Consider social value in contracts with new and existing suppliers	Expect suppliers to be real Living Wage Providers or working towards this and promote fair working practices. Continuously work to harness local spend e.g. for day work contractors. Meet the Buyer events provide the opportunity to promote tenders locally. Benchmarking of social value would require information from Scottish Government on progress made by Boards to allow this to be undertaken.	March 2026	Percentage per year.
2. Continue to promote the community benefits portal	Continue to promote the community benefits portal to suppliers but recognise there are currently limited local community benefits currently lodged on the Portal. We are working with local authorities and TSIs with the aim of adding further community benefits to the portal.	March 2026	Number of community benefits proposals supported.

Land and assets

1. Increase community use of facilities and outdoor estates	Ongoing identification of and promotion of opportunities. Greenspace and Biodiversity Group are supporting this.	March 2026	Case examples.
2. Regional planning of utilisation of assets	Asset mapping in conjunction with local authorities. Working with East Central Hub with regard to utilisation of assets. Draft plan to optimise use of local assets.	March 2026	Asset plan.

Local Partnerships

1. Formation of Shadow/Regional Anchor Board at Chief Executive level with Regional Anchor working group.	Focusing on planning and delivery a community health and wealth building strategy, working collaboratively to address barriers to community health and wealth building and developing and implementing 'corporate' approaches to community wealth building across all five pillars including fair work and progressive procurement approaches. Maximising opportunities for collaborative and consistent approaches to key activities, adding social value where possible and guarding against duplication of effort. Draft Terms of reference - Completed.	Late March 2025 for Board establishment. Evidence of enhanced outcomes March 2026.	Agreed strategic priorities and workplan. Agreed outcomes.

2. CPP strengthening development	Initiate Advancing Community Planning Group. Strengthen NHS Forth Valley Community Planning Partnership governance reporting and evidencing Community Planning Partnership contribution. Maintain strategic overview and planning of NHS contribution to CPP and ensure alignment with Anchor planning avoiding any duplication of planning and activity. Draft Terms of Reference – completed	March 2026	Evidence reports.
3. Forth Valley University College NHS Partnership priorities for 25/26	Agree 25/26 priorities for three workstreams. o Research and Innovation o Education and Skills o Workforce Development and Career Pathways Stirling University have planned a new Masters in Public Health, which will commence January 2026, for which NHS Forth Valley will provide attachments. With support from the NHS Forth Valley Simulation Centre, a simulation facility has been opened in FORTH VALLEY College, Alloa campus. There are plans to provide simulation facilities at the other sites and local schools, to develop interest, skills and confidence to support future recruitment of health and social care employees.	March 2026	Evidence Report.

4. Regional and Local Employability Partnership	Regular joint meetings of three Local Authority Employability Partnerships, with NHS Employability Manager as member Increase placements for NHS Demonstrator Project Mutual circulation of employability opportunities. All partner awareness of all funding streams.	March 2026	Anchor Data submission.
5. Delivery of Fairer, Healthier, Economies fund priorities (Health Working Lives)	Priorities agreed with Public Health Scotland. FHE Memorandum of understanding agreed including activities to deliver on outcome area 4, increased adoption of increased wealth building approaches across the public sector including NHS Anchor institutions. - Participate in regional Anchors board to align with Anchors work and make connections with organisations supporting this agenda. - Review Anchors framework and consider options for HWL resource to lead on/support (discussions have been had with DPH and Anchor Springboard Chairs and the framework has been shared at last Anchor meeting) - Engage with NATIH National Aquaculture Technology and	January 2026	Progress Reports to Public Health Scotland.

	Innovation Hub | About | University of Stirling Led by Robertson Group to advocate for health and wellbeing (SHIO). • Provide ongoing support to wellbeing work programme through this group and extend to all subcontractors. Stirling and Clackmannanshire City Region Deal | Stirling Council (SHIO). • Lead on 2 x projects to tender to cafe opportunities in Sauchie and Stirling and build anchor principles into this. Linked in with HWL re social value (SHIO). • Link into social value and community benefit. • Reporting jointly on this alongside anchors workstream.		

Data on Anchor activity

Reporting year: 2023/2024

NHS Board: NHS Forth Vally

Workforce metrics

W1. What employability programmes were underway in your Board in the reporting year? (refer to guidance note for definitions of 'employability' and 'employability programme' and for guidance on generic employability programmes)

(a) For general employability programmes, please provide details of the programme name, number of participants, and which of the Anchor Priority Groups it targets in Table 1 below.

A separate table should be completed for each employability programme. If more than one programme is underway, please copy and paste the table as needed for each (refer to guidance note).

(b) For apprenticeships, please provide framework title, SCQF level, number of apprenticeship starts, and which of the Anchor Priority Groups it targets in Table 2 below.

A separate table should be completed for each type of apprenticeship. If more than one is underway, please copy and paste the table as needed for each (refer to guidance note).

Table 1: Employability Programmes *(excluding apprenticeships)*

Employability programme	No. of Participants	Target group(s)

Foundation Skills for Healthcare – SDWP Approved Sector Based Work Academy
 	
NHS Demonstrator – Funded (NOLB) Work Experience Programme
	12
	
	21
		☒ Not targeted (generic employability programme)
		
		☐ Care experienced
		☒ Carers
		☐ Black and Minority Ethnic groups
		☒ People living in the 20% most deprived areas
		☐ Disabled people
		☐ Gypsy Travellers
		☐ Lived experience of alcohol or drug dependency
		☐ Lived experience of homelessness
		☐ Lived experience of the criminal justice system
		☐ Refugees and asylum seekers
		☒ Young people (aged 16-24)
		
		Priority family groups at risk of child poverty, please state which:
		    ☒ lone parents
		    ☒ young mothers (under 25 years old)
		    ☒ minority ethnic families
		    ☒ large families (with three or more children)
		    ☒ families with a baby (under one)
		    ☒ families with a disabled adult or child

| | | | Other (please state): |
| | | | [Type answer here.] |

Table 2: Apprenticeships

Framework title	SCQF level	No. of apprenticeship starts	Target group(s)
Healthcare Support Clinical Business Administration	7 5	8 2	☒ Care experienced ☐ Carers ☐ Black and Minority Ethnic groups ☐ People living in the 20% most deprived areas ☒Disabled people ☐ Gypsy Travellers ☐ Lived experience of alcohol or drug dependency ☐ Lived experience of homelessness ☐ Lived experience of the criminal justice system ☐ Refugees and asylum seekers ☒ Young people (aged 16-24) ☐ Existing staff

			Priority family groups at risk of child poverty, please state which:
			☐ lone parents
			☐ young mothers (under 25 years old)
			☐ minority ethnic families
			☐ large families (with three or more children)
			☐ families with a baby (under one)
			☐ families with a disabled adult or child
			Other (please state):
			[Type answer here.]

W2. **What outreach activities were underway in your board in the reporting year? (refer to guidance note for definition of 'outreach activities')**

Please provide details of the outreach activity and Anchor Priority Groups it targets in Table 3 below.

A separate table should be completed for each outreach activity. If more than one outreach activity is underway, please copy and paste the table as needed for each (refer to guidance note).

Table 3: Outreach Activity

Outreach Activity	Target group(s)
Board wide DWP Jobs Fairs	☒ Care experienced ☒ Carers

DWP Client and Work coach information sessions
 	
Board Wide LEP Job Fairs
 	
LEP MA Careers Fair
 	
Health Careers Workshops for S4 Pupils at Bannockburn High
 	
Health and Care Sector Careers Event hosted by NHSFORTH VALLEY at Forth Valley College – S3 Pupils at Forth Valley Schools
 	
STEM at the Helix – Part of Falkirk Scient week S1 Falkirk Area Pupils
 	
Attendance at School Careers fairs, subject choices events and MA events.
	☒ Black and Minority Ethnic groups
	☒ People living in the 20% most deprived areas
	☒ Disabled people
	☐ Gypsy Travellers
	☐ Lived experience of alcohol or drug dependency
	☐ Lived experience of homelessness
	☐ Lived experience of the criminal justice system
	☒ Refugees and asylum seekers
	☒ Young people (aged 16-24)
	
	Priority family groups at risk of child poverty, please state which:
	    ☒ lone parents
	    ☒ young mothers (under 25 years old)
	    ☒ minority ethnic families
	    ☒ large families (with three or more children)
	    ☒ families with a baby (under one)
	    ☒ families with a disabled adult or child
	
	Other (please state):
	[Type answer here.]

W3. Are you accredited as Carer Positive?

☐ Yes ☒ No

W4. Are you accredited as Disability Confident?

☒ Yes ☐ No

W5. Are you accredited as Equally Safe at Work?

☐ Yes ☒ No

W6. Are you accredited as Menopause Friendly?

☐ Yes ☒ No

W7. Are you accredited with the Defence Employer Recognition Scheme?

☒ Yes ☐ No

W8. Do you publish a race pay gap?

☒ Yes ☐ No

W9. Do you publish a disability pay gap?

☒ Yes ☐ No

W10. Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?

☒ Yes ☐ No

W11. Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) for each LEP within your Board region.
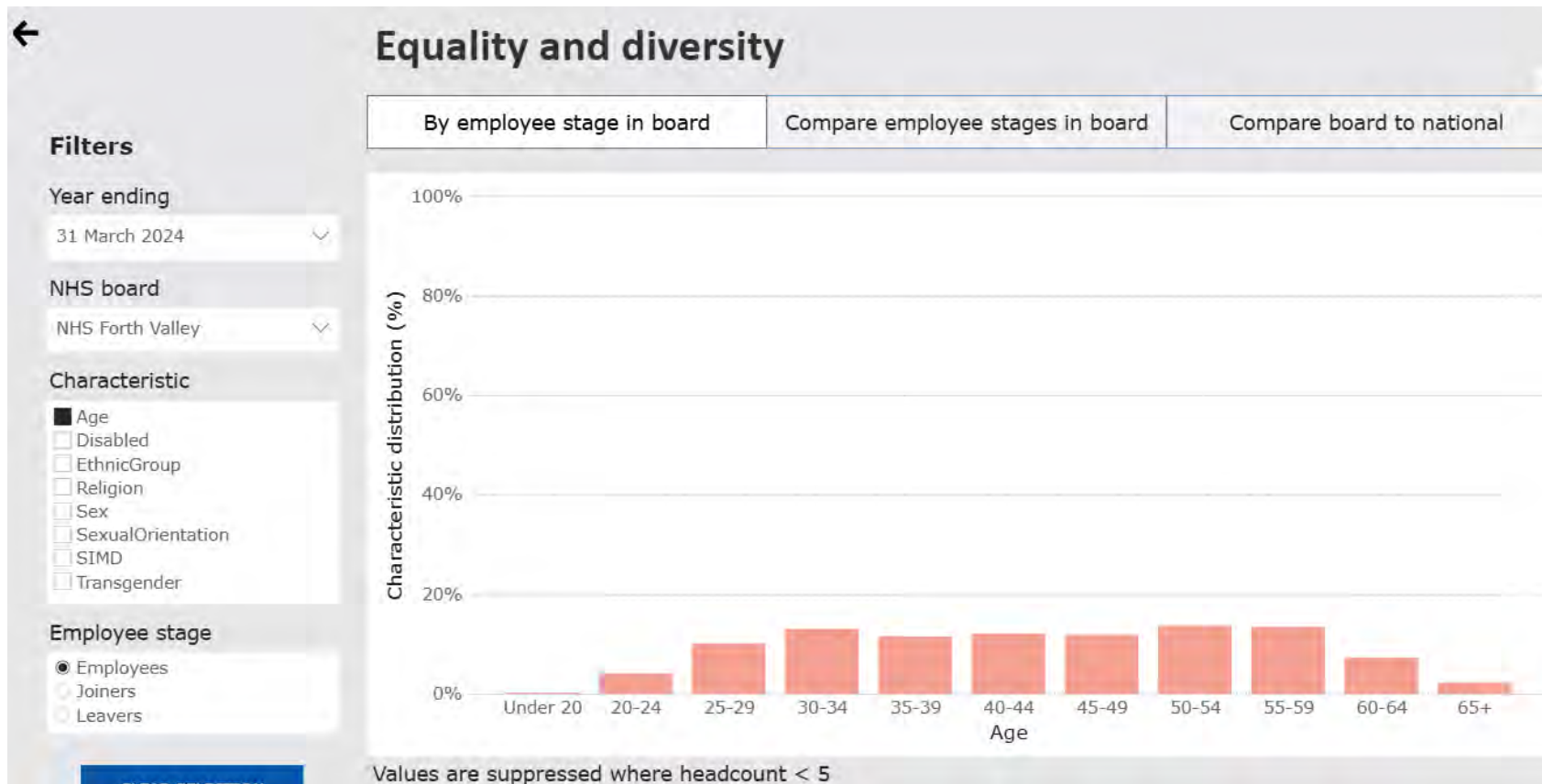
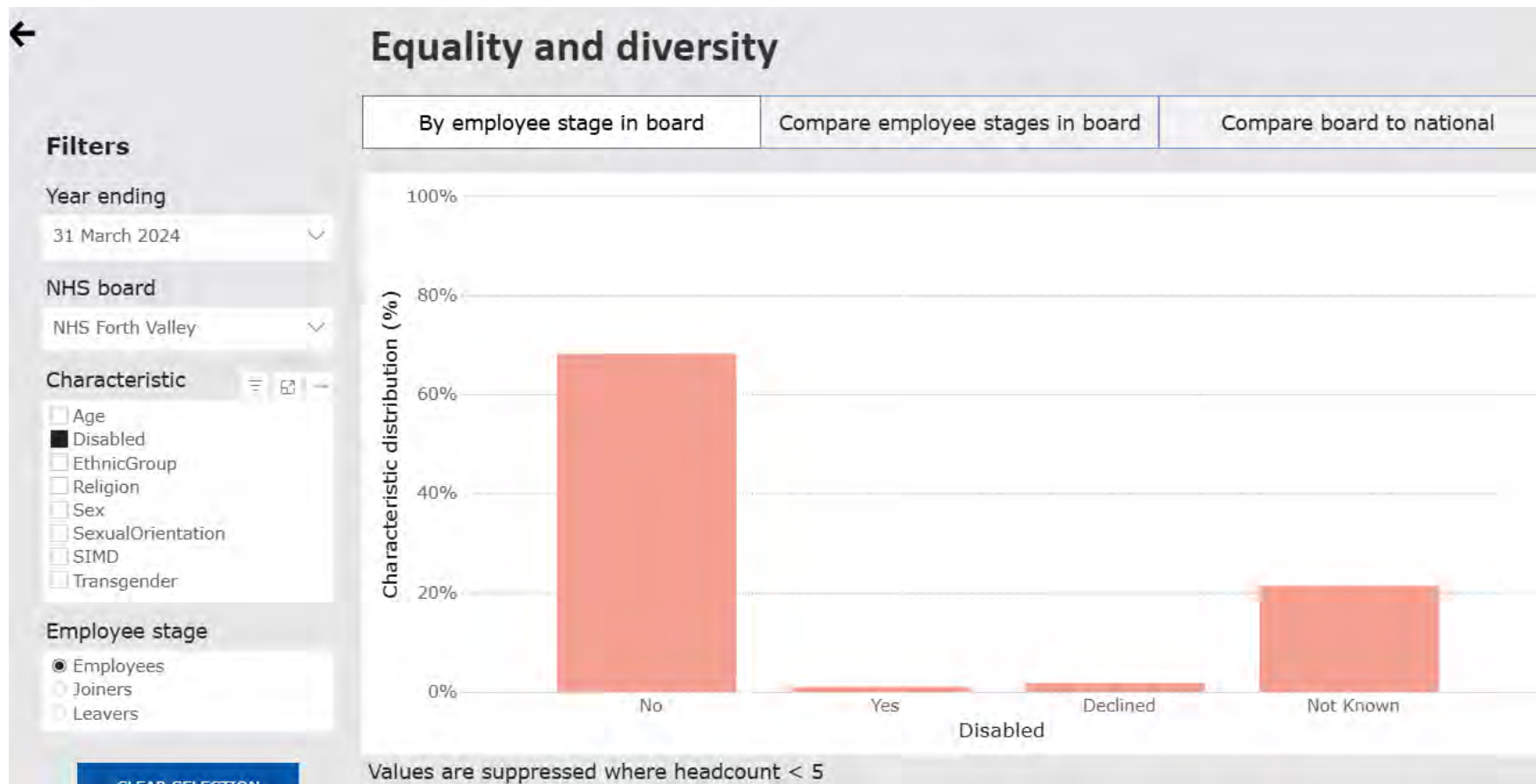*This question is not mandatory for national Boards.*

☒ Yes ☐ No

If yes, insert name and title:

Falkirk and Clackmannanshire LEP - Hazel Meechan, Public Health   Specialist.
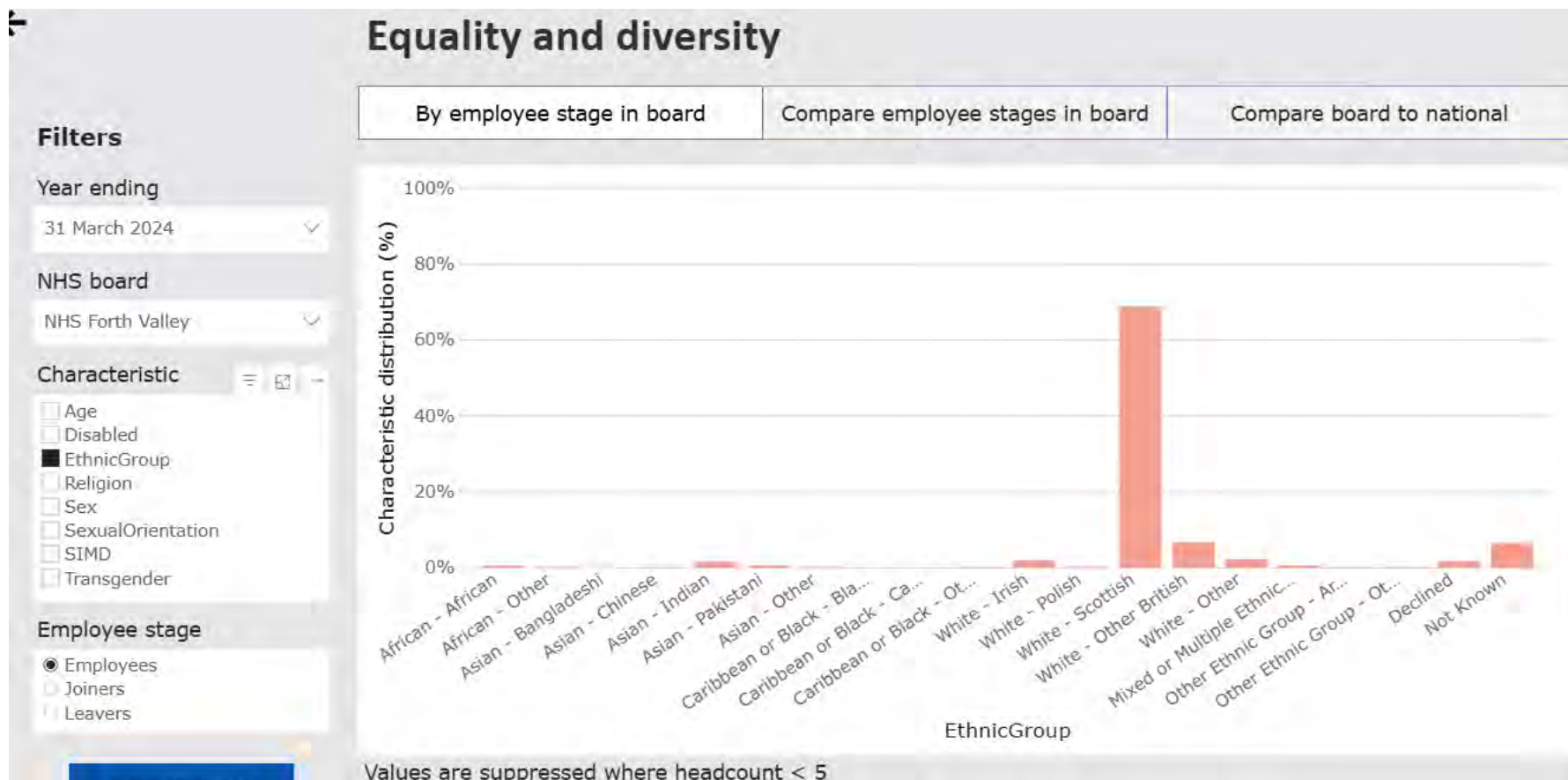
W12. What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to guidance note).
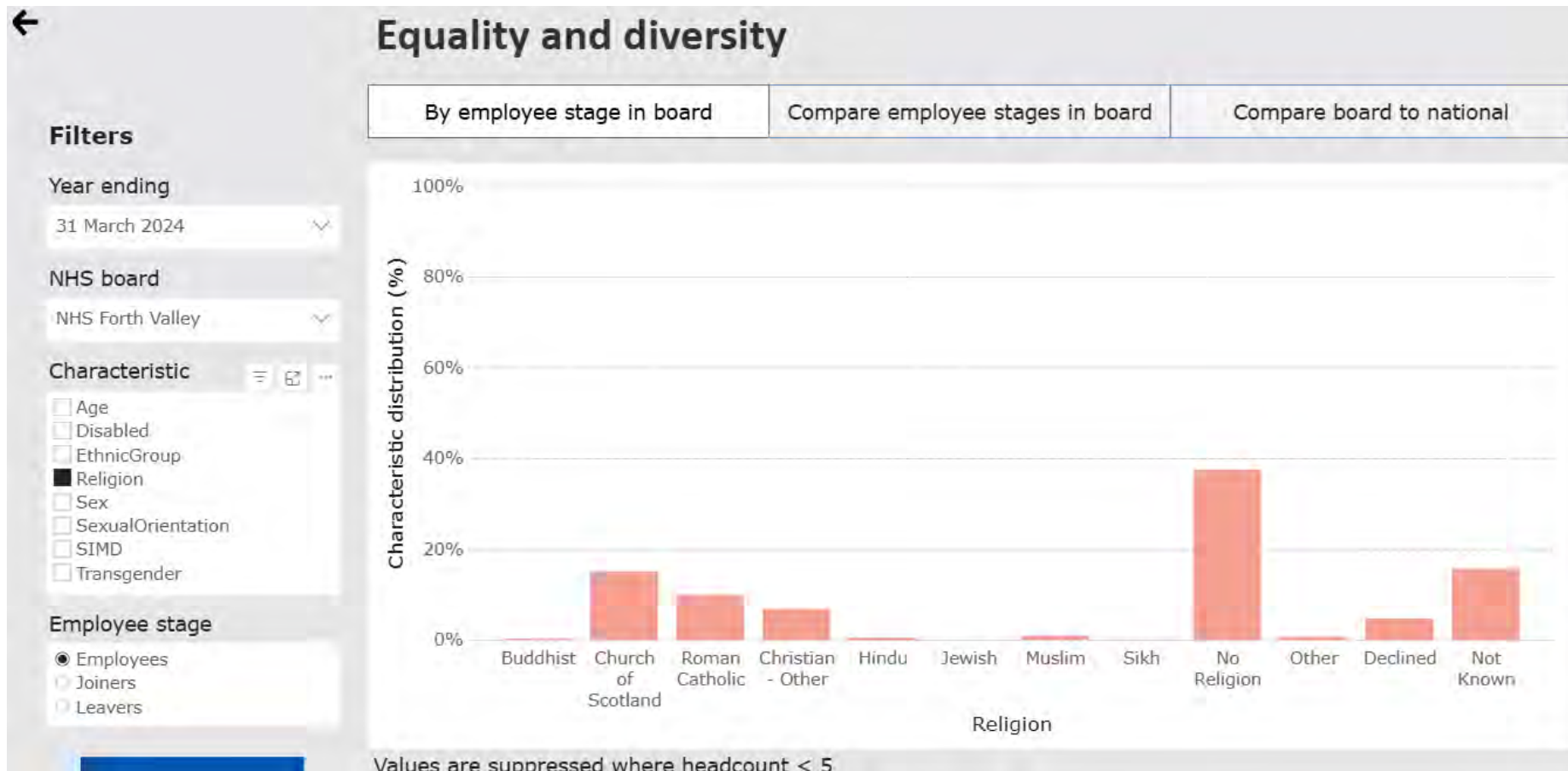
Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

■ Age
☐ Disabled
☐ EthnicGroup
☐ Religion
☐ Sex
☐ SexualOrientation
☐ SIMD
☐ Transgender

Employee stage

● Employees
○ Joiners
○ Leavers

CLEAR SELECTION

Values are suppressed where headcount < 5

In-post age

In-post Disability

In-post Ethnicity

Equality and diversity

By employee stage in board	Compare employee stages in board	Compare board to national

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

- ☐ Age
- ☐ Disabled
- ☐ EthnicGroup
- ■ Religion
- ☐ Sex
- ☐ SexualOrientation
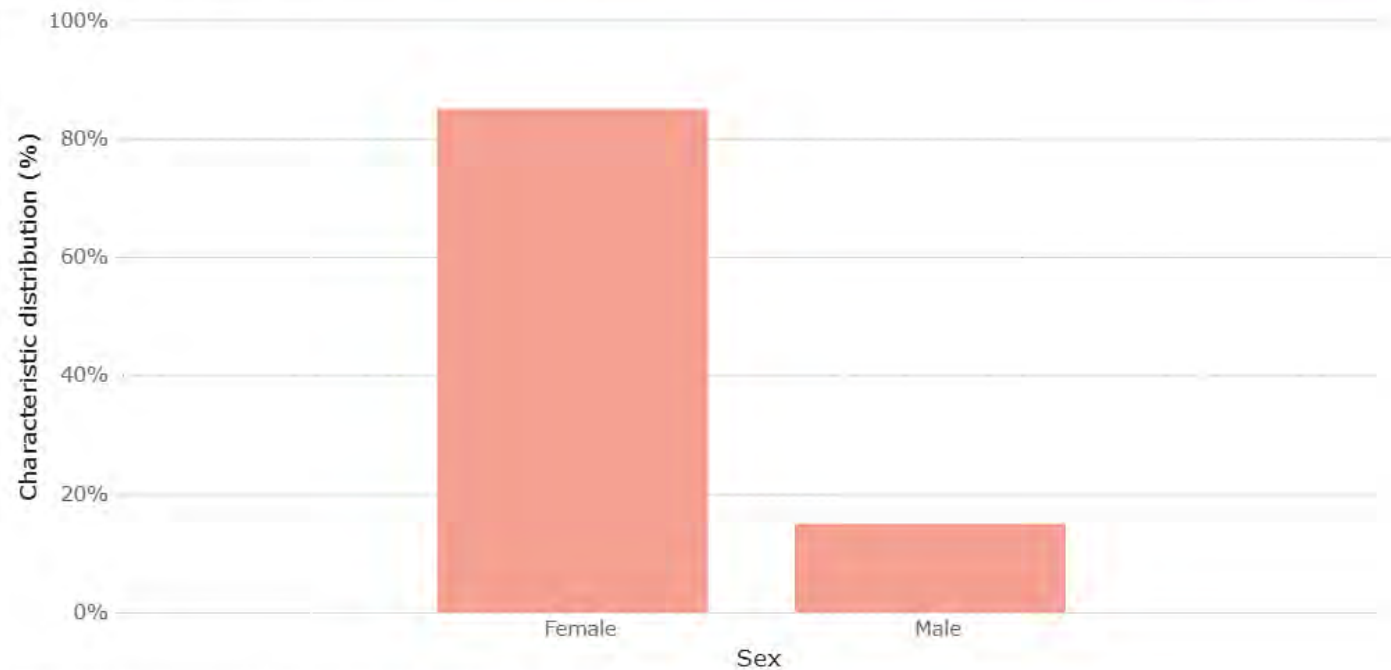- ☐ SIMD
- ☐ Transgender

Employee stage

- ⦿ Employees
- ○ Joiners
- ○ Leavers

Values are suppressed where headcount < 5

In-post Religion

130

Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

- ☐ Age
- ☐ Disabled
- ☐ EthnicGroup
- ☐ Religion
- ☑ Sex
- ☐ SexualOrientation
- ☐ SIMD
- ☐ Transgender

Employee stage

- ● Employees
- ○ Joiners
- ○ Leavers

Values are suppressed where headcount < 5

In-post Gender

Equality and diversity

By employee stage in board	Compare employee stages in board	Compare board to national

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

☐ Age
☐ Disabled
☐ EthnicGroup
☐ Religion
☐ Sex
■ SexualOrientation
☐ SIMD
☐ Transgender

Employee stage

◉ Employees
◯ Joiners
◯ Leavers

Values are suppressed where headcount < 5
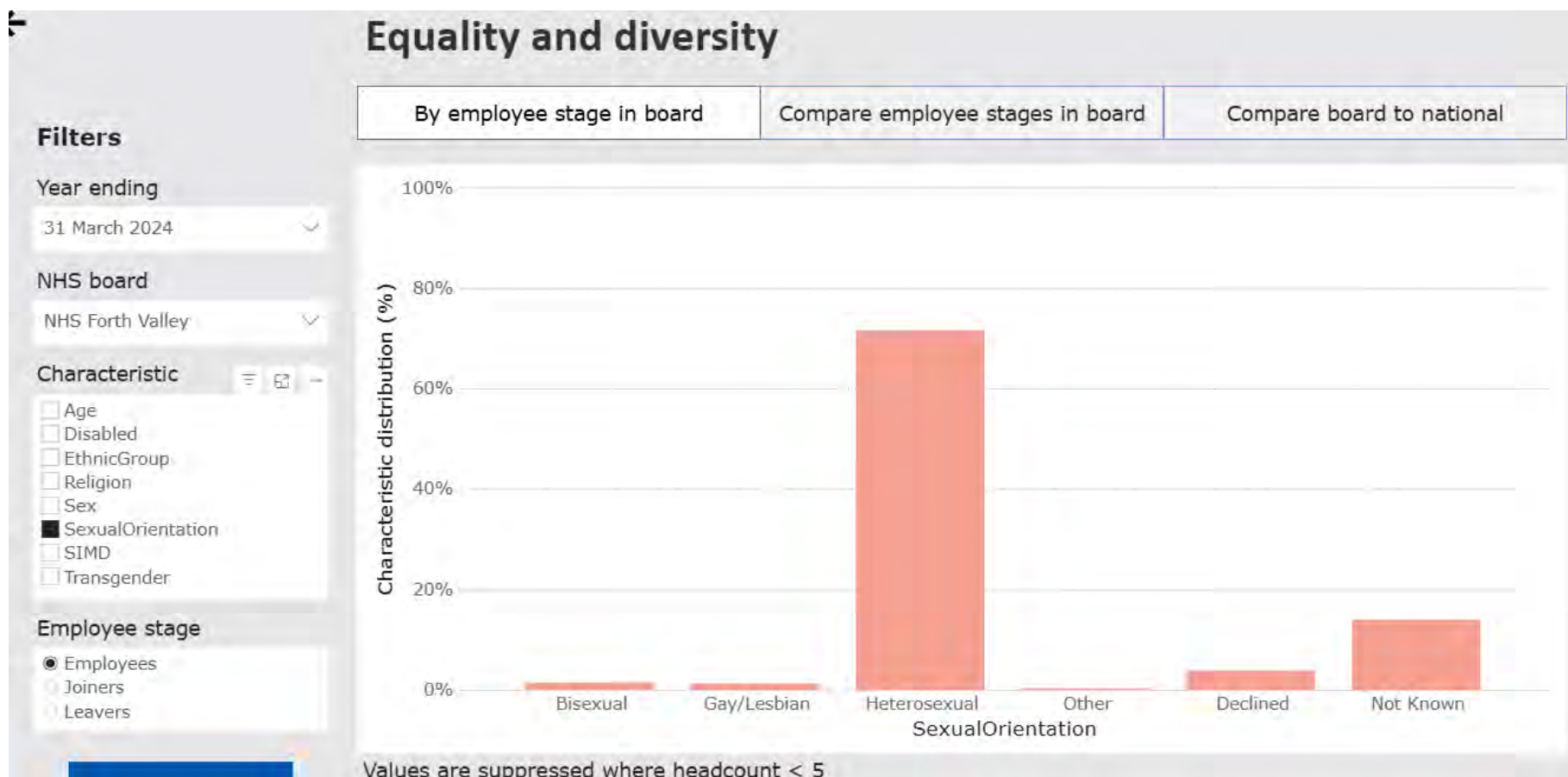
In-post Sexuality

In-post Transgender

Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

☐ Age
☐ Disabled
☐ EthnicGroup
☐ Religion
☐ Sex
☐ SexualOrientation
■ SIMD
☐ Transgender

