

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 29 July 2025** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	Welcome, Apologies and Confirmation of Quorum		09.30
2.	Declaration(s) of Interest(s)		
3.	<u>Minute of Forth Valley NHS Board meeting held on 27 May 2025</u>	For Ratification Pages 5 to 21	
4.	<u>Matters Arising from the Minute / Action Log</u>	For Approval Pages 22 to 23	
5.	<u>Chair's Report</u> (a) Verbal Update by Ms Neena Mahal, Board Chair (b) Highlight Report: Board Seminars Update	For Discussion Page 24	9.40
6.	<u>Board Executive Team Report</u> (Paper presented by Professor Ross McGuffie, Chief Executive)	For Discussion Pages 25 to 29	9.50
7.	<u>Update on FOI</u> (Paper presented by Ms Sarah Hughes-Jones, Head of Information Governance)	For Assurance Pages 30 to 39	
8. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD			10.00
Governance Committee Minutes			
8.1	Audit & Risk Committee – Verbal Update from Meeting of 17 June 2025 (Presented by Cllr Fiona Collie, Committee Chair)	For Assurance	
8.2	<u>Clinical Governance Committee – Minute of Meeting of 6 May 2025 and Verbal Update from Meeting of 8 July 2025</u> (Presented by Mr John Stuart, Committee Chair)	For Assurance Pages 40 to 53	
8.3	<u>Staff Governance Committee – Minute of Meeting of 13 May 2025 and Verbal Update from Meeting of 15 July 2025</u> (Presented by Mr Martin Fairbairn, Committee Chair)	For Assurance Pages 54 to 65	
8.4	<u>Strategic Planning, Performance & Resources Committee – Minute of Meeting of 24 June 2025</u> (Presented by Ms Neena Mahal, Committee Chair)	For Assurance Pages 66 to 77	
Advisory Committee Minutes			
8.5	<u>Area Clinical Forum – Minute of Meeting of 15 May and Verbal Update from Meeting of 17 July 2025</u> (Presented by Mrs Kirstin Cassells, ACF Chair)	For Noting Pages 78 to 84	

8.6	<u>Area Partnership Forum – Minute of Meeting of 22 April 2025 and Verbal Update from Meeting of 24 June 2025</u> (Presented by Mr Robert Clark, APF Co-Chair)	For Noting Pages 85 to 90	
INTEGRATION JOINT BOARDS			
8.7	<u>Minutes of Clackmannanshire & Stirling Integration Joint Board – 26 March 2025; 25 April 2025, and 2 May 2025</u>	For Assurance Pages 91 to 115	
8.8	<u>Minute of Falkirk Integration Joint Board – 21 March 2025 and Directions</u>	For Assurance Pages 116 to 129	
FOR APPROVAL			
9.	<u>Strategic Risk Register Update – May to July 2025</u> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Approval Pages 130 to 152	10.30
10.	<u>Staff Experience: Culture Change & Compassionate Leadership Programme – Launch of Revised Values</u> (Paper presented by Mr Kevin Reith, Director of People)	For Approval Pages 153 to 169	10.40
11.	<u>Update on Access Policy</u> (Paper presented by Mr Garry Fraser, Director of Acute Services)	For Approval Pages 170 to 192	10.50
12.	<u>NHS Forth Valley Board Delivery Plan 2025/26</u> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Approval Pages 193 to 372	11.05
13.	<u>Major Incident Plan</u> (Paper presented by Dr Jennifer Champion, Acting Director of Public Health)	For Approval Pages 373 to 408	11.15
BREAK 11.30 to 11.45			
14.	<u>Governance Update: Committee Membership and Changes to Terms of Reference</u> (Paper presented by Mr Jack Frawley, Board Secretary)	For Approval Pages 409 to 419	11.45
FOR DISCUSSION & ASSURANCE			
15.	<u>Performance Report</u> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Assurance Pages 420 to 465	11.55
16.	<u>Finance Report</u> (Paper presented by Mr Scott Urquhart, Director of Finance)	For Assurance Pages 466 to 472	12.20
17.	Update on Safety: <u>(a) Quality Assurance and Improvement Report</u> (Paper presented by Mr Andrew Murray, Medical Director and Professor Karen Goudie, Executive Nursing Director)	For Assurance Pages 473 to 496	12.50

	<u>(b) Healthcare Associated Infection (HAI) Report June 2025</u> (Paper presented by Mr Jonathan Horwood, Infection Control Manager & Clinical Lead)	Pages 497 to 520	
18.	<u>Annual Report 2024/25: Key Development, Activity & Performance</u>	For Information Pages 521 to 552	
19.	<u>Schedule of Business</u>	For Information Pages 553 to 554	
20. ANY OTHER COMPETENT BUSINESS			
21. RISKS AND REFLECTIONS			
22.	Date and Time of Next Meeting Tuesday 30 September, 9.30am	For Noting	

Forth Valley NHS Board
Record of Attendance: 1 April 2025 to 31 March 2026

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

Key:

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

FORTH VALLEY NHS BOARD

3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 27 May 2025

For: Ratification

Minute of the Forth Valley NHS Board Meeting held on Tuesday 27 May 2025 at 9.30am in the Boardroom, Carseview House.

Present: Ms Neena Mahal (Board Chair)
Ms Kirstin Cassells (Non-Executive Director)
Mr Robert Clark (Non-Executive Director)
Professor Frances Dodd (Executive Nurse Director)
Mr Martin Fairbairn (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Cllr Fiona Law (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Professor Ross McGuffie (Chief Executive)
Mr Andrew Murray (Medical Director)
Mr Allan Rennie (Vice Chair)
Mr John Stuart (Non-Executive Director)
Mr Scott Urquhart (Director of Finance)
Cllr David Wilson (Non-Executive Director)

In Attendance: Ms Laura Byrne (Director of Pharmacy) items 10 & 11
Ms Elsbeth Campbell (Head of Communications)
Dr Jennifer Champion (Acting Director of Public Health)
Mr Tom Cowan (Head of Strategic Planning and Transformation, Falkirk HSCP) item 10
Ms Caroline Docherty (Head of Community Services, Falkirk HSCP) item 14
Mrs Morag Farquhar (Director of Facilities)
Mr Garry Fraser (Director of Acute Services)
Mr Jack Frawley (Board Secretary)
Professor Karen Goudie (Director of Nursing) item 16
Mr Jonathan Horwood (Area Infection Control Manager) item 21(b)
Mr Scott Jaffray (Director of Digital)
Ms Marie Kiers (Chief Finance Officer, Falkirk HSCP) item 14
Ms Joanna MacDonald (Interim Chief Officer, Clackmannanshire & Stirling HSCP)
Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
Ms Jackie McEwan (Corporate Business Manager)
Mr Kevin Reith (Director of People)
Ms Vicky Webb (Corporate Risk Manager)
Ms Gail Woodcock (Chief Officer, Falkirk HSCP)

1. Welcome, Apologies for Absence and Confirmation of Quorum

The Chair welcomed all present to the meeting.

An apology had been received from Cllr Fiona Collie. The Board meeting was quorate.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of Meetings

The minutes of the meetings held on 25 March 2025 and 29 April 2025, subject to previous electronic circulation and Board member approval, were **confirmed** as correct records.

4. Matters Arising from the Minute / Action Log

The Action Log was **reviewed** by the Board Chair and consideration was given to the actions still in progress. Board Members noted all updates and timeframes for actions 049, 070 and 083.

Board members noted that all other actions, 058, 074, 075, 076, 077, 078, 079, 080, 081, 082, 084, 085, 086, 087 and 088 were marked as complete and would be removed from the Action Log.

The Forth Valley NHS Board approved the Action Log.

Councillor Law joined the meeting during consideration of the previous item.

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

The Board Chair highlighted the following:

- (a) The Board Chair had undertaken a number of visits since the previous meeting, including Patient Safety Conversation Visits, operational visits, a visit to Polmont Prison, Bo'ness Community Hospital and the Specialist Rehabilitation Unit at Bellfield – which would be a Patient/Staff Story item in the future.
- (b) The Board Chair had met with the Chair of the Ethnic Diversity Network, the Chair of Forth Valley College and attended the Sim Safety Club.
- (c) Jenni Minto, Minister for Public Health and Women's Health, attended FVRH on 13 May to officially launch the new National Framework for Cardiology Nursing, which had been developed by Leeanne Macklin, NHS Forth Valley Senior Cardiology Advanced Clinical Nurse Specialist and National Heart Disease Coordinator for Scottish Government, in partnership with NHS Education for Scotland.
- (d) There would be an MP/MSP meeting on 30th May. Other upcoming events included the Safer Together Collaborative on 28th May and the Ethnic Diversity Network event on the afternoon of 3 June.
- (e) The meeting of the Audit & Risk Committee on 17 June was open to all Board Members, and the Chair noted that there would also be a Board Seminar in the afternoon that day on the Culture Change and Compassionate Leadership Programme (CCLP).

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

6. Board Executive Team Report

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

Key messages in the report included:

- (i) NHS Forth Valley's Research and Development Unit had announced a significant achievement as the first unit in Europe to open a new clinical trial focused on research into advanced and recurrent lung cancer. The trial, led locally by Dr Nicola

- Steele, Consultant Oncologist would test a novel immunotherapy treatment plan, offering hope for patients with limited treatment options.
- (ii) NHS Forth Valley's Culture Change and Compassionate Leadership programme had been chosen as one of the spotlight sessions at the upcoming NHS Scotland Event.
 - (iii) The Rapid Cancer Diagnostic Service had been launched, with Forth Valley now one of six Boards across Scotland offering the service which provided faster answers for patients and peace of mind as the majority referred would not have cancer. The primary goal was to rule out cancer quickly and reduce uncertainty.
 - (iv) Professor Paul Cameron had been appointed as AHP Director. Professor Karen Goudie had been appointed as Executive Nurse Director, commencing in post from 16 July.
 - (v) The latest Step into my Shoes week commenced on 26th May, supporting staff to learn about diverse teams, services and departments.
 - (vi) NHS Forth Valley had joined a new three-year project to support independent living and enhance the quality of life for people living with dementia. The CONSOLIDATE network, led by Herriot-Watt University, brought together NHS Boards, universities, charities, carers and community organisations to focus on how technology could enhance and support the social, mental and physical capabilities of people living with dementia.
 - (vii) The inspection report relating to the MWC visit to HMP & YOI Polmont on 27 August had been published. Overall, the report was positive, with two identified recommendations relating to the regular clinical review and managerial audit of care plans. The service had three months to compile an action plan against the recommendations which would be brought through the Clinical Governance Committee for assurance.
 - (viii) The Care Inspectorate inspected Parklands Care Home in Alloa on 8 & 9 April 2025 with four grades of Good and one Very Good.
 - (ix) Since the last Board meeting, members of the senior team had visited:
 - Practice Development Unit
 - Specialist Rehabilitation Unit (Thistle Suite, Bellfield Centre)
 - HMP Polmont
 - Forth Valley Royal Hospital Discharge Lounge
 - Division of Psychiatry
 - Forensic Community Mental Health Service
 - Neonates
 - Community Substance Misuse Team
 - Physiotherapy, Falkirk
 - Carers Centre
 - Falkirk Community Hospital
 - Burnbrae Care Home.
 - (x) The Scottish Government were currently developing three plans, which would set the immediate and longer-term priorities for the NHS in Scotland. The Operational Delivery Plan; the Population Health Plan, and the Reform Plan.

The following points were made in discussion:

- (i) The Board congratulated Professors Cameron and Goudie on their respective appointments, noting that Professor Goudie would take up post as Executive Nurse Director in August 2025.
- (ii) Members commented on the positive progress made on culture and that in respect of visible leadership that it was good to have many opportunities for Executives and Non-Executives to be out and about in the organisation.

The Board's congratulations to the R&D team were expressed and in response to a question on how the Board recognises staff achievements, the Director of Nursing indicated that this was being considered and coordinated under one of the workstreams under the CCLP.

The Forth Valley NHS Board noted the report.

7. Committee Minutes

7.1 Audit & Risk Committee – 28 March 2025

The Forth Valley NHS Board received the minute of meeting of the Audit & Risk Committee held on 28 March 2025. The minute was commended to the Board for noting.

The Director of Finance highlighted that Deloitte had attended the March meeting and the External Audit Annual Plan had been approved. The Committee also received updates on the position with legal claims and published finance manuals.

The Forth Valley NHS Board noted the minute of the Audit & Risk Committee meeting of 28 March 2025.

7.2 Clinical Governance Committee – 11 March 2025

The Forth Valley NHS Board received the Clinical Governance Committee Minute of the meeting held on 11 March 2025. Key items had previously been highlighted at the March Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 6 May 2025.

The Chair of the Committee, Mr Stuart, noted that the Annual Plan and Terms of Reference had been approved. The Committee had considered the Pharmacy Plan, which was presented to Board for approval at this meeting. Other items considered included the Whole System Report and a Prison Deep Dive. There had been an update at the May meeting including FAI information and Public Health Performance. In terms of SAERs, headway was being made with the longer standing cases but there was still work to be done.

The Forth Valley NHS Board noted the minute of the Clinical Governance Committee meeting of 11 March 2025 and key issues from the verbal update on the meeting of 6 May 2025.

7.3 Staff Governance Committee – 14 March 2025

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

The Chair of the Committee, Mr Fairbairn, highlighted that the Committee had broad oversight and that in most areas processes were working well. The Committee had considered Attendance Management in detail. As the performance level had not significantly improved, the Executive had been asked to report back with what was working and what was not. A similar request had been made in respect of PDR issues. An update on the uptake of health & safety mandatory training to evaluate how to make progress in areas of highest priority had also been requested by the Committee. In terms of Culture Change the Committee recognised that the strategy and plans were being worked through but required to be assured that the work was making a difference. The Director of People noted that work on indicators was ongoing on how to triangulate data and looking at lessons learned elsewhere.

There was discussion on how assurance to the Staff Governance Committee on the CC&CLP workstreams needed to be aligned. Members raised the importance of Protected Learning Time learning what others are doing and the value in communicating the national work which was underway.

Members sought further assurance that Health and Safety was being prioritised and were assured that a plan was in place for new recruits.

The Forth Valley NHS Board noted the minute of the Staff Governance Committee meeting of 14 March 2025 and key issues from the verbal update on the meeting of 13 May 2025.

7.4 Strategic Planning, Performance & Resources Committee (SPPRC) – 29 April 2025

The Forth Valley NHS Board received the Strategic Planning, Performance & Resources Committee Minute of the meeting held on 29 April 2025. The minute was commended to the Board for noting.

The Chair of the Committee, Ms Mahal, highlighted that the Committee had considered the Primary Care Sustainability focussed risk review and an update on compliance with Freedom of Information performance. The Digital Delivery Plan and Community Pharmacy Hours items which were for approval at this Board meeting had been given early consideration by the Committee and Members had sought further assurances and more information prior to them coming to the Board.

The Forth Valley NHS Board noted the minute and key issues highlighted from the Strategic Planning, Performance & Resources Committee meeting of 29 April 2025.

Advisory Committee Minutes:

7.5 Area Clinical Forum (ACF) - 13 March 2025

The Forth Valley NHS Board received the Area Clinical Forum Minute of the meeting held on 13 March 2025. Key items had previously been highlighted at the March Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 15 May 2025.

Ms Cassells, ACF Chair, highlighted that Noelle Mackay had presented to the Forum on supporting the workforce and opportunities for professions. Through career fayres young people who might not have thought of other healthcare families could be engaged with. Jennifer Borthwick presented on the Mental Health Strategy and the Forum considered that all professions could contribute to the delivery of the Strategy. Janette Fraser had presented to the Forum on the Population Health & Care Strategy and there would be feedback provided from the Forum and, as appropriate, each of the professional committees.

The Forth Valley NHS Board noted the minute of the Area Clinical Forum meeting of 13 March 2025 and the verbal update on the meeting of 15 May 2025.

7.6 Area Partnership Forum - 25 February 2025

The Forth Valley NHS Board received the Area Partnership Forum Minute of the meeting held on 25 February 2025. Key items had previously been highlighted at the March Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 22 April 2025.

Mr Clark, APF Chair, highlighted that Staff Side were meeting with HR colleagues to discuss areas where they could work more cohesively such as the streamlining of grievance procedures. iMatter uptake was also encouraged.

The Forth Valley NHS Board noted the minute of the Area Partnership Forum meeting of 25 February 2025 and the verbal update on the meeting of 22 April 2025.

8. Strategic Risk Register Update – March – May 2025

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

Key messages in the report included:

- (i) Over the reporting period, all strategic risks had been reviewed, and all remained static bar SRR011: Digital/eHealth Infrastructure & Strategy which had increased in risk score.
- (ii) Two Focused Reviews had been conducted in the quarter:
 - SRR011: Digital/eHealth Infrastructure & Strategy
 - SRR018: Primary Care Sustainability.

The following points were made in discussion:

- (i) Members raised concerns that the Cyber risk score had increased. A question was asked on whether recruitment was a national or local issue. In response, it was indicated that it was difficult to retain staff in the public sector as this was also a priority for the private sector where more attractive terms and conditions were on offer. There were local improvements being made to address the issue.
- (ii) The date of January 2025 was discussed and whether this should be reviewed as the issue was to some extent outwith the control of the Board.
- (iii) In terms of the Urgent & Unscheduled Care risk a question was asked on establishment of the Frailty at the Front Door unit and that the timescale was October 2025. The Frailty and the Front Door had already commenced, so there was a need to review the impact of this on the risk.
- (iv) As 75% of Strategic Risks were outwith appetite and tolerance, discussion highlighted moving to where the issues could be understood with dynamic risk assessments. Strategic Risks were reported to Board and Committees with lots of work beyond this. Ms Webb noted that the Board Seminar scheduled for October would revisit the risk management framework, appetites and tolerances. The work to facilitate this would be undertaken during the summer. Following the seminar there would be consideration at SPPRC and subsequently formal approval sought at the Board There was also a review being undertaken on the realignment of Strategic Risks to Committees which would be initially discussed at SPPRC and then Board for approval.

The Forth Valley NHS Board:

- (1) **approved the changes to the Strategic Risk Register for the period March to May 2025, specifically:**
 - **increase in risk score for SRR011: Digital & eHealth Infrastructure**
- (2) **noted the progression of the mitigating actions identified, and**
- (3) **noted the intention to review the approach to risk over the summer period and the upcoming Board Seminar on risk management.**

9. Escalation Assurance Report

The Forth Valley NHS Board considered a report for approval, presented by Professor McGuffie, Chief Executive and Ms Neena Mahal, Board Chair, which provided an overview of the progress made in the areas of Leadership, Culture and Governance in relation to the NHS Scotland Support and Intervention Framework.

Key messages in the report included:

- (i) The Board had approved the Development Plan for 2024/25 and a new plan for 2025/26 which continued delivery of key actions.
- (ii) NHS Forth Valley had been moved from Level 4 to Level 3 of the NHS Scotland Support and Intervention Framework in October 2024.
- (iii) An appendix provided significant detail on the work to date and next steps for the areas of Leadership, Culture and Governance.

The following points were made in discussion:

- (i) To enhance the evidence presented, in terms of improvements in the culture within the leadership team, it was suggested that evidence was taken from the Remuneration Committee.
- (ii) Further work around culture measurements was raised as an area for taking forward and it was acknowledged that this was a priority area for the CCLP.
- (iii) The Board recognised that it was still on a continuous improvement journey and agreed that this had been articulated in next steps.

The Forth Valley NHS Board:

- (1) agreed the content of the Escalation Assurance Report paper and noted focus on the work undertaken and improvements made following a change in escalation status;**
- (2) requested the addition of:**
 - **Remuneration Committee evidence of culture change, and**
 - **That further work would be undertaken on development of culture measures.**
- (3) noted that any ongoing or additional actions were reflected in the 2025/26 Board Development Plan, and**
- (4) noted a portfolio of evidence would be submitted to Scottish Government to demonstrate further evidence of improvement at Stage 3 for their consideration.**

10. Community Pharmacy Pharmaceutical Hours of Service Scheme

The Forth Valley NHS Board considered a report for approval, presented by Mr Cowan, supported by Ms Laura Byrne, Director of Pharmacy, which presented an update to the application process through which pharmacies would be asked to apply in order to vary their hours from the Model.

It was noted that SPPRC had previously considered this item and sought further assurances and information which was now included within the Board paper being considered.

Key messages in the report included:

- (i) Every Scottish Health Board had a Model Hours Scheme which directed community pharmacies on the hours that they must be open to provide community pharmaceutical services. Pharmacies must apply directly to the Health Board if they wish to alter their hours from those reflected in the scheme
- (ii) A Short Life Working Group was formed to assess and bring forward a new process. The Group was made up of representatives from the GP subgroup, Out of Hours Service, Community Pharmacy Services Forth Valley the Primary Care Pharmacy Team. The Group proposed updates to the current process to

ensure that a wider view was taken in considering the applications, and that more detail was supplied by the applicant which would make assessing the impact on patients easier.

- (iii) The variation process has been updated in a manner which ensures that there is a wider view when considering whether a pharmacy can change their opening hours. The respective IJB's will determine their own process for consultation and may delegate as appropriate.
- (iv) The proposal is to send recommendations from the advisory groups to NHS Forth Valley Senior Leadership Team for consideration and a decision in principle which is then referred to the Board, with the Forth Valley NHS Board then being asked to ratify the SLT decision.

The following points were made in discussion:

- (i) Further to discussion at SPPRC, it was asked if there was a requirement for public involvement. In response, it was indicated that there was no requirement. However, consultation on applications would include the Health & Social Care Partnerships.
- (ii) As decisions would come to Board for ratification it was important that the reports presented the right including that due processes had been correctly followed to reach a decision.
- (iii) There was a question on whether an appeals process would be included. In response it was indicated that an appeals process was not required and not proposed in the Scheme.

The Forth Valley NHS Board:

- (1) approved the proposed Model Hours Scheme as set out at Appendix 1 to the report, and**
- (2) approved the Governance arrangements proposed, in which recommendations from the advisory groups were passed to NHS Forth Valley SLT for consideration and a decision in principle referred to the Board, with the Forth Valley NHS Board then being asked to ratify the SLT decision.**

11. Pharmaceutical Care Services Plan

The Forth Valley NHS Board considered a report for approval, presented by Ms Byrne, which set out the Pharmaceutical Care Services Plan for NHS Forth Valley. It was noted that this had previously been considered in detail by the Clinical Governance Committee.

Key messages in the report included:

- (i) NHS boards were obliged to publish and monitor their pharmaceutical care service plan annually as set out in the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011.
- (ii) The Pharmaceutical Care Services Plan provided a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with NHS Forth Valley.
- (iii) The plan identified any local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy unmet need.
- (iv) The plan had been presented to the Clinical Governance Committee on 11th March 2025, the committee requested the addition of an appendix which described the pharmacy new contract application process. The Committee had also requested the addition of the application to change Model Hours process as an appendix as approved by Board.

The following points were made in discussion:

- (i) The linkages with the Population Health & Care Strategy were discussed.
- (ii) It was highlighted that while there was £87m spent on medicines 50% of those medicines were not taken as prescribed. A question was asked on whether there was a plan to deal with that, polypharmacy reviews and how the escalating medicine bill could be tackled. It was a long standing issues that 50% of prescriptions were not adhered with. There could be influence through shared decision making and the contribution of Value Based Health Care could be critical. There had been external communications produced on waste. Medicines of limited clinical value were being reviewed. However, it was acknowledged that more communication was required given its importance.
- (iii) There was a question and discussion on whether there were any other imbalances in provision other than the lack of Sunday opening in Clackmannanshire, as described in the report and how this was being addressed.
- (iv) Members asked that the quality of Board papers in respect of the Implications sections needed to be clearer.
- (v) There was discussion on how to reduce the travel burden on people in rural areas, such as through the possibility of a mobile service.
- (vi) The role of IJBs was highlighted as Primary Care Services were delegated. As there would be financial implications for IJBs it was suggested the paper was taken to the Strategic Planning Group.
- (vii) A question was asked on vaping and smoking cessation. This was being worked on. The smoking programme was part of the national contract but there was currently no information on vaping in terms of appropriate treatments. It was anticipated that there would be new guidance on this in due course. There would be more hands-on training for pharmacies and areas where the greatest impact could be made would be prioritised. The public was more likely to access pharmacies than any other service.

The Forth Valley NHS Board approved the Pharmaceutical Care Services Plan.

Professor McGuffie, Ms Mackenzie and Dr Champion left the meeting at this point.

12. Digital Delivery Plan

The Forth Valley NHS Board considered a report for approval, presented by Mr Jaffray, which presented the Digital Delivery Plan 2025/26 for approval.

Key messages in the report included:

- (i) The plan had been developed in conjunction with all departments within the Digital Directorate, including Medical Physics, Information Services and Health Records. As Quality and Innovation projects had a reliance on digital resource, projects taken on within this directorate were also detailed in the Delivery Plan.
- (ii) Consultation had been undertaken with key clinical areas, so the work captured within the plan reflected the requirements of all Directorates.
- (iii) The key issues for the programme were:
 - Prioritisation and Categorisation of projects – as detailed in the plan
 - Prioritisation Process of developments
 - Specific approach to TRAK-Care prioritisation
 - The approach to benefits realisation
 - The risks and issues associated with the Plan
 - Increased strategic risk SRR011 – Related to key technical roles.

The following points were made in discussion:

- (i) The benefits of moving away from paper records to digital only were considered. It was noted that a future Board Seminar would be on the topic of digital maximisation.
- (ii) It was asked if an analysis of the current paper records and the pathway to move digital completely could be provided with cost, benefits and risks. There were currently 15 million documents in the electronic management system. A business case was being developed for the Health Records Service at Burnbank including the use of AI for better quality when scanning records in.
- (iii) In the Category A priorities, it was noted that Falkirk was moving to One Device, but Clackmannanshire & Stirling were not, members asked why there was a difference. The IT departments were at different stages of delivery, but all partners were being worked with, and a data sharing partnership was happening.
- (iv) It was raised that Windows 10 updates were due to stop in October, and it was asked if there was a risk that devices were not on Windows 11 by then. It was confirmed that the implementation of Windows 11 would be in place by October. There were some desktops attached to medical devices which were specialised and may require some mitigation.
- (v) A question was asked on who oversees this work, whether it was the TRAK-Care Advisory Group or e-Obs. It was confirmed that Order Comms, eObs and TRAK-Care were separate programmes. eObs was within the TRAK-Care Advisory Group.
- (vi) Members asked if there were personnel resource issues. The availability of skills in the workforce were part of the Digital Directorate review and there were similar challenges around recruitment and retention as in the cyber area. In terms of digital first, plans would need to be reviewed and as any national priorities emerged the local prioritisation should be flexible. There was a recognition from the Board of the need to be flexible with the plan which could be considered at the Seminar in light of the Scottish Government's Service Renewal Framework with Digital First as a priority.

The Forth Valley NHS Board:

- (1) approved the Digital Delivery Plan 2025 – 2026.**
- (2) recognised the need for the Plan to be flexible and that an update would be given at the Board Seminar on digital priorities in light of the launch of the Service Renewal Framework.**

The Board adjourned at 11.25am and reconvened at 11.35am with all members present as per the attendance list with the exception of Professor McGuffie

13. Performance Report

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

Key messages in the report included:

- (i) Overall compliance with the 4-hour emergency access standard (EAS) in March 2025 was 62.9%. In March 2025 there were 494 new attendances to Rapid Assessment and Care Unit (RACU), 129 of which were via ED.
- (ii) The March 2025 census position in relation to standard delays (excluding Code 9 and guardianship) was 74; this compared with 90 in March 2024. The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the March 2025 census was 2,858, a reduction from 3,411 in March 2024.

- (iii) Cancer target compliance in February 2025:
 - 62-day target – 72.0% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment.
 - 31-day target – 98.0%
- (iv) The sickness absence target was 4.0%. Absence remained above the target at 7.32% in February 2025 noting an increase from 7.03% in February 2024.

The following points were made in discussion:

- (i) Following a question on acute site flow, it was noted that changes were being implemented. The Frailty at the Front Door was working very positively in connection with the Rapid Access Care Unit. Information on the impact of this work would be reported to SPPRC in due course. Members asked if information on the impact of the third CT Scanner could also be reported to SPPRC.
- (ii) The Board sought further information on planned care and cross Board collaboration. The Scottish Government had finalised its additional funding arrangements. The Operational Delivery Group had asked that any requests to other Boards were dealt with through them. Waiting times information would be presented in two forms, a combined and split list.
- (iii) Members noted that the performance in terms of urgent & unscheduled care remained challenging. It was noted that the performance at the Minor Injuries site was now included in the overall figure. A whole system approach was being taken to provide care in the right place at the right time which would reduce the length of stay and improve flow at the acute site.

The Forth Valley NHS Board:

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

14. Shifting the Balance of Care

The Forth Valley NHS Board considered a report for assurance, presented by Ms Woodcock, which described a test of change to enable the discharge of at least 32 people from Ward A11 to be in a more appropriate place for their care needs.

Key messages in the report included:

- (i) The benefits sought by the test of change included:
 - Repurposing of ward A11 (or another ward in the acute hospital) to release hospital capacity, reduce acute hospital spend, and support the creation of a “fallow ward” allowing for additional planned care to be carried out and/ or additional hospital beds during peak periods.
 - Recurring reduction of people delayed in their discharge by 32.
 - Enable the development of community pathways to provide health and social care closer to home, reduce pressure on hospitals, motivate the workforce and leaders, and improve system efficiency.
 - Enable whole system health and care costs to be minimised and utilised in the right place across the system to support good outcomes for people.
 - People who do not require acute care will return home or to a homely environment quicker.
 - Stimulate development of further proposals to shift health care closer to where people are.
- (ii) The test of change would be supported through the transfer funding of £2.027m from NHS Forth Valley to Falkirk Health and Social Care Partnership, on a non-recurring basis, to cover the test of change period.

- (iii) To ensure the success of the test of change a whole system implementation team had been put in place jointly led by a Head of Service in the Partnership and a Head of Service within the acute hospital.

The following points were made in discussion:

- (i) Members considered that this was a radical initiative which showed how much progress had been made in working as a whole system. The Test of Change was commended as an exciting plan and the right thing to do to deliver better care in an environment which was best for people. It was suggested that the challenge would be in delivering a recurring reduction.
- (ii) There was discussion on the importance of consultation with staff. It was indicated that some reservations had been expressed around the repurposing of a ward when there was still some use of 5 beds in 4 bedded units. Assurances were given that conversations with staff were open and transparent and staff would be supported through the change. There would be regular engagement, listening to and addressing of concerns raised by staff. The Joint Staff Forum would have an important role in ensuring that staff concerns were being responded to. The Chief Officer emphasised that she was keen to work collaboratively.
- (iii) Questions were also raised in relation to any costs to refurbish the ward in the acute site. Any refurbishment costs were not included at this stage.
- (iv) Members highlighted the challenging financial position and commented on the need for business cases to be clear on funding requirements. The Test of Change was more expensive than the current level of spend, assurance was sought that this would just be a transitional position with an equivalent or lower spend in the longer term. There was a challenging financial position in the Falkirk IJB, but the year-end was looking more favourable than had been anticipated. The cost of the Test of Change was higher in year one to support the process through additional staff cost.
- (v) A question was asked on whether lessons had been learned from Dundee. The Director of Acute Services had previous experience in Tayside and provided a detailed example where in light of unexpected demand, 50 additional hip fractures in a month, areas could be flexed up and down to maintain the integrity of the acute site. This was the right thing for patients who would receive the right care in the right place at the right time.
- (vi) Members sought clarity on the number of patients in Ward A11, if it was 37 or 32. There were 37 patients in the ward at the moment and there would be distribution across the hospital to allow the repurposing of the ward.
- (vii) Members also sought assurances that appropriate and robust medicines management would be put in place.

The Forth Valley NHS Board:

- (1) noted and endorsed the test of change over 2025/26 financial year, and**
- (2) noted that evaluation of the test of change would support a longer-term proposal to be brought forward by November 2025 as part of the 2026/27 budget setting process, incorporating data gathered to date to inform the longer-term commitments and resource requirements.**

15. Finance Report

The Forth Valley NHS Board considered a report for assurance, presented by Mr Urquhart, which provided a high level summary of the financial results for the first month of the 2025/26 financial year.