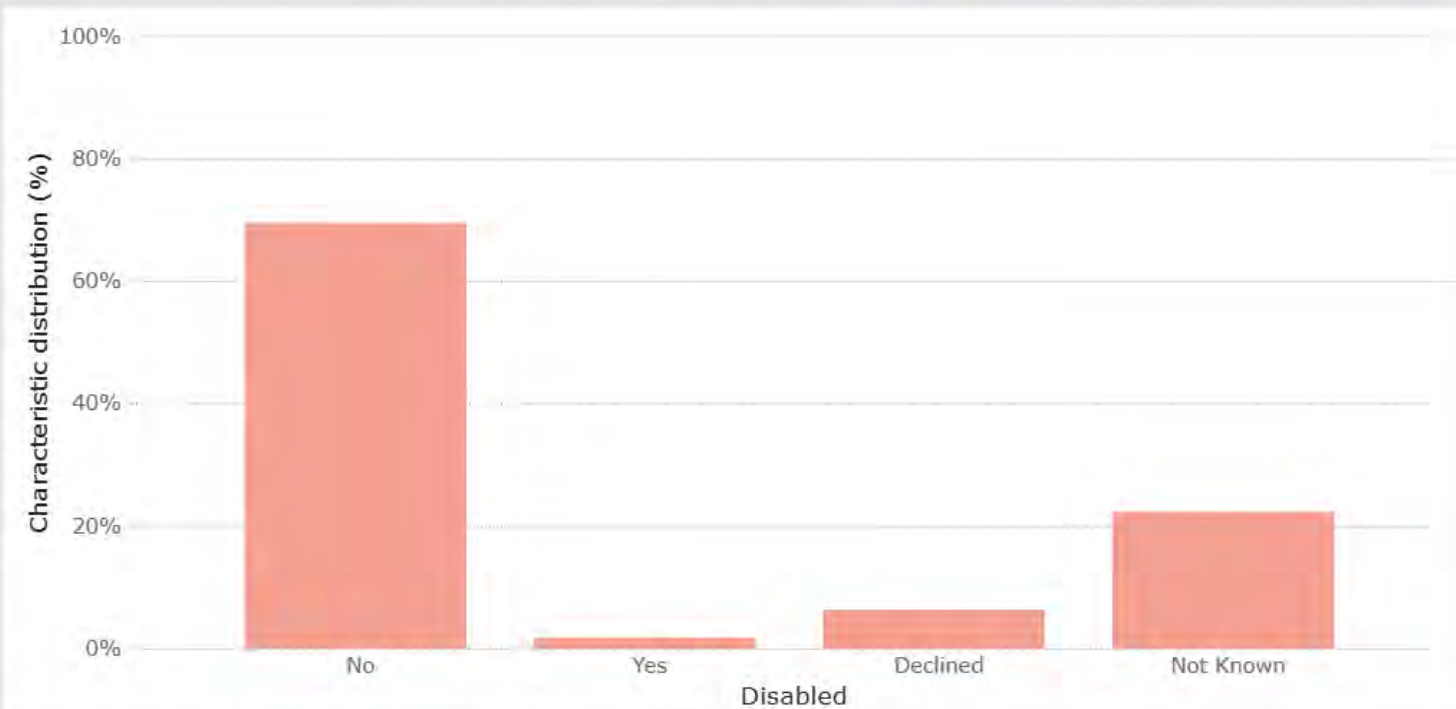**Employee stage**

◉ Employees
◯ Joiners
◯ Leavers

Values are suppressed where headcount < 5
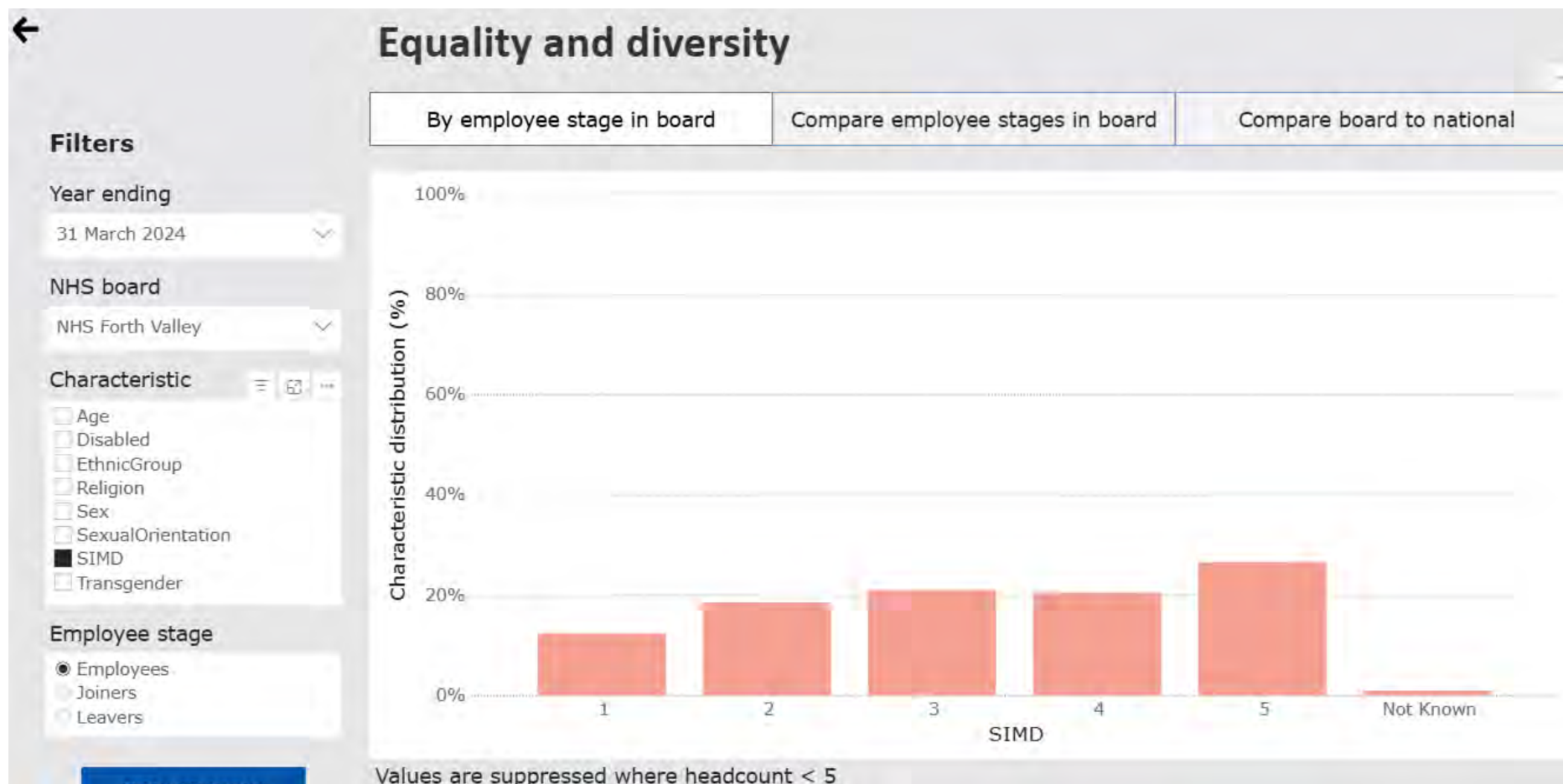
In-post SIMD

W13. What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to guidance note).

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending

31 March 2024 ⌄

NHS board

NHS Forth Valley ⌄

Characteristic

■ Age
☐ Disabled
☐ EthnicGroup
☐ Religion
☐ Sex
☐ SexualOrientation
☐ SIMD
☐ Transgender

Employee stage

○ Employees
○ Joiners
● Leavers

CLEAR SELECTION

Values are suppressed where headcount < 5
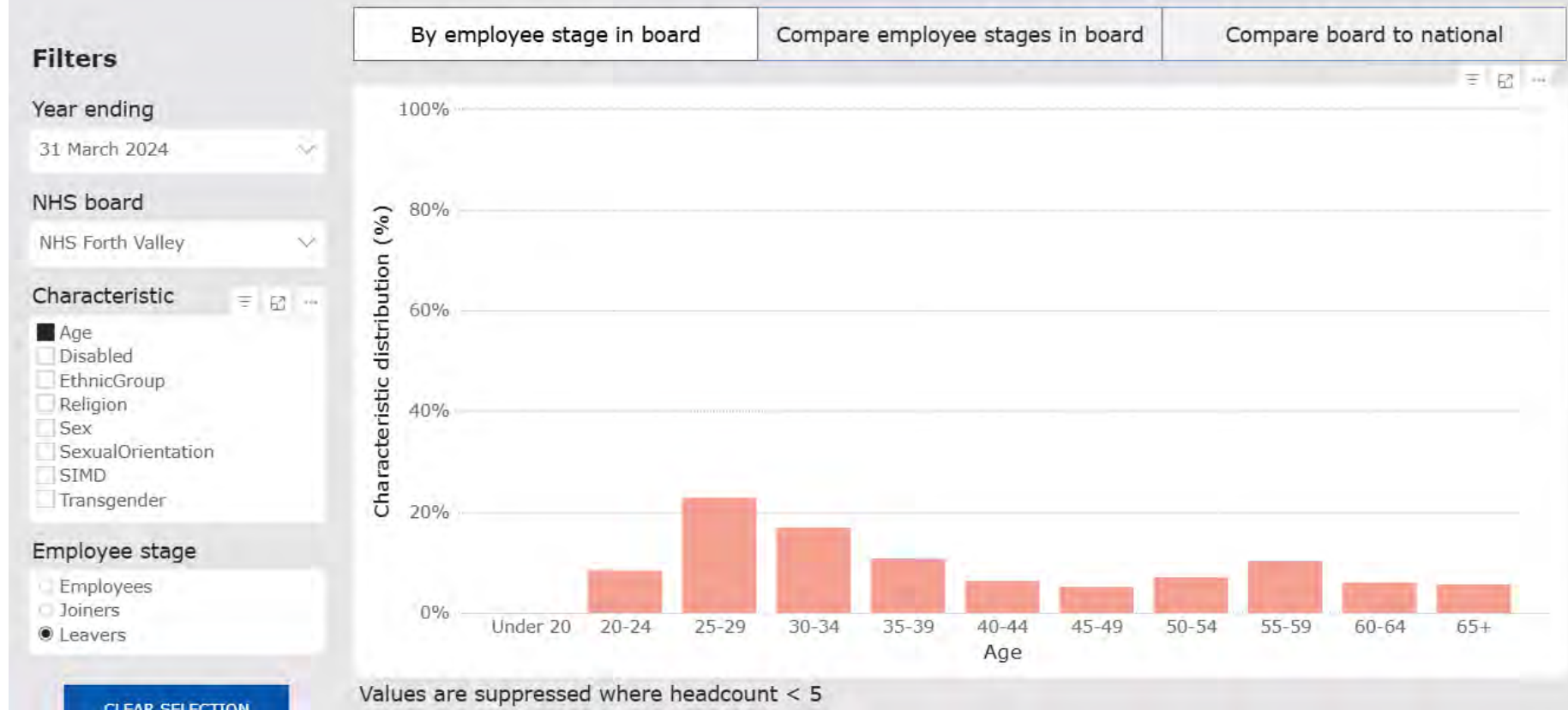
Leavers Age