The key messages in the report included:

- (i) The draft outturn position, subject to audit, for 2024/25 confirmed achievement of all 3 mandatory Scottish Government targets:
 - Surplus of £0.2m against the revenue resource limit of £953.9m
 - Break-even against the capital resource limit of £12.8m
 - Break-even against the cash requirement with a closing bank balance of less than £0.050m
- (ii) For 2025/26 a funding gap of £38m had been identified. A range of cost improvement plans, and efficiency initiatives had been developed to mitigate the gap and achieve breakeven. Implementation of the overall savings plan was being overseen by the Financial Stewardship Group and regular progress updates would be provided to the SPPRC and Board.
- (iii) The Scottish Government had approved the financial plan for 2025/26.
- (iv) A £2.2m revenue overspend was reported for the first month of the 2024/25 financial year. This was of concern at this early stage in the year and prompt corrective action was being taken to address this in the first quarter.

The following points were made in discussion:

- (i) It was important to keep a clear eye on financial performance and savings delivery through the SPPRC. There would be focus on early delivery of savings. Although there was a slight concern to have an overspend in month one matters were moving in the right direction.
- (ii) Members wanted to understand the actions being taken to mitigate risks and asked if all budget holders knew their individual responsibility for savings. In the Financial Sustainability Action Plan all savings had named leads, and the expectations were clear around reporting to the Financial Stewardship Group. £32m of savings, recurring and non-recurring, had been delivered in the previous year. The Scottish Government had been clear that if identified savings were undeliverable then the plan needed to be adapted to bring new savings on stream for delivery.

The Forth Valley NHS Board:

- (1) noted delivery of 2024/25 financial targets subject to external audit review, with progress on track for completion of the 2024/25 Annual Accounts audit process within required timescales;**
- (2) noted the level of financial risk and challenge for 2025/26, with an overspend of £2.2m reported for the first month of the financial year with action required during the first quarter to mitigate pressures and restore financial balance in line with the approved financial plan, and**
- (3) noted that an in-depth review of the overall financial position, including savings delivery, changes in key planning assumptions, key financial risks and initial forecast outturn projections for the year, would be undertaken following completion of the Quarter 1 financial results in July.**

16. Celebrating Success – Nursing Workforce Review

The Forth Valley NHS Board considered a report for assurance, presented by Professor Goudie, which provided an overview of the Nursing and Midwifery workforce review.

The Board received a video Staff Story item which featured Dr Pamela Scott and highlighted the personal experience of workforce challenges and improvements in the Acute Assessment Unit.

The key messages in the report included:

- (i) The Nursing & Midwifery workforce improvement had delivered across a number of areas, including:
 - Governance arrangements
 - Staff experience
 - Baseline data analysis of funded establishments
 - Triangulation with quality metrics
 - Supplementary staffing usage including Agency and Bank
 - Vacancy management
- (ii) Forth Valley employed 3641 Registered Nurses, Midwives and HCSWs. There was a downturn of applications to nursing undergraduate programmes which provided challenge in terms of nursing supply and attraction to the profession nationally.
- (iii) The Workforce Improvement Aims were:
 - Cease all usage of Agency HCSW by Oct 24 – Achieved prior to aim date.
 - Reduce enhanced observation by 50 % by Oct 31st, 24 – Achieved prior to aim date.
 - Reduce Registered Nurse Agency by 50% by June 30th, 24 – Achieved
 - Cease Registered Nurse Agency usage by Oct 31st, 24 – Zero RN Agency usage since 6th November 2024 with some special cause usage.
 - Reduce RN and HCSW Bank usage by 30% by Nov 30th – Reduction achieved Dec - Feb with overall increase in March, on track for whole system reduction in May 2025.
 - Reduce RN and HCSW Bank usage by 50% by March 25 30th – Some Operational units have achieved improvement.

The following points were made in discussion:

- (i) Members discussed the changes in leadership, culture and improvements in quality & safety. There was good evidence in these areas for presentation to Scottish Government to support a review of escalation status.
- (ii) Members asked for more information on preceptor work and evaluations of the newly qualified nurses. In terms of the preceptorship, Forth Valley had operated a summer school for new graduates. There had been developments in the offer around CPD and the practice development function. The experience of last year had been built on for the offer to this year's graduates. The first year of work as a registrant was a critical period for people and Forth Valley was supporting staff through this. The support would continue to iterate and develop to be better.
- (iii) The NMAHP events were highlighted as being especially good with staff feeling involved and supported. Information was being picked up externally that the culture change had led to people wanting to come to work at Forth Valley. An example was given of the Director of AHP post where previously there had been no applicants requiring a Scottish Government secondment to fill, to a more recent recruitment exercise with 16 very high-quality candidates. The role of Chief Nurse for Practice Development was also highlighted as a positive development.
- (iv) Board Members commented that the improvements showed the importance of good management and asked how those newer at managing were being developed to deliver in these roles. HR was working collaboratively to develop manager core training as the need to be well developed was recognised as part of effective talent management. The OD Plan was central to this work. The Employee Director noted that there had been a significant shift in that staff side now attend manager induction sessions.

The Forth Valley NHS Board:

- (1) noted the update on the Nursing and Midwifery Workforce improvement programme;**
- (2) commended the work which had been taken forward by Dr Pam Scott on leadership and culture as highlighted in the Staff Story video, and**
- (3) agreed that the Executive ensure that lessons learned were taken forward and applied in other areas.**

17. Update on Safety

(a) Quality Assurance and Improvement Report

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

Key messages in the report included:

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

The following points were made in discussion:

- (i) The progress on SAER targets was considered with members raising concerns about outstanding SAERs. More detail was sought on the building blocks and the perceived challenge to clinicians to have appropriate time to support completion. In response it was recognised that there was a real barrier due to competing priorities but there was an escalation process through the Medical Director where clinicians were not available. Electronic participation was also made available. However, the input of clinicians was only a small part of the overall timeline for SAERs.**
- (ii) All senior professional leaders were now trained to be part of SAER teams as a part of their role, and this should support the progress that is required.**
- (iii) Board members reiterated the importance of keeping focus on the level of progress required in this area**
- (iv) Members commented on the positive improvements being made through the work of the Safety Collaborative.**

The Forth Valley NHS Board:

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

(b) Healthcare Associated Infection (HAI) Report April 2025

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

Key messages in the report included:

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

The following points were made in discussion:

- (i) In terms of C.difficile infection control and pharmacy, members sought to understand the actions arising from this. This was a national situation, but actions were being taken locally. Pertinent information would be built into future reports.

The Forth Valley NHS Board noted the:

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

18. Whistleblowing

(a) Annual Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Dodd, which provided an update on whistleblowing activity during 2024/25.

Key messages in the report included:

- (i) Confidential Contacts.
- (ii) The Whistleblowing Network.
- (iii) Whistleblowing Training.
- (iv) Performance.

The following points were made in discussion:

- (i) The Whistleblowing Champion highlighted that a new Independent national Whistleblowing Officer would be appointed this year.
- (ii) Improvements had been made in relation to supporting staff to come forward with concerns and the number and access to Confidential Contacts.

The Forth Valley NHS Board noted the Whistleblowing Annual report 2024/25.

(b) Standards and Activity Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Dodd, which provided an update on whistleblowing activity in NHS Forth Valley.

Key messages in the report included:

- (i) To date NHS Forth Valley had received an overall total of 23 cases. 9 cases were managed under Stage 1 of the procedure and 14 cases under Stage 2.
- (ii) The INWO had to date received a total of 6 cases relating to NHS Forth Valley. NHS Forth Valley had provided additional information which informed the INWO's decision on whether a full investigation was undertaken. During

- 2023/24, four of these cases were investigated and upheld by the INWO on the basis of the Board failing to handle the concerns in line with the standards.
- (iii) The feedback from the INWO provided NHS Forth Valley, the opportunity to further refine processes, to learn from the experience of reporters and also to strengthen processes going forward. Based on feedback from the most recent Staff Governance Committee, a summary of the learning identified from the INWO cases would be reported during the next quarter.

The following points were made in discussion:

- (i) Members sought more information on learning from the INWO cases and agreed that this information would be presented in a future report to the Staff Governance Committee.

The Forth Valley NHS Board noted the Whistleblowing performance in Quarter Four 2024/25.

19. Schedule of Business

The Forth Valley NHS Board noted the Schedule of Business.

20. Integration Joint Boards

20.1 Minutes of Clackmannanshire & Stirling Integration Joint Board – 29 January 2025 and 7 February 2025 for information.

20.2 Minute of Falkirk Integration Joint Board – 31 January 2025 for information.

20.3 Direction from Clackmannanshire & Stirling IJB – CSIJB – 2025_26/001

Action:

That in future, Directions should be considered by the Board with any key areas of risk/implications highlighted to the Board.

21. Any Other Competent Business

(a) Valedictory

The Board Chair led a vote of thanks to Professor Frances Dodd, Executive Nurse Director for her exemplary service to NHS Scotland over a distinguished 39-year career and specifically her contribution to improvements in NHS Forth Valley through her leadership and visionary approach and wished her well in her upcoming retirement.

22. Risks and Reflections

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

23. Date and Time of Next Meeting: Tuesday 29 July 2025 at 9.30am.

4. Action Log
Forth Valley NHS Board – 29 July 2025

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
049	24.09.24	Realistic Medicine and Value Based Health & Care Update	That information on how Realistic Medicine will be embedded in all aspects of reporting is provided to a future meeting.	Andrew Murray & Jack Frawley	30.09.25	A revised Board report template is being developed with the Board Chair. Embedding Realistic Medicine/Value Based Health & Care will be a consideration in this process.	In progress
070	28.01.25	Integration Schemes	An update on any Ministerial feedback received.	Jillian Thomson	25.03.25	The Falkirk Integration Scheme was approved by Board on 28 January and subsequently by Falkirk Council at its meeting on 30 January 2025. The Clackmannanshire & Stirling Integration Scheme was approved by Board on 28 January and subsequently Stirling Council at its meeting on 6 February 2025.	In Progress

083	25.03.25	GP Primary Care Sustainability Update Report	Consider and review the assurance routes for monitoring of the Primary Care Improvement Plan & wider Primary Care Services and GP Sustainability.	Ross McGuffie / Gail Woodcock / Tom Cowan	29.07.25	A risk-based approach to the mapping of assurance routes has been undertaken. Initial work completed with further discussion to take place.	In progress
089	27.05.25	Directions from C&S IJB	That in future, Directions should be considered by the Board.	Ross McGuffie	29.07.25	Directions have been included with the papers for this meeting and will be included going forward.	Complete

STATUS:
Overdue
In progress
Complete

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

5(b). Board Seminars Update

For: Information

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

Author: Jack Frawley, Board Secretary

Executive Summary

Board Seminars are held bi-monthly and provide an opportunity for members to consider issues in detail, allowing for development of understanding of strategic issues. The format of the sessions usually consists of a presentation or briefing from Executive Directors and managers leading the area of work, or staff involved in the work, followed by discussion and questions from members or a workshop focused on areas for board development.

Board Seminars are not decision-making meetings. The Seminars can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the report for information.

Key Issues to be Considered

The Board Seminar on 17 June 2025 was held in person at Carseview House, Stirling.

The Seminar covered Phase 1 of the Culture Change and Compassionate Leadership. The session included a status update and general overview with project updates provided. The role of the Board in the next phase of the CC&CL Programme was discussed through interactive group work. Input for the session was provided by the Board Chair & Chief Executive, Programme Director for our Culture Change and Compassionate Leadership Programme and representatives of the workstreams. A number of actions were raised to be taken forward.

The Board also had a Briefing on 17 June on Planned Care which focussed on supporting the Board's understanding of the processes being undertaken to improve performance sustainably through transformation and the Board's contribution as part of the national Operational Improvement Plan. The session input was led by the Deputy Medical Director and colleagues from the Acute Team.

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

6. Board Executive Team Report

For: Information

Executive Sponsor: Professor Ross McGuffie, Chief Executive

Author: Professor Ross McGuffie, Chief Executive

1. Executive Summary

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

2. Recommendation

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

3. Key Issues to be Considered

3.1 Celebrating Success

- 3.1.1 Celebrating success is an essential part of reinforcing positive outcomes, enhancing staff morale and strengthening commitment to our organisational values. Recognising the great achievements of our dedicated workforce helps foster a positive culture, encourage collaboration and remind both staff and Board Members of the great impact we have on the population of Forth Valley.

- 3.1.2 Since the last Board meeting, there have been a number of positive areas of success, including:

- **Hospital at Home** hosted a visit from the First Minister on 9th July, in response to the additional funding received to expand the capacity of the service. The First Minister heard about the great work of the team, consistently supporting over 90% of patients at home through a Consultant-led multidisciplinary approach, 7 days a week.
- **CAMHS** hosted a visit from Maree Todd, Minister for Mental Wellbeing on 3rd June, in recognition of the work to reduce waiting times and improve services for and support for children and young people in Forth Valley. The Minister heard about all the changes and improvements that have led to the service consistently exceeding the 90% standard.
- The **Ethnic Diversity Network** held an event in FVRH on 3rd June with several Board members and Executives present. The session included an update from the Network Chair, Terence Savaridas; a Q&A session with the Board Chair, Chief Executive and Director of People; Active Bystander and Unconscious Bias training; and a great opportunity to network.
- **Learning Session 3 of the Safer Together Collaborative** took place on 28th May, bringing together staff from across the system with a focus on safe care. The safety collaborative supports teams to identify improvement ideas and follow those through to completion, with a number of areas covered such as frailty, pressure care, catheter care, falls prevention and deteriorating patients.
- A new 23-bed **Frailty Unit** dedicated to providing high-quality, multidisciplinary care for frail older patients opened in FVRH on 9th June, located within the Acute Assessment Unit.

The unit aims to provide early identification and screening for frailty, timely and coordinated care, improved outcomes and reduced lengths of stay. Early indications are already showing a reduced length of stay and positive outcomes for our frail older patients.

- A **clinical research trial** has been launched at FVRH to give local patients access to an innovative new treatment for psoriatic arthritis. Psoriatic arthritis is a type of arthritis that develops in one in four people with the skin condition psoriasis. The trial, led locally by Consultant Rheumatologist Dr Hanna Johnsson, is focused on evaluating the safety and effectiveness of a new drug designed to reduce joint pain and swelling and improves the control of the disease.
- Katie Dickenson, Senior Charge Nurse in the IPCU ward at FVRH was runner up in the **Mental Health Nursing** awards 2025 held on 12th June. This award aims to recognise those who have succeeded in raising standards of care for their patients and clients and have made an outstanding contribution to the care of service users.
- Clare Colligan, Associate Director of Pharmacy for Primary and Community Care, was awarded a **Fellow of the Royal Pharmaceutical Society** (RPS) for her significant contribution to the profession of pharmacy on 2nd June. Being appointed a Fellow of the Royal Pharmaceutical Society by the RPS panel of Fellows is a highly regarded honour, recognised as one of the greatest accolades for a member, and is solely awarded to members who have demonstrated extraordinary achievements in the advancement of pharmaceutical knowledge or exceptional distinction in the science, practice, profession or the history of pharmacy.
- Gayle Garner, Midwife Practitioner has been successful in obtaining a Quality Improvement Project grant from the Royal College of Nursing Foundation to support work to provide postnatal perineal care packages to those with perineal trauma including tears and episiotomy.

3.2 General Updates

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

- The **NHS Forth Valley Population Health Strategy** engagement closed on 15th June, though this was extended to 26th June to support some key partners to review the draft at Committee meetings. The final draft of the Strategy will now be developed through the following process:
 - o Task and Finish Group – 31st July
 - o Board Seminar – 12th August
 - o Strategic Planning, Performance and Resources Committee – 26th August
 - o Final sign off at NHS Forth Valley Board – 30th September
- In line with the Operational Improvement Plan, clear targets are in place to eliminate **over 52 week outpatient and inpatient day case waits** by the end of the year across Scotland. NHS Forth Valley has submitted trajectories that support that target, with progress continuing on trajectory. A Board briefing session was held on 17th June to provide Board members with the detailed plans by specialty.
- **Dispute meetings** have continued between the Chief Executives of the Board and Stirling and Clackmannanshire Councils around the financial settlement and integration scheme for the Stirling and Clackmannanshire IJB. Progress has been positive and it is hoped to be able to come to local solutions without the need for external mediation.
- **Frances Dodd, Executive Nurse Director**, retired from NHS Forth Valley on 15th July after 39 years in the NHS, spanning NHS Greater Glasgow and Clyde, NHS Lanarkshire, Scottish Ambulance Service and NHS Forth Valley, making a great impact at every stage. We'd like to place on record our huge thanks to Frances, who will be sorely missed by us all and wish her all the best for the future.
- David Watson has been appointed as our new **Director of Nursing**, replacing Karen Goudie who has now started in the role of Executive Nurse Director following the retirement of Frances Dodd. David was previously Chief of Acute Nursing Services at Forth Valley Royal Hospital and brings a wealth of experience to the role.

- Jenny McCusker has been appointed as our new **Head of Organisational Development**. Jenny was previously the Principal Lead in the Leading to Change Delivery Team at NHS Education for Scotland and has already had a strong impact in NHS Forth Valley.
- One of the early developments aimed at tackling waste within the **Value Based Health and Care** programme has commenced in labs focused on the increasing volume of urine tests being sent for culture, many of which are unnecessary. From July 2025, anyone requesting a urine culture test in Ordercomms will have to answer a short series of questions to help determine whether the test is appropriate. Unnecessary urine cultures can lead to overprescribing of antibiotics, misleading results and wasted lab time and resources.

3.3 Inspection Activity

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

- The Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland, Healthcare Improvement Scotland and His Majesty's Inspectorate of Education will be undertaking joint inspections of services for children and young people subject to compulsory supervision orders living at home with their parents. Four joint inspections will take place in 2025/26, with the first of these to be announced in August 2025.
- The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment of Punishment undertook a visit to HMP Stirling and Polmont as part of their visit to Scotland on 3-13th June. The report from the Scottish visit will be published in November 2025.
- MWC undertook an announced visit to Bo'ness Community Hospital on 22 October 2024. The report was published on 21 May 2025 and highlights 7 recommendations, covering quality and consistency of care plans, regular MDT input, physical health check monitoring, legal documentation, activity provision and environmental improvements. A full action plan will be developed in response to the findings. The visit highlighted a range of positive areas of practice including staff-patient relationships, staff commitment, use of the hospital passport, engagement with families, access to advocacy and person-centred care.

3.4 Visible Leadership

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

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

- Ward Product Managers (Stores at FVRH)
- Substance Misuse Service (Clacks & Stirling)
- Adult Psychological Therapies Service
- FM visit to Hospital @ Home
- Health & Safety team meeting
- Clacks & Stirling HSCP development day
- Strathcarron Hospice
- 'Step in my shoes' visit to Occupational Therapy
- Celebrating Volunteering and What Matters to you week, at FVRH
- NMAHP Registrants Development Session
- NMAHP Leaders development
- Exec Nurse Director clinical shift in theatres
- HMP Polmont Prison
- Falkirk Community Hospital
- Falkirk Carers Centre

- Bo'ness Community Hospital Wards 1 and 2
- Stirling Carers Centre
- Bellfield Centre

3.5 Horizon scanning

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

- Four key documents have been released from Scottish Government, that will shape the future of service delivery in Scotland. The **Public Sector Reform Strategy** aims to deliver more efficient, joined-up, and preventative public services, focusing on empowering communities and frontline workers while addressing systemic barriers. The **Operational Improvement Plan** for NHS Scotland outlines short-term actions to reduce pressure on services, improve access, and shift care towards community settings, supported by digital innovation and workforce engagement. Complementing this, the **Population Health Framework 2025–2035** sets a long-term vision to tackle health inequalities by addressing social determinants of health, promoting prevention, and fostering cross-sector collaboration. Finally, the **Service Renewal Framework** provides a medium- to long-term roadmap for transforming health and social care, emphasizing sustainability, equity, and community-centred care to ensure healthier lives for all. A Board briefing will take place on 29th July to provide more detail around the four documents.

4. Implications

4.1 Financial Implications

There are no financial implications within this update report.

4.2 Workforce Implications

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

4.3 Infrastructure Implications including Digital

There are no infrastructure implications within this update report.

4.4 Sustainability Implications

There are no sustainability implications within this update report.

4.5 Sustainability Declaration

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

☐ Yes

☒ N/A

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

4.6 Quality / Patient Care Implications

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

4.7 Information Governance Implications

There are no information governance implications within this update report.

4.8 Risk Assessment / Management

No risk assessment has been undertaken on this update report.

4.9 Relevance to Strategic Priorities

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

4.10 Equality Declaration

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

- ☒ *Paper is not relevant to Equality and Diversity*
- ☐ *Screening completed - no discrimination noted*
- ☐ *Full Equality Impact Assessment completed – report available on request*

4.11 Communication, involvement, engagement and consultation

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

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

7. Update on FOI

For: Assurance

Executive Sponsor: Andrew Murray, Medical Director

Author: Sarah Hughes-Jones, Head of Information Governance

Executive Summary

As a public authority, NHS Forth Valley is required to respond to information requests received under the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 within 20 working days. It is also required to respond to any requests for internal reviews within 20 working days.

NHS Forth Valley's compliance with FOI has been below the required levels since 2022. Targeted work has been led by the Information Governance Unit to achieve improvements, monitored by the Information Governance Group and Strategic Planning, Performance and Resources Committee (previously Performance and Resources Committee). Despite these efforts, progress has not reached the required standards or been sustained which has resulted in a backlog of overdue requests.

The Scottish Information Commissioner (the Commissioner) initiated a Level 1 intervention in November 2023, which was raised to a Level 3 intervention in November 2024, in response to sustained ongoing performance issues in relation to responding to information requests and requests for internal review. On 10th July 2025, the Commissioner wrote to the Chief Executive highlighting concerns around the lack of progress in improving performance. The Commissioner has now outlined specific targets and timescales for NHS Forth Valley to meet.

The Commissioner requires NHS Forth Valley to deliver the following performance levels:

- An average of 80% of all requests to be responded to on within 20 working days by the end of September 2025.
- An average of > 90% of all requests to be responded to within 20 working days by end of December 2025.
- 90% of all reviews to be responded to within 20 working days by end of September 2025.

It is fully recognised that the Board's performance in responding to FOI enquiries is not where it needs to be and efforts continue to improve local response times and reduce delays. A number of additional staff have recently been recruited to help increase capacity and work is already underway to address the requirements outlined in the Scottish Information Commissioner's letter, including the development of a detailed action plan.

With new resources, including the recent appointment of additional staff, within the Information Governance Unit, and escalation processes outlined within this report, these levels are assessed as achievable if NHS Forth Valley, as a whole-system, focuses on prioritising FOI responses to eradicate the backlog of requests and ensure that business as usual processes

enable prompt responses to information requests. Weekly reports to SLT providing compliance data for the previous week and updates on ongoing performance and progress towards the required targets, and further measures to be taken at pace if these are required, will ensure visibility at a senior level.

This report describes the work which has been undertaken by NHS Forth Valley since 2022 to address FOI performance, outlines the current position and sets out the proposed approach to meeting and monitoring the Commissioner's requirements.

The Board is committed to making the improvements necessary and will continue to work closely with the Commissioner's office to keep them updated on progress.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the actions required by the Scottish Information Commissioner.
- **endorse** the actions being taken by NHS Forth Valley to address these.

Risk Assessment / Management

In light of the Commissioner's concern around NHS Forth Valley's progress, and intimation of potential future enforcement action, the risk regarding Capacity to Deal with Information Access Requests has been escalated from the Information Governance Unit's Department Risk Register to the Organisational Risk Register (ORG 044). The current risk score is assessed as 20.

The Strategic Risk relating to Information Governance (SRR.003) has also been reviewed by the Head of Risk Management and the Head of Information Governance in light of the new organisational risk. This assessment concluded that it was appropriate to maintain the overall risk score as 12 as Strategic Risk 003 covers a wide range of information risks of which FOI compliance is one part. However, it should be noted that both risks are intrinsically linked and have been linked within the system to ensure that they are referenced together in future reporting.

Key Issues to be Considered

Background

The Freedom of Information (Scotland) Act 2002 (FOISA) gives people rights, subject to certain conditions and exemptions, to access recorded information held by public authorities. The purpose of the Act is to drive forward openness in Scottish public authorities. Alongside FOISA, the Environmental Information (Scotland) Regulations 2004 (EIRs) provide a separate right to access environmental information that we hold.

NHS Forth Valley has a statutory obligation to respond to requests within 20 working days. The Office of the Scottish Information Commissioner (OSIC) has the power to take enforcement action against public authorities which fail to deliver reasonable compliance with statutory timescales.

OSIC set out following standards for compliance with the 20-day deadline in their self-assessment toolkit:

Excellent	• 96-100% of requests responded to within 20 working days • 96-100% of review requests responded to within 20 working days • Appeals about failure to respond to SIC are rare and rarely upheld
Good	• 85-95% of requests responded to within 20 working days • 85-95% of review requests responded to within 20 working days • Appeals about failure to respond to SIC are rare and rarely upheld

Adequate	• 80-84% of requests responded to within 20 working days • 80-84% of review requests responded to within 20 working days • Appeals about failure to respond to SIC are occasional and sometimes upheld
Unsatisfactory	• <80% of requests responded to within 20 working days • <80% of review requests responded to within 20 working days • Appeals about failure to respond to SIC are regularly made and often upheld

Where a public authority fails to adhere to its statutory obligations, the Commissioner can take enforcement action. One of the methods through which this is done is via an Intervention. 'The aim of this type of enforcement action is to identify and resolve the challenges facing the authority and to enable the authority to achieve and/or maintain good practice. An intervention may result in a mutually agreed set of actions, or an improvement plan.'¹ There are four levels of Intervention Activity:

- Level 1 – failure to follow good practice.
- Level 2 – practice failure
- Level 3 – serious systemic practice failure
- Level 4 – consistent, ongoing failure to comply with FOI law and guidance.

The Commissioner also has the power to issue Enforcement Notices to compel authorities to take steps to comply with a breach of FOISA. If an authority does not comply with an Enforcement Notice, the Commissioner may refer the matter to the Court of Session.

NHS Forth Valley's Performance

NHS Forth Valley's performance against the 20-day statutory deadline has trended at unsatisfactory levels since mid-2022.

Within NHS Forth Valley, FOI compliance is managed by the Information Governance Unit (IGU). The IGU is responsible for logging, co-ordinating, and responding to all FOI requests. They do, however, rely upon services to provide the information which has been asked for in requests in order to enable a prompt response to be issued to the requester.

Prior to 2023, the FOI function was supported by one person within the IGU (FOI Manager). A level of resource which could not keep pace with the increasing number of information requests received by the organisation.

FOI performance is reported to and monitored by the Information Governance Group (IGG), and concerns around compliance with statutory timescales has been actively reported and monitored since September 2022. This monitoring identified that a focused review of resource and processes was required, and an FOI remediation project was initiated in June 2023 with a projected timescale of 12-18 months. Reports on the progress of the project have been routinely provided to the IGG on a quarterly basis, and to the Strategic Planning, Performance and Resources Committee (previously Performance and Resources Committee) via the six-month Information Governance assurance updates.

Throughout 2023, temporary support was provided to the FOI function through the Staff Bank and by the IGU Projects Manager, however this did not prove sufficient to manage demand and impact change.

¹ [Interventions: Our approach and procedures](#), Scottish Information Commissioner, page 5

A consequence of not answering requests on time is that a backlog of requests is created which require to be managed in addition to new requests which continue to be received.

OSIC issued NHS Forth Valley with a Level 1 intervention in November 2023.

Level 1 Intervention

The purpose of Level 1 interventions are explained in OSIC's [Intervention Procedures](#):

'Level 1 interventions aim to remedy failures to follow good practice. They are opened in order to set out and record concerns - such as failures to meet statutory timescales, issues with publication schemes, failures to submit quarterly statistics or other similar breaches - and require action. Where necessary, a Level 1 intervention may begin with a request for further information in relation to an initial concern, in order to determine the nature of the action required. All relevant documentation related to Level 1 interventions is recorded in an intervention case file in the case management system... If the authority fails to comply with the required action, or if non-compliance continues in spite of actions taken, the intervention may be escalated to Level 2 (subject to the decision being made by the appropriate member of the Commissioner's staff.'²

In response to the Level 1 Intervention, further resource was identified to support the FOI team within the IGU and focused briefings were provided to senior colleagues within the organisation including ELT.

In May 2023 a permanent Information Rights Officer was recruited which, with additional support (4 days a week) still provided from the Staff bank and IGU Projects Manager, began to address the situation. During the summer of 2024, focussed workstreams to tackle both the backlog of late requests, and manage current requests enabled the overall number of open requests to steadily reduce, plateauing at around 100 in August 2024, and compliance with the statutory timescale steadily increasing to near adequate levels.

At this time, it was hoped that further escalation from the Commissioner would be avoided, however unfortunately the improved performance was not sustained due to the impact of a combination of long-term absences experienced by the IGU towards the end of 2024. These resulted in a drop in compliance rates.

As a result of NHS Forth Valley's failure to reach and maintain the required levels of compliance, the Commissioner raised the intervention to Level 3 intervention in November 2024.

Level 3 Intervention

OSIC's [Intervention procedures](#) set out the purpose of a Level 3 Intervention:

'Level 3 interventions aim to remedy serious, systemic practice failures and require the authority to devise and deliver an action plan...

In most Level 3 interventions the authority will be required to: (i) identify/research and provide a detailed explanation of the causes of the identified areas of concern; (ii) complete any relevant self-assessment toolkit module and share the findings with the intervention officer and intervention manager ; and (iii) produce a detailed action plan,

² [Interventions: Our approach and procedures](#), Scottish Information Commissioner, page 8

setting out a number of actions and measures to be taken, and agree timescales and deadlines...

In some, but not all, Level 3 cases, we may conduct a detailed assessment of a particular aspect of an authority's practice.'

There are currently five public authorities subject to level 3 interventions:

- The Scottish Ministers (raised 15 November 2017) – [Intervention to support improvements in the Scottish Government's Practice and Performance.](#)
- The Scottish Ministers (raised 4 February 2024) - [Intervention to support improvements in the Scottish Government's Communications and Records](#)
- NHS Greater Glasgow and Clyde (escalated 17 June 2024) - [NHS Greater Glasgow and Clyde - Level 3 Intervention](#)
- Clackmannanshire Council (raised 9 September 2024) - [Intervention to support improvements in searches and handling of requests](#)
- NHS Forth Valley (escalated 28 October 2024) – [NHS Forth Valley - Level 3 Intervention](#)

Following this escalation, and in response to submissions requested by the Commissioner, a detailed explanation of the work being undertaken around FOI performance was submitted in December 2024. A meeting was thereafter arranged for March 2024 between the Commissioner and Chief Executive and relevant senior staff. This meeting provided an opportunity for the Chief Executive, SIRO, and Head of Information Governance to provide assurance to the Commissioner and his team around the Board's commitment to FOISA compliance and the steps being taken to resolve the continued issues in the area. At that time, and following a change of workforce within the IGU, it was possible to divert funds to support the recruitment of two permanent Information Rights Officers. This was reported to the Commissioner at the meeting.

Following this meeting, and in line with standard practice, the Head of Information Governance attended monthly meetings (via MS Teams) with the Commissioner's Case Officer to provide an update on the current position, progress and anticipated timescales associated with the recruitment of new staffing resources. These meetings took place on: 10 April 2025, 14 May 2025 and 16 June 2025. At the meeting in June, the Board was advised that insufficient progress was being made and it was likely that a further letter would be issued by the Commissioner. This was received on 10 July 2025.

The letter requires NHS Forth Valley to provide the Commissioner with a detailed Action Plan to meet the following targets:

- An average of 80% of all requests to be responded to on within 20 working days by the end of September 2025
- An average of > 90% of all requests to be responded to within 20 working days by end of December 2025
- 90% of all reviews to be responded to within 20 working days by end of September 2025.

The Commissioner has advised that enforcement action will be taken if NHS Forth Valley fail to meet these targets within the stipulated timeframe.