135

Leavers Disability

Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending
31 March 2024

NHS board
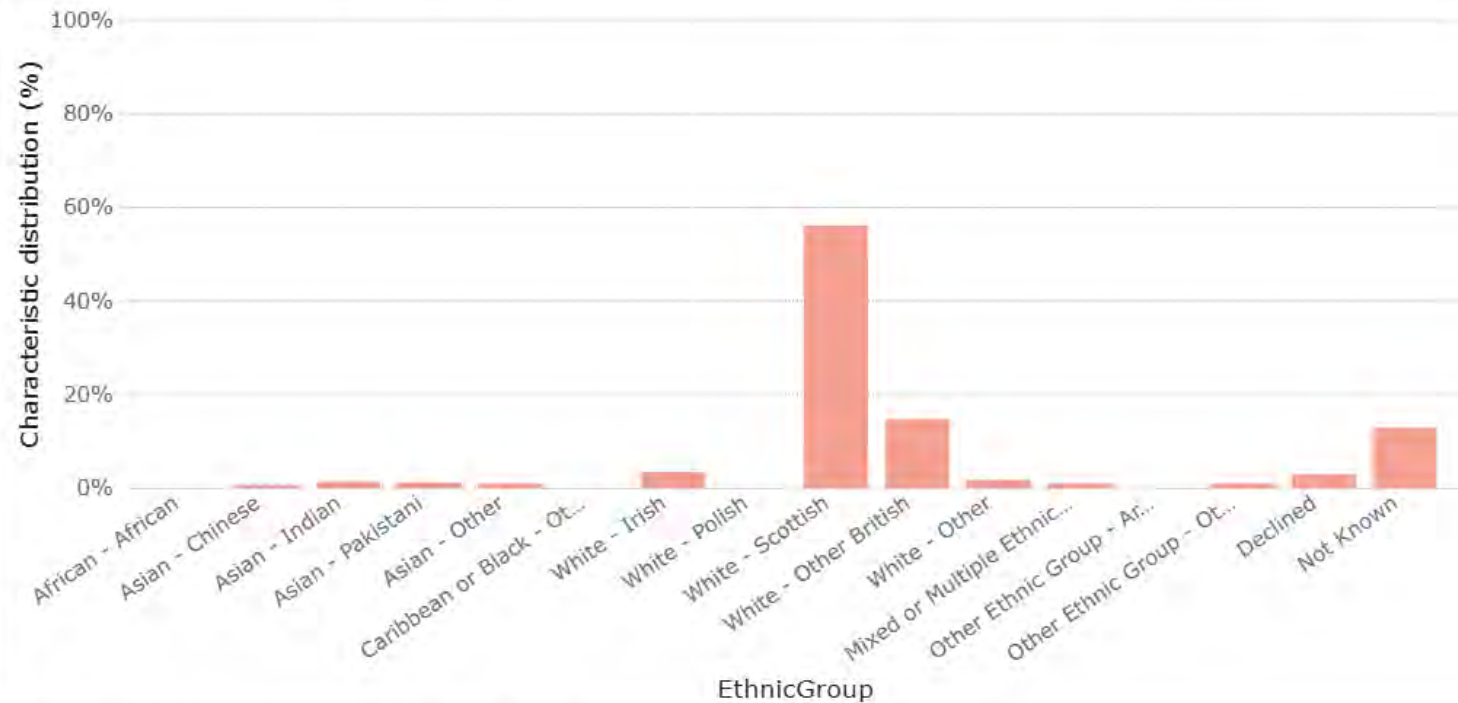NHS Forth Valley

Characteristic
- Age
- Disabled
- EthnicGroup
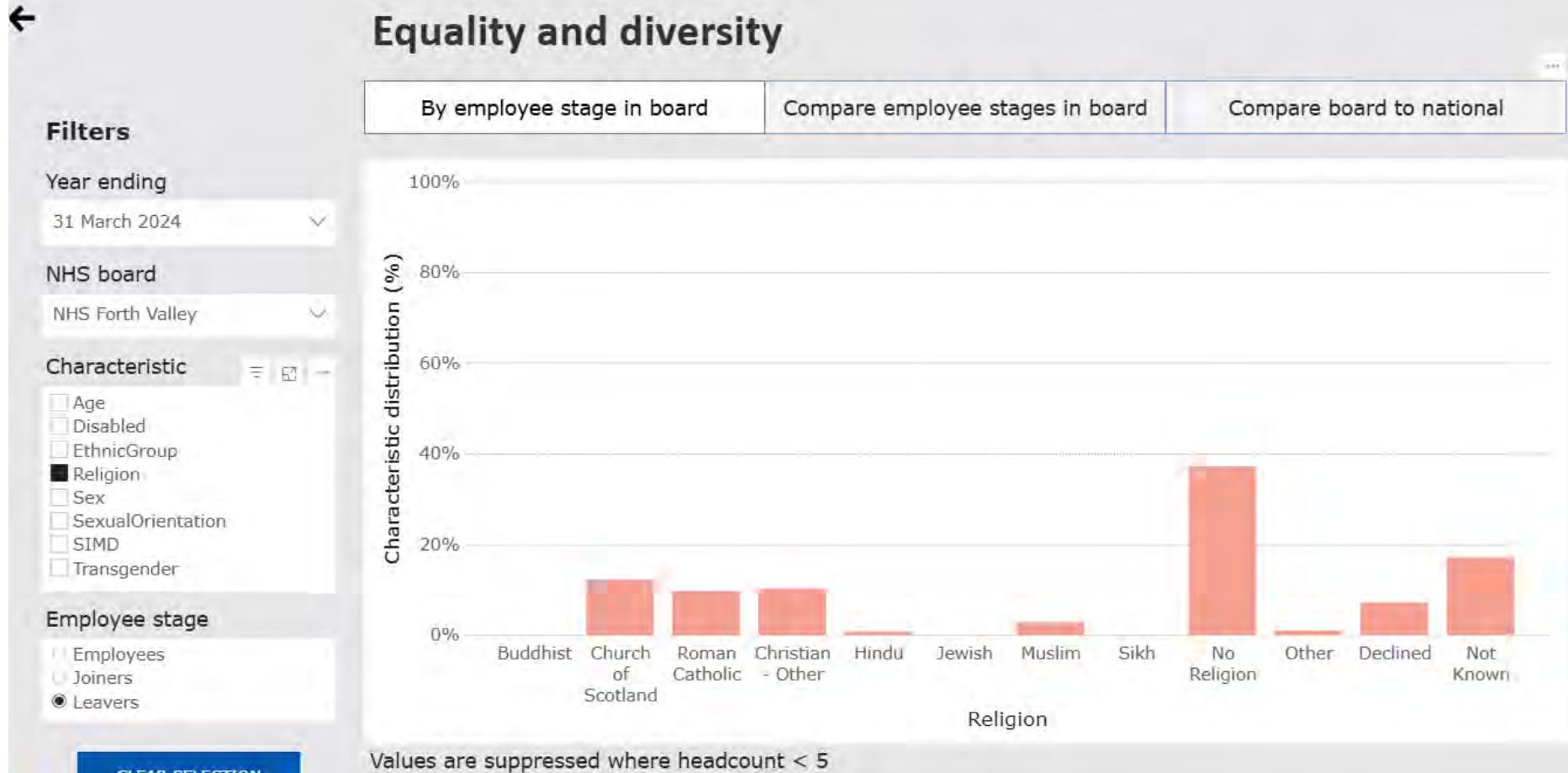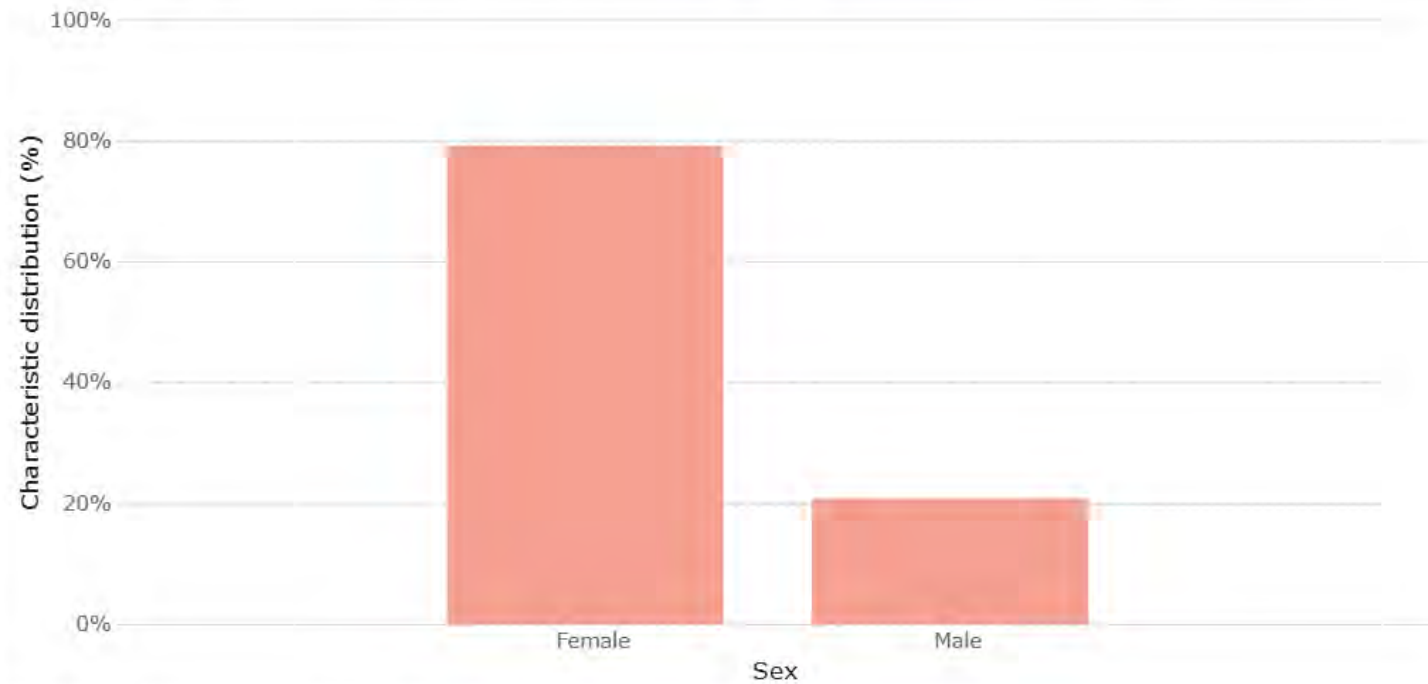- Religion
- Sex
- SexualOrientation
- SIMD
- Transgender

Employee stage
- Employees
- Joiners
- Leavers

Values are suppressed where headcount < 5

Leavers Ethnicity

137

Leavers Religion

Equality and diversity

By employee stage in board	Compare employee stages in board	Compare board to national

Filters

Year ending

31 March 2024 ⌄

NHS board

NHS Forth Valley ⌄

Characteristic ≡ ⧉ ⋯

☐ Age
☐ Disabled
☐ EthnicGroup
☐ Religion
☑ Sex
☐ SexualOrientation
☐ SIMD
☐ Transgender

Employee stage

○ Employees
○ Joiners
◉ Leavers

Values are suppressed where headcount < 5

Leavers Gender

Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

- ☐ Age
- ☐ Disabled
- ☐ EthnicGroup
- ☐ Religion
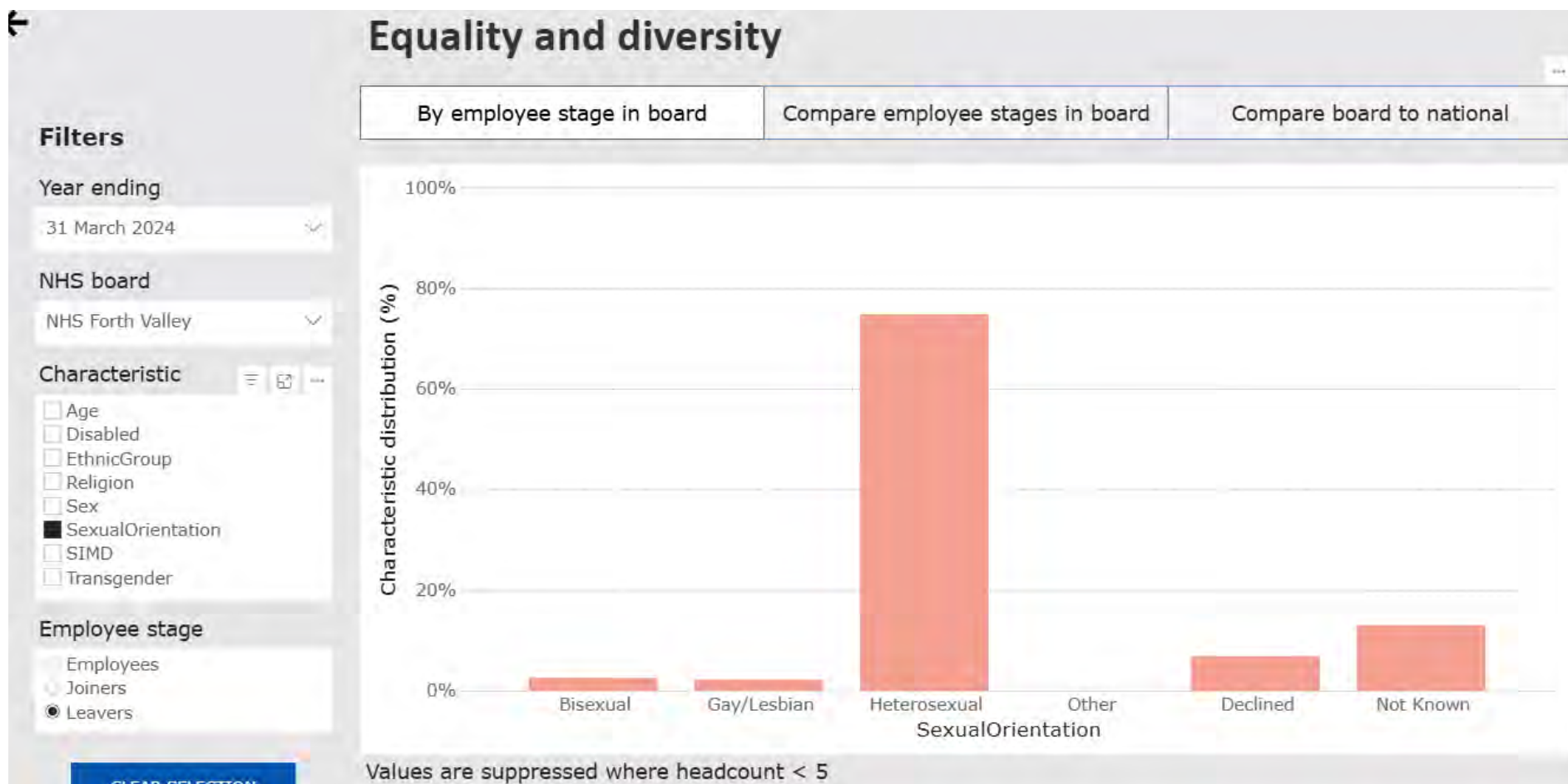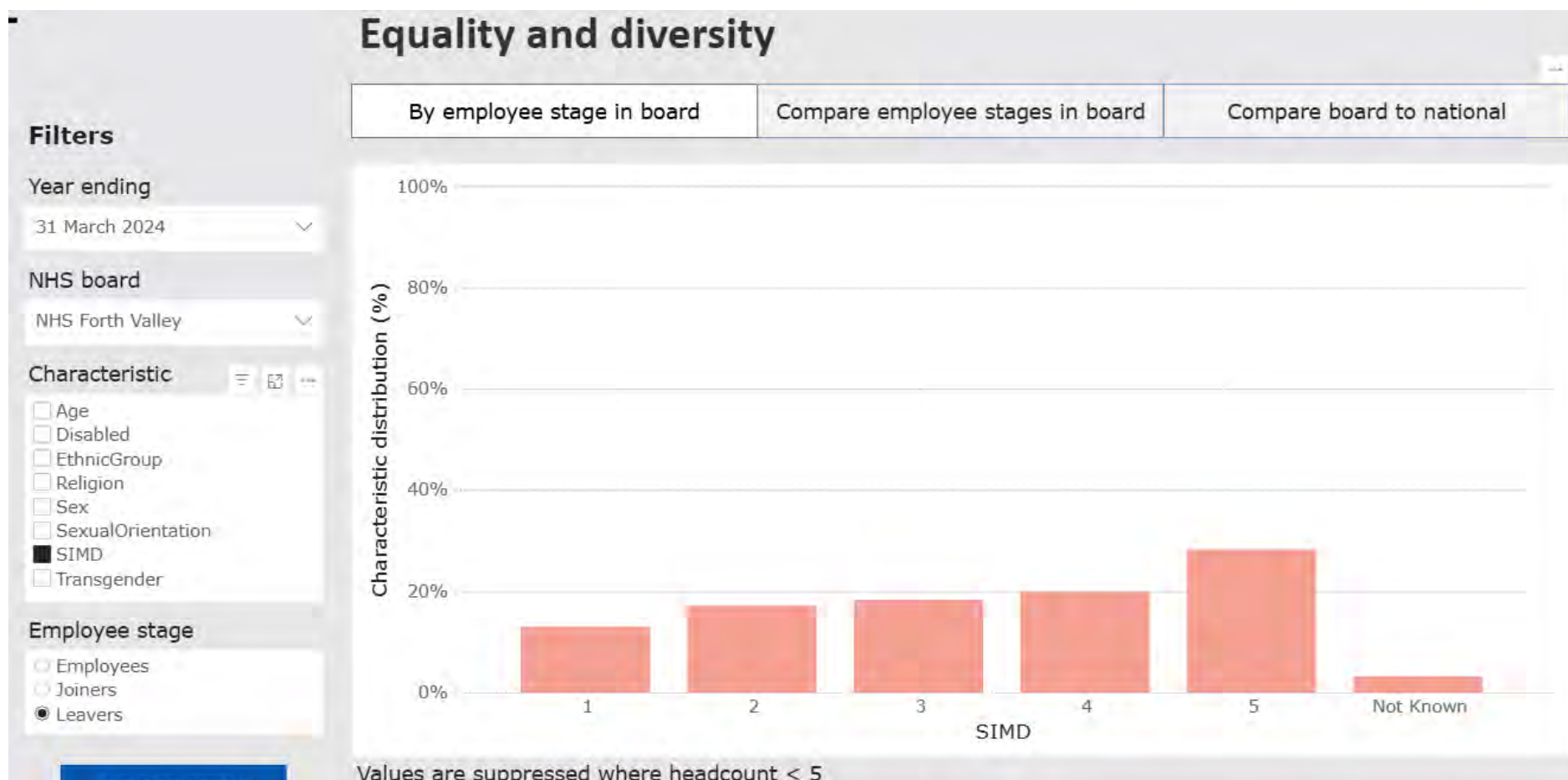- ☐ Sex
- ■ SexualOrientation
- ☐ SIMD
- ☐ Transgender

Employee stage

- ☐ Employees
- ☐ Joiners
- ● Leavers

CLEAR SELECTION

Values are suppressed where headcount < 5

Leavers Sexual Orientation

Equality and diversity

By employee stage in board	Compare employee stages in board	Compare board to national

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

- Age
- Disabled
- EthnicGroup
- Religion
- Sex
- SexualOrientation
- SIMD
- ■ Transgender

Employee stage

- Employees
- Joiners
- ● Leavers

Values are suppressed where headcount < 5

Leavers Transgender

Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending
31 March 2024

NHS board
NHS Forth Valley

Characteristic
- [ ] Age
- [ ] Disabled
- [ ] EthnicGroup
- [ ] Religion
- [ ] Sex
- [ ] SexualOrientation
- [x] SIMD
- [ ] Transgender

Employee stage
- ( ) Employees
- ( ) Joiners
- (•) Leavers

Values are suppressed where headcount < 5

Leavers SIMD

W14. What is the distribution of joiners by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to guidance note).

142

Equality and diversity

By employee stage in board	Compare employee stages in board	Compare board to national

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

- ■ Age
- ☐ Disabled
- ☐ EthnicGroup
- ☐ Religion
- ☐ Sex
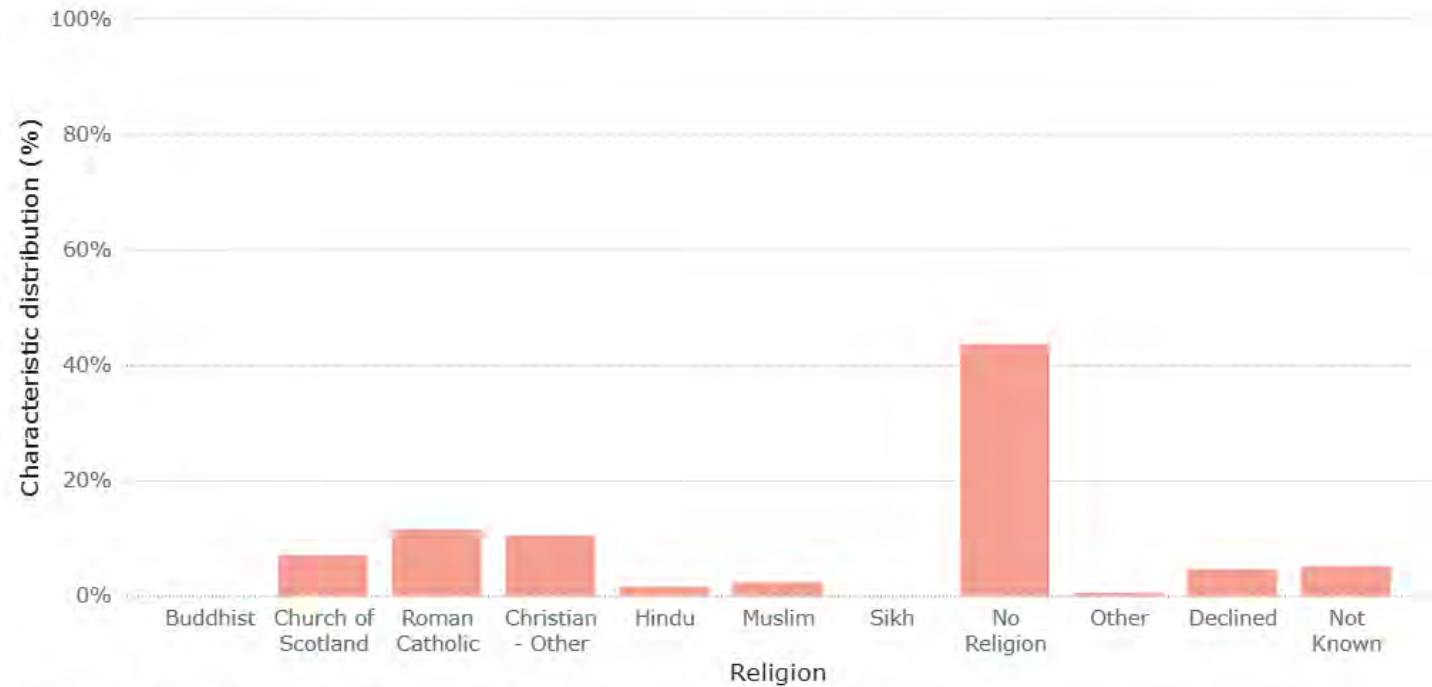- ☐ SexualOrientation
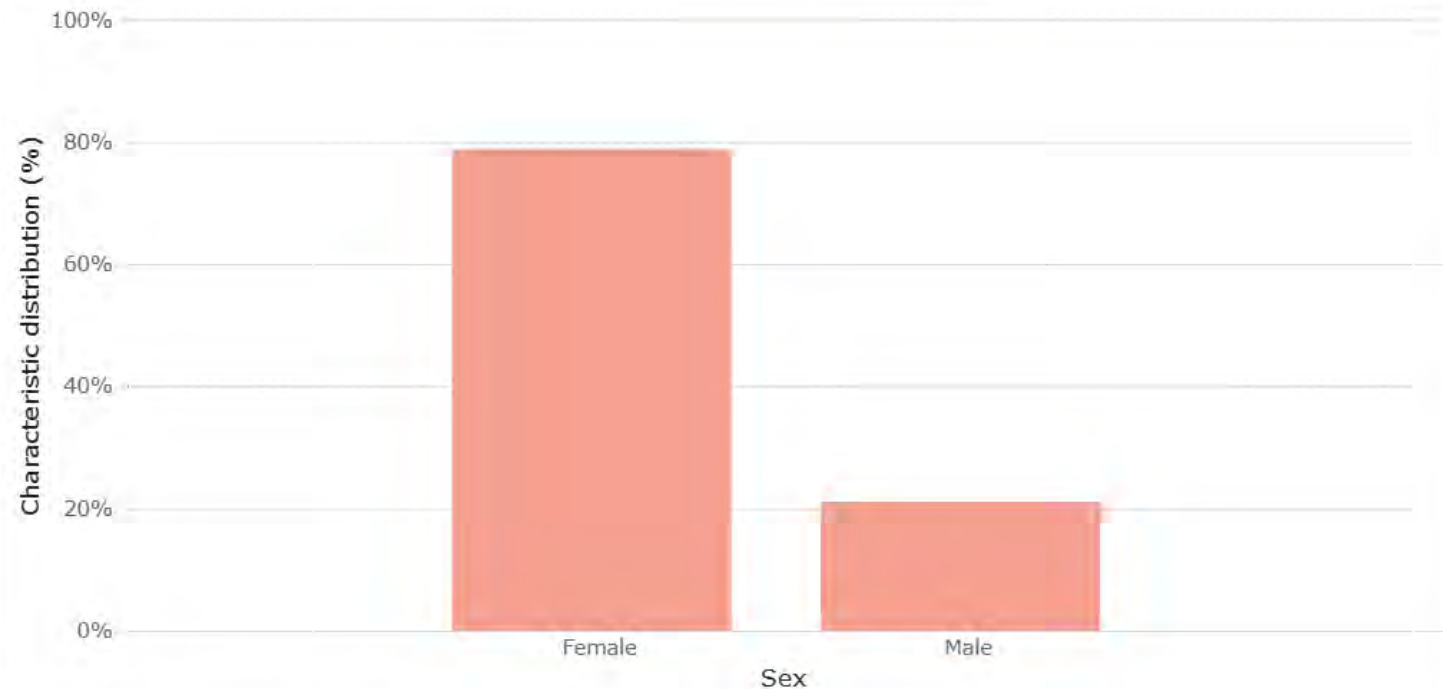- ☐ SIMD
- ☐ Transgender