In addition to the Action Plan, we are required to undertake the following:

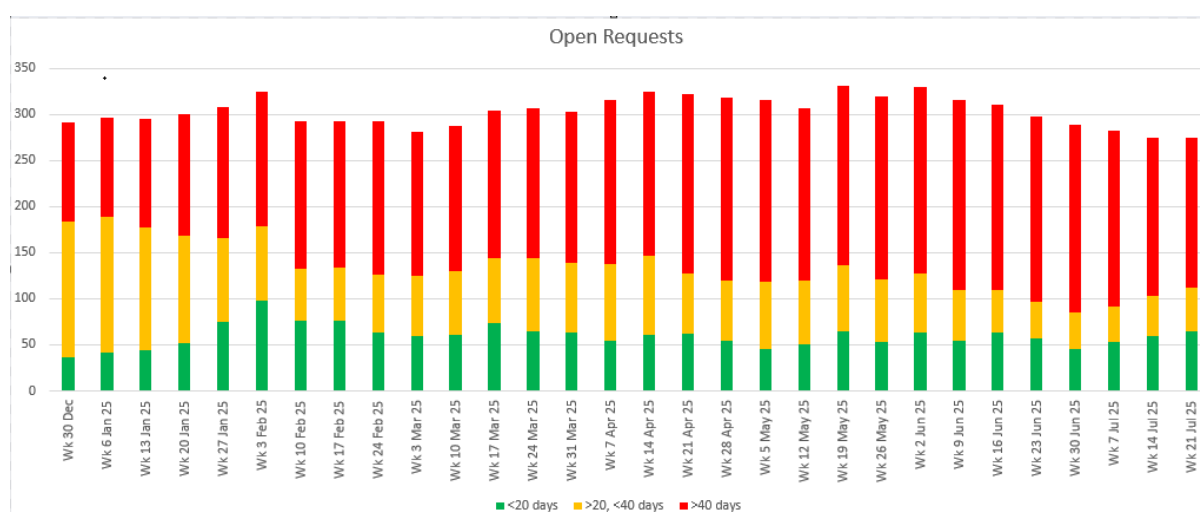
- Complete OSIC's self-assessment tool kit related to responding on time and report the results by the end of August 2025.
- Provide a detailed strategy for handling back logged requests by mid-August 2025 – with a view having your back log eradicated by the end of December 2025.
- Report progress towards eradicating your back log on a monthly basis.
- Urgently update NHS Forth Valley's FOI policy and procedures to reflect that requests should be responded to 'promptly' – shifting focus from purely a 20-working day timeframe.

The Policy & Intervention Team also contacted the Head of Information Governance to arrange a meeting to discuss the required improvements. In light of the urgency of this matter, and the timing of the Board meeting, the Head of Information Governance sought to arrange this meeting prior to 29th July 2025 however, unfortunately, this was not possible and the meeting has been arranged for Wednesday 30th July. It will include NHS Forth Valley's Head of Information Governance and FOI Manager, and OSIC's Head of Policy & Information and FOI Officer.

Current position

Open Requests

As of 23 July 2025, there are 275 open requests of which 65 are current (within the 20-day deadline) and 110 are overdue. The chart below indicates the proportion of requests which are current (green) and overdue (yellow and red).



Over the last two months, the FOI team have been tracking a steady reduction in open requests, from above 300, as we are able to close requests in the backlog as well as improve compliance with current requests. In the last three months, monthly compliance with the 20-day timescale has been steadily improving as highlighted in the table below:

April 2025	42%
May 2025	54%
June 2025	61%

The recruitment of the two new Information Rights Officers is now complete and the additional members of staff joined the team on the 10th and 16th July 2025. The FOI Team now consists of the FOI Manager and 3 Information Rights Officers on a full-time, permanent basis. It also continues to be supported by a colleague from the Staff Bank (4 days a week).

Requests normally become overdue because information is either not received or only partially received by the IGU ahead of the request becoming due, or there is unusual complexity in preparing the response e.g. redaction of significant amounts of information.

While the new staff will require a few weeks to learn relevant FOI policies and processes, it is anticipated that they will create significantly more capacity than has previously existed. This will increase the IGU's capacity to tackle overdue requests and ensure that current requests are more proactively chased and escalated than has recently been possible. It must, however, be noted that success relies upon departments and services across the organisation being able to provide the IGU with the information required for FOI requests within the 10-day target outlined in policy and resource their FOI obligations appropriately.

Further meetings have also been held with relevant key services to target the backlog of requests for which information has not been returned to the IGU. As demonstrated by the reducing number of open requests, this has already enabled a number of requests to be closed. This is a trend which is expected to continue and it is anticipated that compliance statistics for August 2025 should be significantly closer to acceptable levels than previous months.

Internal Reviews

An Internal Review is when a requester asks an authority to review its handling of their information request. It is a necessary step which must be completed prior to the requester being able to seek a decision from the Commissioner.

There are 12 open internal reviews, 11 of which are overdue.

The Commissioner is particularly concerned around NHS Forth Valley's failure to complete internal reviews because it prevents individuals from being able to exercise their right of appeal.

The backlog in Internal Reviews was created due to reduced capacity within the IGU when only the Head of Information Governance was available to complete them. The FOI Manager and Head of Information Governance are focussing on resolving the open internal reviews as quickly as possible.

Monitoring and Escalation

Public authorities are expected to respond to information requests promptly, and many services are excellent at providing information to the IGU quickly. However, where this does not happen, the IGU should now be resourced sufficiently to be able to escalate requests where information has not been received within the 10-working day internal target. This should create the conditions to enable a greater number of requests to close on time.

In addition, and following the recent alignment of structure data within systems, the FOI Manager is working with the Performance team to enable FOI data to be visible within the Pentana system.

To ensure that FOI compliance remains visible to senior leaders, and to ensure the Commissioner's targets are met, weekly compliance data will also now be provided to SLT. This will provide a review of requests due the previous week identifying the overall compliance with the statutory deadline and highlighting any requests which went overdue and the reasons for doing so. This will enable the Chief Executive and Executive team to monitor the progress being made and respond as necessary.

Required Actions

The table below outlines the current status of actions required by the Commissioner:

Action	Status	Responsible Officer(s)
Detailed Action Plan to meet Commissioner's targets	This will be developed over within the next two weeks, and circulated as required.	Head of Information Governance; FOI Manager
Completion of Self-Assessment Toolkit	The IGU Projects Manager started the self-assessment before leaving the FOI Team in March 2025. Further work on it was stalled during the recruitment of more FOI staff but will now be re-visited as part of the Action Plan development work	FOI Manager
Strategy for handling backlog to meet Commissioner's targets	This will be developed over within the next two weeks, and circulated as required.	Head of Information Governance; FOI Manager
Monthly reporting to OSIC	Monthly meetings with OSIC have been taking place since March 2025, and will continue. The next meeting has been arranged for Wednesday 30 th July.	Head of Information Governance; FOI Manager
Update to FOI Policy	We will clarify with OSIC the precise action required to meet this improvement action at the meeting on 30 th July. We will then ensure that the policy is updated promptly. The Information Governance Group met on 24 July 2025 and is aware of the action and the need to approve changes via email if necessary.	Head of Information Governance; FOI Manager

Progress against the above can be reported to the Board, the Strategic Planning, Performance and Resources Committee, and the Senior Leadership Team (SLT) as required.

Conclusion

The targets set out by the Commissioner are undoubtedly challenging given NHS Forth Valley's performance in this area. However, the Commissioner's letter has been received at a time when the IGU has reached a position of increased capacity and resilience. The new staffing resource creates stronger conditions to enable the whole of the organisation to respond to FOIs, as requests can be more proactively escalated and monitored to ensure that issues are resolved promptly, and requests resolved as quickly as possible. However, this capacity and impact will be closely monitored, and it is recognised that resourcing FOI obligations is an organisational wide responsibility. Weekly reports to SLT providing compliance data for the previous week will enable high levels of visibility of NHS Forth Valley's ongoing performance and progress towards the required targets, and further measures to be taken if these are required.

Eliminating the backlog will reduce the overall strain on the system and enable more focus to be placed on improving practice to deliver sustained compliance performance going forward.

Financial Implications

There is no direct financial impact associated with this report, however, responding to information requests requires whole-system support and capacity. Services may require to divert or invest resource to ensure information is provided promptly to the IGU and requesters.

Workforce Implications

As above, services may require to divert or invest resource to ensure information is provided promptly to the IGU and requesters. It should also be noted that the requirement to respond promptly to information requests can impact staff wellbeing where services are not sufficiently resourced to manage this demand. Services will need to proactively monitor their compliance with information requests to ensure that they have appropriately resilient processes in place.

Infrastructure Implications including Digital

There is no direct implication to Digital associated with this report.

Sustainability Implications

There are no direct sustainability implications associated with this report.

Sustainability Declaration

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

☒ Yes

☐ N/A

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

Quality / Patient Care Implications

Access to information is a statutory right. Having effective processes in place to enable individuals to access the information they ask for improves the experience of patients, their families, and the public at large building trust in the organisation.

Information Governance Implications

Access to information is a fundamental right provided under Information Governance legislation. Failure to make the improvements outlined in this report will result in enforcement action being taken by the Scottish Information Commissioner.

Relevance to Strategic Priorities

Compliance with freedom of information is a legal requirement. However, the improvements set out in this report fall within the Corporate Objective relating to Stewardship as it relates to effective delivery of services and continued improvement of corporate processes.

Equality Declaration

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

- ☒ Paper is not relevant to Equality and Diversity
- ☐ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

Sarah Hughes-Jones, Head of Information Governance (author)

Additional Information

None.

Appendices

None.

CLINICAL GOVERNANCE COMMITTEE

Tuesday 8 July 2025

8.2. Minute of the Clinical Governance Committee Meeting held on Tuesday 6 May 2025

For: Ratification

Minute of the Clinical Governance Committee Meeting held on Tuesday 6 May 2025 at 9.00am in the Boardroom, Carseview House.

Present: Mrs Kirstin Cassells (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Mr John Stuart (Committee Chair)

In Attendance: Miss Jennifer Brisbane (Corporate Services Assistant) Minute
Ms Laura Byrne (Director of Pharmacy)
Mr Ashley Calvert (Head of Clinical Governance)
Dr Jennifer Champion (Acting Director of Public Health)
Prof Frances Dodd (Executive Nurse Director)
Mr Jack Frawley (Board Secretary)
Mrs Eilidh Gallagher (Head of Person Centred Care) Item 10
Prof Karen Goudie (Director of Nursing)
Mr Jonathan Horwood (Infection Control Manager)
Prof Ross McGuffie (Chief Executive)
Mr Andrew Murray (Medical Director)
Ms Leona Paget (Service Manager FV Prisons) Items 8e & 8f
Dr David Watson (Chief of Acute Nursing Services) Item 8a
Miss Vicky Webb (Corporate Risk Manager)
Ms Nicola Wood (Chief Nurse) Items 8e & 8f

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

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

Ms Neena Mahal and Mr Kevin Reith were not in attendance.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minute of Clinical Governance Committee held on 11 March 2025**

The minute of the meeting held on 11 March 2025, subject to previous electronic circulation and committee member approval, was **confirmed** as an accurate record.

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

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

- (i) Actions 40 & 51: Updates to be provided within item 7.1. Action noted as complete.
- (ii) Action 64: It was advised that following discussion at the Clinical Governance Working Group regarding educational governance reports, it was proposed that such reports would be presented to the Staff Governance Committee, subject to approval from NHS Forth Valley Board Chair. Action closed.

- (iii) Action 65: Assurance was provided that further detail would be included within the Pharmaceutical Care Services Plan, following approval from the NHS Forth Valley Board. Action closed.
- (iv) Action 67: Further detail on sickness absence levels experienced within Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) to be circulated electronically after meeting, action noted as complete.
- (v) Action 69: Assurance was provided that the Mental Health Associate Medical Director raised concerns regarding a lack of Drug Related Death reviews to local authorities therefore action was noted as complete.
- (vi) Action 75 and 76 were combined and received an extension to timescale, where it was noted that public protection governance arrangements would be included within the standard public protection report.

The Clinical Governance Committee noted the Action Log.

5. Clinical Governance Committee Planner

The Clinical Governance Committee received the Committee Planner presented by Mr Ashlely Calvert, where no issues were highlighted.

The Clinical Governance Committee noted the Committee Planner.

6. Clinical Governance Committee Annual Report

The Clinical Governance Committee received the 'Draft Clinical Governance Committee Annual Report' presented Mr Ashley Calvert. The purpose of the report was to evidence the work of the committee during the 2024-25 financial year.

The following points were made in discussion:

- (i) Due to the volume of attendees outlined within the report, refinement of the composition list was sought to reflect regular attendees only, and removal of Ms Amanda Croft from the present list was required.
- (ii) It was agreed that the first bullet point within section 3.10 would be amended to reflect 'Sub Committee Minutes' to ensure completeness.

The Clinical Governance Committee:

- (1) approved the Clinical Governance Committee Annual Report, subject to the above changes.**
- (2) authorised the Committee Chair and Lead Executive to submit a finalised Annual Report to the Audit & Risk Committee in June 2025, taking account of any comments received.**

Actions:

- (1) Update report with the above amendments, prior to submission to the Audit & Risk Committee.** Ashley Calvert

7. Emerging Clinical Issues

The Clinical Governance Committee received the 'Emerging Clinical Issues' paper presented by Mr Andrew Murray. The purpose of the paper was to highlight emerging clinical issues, conclude the Scottish National Radiology Reporting Services (SNRRS) review and outline an issue which had arisen relating to lapsed training for detentions within Mental Health services.

Key messages in the report included:

- (i) An update was provided on the SNRRS quality and accuracy issues which saw NHS Forth Valley being disproportionately affected with 2 patients receiving a delayed cancer diagnosis, 1 of whom developed additional DVT

as a result of missed findings. Reassurance was provided that despite the Golden Jubilee National Hospital (GJNH) holding Organisational Duty of Candour, all cases where there was significant or potential impact, or patients requiring additional investigation had been contacted by NHS Forth Valley and were taken through the correct treatment pathways. In reference to action 51 within the committee action log, reassurance was provided that NHS Forth Valley provided feedback to the GJNH noting gaps in governance however due to the Service Level Agreement being held with GJNH no further mitigations could be undertaken.

- (ii) An SBAR was undertaken following the discovery of several detentions applied by a doctor previously working within the Mental Health Team, identified as potentially void and open to legal challenge owing to a lapse in the Doctor's Approved Medical Practitioner Training. Assurance was provided that a minimal number of patients were detained by the individual and there were no concerns raised following review.

The following points were made in discussion: -

- (i) Committee members were advised that there were mechanisms in place within the Mental Health Service which provided reminders to staff to renew certificates and undertake training. It was the responsibility of each practitioner to ensure that they remained registered.
- (ii) Following discussion, it was proposed that detail on a staff responsibility to maintain an up to date registration be included within the Professional Assurance Framework.
- (iii) Assurance was sought on the 3 mental health patients detained that were no longer under NHS Forth Valley's care. Following discussion with the Central Legal Office, there was no definitive view on the position however potential vulnerability was noted.
- (iv) The committee was advised that the clinician's current employer had been alerted to the situation.

The Clinical Governance Committee noted the status of both issues.

Action:

- (1) Incorporate detail on staff responsibility to remain up to date with professional registrations, in the Professional Assurance Framework.**

Andrew Murray

8a) Acute Directorate Safety and Assurance Report

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

Key messages in the report included:

- (i) Hospital Standardised Mortality Rate (HSMR) remained below the threshold of 1.
- (ii) Adult Cardiac Arrest rate was at 4.11 per 1,000 admissions, a rise from the previous position of 1.84. However, assurance was provided that a narrative could be provided for such increases.
- (iii) Overall Stroke Bundle compliance had increased to 60.6% in January 2025 which was above the Scottish position of 56%. However, it was noted that work was still required to improve Stroke Bundle compliance.

- (iv) The overall Hospital Acquired Pressure Ulcer rate was 1.12 per 1000 occupied bed days, a reduction from the previous month's 1.48, and a reduction from 0.83 to 0.64 per 1000 occupied bed days was noted for Grades 2 to 4.
- (v) The Falls with Harm rate was 0.25 per 1000 occupied bed days, which saw a shift of 6 data points below the mean as a result of installation of new hybrid mattresses in all inpatient areas.
- (vi) All inpatient falls rate for the Acute Directorate was noted at 10.18 per 1000 occupied bed days.

The following points were made in discussion:

- (i) Recognition was given to the significant work undertaken within the Acute Directorate to understand clinical governance issues and address such issues across the system.
- (ii) Committee members were informed of the upcoming Scottish National Audit Programme (SNAP) stroke audit, where it was suggested that data and action plans undertaken as part of the audit, could be included within future Acute Directorate Safety and Assurance Reports to provide narrative of the improved stroke bundle position.
- (iii) Following discussion, it was noted that the overall collated cardiac arrest data suggested an improved position as a result of the increased use of Recommended Summary Plan for Emergency Care & Treatment (ReSPECT). Assurance was provided that further detail on ReSPECT would be provided within item 11b.
- (iv) Emphasis was placed on the need for protected time to undertake cardiac arrest and other training requirements.
- (v) A further update was sought on the deteriorating patient improvements, where it was advised that despite challenge experienced, work was ongoing to roll out of Treatment Escalation Plans (TEPS).

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

Action:

- (1) **Include stroke bundle action plans and data obtained for the SNAP audit within future reports for further narrative on NHS Forth Valley's position.** Andrew Murray & David Watson

8b) Whole System Assurance Report

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

Key messages in the report included:

- (i) An overview of the continued improved format of the report was provided and areas of further improvements were noted. It was accepted by the committee that the detail and contained within the whole system report continued to evolve.
- (ii) Committee members were advised that there remained a lack of detail on the quorum of meetings within Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) however reassurance was provided that work was ongoing to obtain such information.

- (iii) A suite of key measures was identified by the Medical Director and Head of Clinical Governance to provide the committee with greater assurance within the report. Work was ongoing to ensure appropriate directorates and services were able to include key data in relation to such measures.

The following points were made in discussion:

- (i) Following concern raised on the lack of meeting dates for Clackmannanshire & Stirling HSCP, committee members were advised that there was no significant concern however for full assurance, dates were still sought from the Clinical Governance Working Group to gain assurance from a clinical and care governance perspective.
- (ii) In relation to Falkirk HSCP's clinical governance risk of poor communication during transitions of care, reassurance was provided that a task and finish group had been established to address delayed discharge letters and the completion timeframe.
- (iii) In reference to the identified clinical governance risk within Mental Health & Learning Disabilities regarding a lack of drug related death reviews, further detail was sought, specific to benchmarking of reviews and a lack of reviews undertaken within the community.
- (iv) Following discussion on the assurance structures in place for each directorate and their route for escalation, it was agreed that further detail would be provided in future reports.
- (v) Assurance was provided on the escalation route from the committee to the Forth Valley NHS Board, where a change to governance committee agendas would be undertaken to include an item specific to escalating issues to the Board. Furthermore, work was ongoing to standardise reporting of groups to the committee in order to achieve consistency.
- (vi) Further assurance was sought on response to a lack of drug related death reviews undertaken due to resource, where it was advised that the posts vacant within the team were those of an administrative nature due to a significant reduction in Annual Delivery Plan funding. Therefore, assurance could not be provided, however it was noted that previous reviews undertaken did not suggest significant community change. Assurance was provided that NHS Forth Valley had a representative on the National Incident Death Management Team where mitigations were developed, and an on-call Public Health staff member would be contacted in the event of an emergency.
- (vii) Following a detailed discussion, it was agreed that a further update on drug related death reviews would be provided at the 9 September 2025 meeting, and liaison with Ms Laura Byrne to explore mitigations would be undertaken.

The Clinical Governance Committee noted the contents of the report.

Actions:

(1) Include further detail on the clinical risk associated with a lack of drug related death review undertaken within the Mental Health & Learning Disabilities directorate, and assurance and escalation structures within directorates. (2) Provide a further update on drug related death reviews and liaise with Ms Laura Byrne regarding controlled drug mitigations.	Ashley Calvert Andrew Murray

Items 8c & 8d were taken in conjunction.

8c) Healthcare Associated Infection (HAI) Quarterly Report

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

Key messages in the report included:

- (i) Total SABs, DABs, CDIs and ECBs reported cases remained within controlled limits.
- (ii) Within the reporting period, there were:
 - 8 hospital acquired SABs.
 - 8 hospital acquired DABs.
 - 9 hospital acquired CDIs.
 - 8 hospital acquired ECBs.
 - No MRSA or C.difficile recorded deaths.
 - No mandatory surgical site infections.
 - 4 outbreaks (2 diarrhoea & vomiting, 2 Flu/ Covid)
- (iii) Ward visit non-compliance occurrences appeared to reduce in December 2024, however it was advised that this was as a result of fewer audits undertaken due to staff sickness and service pressures associated with influenza.

8d) Healthcare Associated Infection (HAI) Annual Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Annual Report' presented by Mr Johnathan Horwood. The purpose of the report was to provide an oversight of the HAI targets, incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Key messages in the report included:

- (i) From April 2024 to March 2025, there were:
 - 24 hospital acquired SABs.
 - 33 hospital acquired DABs.
 - 25 hospital acquired CDIs.
 - 60 hospital acquired ECBs.
 - No death with MRSA or C.difficile reported.
 - 13 surgical site infections reported.
 - 33 outbreaks reported.
- (ii) Uncertainty was noted in the increase of CDIs reported, however it was advised that rises in cases were experienced nationally and were related to antibiotic therapy or Proton Pump Inhibitors (PPIs) as opposed to the occurrence of transmission.
- (iii) An increase in hospital acquired SABs was noted in comparison to the previous year, where it was advised that such increases were predominately associated with unknown causes of infection.
- (iv) New national AOP targets had been devised and were based on health board case numbers. Assurance was provided that data aligned to the new targets would be incorporated within future reports.

The following points were made in discussion:

- (i) In reference to a 91% hand hygiene compliance rate recorded within TCAB, committee members were advised that due to improvements in reporting on Pentana, higher levels of ward visit hand hygiene non-compliance were

- reported due to additional elements being assessed as opposed to deterioration in overall compliance rate. It was noted that the Infection Control Committee observed a lower hygiene compliance than recorded, therefore work was ongoing to align observed and self-reported compliance reporting.
- (ii) Following a question raised on the lowering of hand hygiene standards, no concern was noted.
 - (iii) Committee members were made aware of the emerging public health issue regarding antimicrobial resistance, where it was advised that a 5-year plan had been developed to prevent trend increase. It was agreed that further detail on antimicrobial resistance would be provided at a future meeting, and work to further understand and monitor prescribing was required.

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

Actions:

- (1) Provide further detail on the antimicrobial resistance 5-year plan.** Laura Byrne

8e) Prisons Update

The Clinical Governance Committee received the 'Prisons Update' paper presented by Ms Nicola Wood and Leona Paget. The purpose of the paper was to provide an overview and update of the high-level risks for NHS Forth Valley Prison Healthcare Teams in 2024/25.

Key messages in the report included:

- (i) Failed transfers to appointments by GeoAmey was recorded within the Corporate Risk Register due to the significant impact on patient care. It was noted that despite GeoAmey being a National Scottish Prison Service (SPS) Scottish Government Contract, NHS Forth Valley continued to review and implement local improvements in collaboration with the Health & Social Care Partnership (HSCP). Assurance was provided that triages were undertaken within the prison service to prioritise urgent patient cases.
- (ii) Prison population continued to increase across Scotland, where it was noted that the adult male and female population within HMP Young Offenders Institution Polmont (HMPYOI Polmont) had reached capacity, holding the largest cohort of female population for Scotland. As a result of HMPYOI Polmont's population increasing from 270 to 550, a business case requesting resource from the Scottish Government was devised and presented to Clackmannanshire & Stirling HSCP and NHS Forth Valley Executive Leadership Team.
- (iii) Waiting times across each service continued to rise due the increased prison population experienced.
- (iv) Following a change of contract for Pharmacy supply to all SPS prisons in Scotland, significant service cost increases were recorded, in addition to increase cost of medicines resulting in a rise in budget overspend.
- (v) Committee members were advised of the success of the Buvidal Pilot introduced in May 2020 as part of the Covid 19 pandemic response advising to convert other Opiate Substitution Therapies to Buvidal.
- (vi) Following the launch of the Safer Together Collaborative, a national prison frailty screening tool was implemented, and a tool generated to identify patients with an Anticholinergic Burden (ACB) where those with a score of 5 or more would be invited for a review with a prison pharmacist and GP.
- (vii) HMP Glenochil in conjunction with Strathcarron Hospice, were granted a bid to fund a Frailty Project from April 2023 to September 2024, with the aim of

- improving the care of people that were frail in HMP Glenochil. Frailty screening continued for all transfers, in addition to the implementation of a Cognitive Pathway with HMP Glenochil following the work undertaken within the project.
- (viii) Staff turnover within the prisons had reduced by 8.24% from the previous year due to over-recruitment supporting workforce in all three sites.

The following points were made in discussion:

- (i) A question was raised on the utilisation of NearMe for virtual routine appointments, where it was advised that work would be undertaken to review introducing such appointments to reduce patient transfers.
- (ii) Following discussion on the use of Propranolol for anxiety and potential risk of patient suicide, it was noted that a risk-based approach to review the use of Propranolol within the prison service was required. Committee members were advised of the lack of low-level anxiety work undertaken by prison staff due to increased caseloads.
- (iii) Further detail was sought on the pressure of increased prison population on healthcare staff, where it was noted that challenges were associated with additional administrative workload for staff.
- (iv) Assurance was provided that NHS Forth Valley colleagues were members of a National Prison Group discussing prison population challenges, and work was ongoing to develop a workforce tool for prison staff.

The Clinical Governance Committee noted the contents of the report.

8f) HMP Polmont FAI Determination

The Clinical Governance Committee received the 'HMP Polmont FAI Determination' paper presented by Ms Nicola Wood and Leona Paget. The purpose of the paper was to highlight actions undertaken and actions still to be completed as well as risks associated with the determination publication.

Key messages in the report included:

- (i) A Fatal Accident Inquiry (FAI) determination was published on 17 January in relation to the two deaths within HMP YOI Polmont in 2018, to which 25 recommendations were made by the sheriff and covering 15 themes, of which 3 were in relation to the HMP YOI Polmont healthcare team.
- (ii) Assurance was provided that learning and improvements were undertaken immediately after the incidents occurred.
- (iii) A follow up inspection was carried out in 2023, where the overall rating had improved from 'poor' to 'satisfactory' with:
 - 4 quality indicators rated as 'good'.
 - 10 quality indicators rated as 'satisfactory'.
- (iv) All 3 recommendations from the FAI determination were met, having work undertaken between 2018 and publication of the determination in January 2025, and assurance was provided that all actions continued to be under review.
- (v) A business case for HMP Glenochil and Polmont was reviewed in March 2025 and would be resubmitted to the Scottish Government due to population increase experienced in HMPYOI Polmont in 2024, and Glenochil due to being under-resourced.

The following points were made in discussion:

- (i) Following a question raised on the potential local financial risk if non-recurring funding was secured, it was advised that the Deputy Finance Director was liaising with the Scottish Government.

- (ii) A question was raised on the backlog of people waiting to go to trial following the increased number of those being incarcerated. It was noted that such backlog was expected to increase over 5 years, however work was ongoing to look at reducing untried warrants.

The Clinical Governance Committee noted:

- (1) improvements undertaken between 2018 in relation to FAI recommendations evidenced in HMIP follow up inspection in 2023.**
- (2) risks highlighted in association with FAI.**
- (3) Plans for a full business case regarding funded establishment across all three prison sites.**

9) Public Health Update

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

Key messages in the report included:

- (i) Assurance was provided that the Public Health Directorate continued to apply NHS Forth Valley's principles and standards of clinical governance.
- (ii) Committee members were reminded of the Director of Public Health's responsibility for governance of work undertaken by staff in other departments or directorates, such as the work of the Blood Borne Viruses Managed Clinical Network. The responsibility was addressed by seeking assurance of governance arrangements of the reporting structures.
- (iii) The Immunisation Governance Flash Report was highlighted, articulating the work undertaken within the team to strengthen governance.

The following points were made in discussion:

- (i) A committee member sought reference to antimicrobial work, however it was advised that such work was undertaken by the Health Protection department.
- (ii) Following discussion, the Committee requested that further metrics were included within future presentations of the report.
- (iii) It was accepted by the committee that the detail and data included within the public health update reports will continue to evolve.

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

Action:

- (1) Include further metrics in future Public Health reports.**

10) Person Centred Care Report

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

Key messages in the report included:

- (i) Performance in 2024-25 demonstrated improvement in comparison with the 2023-24 position. However, it was advised that considerable improvement remained essential following a 30% increase in stage 2 complaints and 13% increase of overall complaints received in January and February 2025. Despite

- improvements, deterioration was recorded from February 2025 due to a maternity leave gap and further vacancy triggering within the department.
- (ii) Assurance was provided that an additional 2 WTE (Whole Time Equivalent) Band 6 staff were recruited, 2 Band 5 posts commenced within the department in February 2025, and the maternity leave and vacancy gaps were backfilled. Furthermore, a Service Level Agreement was established with NHS Lanarkshire to provide NHS Forth Valley with drafting support, in addition to complaint letter training provided by Stirling University.
 - (iii) A deep dive was undertaken following a 70% increase in 'poor nursing care' incidence within the reporting period, where it was noted that a high prevalence of such incidences were received from the prisons. Assurance was provided that findings were shared with the Prison Healthcare team for learning.
 - (iv) In order to achieve wider awareness, inhouse upskilling development sessions were provided to Band 8A's and above to ensure best practice.
 - (v) An incremental reduction in associated organisational risks were anticipated over the coming months due to the recent uplift in workforce within the team.
 - (vi) An update was provided on the Artificial Intelligence project where significant gains were anticipated, however it was noted that further investment was required.

The following points were made in discussion:

- (i) Following discussion, committee members were advised of progress with 60% of complaints handled as stage 1, where it was advised that work was ongoing to develop managers' skillset to support local resolution.
- (ii) Reassurance was provided that the Person Centred Care Report was disseminated by managers to highlight areas of learning to staff.
- (iii) A committee member queried scope to raise issues regarding increase in prison population, where it was advised that work was ongoing with prison colleagues to address complaint responses.
- (iv) The Committee acknowledged the current workload and challenges this present to the person centred team.

The Clinical Governance Committee:

- (1) acknowledged the ongoing organisational risk associated with the current position, and variance in demand and capacity within patient relations.**
- (2) noted the mitigation steps undertaken and improvements demonstrated.**
- (3) noted the anticipated further short period of deterioration due to vacancies and maternity leave gaps.**
- (4) endorsed ongoing performance monitoring with escalation to the committee.**

11a) Significant Adverse Event Report

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

Key messages in the report included:

- (i) The aim of the Healthcare Improvement Scotland (HIS) Framework was to achieve:

- 50% reduction in the number of days taken to commission an SAER within NHS Forth Valley from the current mean of 42 to 21 by June 2026.
 - 25% reduction in the number of days taken to write the SAER report ready for submission for approval, from the current mean of 164 to 123 days.
 - 100% of all commissioned SAERs meeting the 30-day timescale for report approval by December 2026.
- (ii) The last 3 SAERs within NHS Forth Valley were commissioned within 41, 22 and 18 working days, which did not meet the HIS target of 10 working days and were below the current mean.
- (iii) Since the last reporting period:
- 4 SAERs were commissioned out with the 10-day timescale.
 - 2 Acute Directorate related SAER reports were received by the NHS Forth Valley Commissioning Group for approval. However, it was noted that the 90-day process was not met due to significant delays in panel formation. Reassurance was provided that additional facilitators were implemented to support SAERs from Corporate Clinical Governance.
 - 3 SAER final reports had been approved at the Commissioning Group within the 30-day timescale.
- (iv) Assurance was provided that all SAERs from 2023 had progressed to a draft report, excluding SAER 106 which experienced further delay due to staff absence. However, it was indicated that a draft report for SAER 106 would be complete by the end of May.