Employee stage

- ○ Employees
- ● Joiners
- ☐ Leavers

CLEAR SELECTION

Values are suppressed where headcount < 5
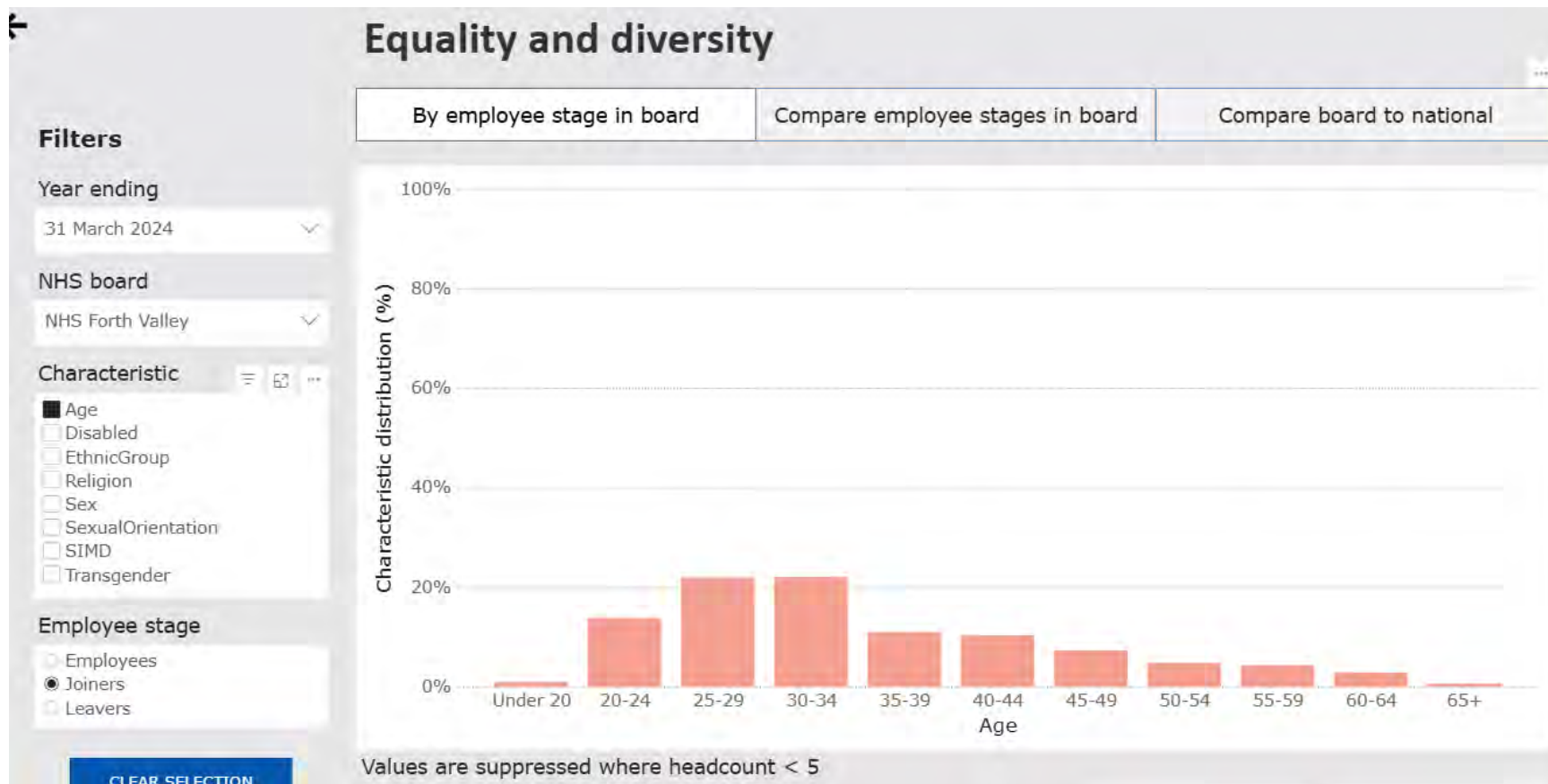
Joiners Age
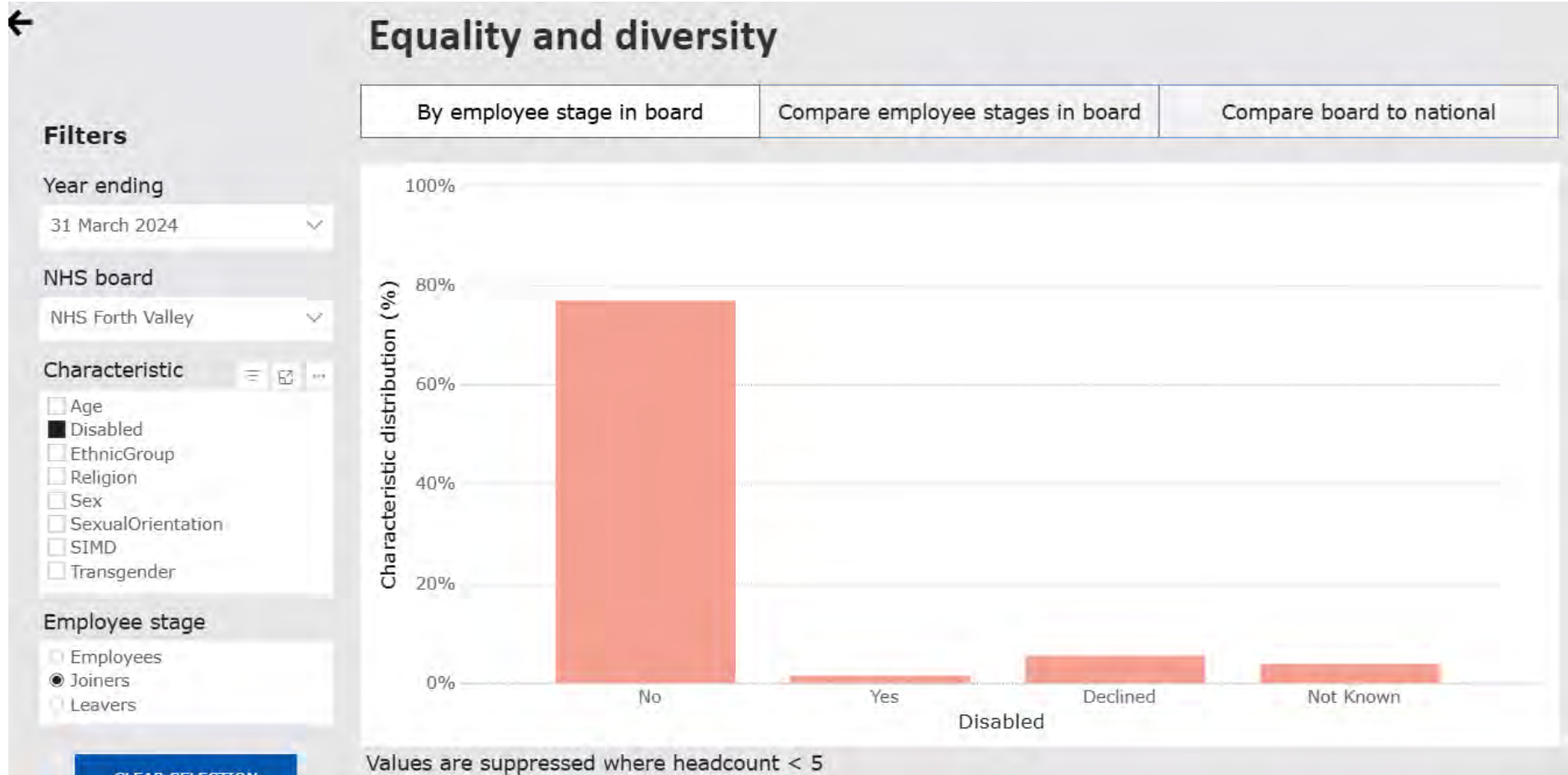
Joiners Disabilty
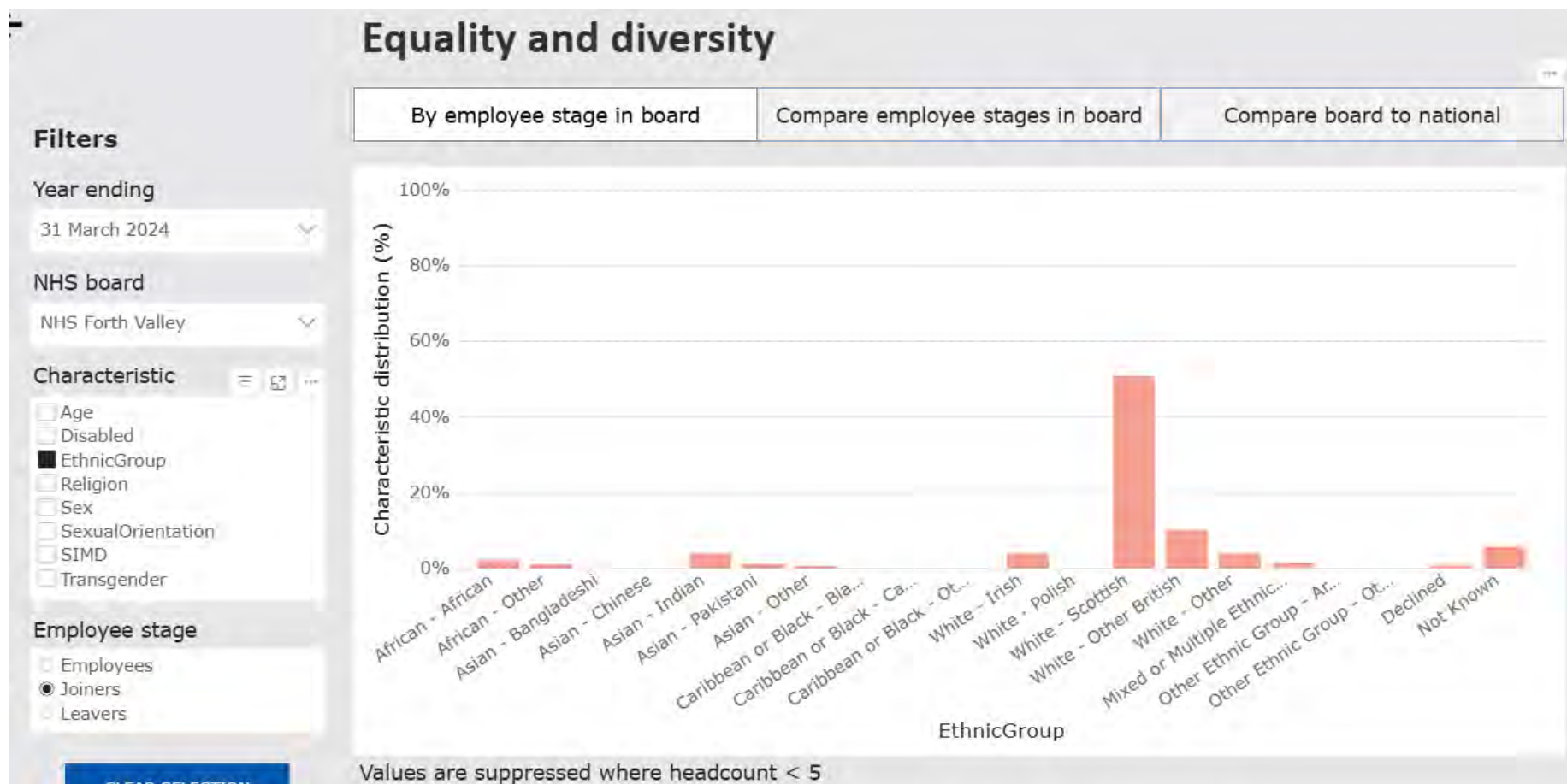
Joiners Ethnicity

Equality and diversity

| By employee stage in board | Compare employee stages in board | Compare board to national |

Filters

Year ending
31 March 2024

NHS board
NHS Forth Valley

Characteristic
- Age
- Disabled
- EthnicGroup
- ■ Religion
- Sex
- SexualOrientation
- SIMD
- Transgender