The following points were made in discussion:

- (i) Assurance was sought on the sight of learning summaries to sub-specialist groups, where it was advised that it remained an area of improvement however work was ongoing within the directorate clinical governance groups to provide access to learning summaries.
- (ii) Following a query was raised on the number of reviewers trained in order to support capacity and ensure confidence in review skills, assurance was provided that there were no concerns.
- (iii) The Committee requested to see sustained progress in relation to the closing off of the 'longer standing' SAERs.

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

11b) Safer Together Collaborative Update

The Clinical Governance Committee received the 'Safer Together Collaborative Update' paper presented by Prof Karen Goudie. The purpose of the report was to provide an overview of the Safer Together Collaborative (STC) which aimed to improve patient safety across several areas through implementing evidence-based practice.

Key messages in the report included:

- (i) There were 63 test teams across the system, actively engaged with the STC, working within 7 key workstreams, each focused on reducing specific harms.

- (ii) Data quality work continued, with a focus on assuring that harm data was in alignment with the National Adverse Event Framework by developing new measurement verification and categorisation processes.
- (iii) In order to provide an evidence-based policy standard to support care delivery and quality improvement, a number of policies were undergoing redesign to provide whole system policy approach. Where it was noted that the Pressure Ulcer Care policy had been approved, and the Cardiac Arrest and Clinical Observations policies were in their final draft.
- (iv) A collaborative system was developed to capture learning using mixed-method evaluation. A comprehensive evaluation report would be produced following the closure of the collaborative in November 2025.
- (v) Falls with harm rates displayed a 6-point shift below the median in inpatient falls with harm per 1,000 occupied bed days.
- (vi) Improved reporting of pressure ulcers was demonstrated, where it was advised that a whole system mattress replacement was underway to improve device standards.
- (vii) An observed change in rate of cardiac arrests per 1,000 discharges saw a shift from the highest 10% in the National Cardiac Arrest Audit to the 75th to 90th percentile. Following a significant increase of cases in February 2025, all cases were reviewed to improve Treatment Escalation Planning.
- (viii) Data quality work continued in order to obtain acute hospital catheter usage, with data moving to SQL Server Reporting Services in May 2025. Assurance was provided that NHS Forth Valley remained within national E Coli Bacteraemia limits.

The following points were made in discussion:

- (i) Following discussion on the progress of the electronic observation system, committee members were assured that there would be functionality within the system which would hold patient ReSPECT forms.

The Clinical Governance Committee noted the contents of the report.

12a) Internal Audit Follow Up Actions

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

Key messages in the report included:

- (i) Reassurance was provided that all actions aligned to the Clinical Governance Committee were noted as complete.

The following points were made in discussion:

- (i) Committee members were informed of Internal Audit's ongoing review of SAER action plan developments.

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

12b) Clinical Governance Working Group Update

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

Key messages in the report included:

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

The following points were made in discussion:

- (i) A question was raised on the proposed timescale to fully transition to In-Phase, an adverse event management system by 2028, where concern was raised over a lack of benefit realisation due to the anticipated implementation date being too far into the future. Reassurance was provided that ongoing discussions regarding the timeline would be undertaken at the Senior Leadership Team (SLT) meeting. Committee members endorsed the proposal to SLT to bring forward implementation.
- (ii) Further detail on the discussions undertaken at the CGWG was sought within future reports to provide assurance on decisions made.
- (iii) A committee member sought clarification of the ratification of policies through the CGWG and notification to the NHS Forth Valley Board, where it was agreed that Terms of References would be reviewed for assurance.

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

Actions:

- (1) **Include discussion at CGWG within future reports for further assurance on decisions.** Ashley Calvert
- (2) **Gain clarity on the remit of CGWG to undertake ratification of the policies.** Andrew Murray

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

- a) **Clinical Governance Working Group Minute 13.02.25**
- b) **Organ & Tissue Donation Committee Minute 08.01.25**

14) The Clinical Governance Committee noted the below Standards and Reviews Reports:

- a) **December 2024**
- b) **January 2025**

15) The Clinical Governance Working Group Annual Report

The Clinical Governance Committee noted the Clinical Governance Working Group Annual Report.

16) Any Other Competent Business

The Chair noted the below issues to raise at the NHS Forth Valley Board:

- (i) Concerns regarding a lack of Drug Related Death Reviews.
- (ii) Antimicrobial resistance work being undertaken.
- (iii) Prison recommendations and development of a business case.

17) Date and Time of Next Meeting

Tuesday 8 July 2025 at 9:00am, in the Boardroom, Carseview House.

The Chair closed the meeting at 12:27pm.

STAFF GOVERNANCE COMMITTEE

8.3 Minute of the Staff Governance Committee Meeting held on Tuesday 13 May 2025

For: Approval

Minute of the Staff Governance Committee Meeting held on Tuesday 13 May 2025 at 9.00am in the Boardroom, Carseview House and via MS Teams.

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

In Attendance:	Ms Chloe Archer	Mr Cameron Raeburn (Item 7.2)
	Mrs Elaine Bell	Mr Kevin Reith
	Mr Michael Brown	Ms Becky Reid (Minutes)
	Prof Frances Dodd	Mrs Linda Robertson
	Mr Jack Frawley	Mr Scott Urquhart
	Mrs Linda McGovern	Ms Vicky Webb

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

The Chair welcomed all present to the meeting. Apologies were received from Mr John Stuart and Mrs Neena Mahal.

Mr Allan Rennie, Mrs Morag Farquhar, Mr Garry Fraser, Professor Ross McGuffie and Mrs Jo Tolland were not in attendance.

The Chair confirmed the meeting was quorate.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Draft Minute of Staff Governance Committee Meeting held on Tuesday 14 March 2025.**

With the exception of Item 8.2 (Health & Safety Quarterly Report), the Committee approved the minute of the meeting held on Tuesday 14 March 2025 as an accurate record. With regard to Item 8.2, the Board Secretary was asked to consider the matter of reflecting in the Committee minutes the view of staff side members when raising specific Union concerns.

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

The action log was reviewed, and the following outcomes were noted:

- Items 2, 4 and 30 were proposed for closure following the work highlighted within their respective agenda item at this meeting.
- The timescale on item 33 and 34 would be amended to 15 July 2025.
- Item 35 was completed following approval of the Safe Staffing annual report at the March NHS Forth Valley Board meet.

Items 6.1, 6.2 and 6.3 were taken at this point in the agenda.

6.1 Safe Staffing Report

The Staff Governance Committee received the 'Safe Staffing Report' presented by Prof Frances Dodd. The purpose of this paper was to provide a high-level update on progress being made to comply with the Health and Care (Staffing) (Scotland) Act 2019.

Key messages in the report included: -

- (i) Monitoring and compliance against the Health and Care (Staffing)(Scotland) Act 2019 (HCSSA) would be done through existing governance arrangements and would be a regular agenda item at Senior Leadership Team meetings.
- (ii) Assurance of progress against compliance and implementation of the Act would be reported to the Staff Governance on a quarterly basis.
- (iii) To support implementation of the Act annual financial support from Scottish Government had been provided but as the Act transitions to business as usual it would be likely that substantive funding from NHS Forth Valley would be required.

The following points were made in discussion: -

- (i) An ask was put forward for future reports to articulate whether the organisation was legally compliant with the Act. For assurance, confirmation was provided that currently the organisation was compliant with implementation and regular discussions took place with Scottish Government to monitor this.

The Staff Governance Committee: -

- **Noted the Annual Health and Care (Staffing) (Scotland) Act 2019 report (Q4) 2025 and the Q4 Agency report was sent to the Health Improvement Scotland (HIS) Monitoring and Compliance committee at the beginning of April 2025 ahead of the deadline on 30th April 2025.**

Actions:

- **Future reports to articulate whether the organisation is legally compliant with the Act.**
- **Future reports to articulate how the financial aspects will be balanced.**

6.2 Speak Up/Whistleblowing Quarterly Report

The Staff Governance committee considered the 'Speak Up/whistleblowing Quarterly Report' presented by Prof Frances Dodd. The purpose of this paper was to provide an update on the Whistleblowing Performance in NHS Forth Valley during Q4 in 2024/25.

The key messages in the report included: -

- (i) NHS Forth Valley had received a total of 23 cases since the Whistleblowing procedure was introduced in 2021. There had been no concerns received during this quarter.
- (ii) It was recognised that the timeframe for a full response particularly relating to Stage 2 cases was longer than ideal, however this was often due to the complexity of the concern and the level of investigation required.
- (iii) NHS Forth Valley remain committed to continually reviewing and refining processes to ensure staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

The Staff Governance Committee: -

- **Was assured about the effectiveness of the process, recognising that aspects need to be improved.**
- **Noted Whistleblowing performance in NHS Forth Valley in Q4 2024/25.**

6.3 Whistleblowing Annual Report

The Staff Governance Committee received the 'Whistleblowing Annual Report.' Presented by Prof Frances Dodd. The purpose of this report was to provide an update of the Whistleblowing annual activity during 2024/25.

Key messages in the report included: -

- (i) The whistleblowing arrangements continued to evolve and strengthen using a continuous improvement approach with the aim of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.
- (ii) Engagement with the Independent National Whistleblowing Officer (INWO) took place on a regular basis who provided ongoing support.
- (iii) Overall reporting numbers remained low, this aligned with other Health Boards.
- (iv) Investigations were expected to be completed within 20 working days which was challenging due to several factors such as the complexity of the case and ensuring all appropriate people were involved.

The following points were made in discussion: -

- (i) When questioned whether timescales were a wider issue it was confirmed that timescales were not of significant concern and there was an understanding that some cases require deeper investigation due to the complexity and factors out with anyone's control.
- (ii) Concerns were raised that there was no mention of the Speak Up service within this report and questioned whether this service was still in place due to Speak up ambassadors now being confidential contacts for Whistleblowing. Confirmation was provided that Speak Up remained available, but the decision was made in 2021 to report these services together. Confidential contacts were of varied banding to provide ample opportunity for staff to feel safe to raise concerns if they felt uncomfortable to speak to someone at directorate level.
- (iii) For the next Staff Governance meeting a request was made for changes made to the Speak Up services when integrated with Whistleblowing to be highlighted and a list of Speak Up ambassadors be shared. Narrative of how Speak Up related to Whistleblowing should be included whilst highlighting any additional issues that may be detrimental to staff when trying to raise concerns.
- (iv) An active strand of work was ongoing through the Culture Change & Compassionate Leadership Programme that allowed staff to highlight what they required to feel heard and supported.

The Staff Governance Committee: -

- **Noted the Whistleblowing Annual Report 2024/25.**
- **Requested detail of how Speak Up and Whistleblowing were integrated while remaining distinct services.**

Actions:

- **An understanding of the changes made to the Speak Up service and detail of who the Speak Up ambassadors were and at what level to be included within the next report to the Staff Governance Committee.** Frances Dodd
- **Narrative of how Speak up related to Whistleblowing whilst highlighting any additional issues that may be detrimental to staff to be included.** Frances Dodd

5.1 Staff Governance Committee Workplan 2025/26

The Staff Governance Committee considered the 'Staff Governance Committee Workplan 2025/26' presented by Mrs Linda Robertson.

Key messages in the report included: -

- (i) An updated version of the Workplan was presented to committee members following the initial draft being presented at the March 2025 Staff Governance Committee meeting. Specific changes and developments had been highlighted within the report for clear oversight for committee members.
- (ii) The 2025-2026 workplan was now aligned to the annual six meeting schedule consistent with other governance committees.
- (iii) Plans for Focussed Reviews on the two current strategic risks aligned to the Staff Governance Committee had been scheduled for July and November 2025 meetings.
- (iv) The workplan had been designed to reflect the Health & Social Care: National Workforce Strategy 'pillars' and each paper referred to a specific strand.

The Staff Governance Committee: -

- **Approved the proposed draft Committee Work Plan for 2025/26**

Items 5.2 and 6.6 were taken in conjunction due to the relative matters.

5.2 Staff Governance Report – Including Workforce Performance Reporting

The Staff Governance Committee received the 'Staff Governance Report – Including Workforce Performance Reporting' presented by Mr Kevin Reith. The purpose of this paper was to provide an update on a range of Staff Governance and Partnership priorities, related workforce reporting metrics and associated improvement activity being undertaken to support enhanced performance and to mitigate present risks.

Key messages in the report included: -

- (i) The reporting style had been adapted to comply with an audit recommendation and reflected a more performance style of reporting.
- (ii) A positive decrease in sickness absence rates following a peak over the winter period was reported in the month of March 2025, with a further reduction of 0.07% since the previous meeting. Primary reasons for absences remained as 'anxiety, stress, depression and other psychiatric illnesses' which accounted for 34.52% of lost hours.
- (iii) Several initiatives to address attendance issues had been implemented including the creation of an Attendance Management Oversight Group and Action plan. Key actions for this group included monitoring attendance rates through Workforce Performance Reporting and the launch of a Health and Wellbeing Toolkit.
- (iv) Occupational Health Service management and self-referrals reduced from 157 to 110 between February 2025 and March 2025 which was a positive decrease. The ongoing stable trend reflected the increase in awareness sessions that offered to managers through the Management Referral Training.
- (v) Employee Relations had seen fluctuations in cases noting an increase in Grievance cases over a 3-month period. Ongoing support regarding management training was being provided from the Human Resources (HR) department as well as encouragement for early resolution of employee relations issues from both staff side and HR colleagues. Challenges in the time taken for cases to progress was highlighted.
- (vi) Engagement from leavers completing exit interviews remained low but a communication plan to raise awareness of the process throughout the organisation was being developed.

- (vii) The national Key Performance Indicator (KPI) for signed off PDR's was 80% with NHS Forth Valley achieving 36.9%. PDR performance would be addressed during Performance Reviews with the Chief Executive.
- (viii) A significant reduction in nursing agency use with an ongoing effort to manage bank staff usage was noted.

The following points were raised in discussion: -

- (i) Although actions were in place to mitigate absence management and PDR compliance it was noted that these seemed not to be effective. An ask was made of the Executive team for an honest reflection of what further work would be required to achieve anticipated targets and provide an understanding of the lack of improvement.
- (ii) Mr Robert Clark highlighted the lengthy process to obtain a referral to an Occupational Health Physician noting the deepening effect this could have on staff. Confirmation was provided that conversations would take place with heads of services to consider what adjustments within the process could be made to improve this timeframe.
- (iii) Within page 6 under section 3.1.3 it should be clarified that the 2-day KPI for staff to return to work directly referred to the timescale for the return to work discussion taking place between the staff member and their manager. It was not a KPI around length of absence.
- (iv) Concerns were raised about the number of cases being referred to employee relations due to the lack of a robust system for early resolution and the length of time for cases to be resolved, whilst also questioning the inclusion of bullying and harassment cases within these figures. Mr Kevin Reith agreed that effective robust processes were essential, and work was underway to determine the focus work required to achieve improved timelines. A collaborative approach would be considered, and a meeting was already in place for staff side and HR to discuss best practices moving forward. Feedback of this meeting and the initial findings of prioritisation work for successful early resolution would be brought back to the July meet of the Staff Governance Committee.
- (v) Directorate performance reviews were being carried out with increased scrutiny ensuring managers were being held accountable to drive improvement with PDR uptake and sickness absence rates. The Chief Executive has identified these areas as priorities for attention.

The Staff Governance Committee: -

- **Noted and discussed the content of the paper and appendices.**
- **Was assured about the effectiveness of the Board's key HR processes, with the exception of Absence management and PDR completion.**

Actions:

The Committee requested:

- **An honest reflection of what further work would be required to achieve anticipated targets and provide an understanding of the lack of improvement in relation to absence management and PDR completion.**
- **More in depth information on how the referral to an Occupation Health Physician timeline could be improved.**
- **Clarity on the wording within section 3.1.3 on page 6 of the report.**
- **An update of the work being implemented to better the timescales of employee relation referrals and the processes being discussed to produce a more robust system for early resolution.**
- **Detail of the work being considered to improve referral timelines to services.**

Kevin Reith

6.6 Audit Report A24/25: Management of Sickness Absence

The Staff Governance Committee received the 'Audit Report A21/25: Management of Sickness Absence'. The purpose of this report was to highlight the six actions scheduled to be delivered across the period of June to November 2025.