Employee stage
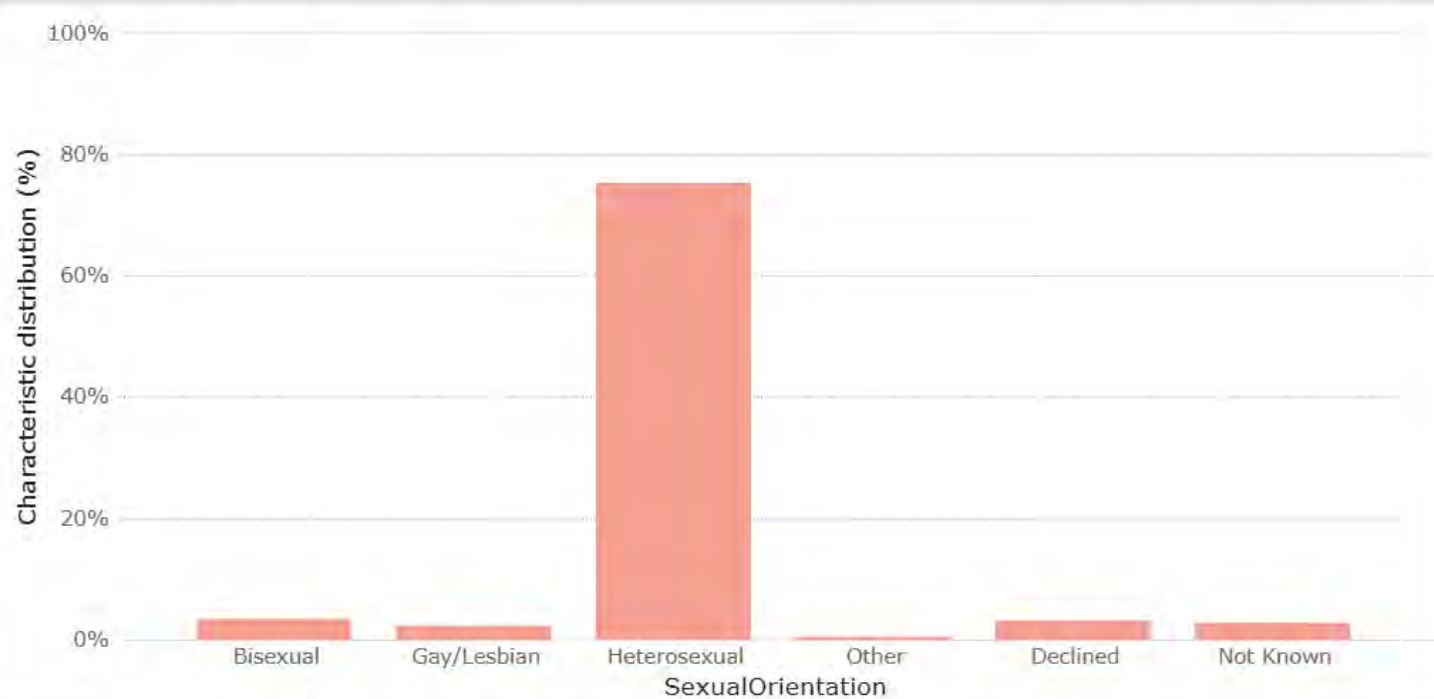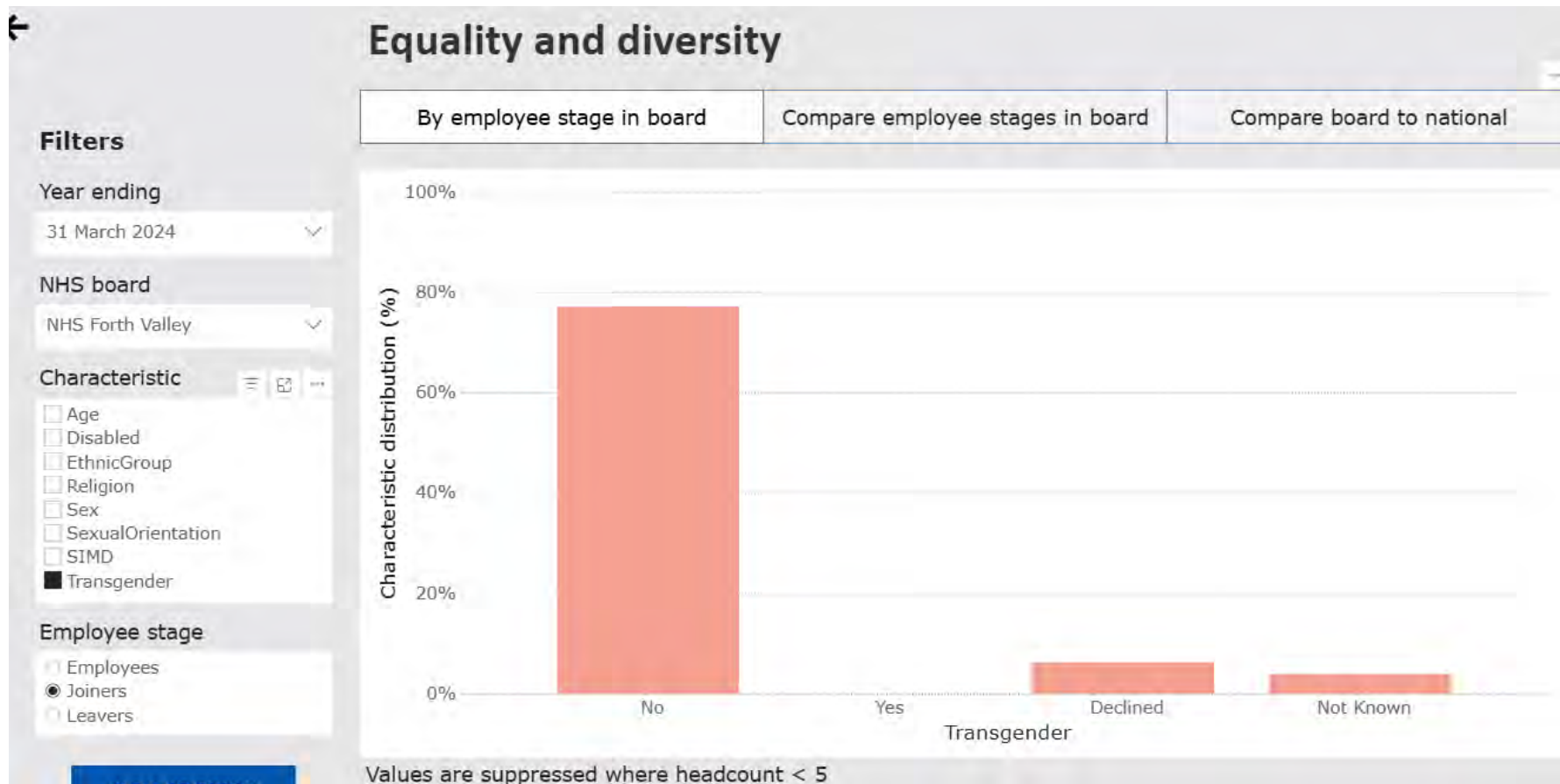- Employees
- ● Joiners
- Leavers

CLEAR SELECTION

Values are suppressed where headcount < 5

Joiners Religion

Joiners Gender

Joiners Sexual Orientation

Joiners Transgender
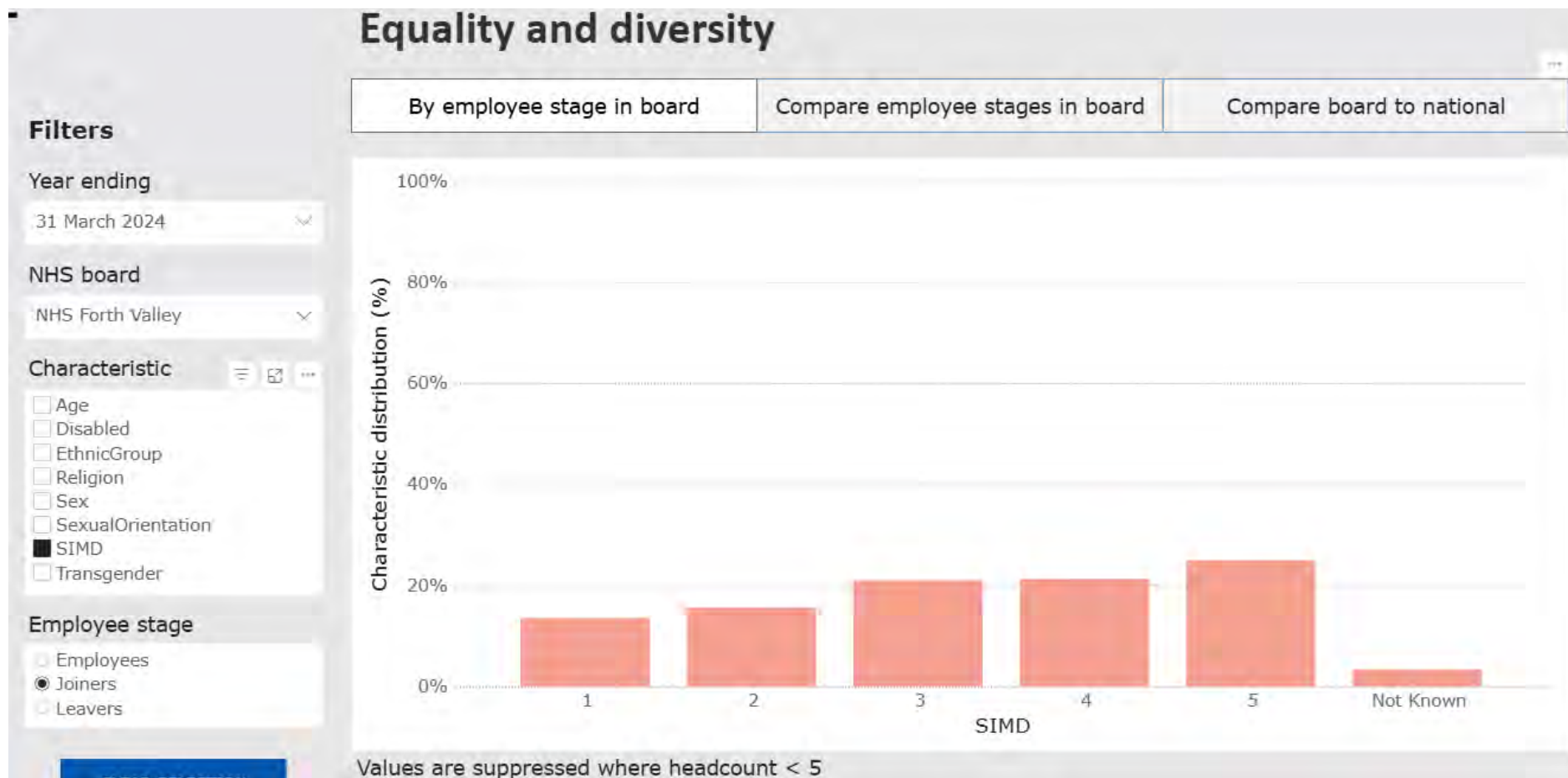
Joiners SIMD metrics

P1. What was your total spend on local businesses in the reporting year? (refer to guidance note)

£2,299,694 Spend on Local Businesses in NHS Forth Valley.

P2. What percentage of your overall spend was on local businesses in the reporting year? (refer to guidance note)

1.22%

P3. What was your total spend with SMEs in the reporting year? (refer to guidance note)

£45,541,499

P4. What percentage of your overall spend was with SMEs in the reporting year? (refer to guidance note)

24.16%

P5. What was your total spend on contracts with supported business in the reporting year? (refer to guidance note)

£171,318

P6. Do you systematically apply community benefit goals and scoring in competitively tendered contracts for:

(a) Regulated procurement

☒ Yes ☐ No

(b) Quick Quotes

☐ Yes ☒ No

(refer to guidance note)

P7. Do you have a mechanism in place to record the number and outcome of all community benefits in contracts? (refer to guidance note)

☒ Yes ☐ No

P8. What percentage of your newly awarded contracts were with suppliers that were Real Living Wage Accredited or committed to paying the Real Living Wage, for the reporting period?

45.4%

Land and Assets metrics

LA1. How many asset transfer requests have you received during the reporting year? (Please refer to guidance note)

1

LA2. How many asset transfers have been awarded during the reporting year? (Please refer to guidance note)

0

LA3. Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.

☒ Yes ☐ No
NB: The ability to prioritise expenditure with local suppliers is dependent on Procurement rules and regulations aligned to the value and nature of the expenditure.

LA4. Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.

☒ Yes ☐ No

LA5. Do you have a process in place for embedding anchor sustainability activities in:

(a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations)?

☒ Yes ☐ No

(b) existing sites (e.g. green space, café, bookable multipurpose spaces)?

☒ Yes ☐ No

(Please refer to guidance note)

LA6. Does your strategy for new building and estates development include provision for community use:

(a) now (e.g. green space, café, bookable multipurpose spaces)

☒ Yes ☐ No

(b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?

☐ Yes ☒ No

(Please refer to guidance note)

LA7. Do you have a process in place for engaging with the local community in planning the design and use of new developments?

☒ Yes ☐ No

LA8. Does engagement with the community on new developments include any of your Board's target populations and/or target organisations?

☒ Yes ☐ No

LA9. Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)? (Please refer to [guidance note](#))

☒ Yes ☐ No

LA10. Do you have a policy or strategy in place for local community use of existing land and buildings?

☐ Yes ☒ No

NB: At present, there is no formal policy or strategy, outwith the Climate Emergency & Sustainability Strategy which presents a developing picture, however, the activity does occur.

LA11. Do you have a process for local community to engage with the organisation to request use of existing sites?

☒ Yes ☐ No

LA12. Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?

☒ Yes ☐ No

LA13. Do you have a mechanism in place for community and partners to be notified of assets that are surplus/could be transferred?

☒ Yes ☐ No

LA14. Please list the current use of land and assets by community groups and activity type (including retail space).

The information is not currently held in one source, however, there are examples of greenspace utilisation by the community and Health Improvement colleagues and others work with a number of groups within our premises.

WORKFORCE PLAN
2025

What would you like to feedback to the Scottish Government with regards to the Workforce you plan for?

The most significant challenges facing the NHS Forth Valley in 2025/26 and beyond are financial and workforce. The impact of the workforce challenges are identified across many services in Forth Valley.   The ongoing difficulties in recruiting staff for certain specialities where there are national shortages and the need to prepare in areas with older workforce profile where we know staff are likely to retire in the next few years will require us think and work differently. Increasing demand for health and care services and a growing local population also poses many challenges across acute, community and primary care services. This, in turn, means we need staff to meet the healthcare needs of local communities across Forth Valley.

Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention in health and social care and building on collation and analysis of workforce data to better understand the future needs of our workforce. This work will provide us with the foundation to develop our workforce profile to align with our NHS Forth Valley Population Health & Care Strategy which will be approved later this year. From this we will develop our approach to workforce planning through our enabling People Strategy to effectively support delivery of our strategic ambition. We are keen to establish effective working which supports this transition and working collaboratively with Scottish Government and other strategic partners to create the conditions for change which will benefit our workforce in terms of their staff experience which will ultimately deliver the best health and care to our population.

1. Hard to fill posts

Hard to fill role	Is the difficulty in filling this location specific? (i.e. is it specific to the local area your plan covers or difficult because it is located in a rural setting?)	How long has this issue persisted?	How many roles within this job family are affected (WTE)?	What service is at risk as a result of this (if applicable)?	What have you done and what are you doing to address this issue?
Prison Pharmacy Technician	Specific to prison environment	4 adverts without appointment (1 year)	1 WTE (100%)	Prison pharmaceutical service (supply of medicines to patients and risks relating to medicines governance)	Changed the post to a training pre-registration pharmacy technician post.
Consultant in Public Health	National issue. Forth Valley is situation in a good a position locally and hybrid working is supported	Reported over the last 3-5 years	Currently no vacancies Had post advertised (temporary post) limited interest but might be due to it being temporary	Public Health	Last year a joint post was advertised with PHS which had some interest and a successful applicant appointed.
Band 5 Audiologist Poor pool of candidates/lack of candidates in past	No	Since the ceasing of the undergraduate BSc in Audiology in it has been difficult to have a cadre of newly qualified Audiologists	2.5 WTE	Audiology Band 5 role includes Adult assessment and rehabilitation, ENT	We took the risk to train 1.5 WTE Band 4 Associate Audiologists from our current staff, under Annexe 21, to

In the past taken on 2 WTE (at separate times) B4 Audiologists who had not completed their full BSc course/ portfolio/to registration and supported them with time and finance to progress to Band 5 - mixed success in past		to fill all the new vacancies in Scotland		diagnostics, supporting Paediatric audiology clinics. All hearing aid repair and maintenance	pay and support for them to complete the BSc top up qualification run from Anglia Ruskin University, progressing to Band 5 on completion, they are ¾ of the way through their study and should be fully qualified B5 staff by early Summer 25 We also reconfigured a B7 vacancy to create another B5 post for our pre-registration/post graduate Audiology student so they could be kept on at graduation.
Consultant in Adult Psychiatry	National issue	Ongoing	1	Adult Psychiatry	
Consultant in Ageing & Health	National issue	New issue in last 6 months	1	Ageing & Health	
Prison Nurses	NHS has 3 prisons therefore specific to area	Ongoing		Prison Healthcare	Targeted recruitment campaign, including open days.

Further Information

Pharmacy

Female staff account for 80-85% of the whole system Pharmacy workforce. This brings significant workforce pressures particularly for Maternity leave, where posts are not backfilled as it is difficult to recruit to fixed term posts. At present within Primary Care, specifically the Pharmacotherapy service, 30% of the Pharmacy Technician workforce is on Maternity Leave.

Despite most posts being filled at present, turnover remains high with Band 6 and Band 7 Pharmacists (often postholders remain in posts between 1-2 years then move on). In the Pharmacotherapy Service, we are seeing one resignation every 6-8 weeks. Significant work is already underway to retain staff (see Section 4 below)

Career pathways for Pharmacists and Pharmacy Technicians are being reviewed to ensure foundation to advanced practice is supported and will be applied in time specifically to job descriptions

AHP
Occupational Therapy, Physiotherapy, Dietetics and Speech & Language Therapy roles are often funded for small amounts of WTE which causes recruitment and workforce challenges. No matter how small the post is it still requires the same leadership support and non pay costs such as uniform and training. Years of funding of WTE<0.4 WTE in clinical posts with no matched funding for leadership support or non pays has resulted in poor leadership capacity.

Also non recurring funding is now extremely difficult to recruit to as there is little give in services to support secondments and there is an workforce challenge around fixed term contracts.

Post Covid our newly qualified practitioners required extra support to be able to work competently as a registered practitioner. We are now noting improvement on this issue. However it means that we may start to see a lag emerging in recruiting Band 6 staff who have the competencies to work at that level as the Covid graduates move through their career.

Many staff are now requesting reduced hours through flexible working and for the professions with smaller WTEs with highly specialised roles this is a challenge to support. For example a reduction to 0.8 WTE 4 day week, which is often requested, leaves us with a gap of 0.2 WTE that we cannot recruit to and a reduction to a 4 day week in a highly specialised area which carries clinical and organisational risks.

We have learned a lot from our experience with international candidates. The diversity this has brought has had huge advantages however there are at times ensuring that competency levels of some of the AHP candidates are equivalent to our needs with the Scottish system and this has been fed-back to the SDAHP group and HCPC.

2. Please outline how you are managing vacancies and your plans on how to fill them?

Since September 2024 NHS Forth Valley has had a vacancy control panel in place where Executive approval is sought prior to any post being advertised. Workforce Governance groups are in place for Nursing & Midwifery, Allied Health Professions (AHP) and Medical & Dental staff, chaired by the respective Directors. Hard to fill medical posts are being identified through the Medical Workforce Group and solutions are being considered, the group chaired by the Medical Director looks at how hard to fill posts have been filled e.g. bank/agency and how costs can be reduced.

The Board has a Nursing & Midwifery Recruitment and Retention Programme Board from where all planned recruitment for these staff is co-ordinated - this includes Healthcare Support Worker recruitment (HCSW), Academy recruitment to Band 3 HCSW roles and generic Graduate Nursing recruitment. A specific post exists to manage the generic recruitment process and plan programmes of future recruitment. This also involves attending local job fairs promoting our Anchor goals and linking with local colleges and Universities on future workforce opportunities. In 2024/25 we also introduced a summer development programme to keep our new recruits engaged with the Board prior to commencing their official graduate posts.

NHS Forth Valley over-recruited newly graduate nurses in 2024/25 which allowed, in part, a 100% reduction in Agency Nursing use by November. There is a further programme in place to reduce the overall Nursing supplementary staffing spend by spring of 2025 by 50%

Our recently established Medical Workforce Oversight Group chaired by our Medical Director is working in partnership with a range of senior stakeholders and staff side colleagues to direct work to assess the strategic medical workforce needs. Its work will involve review of our current establishment with initial focus on managing some of our higher costs supplementary staffing needs, and plan for sustainable staffing arrangements across services. This will inform our strategic recruitment plans to ensure hard to fill vacancies are addressed and in the longer term will build our foundation for strategic transformational change.

With the support of the Scottish Government, the Board has been successful in recruiting international staff within the Nursing & Midwifery, AHP and Medical & Dental Job Families. Further considerations are underway around the option for International recruitment in 2025/26.

3. Please provide detail on the sickness absence rate of the workforce

During the calendar year 2024, the absence rate of NHS Forth Valley's staff working within directly managed (Non-HSCP) services based on local data sourced from eESS (based on hours lost and available) was 7.26%.

NHS Forth Valley Directly Managed Services Sickness Absence 2024
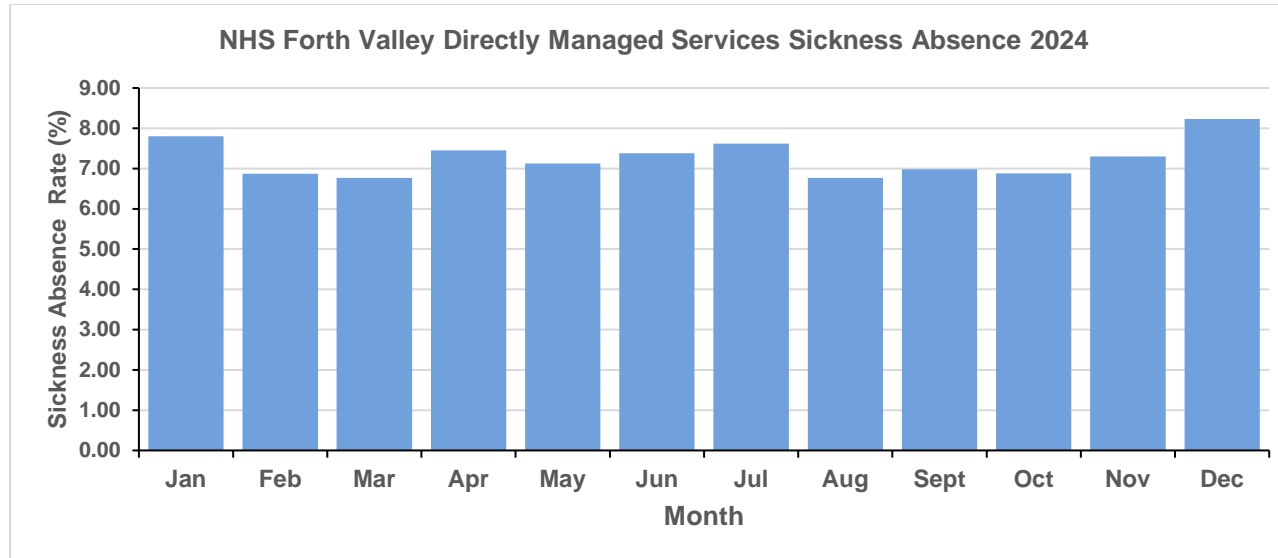
Despite seasonal fluctuations in respiratory and gastrointestinal type illnesses, 'Anxiety/Stress/Depression/Other Psychiatric Illnesses' is consistently the top reason for sickness absence accounting for approximately 30% of all recorded absences each year. Similarly, absence rates are consistently highest in Unregistered Nurses, Support Services and Registered Nurses & Midwives.

Attendance Management
Several actions are being progressed in all areas (both clinical and non-clinical) through the NHS Forth Valley Management Oversight Group. Some of the key actions being progressed across the organisation and monitored through this group include: -
- **Return to Work** management
- **Scheme of Delegation** (Dismissal training for all dismissing managers)
- **Absence Audits**
- **NHS Scotland Attendance Policy Training**
- Discussion as a standing agenda item of all **hot spot areas** as identified in the Workforce Performance Reports

- the establishment of a **Health and Wellbeing Toolkit**
- **Able Futures** delivers the Access to Work Mental Health Support Service on behalf of the department of Work and Pensions.   The Group are in discussion with Able Futures to roll-out in NHS Forth Valley.

In addition, Directorates and Health & Social Care Partnerships (HSCPs) receive monthly Workforce Performance Reports which highlight attendance hotspot areas, areas of good practice, long term and short-term absence rates etc.   Performance is also monitored via a performance management system (Pentana) which provides up to date information on attendance within each Directorate/HSCP and can be drilled down to ward/department level. Managers are being encouraged to use the action plan facility within the portal.

Staff Health and Wellbeing
This continued focus on staff wellbeing aims to build a positive work environment, where staff feel supported and valued, which in turn leads to better patient outcomes. By prioritising the health and wellbeing needs of our colleagues, we will ensure a sustainable workforce that can meet the healthcare needs of our local communities within the changing landscape of health and social care, and the challenges this brings.

Equality, Inclusion and Wellbeing Service delivers general awareness presentations across the organisation, in addition to bespoke sessions to meet team/area needs.

Staff Support and Wellbeing Programme Group will be instrumental in the design and development of Our Workforce Wellbeing Plan 2025-2029

NHS Charities Together Funding
NHS Forth Valley was grateful to receive an NHS Charities Together award for a Staff Wellbeing Fund. Following a robust application and review process 13 applicants were offered funding, 5 were referred for discussion with other colleagues as it was felt there was an organisational legal requirement under health and safety to support, rather than make use of Endowments and the rest who were unsuccessful were offered the opportunity to discuss feedback with a member of the team and explore internal offers of support as an alternative.

There is funding to allow for a second run of applications or alternative approach to utilise funding which the Wellbeing Group will consider.

Staff Networks Update
Staff Networks are all about people, they are about progressive change and supporting the employee journey, inspiring a feeling of belonging and encouraging the employee voice. Within NHS Forth Valley, we continue to expand upon our range of Staff Networks/Groups and now have the following established:

- Ethnic Minority Network.
- LGBT+ Network
- Menopause and Menstruation Group

- Disability including Neurodiversity
- Carers including Care Experienced

All of our Networks/Groups are open to all, whether an individual identifies as belonging to the community in question or wishes to join as an ally. The Equality, Inclusion and Wellbeing Service provide facilitation and co-ordination support, however each Network/Group is owned and shaped by its members to ensure it meets need. The Networks/Groups will work closely with not just the Equality, Inclusion and Wellbeing Service, but wider workstreams such as the Culture Change and Compassionate Leadership Programme, to help inform and influence positive change.

Strategic Links
There continues to be more and more workstreams and projects across the organisation that link to staff support and wellbeing, again reinforcing the need for it to be a priority. Strategically, the main links at present include:

- Culture Change and Compassionate Leadership Programme
- Attendance Management Oversight Group
- HR Workstreams
- Board Development Plan

Feedback and Themes
We continually seek feedback from staff around our wellbeing 1:1s, awareness sessions, bespoke sessions and events to ensure we can tweak and improve based upon experience. In addition to financial wellbeing, mental health and relationships at work are also some of the main requests for support. In terms of the barriers to wellbeing, the top reasons continue to be workload, pressures and time commitment.

4. What are you doing in terms of role diversification and role reform to meet supply challenges?

As noted above, our delivery of role diversification and reform will be driven by the needs of our Population Health & Care Strategy. We will be looking at opportunities to innovate and drive different working by engaging in partnership with staff to deliver changes which will evolve our approach to service delivery. As we develop these plans, we will be building on our current areas of change as outlined below the examples below.

Scottish Centre for Simulation and Clinical Human Factors:
The Simulation Centre is being used to help school students consider jobs in social care, opening up career pathways some students would not have thought of. When people think of health care it is only ever Doctors or Nurses who are referred to, but in reality these professionals cannot deliver in their roles without a myriad of other staff groups, this needs to be clearer.

Pharmacy:
Solutions and mitigations to workforce challenges:
- Acute Band 6 Pharmacists implemented a 9 day fortnight
- Whole system focus on recruitment and retention
- Hybrid working to support (where appropriate) Pharmacists and Technicians working from home and from the service base
- Skill mixed for previously difficult to fill posts e.g. changed the Prison Pharmacy Technician to a training post; more specific Band 7 jobs linked to a specialty in the Pharmacy Acute Service and introduced a wider rotation/experience for Pharmacy Technicians
- Split portfolio posts to retain Pharmacy staff where appropriate and desired
- Focus on PDP and support for post graduate development and training to achieve advanced practice
- Careers fair to attract people into Pharmacy support worker roles and Pre registration Pharmacy Technician roles
- Developing a whole system Pharmacy recruitment pack
- Induction for all new members of staff to meet and say hello to the Pharmacy Leadership Team (new since Summer 2024) - positive feedback received from new members of staff
- Supportive approach where possible has been adopted for flexible working requests from staff
- Close working relationship between Pharmacy Management and Staff Side
- Where possible, secondments are being considered favourably where there is a development need.

Public Health Medicine

Traditionally only qualified doctors could be Consultants in Public Health. There is now an increase in applicants as the criteria have changed as well as the overall intake numbers increasing.

Surgical Care Practitioners (SCPs)

We are leading the way in the training of Surgical Care Practitioners and how we deploy them.

We are using them to deliver additional minor procedure surgery in Skin/Plastics, Urology and Orthopaedics. Our qualified practitioners run their own lists which releases consultants to deliver more complex cases.

We are the first Health Board in Scotland to recruit non-nursing professionals into these roles. Most recently we have recruited Operating Department Practitioners into SCP Trainee posts. This reduces the pull of nurses from senior clinical nursing roles. Training is progressing well and is proving to be successful with a wider base skillset to pull from.

Extended Scope Practitioners (ESPs)

We are recruiting into ESP posts from various AHP backgrounds. These posts support new patient activity through stand alone clinics and Active Clinical Referral Triage (ACRT) to reduce demand into Consultant led clinics. This is very successful in Orthopaedics, Rheumatology and Pain.

Management Succession Planning

We found the recruitment of appropriately trained managers with waiting times management knowledge and experience very difficult. We, therefore, developed a Deputy Operations Manager role to 'grow our own.' This is proving very successful and is providing career progression opportunities within planned care management which were not previously available. We have supported this with an in-house training programme and mentorship from the senior team.

Microbiology

There are none currently locally, however, nationally Microbiology is looking at Advanced Practice for Biomedical Science staff. This is already in evidence in Pathology in Specimen Dissection but needs national standardisation in other disciplines e.g. to decide on applicable areas and training standards standardise competencies (in line with ISO;15189 (2022)

We do use Associate Practitioner grades (Band 4) for some historic Biomedical Sciences roles, but this is all within Scope of Practice (HCPC and IBMS). These have been in evidence in Forth Valley for a number of years and are now adopted in most labs.

Audiology

Audiology has 2 routes to qualification in Scotland currently;

1. Hearing aid diploma - 2-year course for Band 4 associate level, self-funded
2. Pre-registration post Graduate PGDip in Audiology, requires those with a science degree to self-fund an 18-month post graduate to Band 5 Audiologist

The Hearing Aid Diploma is based at Queen Margaret University (QMU) and is mainly used by the private market to train high street Audiologists. This was created to bridge a gap stopping the undergraduate program left, by developing a cadre of Associate Audiologists who could do some of the more straightforward assessments/diagnostics and to fill the Band 5 gap that was being created. We have had 2 staff complete this course and a further one was recruited from another Board. This qualification stops at Band 4 and is a glass ceiling to staff wishing to progress to Band 5 and beyond. These staff undertake basic tests for over 60 years, basic standard hearing aid fitting, hearing aid maintenance and basic ENT assessment. We are upskilling 1.5 of these posts through an English BSc course to Band 5 level, this will develop their skills to allow further progression to Band 6 staff in the future.

The Pre-registration post Graduate PGDip in Audiology is an 18-month course that students must self-fund at a significant cost. Placement of the student in clinic with an agreed University site is required and we have trained QMU students long term. During their time here we registered them with the Bank staff to allow them to take on paid shifts as a Band 2 Audiologist and then 3 and 4 based on the progression of their studies. This helped them fund the course and we ultimately kept them as noted earlier by using a vacant post.

Role Diversification
Band 3 & 4 Audiologists - we have assistant staff who support the team of qualified staff, some of whom have professional training or diplomas and others with the HE Diploma in dispensing. This allows us to free up qualified staff for more complex work. These posts are historical in Healthcare Science. We recently developed 1.6 WTE Band 2 posts to Band 3 with in house training to take on additional work above the administrative roles they had which created better job satisfaction and a better understanding in the science.

ENT Consultant shortage solutions
Band 6 Paediatric Audiologist - triages all ear related conditions with under 12 children for ENT, taking a proactive role and offering families choice over surgery without need for ENT involvement.

Band 6 Audiologists - now able to order MRI for Asymmetric SN loss and or unilateral tinnitus, a role that has saved around 300 ENT appointments per year.

Band 7 Advance Practice -Triaging all ears referred from Primary Care since June 2023, saving around 400 ENT appointments a year.
Note Audiology never received any additional funding for any of these pathways.

Urgent Care

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Convert Consultant to nursing roles however as above, it is hard to recruit fully trained ANPs so there is a need to train in the role which impacts on the ability to support the service fully in the first 1-2yrs in post.

Diagnostic scanning
NHS Forth Valley continues to reduce waiting times in a number of key areas, with waiting times for diagnostic scans and urology treatment dropping by 22% between April 2024 and September 2024.

Additional national and local investment, along with the ongoing development of innovative advanced clinical roles within local nursing and radiology teams, are significantly improving patient care, increasing capacity, and reducing waiting times for local patients. These new roles, including Advanced Nurse Practitioners (ANPs) and Advanced Radiology Practitioners, have played a key role in meeting the growing demand for healthcare services across the region.

In the field of radiology, NHS Forth Valley has seen significant improvements through the work of Advanced Radiology Practitioners who are skilled in reading mammograms and performing diagnostic ultrasounds, helping to ensure a sustainable and efficient radiology service for local patients.

As well as reducing waiting times in urology and diagnostic services, the introduction of Advanced Nurse Practitioners has also been particularly beneficial for patients referred with suspected breast cancer. ANPs now run a variety of clinics that allow patients to receive their outpatient consultation, mammography, ultrasound scanning, and biopsy (if needed) in a single visit. This streamlined approach has contributed to consistently short waiting times for both breast cancer and surgical skin cancer services, improving both efficiency and patient experience.

In a further effort to meet rising demand, NHS Forth Valley will soon introduce a third CT scanner, which will increase capacity by 6,500 scans per year and reduce the need for patients to travel to other sites for imaging services.

These advances have already led to significant improvements in patient waiting times. Over the past 10 months, NHS Forth Valley has successfully reduced waiting lists for CT and Ultrasound scans by 6,000 patients, with current waiting times now under 12 weeks – a dramatic decrease from over 52 weeks. Additionally, over the past two years, the Breast team and the National Treatment Centre MRI scanner have supported nearly every territorial Health Board in Scotland, helping to reduce scan waits across the country.

These efforts align with NHS Scotland's broader goal of achieving a turnaround time of less than six weeks for all imaging tests, ensuring patients receive the timely care they need.

5. How are you using technology/IT to improve performance?

Digital is a key enabler for our strategic vision. We continue to deliver our strategic digital aims to build our capacity and capability for change. We initiated a programme of work 'Work Smart Forth Valley' to evolve ways of working which will enable the best use of our resources and support our financial sustainability agenda. Initial phases of work have released savings within our corporate areas and will be the blueprint for further change as we complete lessons learned to establish the scope for expansion of new ways of working.

Other current areas of focus in terms of improving performance are noted below.

eRostering
eRostering and Safe Care are in place across the nursing teams enabling live analysis of staffing data enabling real time information on staffing levels and these will be fully introduced across AHP and Medical teams in 2025.

National Business Transformation Project
A National project is underway to consider a modern business system which will support HR, payroll, finance and procurement and will make NHS Scotland a better place to work for all 160,000 staff, our suppliers and partners creating a more intuitive user experience, providing them with better access to the information they need to do their jobs, creating more resilience, efficiency and improving our service for the people of Scotland.

This project has been established to capture the current system usage with a view to procure a Once for Scotland system to address the needs for the future.

At the moment, NHS Forth Valley is contributing to the Build work stream via the Organisational Development Team and this group has now been established.

Pharmacy
- AI being used (ChatGPT) being utilised following support from the Information governance team to update SOPs, guidance to reduce workload
- A new robot installed for the pharmacy acute team (stores, dispensing and supply of medicines)
- CD2safe being installed which has improved work efficiency and medicine governance around supply of controlled drugs.
- PHEW tool implemented (PHarmacy Early Warning tool) to identify at risk/priority patients for Clinical Pharmacist review
- CD medicines governance tool being utilised across acute wards (RAG status tool) to support quality improvement and assurance in relation to the legislation regarding the staff and secure handling of controlled drugs
- Database has been developed to ensure an appropriate level of controlled drugs are supplied to acute wards, therefore reducing waste and risks

- Pyxis scanners being scoped out for using in pharmacy stores, resulting in time saved for other pharmaceutical activities
- Rxinfo (and exend+) is being routinely used to identify, track and monitor acute prescribing efficiencies.

Innovation
AI Proof of Concept for Complaints Resolution – Forth Valley Patients Relations

We have developed a proof of concept AI solution to support the Forth Valley Patients Relations Department in handling complaints more efficiently. This initiative aims to reduce administrative burdens, improve response times, and enhance both patient and staff experiences.

Key benefits include:
- Increased efficiency – Faster complaint resolution through automation.
- Reduced staff burnout – Less manual workload, improving staff wellbeing and retention.
- Enhanced departmental capacity – More time for complex cases and patient engagement.
- Data-driven improvements – Insights to refine processes and enhance service quality.

By integrating AI, we aim to optimise resources without additional staffing, ensuring better outcomes for both patients and staff.

Micrographically Oriented Histographic Surgery
We set up a Micrographically Oriented Histographic service for skin cancer in 2024 which provides pathology support during surgery. This reduces the amount of tissue needing to be removed by testing thin slices of skin samples until all cancerous cells are removed.

Digital Dermatology
Digital Dermatology is currently being rolled out which provides GPs with the facility to take high quality photographs of skin lesions which are transferred with referrals to Dermatology. This allows appropriate Active Clinical Referral Triage. This will help to reduce demand and ensure patients are on the most appropriate pathway for their condition.

INFIX theatre scheduling system.
We are currently implementing INFIX which will help to maximise theatre lists and improve theatre efficiency. Three services are currently embedding the system which will be rolled out to the remaining services by end of March 2025.

Endoscopy Information System
We are participating in the national Endoscopy Information System roll out which will hopefully start in early April 2025. This will allow digital imaging during endoscopy and improve reporting and sharing of images.

Blood Sciences
IT/technology is heavily used to improve workflow (track), discipline integration and demand management, although the latter could be improved upon, hopefully with new LIMS/order comms.

Microbiology
Point of Care services- near patient testing. Rapid testing/ reduces turnaround time to report. This is used e.g. in ED for patient placement and patient flow and in Infection Control & Patient Placement

Molecular services make best use of Covid legacy equipment to provide winter virus testing. These analysers need to be fully utilised, e.g. other virus testing that can be repatriated, not sent to Reference facilities, at cost (i.e. repatriate testing).
These initiatives required strategic and long-term thinking and support for local business cases.

Audiology
We have struggled getting support for innovation regarding technology. We have asked for help to develop remote hearing aid repairs, where we can remotely log in to a hearing aid at home and make adjustments, attempts in the past to set this up with IG and IT failed. The only Board in Scotland where this managed to be set up was Orkney. This would avoid patients having to attend in person. We have implemented patient focused booking and Patient Initiated Return and have evidence our DNA rates for both adult and paediatrics are at an all-time low.

Staff wellbeing and developing our own staff means we have good retention of staff and staff sickness is low.

We have over 20 volunteers who support our service and man our daily drop-in clinics for hearing aid repairs, this has grown over the years and assists patient with basic hearing aid repairs and servicing. We introduced an online portal for patients to order sundries for their hearing aids.

Integration with our patient management system into EDMS means we have some automatic transferring of patient data however we are not integrated to Trak which, if possible, would reduce need for manual waiting list management in Audiology.

A business plan to move entirely to rechargeable hearing aids (no need for batteries) has long been submitted but due to start-up costs (we would not see a cost reduction in at least 10 years) from the reduction to hearing aid battery costs would not be approved on a year-on-year budget, this would decrease need to use aftercare for battery collections

Unfortunately, Audiology is in the ageing population game and even with innovation will require a larger workforce.

More details regarding Audiology in Scotland can be found within the Independent Audiology Review and the Healthcare Science strategy regarding roles and education.

6.   What is being done to retain current workforce and attract staff into the workforce you plan for?

Existing staff have annual reviews and Personal Development Plan discussions with their Managers to identify relevant development needs and agree how these will be met. A range of training courses (including mandatory training requirements) are available online and, in some instances, in person.

Protected Learning Time
A series of workshops have been scheduled to take place over the coming months to support managers understand what the directive means for all staff and Managers and how this can be embedded successfully and there are now 3 work streams established to review key areas identified within the directive including systems & recording to ensure a consistent approach across Boards in Scotland.

Talent Management and Succession Planning Framework
Effective career conversations and signposting staff to appropriate support is available via the Learning Zone and advice and guidance is available from Organisational Development. Areas of support include:

- Step into my Shoes – Programme Activity
- Leading to Change (Formerly known as Project Lift)
- National Succession Planning Work

Developing Leadership and Management Capability and Capacity
- **Leadership Development** – Level 1 and Level 2 Leadership Programmes are run locally. Level 1 is in relation to Exploring Leadership and Level 2 is in relation to moving into Leadership and Management.
- **West of Scotland Adaptive Leadership Programme** is a cross-Board collaboration between NHS Forth Valley, Ayrshire & Arran, Golden Jubilee, Dumfries & Galloway, and the State Hospital to support the development of essential leadership skills.
- **Cross Board Mentoring pilot** involves collaboration between NHS GGC, Lanarkshire and Golden Jubilee designed to give those considering their career aspiration and opportunity to match with someone who is already in the role they aspire to or has experience of the role the individual seeks to move into.
- **Coaching** opportunities are available internally, conversation is taking place across the West of Scotland to discuss a regional approach to Supervision and CPD and the Board also have access to a national bank of Coaches for Executives and Senior Managers via NES

Anchor Commitments
Work is continuing in areas aligned to the Widening Access to Employment, Workforce Strategy and plans as well as links to national strategy such as Developing the Young Workforce, the Young Persons Guarantee and other Scottish Government employability related strategies and delivery plans.

In addition, the Employability Service is continuing to develop programmes and pathways locally to residents of the Forth Valley Board Area, and in particular to SIMD 20 areas and the priority groups identified by our Local Employability Partners (LEP)

Employability Model for Recruitment
Future consideration will be given to adopting an Employability Model in partnership with the DWP and our Local Employability Partners (LEP) to recruit to Band 2 entry level positions and Band 3 for conversion to Band 3 training roles individuals from LEP priority areas.

This would create opportunities for local people by expanding the Academy Model beyond HCSW roles or recruiting from location specific application pools or referrals for interview programmes (ring fencing posts and recruiting clients of LEP and the DWP).

Community Outreach
Sessions were delivered to support Job Centre Plus staff in promoting the opportunities and benefits of working in NHS Forth Valley to their clients, particularly those from priority groups.

An initial scoping meeting with Forth Valley Welcome (Refugees) took place with a view to delivering sessions on Application Support and Interview support to their clients.

Planning for a third NHS and Partners Jobs Fair is underway with the aim of delivering this event in spring 2025

Funded Work Experience Programmes (LEP/Scot Gov Funded)
A total of 24 funded work experience placements were filled, supporting priority groups from our Partners in Falkirk and Clackmannanshire into paid work experience and it is hoped to offer new opportunities with matching and assignments completed by the end of June. It would be desirable to use this funding stream, where possible, to create training and work experience opportunities in our local community hospitals that would support parents and others with limits on their working hours to gain the training, experience, and qualification to enable to them to be competitive applicants for employment locally.

Training for Work Programmes
8 candidates completed the September HCSW Academy Programme and, of those 7, have already transitioned into permanent roles (Trainee Band 3 with support to move to full Band 3).

Although a success, this model of Training for Work is dependent on vacancies and the availability of a suitable space to deliver training, and there is currently no capacity to run further HCSW Employability Academy Programmes before the end of summer 2025

Modern Apprenticeships (Vacancy Dependent)
As part of our Anchor and Developing the Young Work Force commitments and as part of the NHSFV University and College Partnership, we recruited 8 Modern Apprentice (MA) Healthcare Support Workers who joined our Nursing teams in October 2024 and there is an aspiration to offer a minimum of 15 apprenticeships per year.

It would be desirable for a firm commitment be made to an intake of apprentices within healthcare and other services to be made in time for promotion during Modern Apprentice Week 3rd to 7th March 2025, with a view to Apprentices starting in post from June (framework dependent) and HCSW Apprentices from September 2025 (training venue dependent).

NHS Forth Valley University and College Partnership
SVQ Level 7 – Healthcare Support Workers (Clinical Framework)
In addition to our 8 MA appointees, 6 NHS Forth Valley staff will complete the SCQF Level 7 Healthcare Support Worker (Clinical Framework) starting in February 2025 with 4 more (who were recruited via the HCSW Academy programme) who will commence their SVQ in August 2025. The offering to support AHP Staff under this framework has been discussed and options for staff to undertake this framework are being explored. Discussions are currently underway to look at offering the framework to staff within Mental Health, Learning Disabilities and Community Nursing teams for college to commence programme February 2026.

We would anticipate that NHS Forth Valley could offer to staff undertaking the SVQ Level 7 qualification in 2 intakes – February for Nursing and Midwifery Support Workers (16 Places as per current offering to support MA and Staff) and August for Support Workers in AHP Services (numbers to be agreed)

Industry Placements
The employability service is continuing to develop a placement offering to Forth Valley College (FVC) offering placements/work experience to FVC Students related to their course work. This programme will be piloted as an addition to the Career Mentor Programme, supporting students who have participated in the mentoring programme to complete a work placement that is accredited and relevant to their course work.

SCQF Accreditation for Foundation Steps in Healthcare Programme
Work is now underway to submit for SCQF Accreditation of the Healthcare Support Worker Academy Programme – Foundation Steps in Healthcare with the aspiration that the programme will be accredited and applied to the Pathways into Health Care Employability Programme, scheduled for delivery from March 2025.

School Pupil Work Experience
We also continue to offer work experience placements to school pupils, the majority of which have taken place within Medicine and at Forth Valley Royal Hospital.

Destination Nurse
Planning is underway to deliver programme of experiential learning for prospective Nursing Students in S5 and S6 which will deliver 3 days of skills workshops and seminars supported by colleges from the Universities and Colleges as well as subject expert speakers from the NHS Forth Valley Career Ambassador programme.

It is intended that 40 places a year be allocated through this programme (2 intakes of 20). This model will replace school pupil shadowing/observation within Nursing and will be expanded to include a programme specifically for those who intend to study Midwifery.

It is hoped the first programme will be delivered in October 2025, subject to the identification of a suitable training space.

Schools Outreach - Priority Areas
School visits (Careers and Pathways) are continuing and in person activity will focus on schools in priority areas supporting pupils with information on pathways into further education and directly into employment. These sessions support pupils with subject choices, promote work experience opportunities offered by NHS Forth Valley, particularly to those pupils' resident in SIMD 20 areas, and apprenticeship activity in Health and Social Care, NHS Forth Valley if applicable and within our Local Authority Partners.

Careers Ambassadors and Subject Specialist Sessions
Under the Career Ambassador Programme, subject experts will be assigned to support schools who are currently delivering the National 4/5 Health Sector and Laboratory Science Skills for Work Qualifications. Priority for these sessions will be given to Level 1 and 2 Schools.

Articulation routes from these school-based qualifications would include Modern Apprenticeships, NHSFV Academy Programme (HCSW) or Employability Pathways and Health/Science courses delivered by our college Partner Forth Valley College.

NHS and Partners at Work Event
In partnership with Forth Valleys Developing the Young Workforce, all Forth Valley State Schools will be invited to send S4 Pupils to attend the NHS and Partners at Work Event scheduled for June with 300 places ring fenced for the 3 high schools in Clackmannanshire and priority for places to pupils' resident in SIMD 20 area or who are part of another identified priority group (e.g. disabled, care experienced etc.)

Turnover
Turnover for the directly managed (non-HSCP) services, calculated locally based on the national formula used in data published by National Education for Scotland (NES), for the rolling year to date as at December 2024 was 9.10%. Completion of 'Reason for Leaving' and 'Leaving Destination' information

is mandatory on termination and employees are also encouraged to complete exit interview information either via the eESS system or using a separate online form. This information is scrutinised by the Human Resources team to identify themes/areas of concern which require further investigation or action.

Classification of the 'Reason for Leaving' and 'Leaving Destination' is dependent upon individual Managers' interpretation when completing the termination but, based on the information that was provided for the financial year to date:

- 24.85% were recorded as leaving because of retirement in some form (26.32% if Ill Health retirals are included)
- 21.05% did not provide information on future employment plans
- 18.71% left to take up employment elsewhere with the NHS (mostly within NHS Scotland, with a further 1.75% going to 'Other Public Sector' employment)
- 14.04% were categorised as leaving with no subsequent employment
- 7.60% went to the private sector
- 4.39% went abroad and
- 2.34% went on to further education/training

Of the available information to the end of December, 43.40% of leavers since April were Nurses/Midwives of all grades (but these account for a similar proportion of our in-post workforce), with 18.87% being either Administrative Services or Senior Managers. Nurses/Midwives accounted for 35.38% of leavers who retired for any reason. As at 31st December 2024 23.62% of the directly managed (non-HSCP) workforce was aged 55 or over, with 59.49% of our Support Services workforce, 31.58% of our Dental Support workforce, 31.18% of our Administrative Services and Senior Managers workforce, 25.29% of our Healthcare Sciences workforce and 21.67% of our Nursing/Midwifery workforce (all grades) being aged 55 or over.

Retire and Return
Since May 2023, 41 of the directly manager (Non-HSCP) staff have been recorded on Staff Engagement forms as returning to work under the 'Retire and Return' scheme (with others choosing the partial retirement option). 63.41% of these were in the Nursing/Midwifery Job Family (all grades) with all Job Families except Medical & Dental, Medical and Dental Support, Personal & Social Care and Senior Managers having at least 1 individual 'new start' who chose to 'Retire and Return'. Some returned to their previous role (including some who returned full-time), others chose to return to a lower banded role or reduced hours.

7. Are there any location specific challenges that are affecting your workforce?

The central location of Forth Valley can result in a higher turnover rate than more rural Boards as there is ease of movement between Boards for promotional or career development. Without unhelpfully generating an overly competitive environment which creates detrimental impacts elsewhere, we are focussing on understanding the patterns of movement to encourage potential recruits to see NHS Forth Valley as an attractive employment opportunity. Our focus is on making this an attractive place to work in terms of staff experience and through our ambition to deliver innovative service developments as part of our Population Heath & Care strategic ambitions. We are also committed to looking at regional or national solutions, working with partners to identify potential for collaborative delivery models.

8. Is there anything else that you wish to make the Scottish Government aware of?

The impact of the changes from the Agenda for Change review – Reduced Working Week, Band 5 to 6 Review and Protected Learning Time has had an impact on the Workforce and will continue to do. Although these changes have been well received by staff and there many examples of where staff have felt the benefit of the RWW on their well-being, the speed of implementation alongside the changing national guidance in the early stages through to July 2024 caused confusion across the Board. The workload involved and lead in times required to alter national and local systems in such a short timescale which caused unnecessary pressure and stress for staff.

There were many areas across the service who face significant complexity in implementing the RWW and this will increase as we move to a 36-hour week in 2026, areas have indicated they will struggle to deliver services as more hours are lost across the system.