Key messages in the report included: -

- (i) Internal Audit identified that although work had been initiated through the Attendance Management Action Plan, changes in the intervening period identified a need to accelerate the pace of delivery and additional mitigation to increase assurance that the organisation can deliver its objectives.
- (ii) Action owners were identified for each of the six actions, and they would be built into pre-existing workstreams to improve sickness absence rates.
- (iii) Reporting on absence management performance with related improvement activity and the specific audit actions would be presented to Committee through our Internal Audit Actions and Staff Governance Reports (items 5.2 and 6.7 respectively on this agenda).

The Staff Governance Committee: -

- **Noted the outcomes of the Management of Sickness Absence Internal Audit, the limited assurance provided therein and the link between that conclusion and the Committee's consideration of Item 5.2 - *Staff Governance Report*.**
- **Noted the agreed actions would be monitored through the routine reporting of Internal Audit Actions under the responsibility of the Staff Governance Committee**

Item 7.1 was taken at this point in the agenda.

7.1 Strategic Risk Register

The Staff Governance Committee received the 'Strategic Risk Register' presented by Ms Vicky Webb. The purpose of this paper was to provide an update of the Strategic Risk Register as of May 2025 with a focus on the risks aligned to the Staff Governance Committee.

Key messages in the report included: -

- (i) The below risks aligned to the Staff Governance Committee had been reviewed and remained static:
 - SRR009 Workforce Plans.
 - SRR019 Culture & Leadership.
- (ii) There were no overdue actions in this reporting period, with 4 actions anticipated for completion in the upcoming quarter.
- (iii) A review of the strategic risks aligned to each governance committee was ongoing to ensure appropriate oversight and full scrutiny.

The following points were raised in discussion: -

- (i) Confirmation was provided that the focused reviews scheduled for the July and November Staff Governance Committee meetings would be adapted to include detail on how the issues stated within the risk analysis were being addressed.

The Staff Governance Committee: -

- **Endorsed the Staff Governance strategic risks for onward reporting to the NHS Board.**

Action:

- **Report to be adapted to address issues stated within the risk analysis and highlight progress.** Vicky Webb

5.3 Staff Governance Annual Report

The Staff Governance Committee received the 'Staff Governance Annual Report' presented by Mrs Linda Robertson. The Staff Governance Committee Terms of Reference required the preparation of an Annual Report highlighting the work covered during the financial year 2024/25.

Key messages in the report included: -

- (i) The Forth Valley Annual Report template had been reviewed and revised by the Board Chair.
- (ii) The final version of the annual report would be signed off by the Committee Chair and the Executive Lead.

The following point was raised in discussion: -

- (i) Following a question regarding membership it was confirmed there remained a vacant Non-Executive Director position.

The Staff Governance Committee: -

- **Approved the draft Staff Governance Annual Report.**
- **Authorised the Committee Chair and Executive Lead to submit the finalised Annual Report to the Audit & Risk Committee in June 2025.**

5.4 Remuneration Committee Annual Report

The Staff Governance Committee received the 'Remuneration Committee Annual Report' presented by Mr Kein Reith highlighting the work of the Remuneration Committee during the financial year 2024/25.

Key messages in the report included: -

- (i) The Remuneration Committee Chair endorsed the detail within the report.
- (ii) An updated annual report template was developed following a review from the NHS Board chair to ensure consistent formatting across all governance committees.

The Staff Governance Committee: -

- **Approved the draft Remuneration Committee Annual Report.**

5.5 Remuneration Committee Terms of Reference

The Staff Governance Committee received the 'Remuneration Committee Terms of Reference' presented by Mr Kevin Reith. The purpose of this paper was to highlight the minor adjustment made to the Terms of Reference (ToR) following presentation at the March Staff Governance Committee meet.

Key messages in the report included: -

- (i) Following presentation of the ToR to the Staff Governance Committee in March additional feedback was received from the Internal Audit Team noting a specific adjustment being warranted. This adjustment referred to the membership noting that the Staff Governance would recommend the membership, but final approval would sit with the NHS Forth Valley Board.

The Staff Governance Committee: -

- **Approved the Remuneration Committee Terms of Reference as appended to the report for onward submission to the Board.**

Item 6.8 was taken at this point in the agenda

6.8 Reduction Working Week Implementation Update

The Staff Governance Committee received a 'Reduction Working Week Implementation Update' presented by Mrs Elaine Bell. The purpose of this paper was to provide the Staff Governance Committee with an update on the full implementation of the Reduction to the Working Week.

Key messages in the report included: -

- (i) All NHS Boards were asked to begin working towards implementing the reduced working week to 36 hours by 1 April 2026. An outline implementation plan was requested to be submitted to the Scottish Terms and Conditions Committee by 1 May 2025, with the full implementation plan expected for submission by 1 October 2025.
- (ii) The Area Partnership Forum approved the outline implementation plan ahead of submission to the Scottish Government.
- (iii) Prior to the 1 October 2025 deadline for the submission of the finalised implementation plan this would be shared at the September meeting of the Staff Governance Committee for oversight.

The following points were raised in discussion: -

- (i) When questioned on how realistic of a timeframe 31 July 2025 was for directorates and partnerships to submit their initial plans of implementation it was confirmed the timeframes should be achievable due to the foundation of work being in place following the initial reduction of a half hour to the working week.
- (ii) Within the paper there were references to engagement with SERCO but it was highlighted that the Board were not responsible for SERCO's implementation of the reduced working week.

The Staff Governance Committee: -

- **Noted the outline plan reducing the working week to 36 hours for NHS Scotland's Agenda for Change staff and was assured about satisfactory progress, but recognising that timescales will be challenging.**

Action:

- **Reduced Working Week to be added to the workplan for consideration at the September Staff Governance Committee meeting.** Becky Reid

6.4 iMatter Update Report

The Staff Governance Committee received the 'iMatter Update Report' presented by Mrs Linda McGovern. The purpose of this paper is to provide a summary of the iMatter cycle for 2024, based on the National iMatter Staff Experience Report which will inform our planning for the 2025 cycle.

Key messages in the report included: -

- (i) The national iMatter Report, published on 22 November 2024, provided oversight and analysis across Health and Social Care throughout Scotland and contained comparisons to previous years.
- (ii) NHS Forth Valley aligned with the national response rate of 58%. In relation to action plans agreed within the 8-week window NHS Forth Valley achieved 61% which was higher than the national average.

- (iii) Benchmarking against other Health Board took place to understand good practices implemented.
- (iv) The 2025 iMatter cycle was being carried out and surveys had been circulated amongst staff on Monday 12th May.

The following points were raised in discussion: -

- (i) When questioned on the purpose of benchmarking against other Health Boards it was advised it allowed for a learning opportunity of good practices that could be adapted for implementation within NHS Forth Valley, whilst highlighting the health board were not an outlier.

The Staff Governance Committee: -

- **Noted the benchmarking from the national board update.**
- **Noted the actions for 2025.**

6.5 Culture Change and Compassionate Leadership Programme Update

The Staff Governance Committee received a 'Culture Change and Compassionate Leadership Programme Update' presented by Mr Kevin Reith. The purpose of this paper was to highlight the ongoing work within the Culture Change and Compassionate Leadership Programme as the organisation endeavours to build these processes into business as usual activity.

Key messages in the report included: -

- (i) Phase 1 of the project mobilisation had been completed with Phase 2 having begun on 8 May 2025. A 'Plan-On-A-Page' outlining the scope of work across the 8 workstreams required to ensure successful delivery of the project were shared with committee members for assurance.
- (ii) Where possible, each of the projects would engage with existing or planned initiatives relating to Culture & Leadership to maximise resources, streamline activities and support the transition into business as usual.
- (iii) NHS Forth Valley had been invited to present as part of a mini-plenary session entitled 'Improving Wellbeing and Working Cultures' at the NHS Scotland Annual Event in Glasgow on 9 June 2025.
- (iv) Although the aim was for this project to become business as usual the intent would be that once embedded, work would be continuously developed and monitored.
- (v) The Culture Change & Compassionate Leadership Methodology had been proven to have had a positive impact on staff absence and turnover in other Health Boards. Following the launch of the Culture Change & Compassionate Leadership Programme (CC&CL) in 2023, NHS Forth Valleys turnover figures indicated a consistent decline of 5% as of February 2025.

The following points were raised discussion: -

- (i) An ask was put forward for thought to be given to how assurances could be shared with the Staff Governance Committee from the Culture Change & Compassionate Leadership Programme Board against the implementation of work.
- (ii) Highlighted was the importance of not losing sight of the ongoing work once transitioned to business as usual. Thought should be given to the best practice for measuring the implementation of work and the impact on the organisation once all transition phases were complete.

The Staff Governance Committee: -

- **Was assured about progress todate based on the actions and workstreams that have been taken forward, and also noting:**
 - o **the need for a robust approach to Business as Usual handover;**

- o **the need for the Committee and the Board to be assured in future about how this work impacts across the whole organisation; and**
- o **The need for development of a cultural indicator tool that helps us understand whether we're making a real difference, and how that is underpinned by the overarching group's reflection on how it feels across the organisation in practice.**

Action:

- **Address the issues highlighted in the above paragraph (BAU, organisation-wide impact and cultural indicator tool) in future reports.**

6.7 Internal Audit Actions Update

The Staff Governance Committee received an 'Internal Audit Actions Update' presented by Mrs Linda Robertson. The purpose of this update was to provide the Staff Governance Committee with oversight of the audit actions aligned to the committee.

Key messages in the report included: -

- (i) Following both internal and external audits numerous actions had been identified to address control weaknesses and effective follow up processes were put into place to ensure work was carried out to resolve actions.
- (ii) Where possible, actions would be dealt with in the current financial year rather than being carried forward into the next financial year.
- (iii) Monthly Pentana Audit Follow Up reports were shared with Responsible Officers to review agreed actions and allow for assurance to be provided on progress. Internal Audit colleagues had met with Responsible Officers to ensure management of responses were provided.
- (iv) In reviewing outstanding audit recommendations, due to sufficient evidence there had been a proposal put forward to the Staff Governance Committee to agree the closure of the below:
 - A06/25 Internal Audit Report 2023/24 Ref 5
 - A08/24 Internal Control Evaluation Ref 10

The Staff Governance Committee: -

- **Noted the status of the current audit follow up actions aligned to the Staff Governance Committee.**
- **Considered the overdue actions and the progress update provided.**
- **Approved the closure of 2 audit recommendations A06/25 and A08/24.**

7.2 Health & Safety Quarterly Report

The Staff Governance Committee received the "Health & Safety Quarterly Report" presented by Mr Cameron Raeburn. The purpose of the report was to provide an update on the Health and Safety issues and those being worked on by the Health and Safety Department with a focus on Q4 reporting period.

Key messages in the report included: -

- (i) Following feedback, the summary position table highlighting the status against key performance indicators (KPI's) for directorates and the health and social care partnerships had been updated to reflect target percentages.
- (ii) 3,976 adverse events were reported in Q4, a decrease of 116 from Q3. 2,311 of these adverse events were non-clinical which was a slight increase from the previous quarter however remained within the expected norms. Work was underway to determine hotspots and trends.
- (iii) 90% of adverse events were reported within 3 days of the event with 73% being reviewed within the 9-day target, these figures remained below the KPI requirement.

- (iv) As of 1st April 2025, 365 adverse events were out with the 9-day KPI or awaiting the managers form to be submitted, this was an increase from 1st January 2025. There remained 248 outstanding adverse events from 2023 and 2024 awaiting submission of the manager's form.
- (v) A slight decrease with excellence reporting noting 279 events were recorded within Q4. The most frequent themes were 'going the extra mile' and 'teamwork/peer support'.
- (vi) 643 Violence & Aggression related adverse events were reported within Q4 which was a 22% decrease from the previous quarter.
- (vii) Compliance against in person training for Manual Handling (MH) decreased by 1% and Management of Violence & Aggression (MVA) increased by 2% resulting in the 90% compliance target remaining unmet. High risk MVA areas would continue to be of high priority to achieve and maintain 90% compliance.
- (viii) Control Book performance by Directorate and Health and Social Care Partnerships fell just short of the 80% KPI achieving 79% compliance. Audit action updates were submitted on a self-reporting basis. There had been an overall decrease in responses, but Acute Services were highlighted as an area of concern as of the 46 areas only 7 had submitted any information. Health and Safety advisors had reached out to teams within Acute Services who had not submitted a response within Q3 and although there had been sufficient uptake none of these areas submitted a response within Q4 which raised significant concern.
- (ix) 3 additional actions had been identified during Q3, one of which was to further investigate MVA compliance. Committee members were advised that this would be developed into a corporate risk following discussions at a Senior Leadership Team Meeting.

The following points were made in discussion: -

- (i) Further assurance was sought on the work being implemented to mitigate concerns against high-risk areas that were non-compliant with mandatory training particularly focusing on MH and MVA. Although the report highlighted significant data, there had been an ask that future reporting to the committee included finer detail on the focus work being carried out to improve compliance.
- (ii) Members reiterated the lack of assurance against outstanding actions and lack of action plans, noting concerns had been raised previously with the Health and Safety Committee.
- (iii) As highlighted at the previous Staff Governance Committee meeting, discussions had taken place at directorate performance reviews to consider the requirements to improve compliance. Findings from these performance reviews would be integrated within the report for the following Staff Governance Committee meeting.
- (iv) Recognition was given that these expectations set out a long-term plan but that the Staff Governance Committee required continuous progress reports against performance trajectories and action implementation. There had been a request for this work to be included within the Health and Safety Report going forward for monitoring and assurance purposes.
- (v) Noted was the importance to comply with mandatory training should be cascaded through the organisation from an Executive level.
- (vi) Committee members were advised of a similar position the organisation had been in previously and extensive focused work was carried out producing great improvement. Although it was recognised that this work was valuable it resulted in all training requiring renewal at one time causing similar issues with compliance statistics. This work had also been solely monitored by the Health & Safety team whereas now should be monitored at a directorate level.

The Staff Governance Committee: -

- **Was not assured on specific areas of Health and Safety matters as detailed above.**
- **Requested an update be included within the report detailing the progress of actions.**
- **Requested a summary paragraph of the Health and Safety Committee's concerns against compliance issues discussed at this meeting be provided at the next Staff Governance Committee meeting.**

Actions:

- **Progress against actions to be included within the next report.** Scott Urquhart
- **Feedback from the Health and Safety Committee against concerns discussed to be provided at the next Staff Governance Committee meeting.** Morag Farquhar

8.1 Area Partnership Forum Minute 17122024

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

8.2 Acute Services Partnership Forum Minute from 30012025

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

8.3 Facilities & Infrastructure Partnership Forum Minute 290824

The Staff Governance Committee **noted** the Facilities and Infrastructure Partnership Forum Minute.

8.4 Health and Safety Committee Minute 11022025

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

9. Any Other Competent Business

Mr Reith updated the Committee on the recent Supreme Court judgement relating to its decision around the terms 'women' and 'sex' in relation to the Equality Act 2010. He advised that the Equality and Human Rights Commission is aiming to provide an updated Code of Practice to the UK Government by the end of June 2025 for ministerial approval. The Scottish Government has confirmed that it will amend the guidance on the public boards legislation to take account of the ruling.

We await this new national guidance and will provide a briefing to the Board when it is received and will continue to assess the implications of the changes to ensure compliance with our legal requirements.

10. Matters To Raise at Board

The Chair confirmed the following issues would be raised at Board:

- **Concerns of high volume of absences noting the ask to the Executive Team.**
- **PDP's compliance remaining significantly below target**
- **The concerns against areas of non-compliance with mandatory training specifically regarding Manual Handling and the Management of Violence and Aggression.**

11. Date Of Next Meeting

Tuesday 15 July 2025 at 9:00am, Boardroom Carseview House, Stirling

8.4 Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 24 June 2025

For: Ratification

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

Present: Ms Neena Mahal (Chair)
 Mrs Kirsten Cassells (Non-Executive Director)
 Mr Robert Clark (Non-Executive Director)
 Mr Martin Fairbairn (Non-Executive Director)
 Mr Gordon Johnston (Non-Executive Director)
 Cllr Fiona Law (Non-Executive Director)
 Mr Stephen McAllister (Non-Executive Director)
 Mr John Stuart (Non-Executive Director)

In Attendance: Ms Elsbeth Campbell (Head of Communications)
 Dr Jennifer Champion (Acting Director of Public Health)
 Mrs Morag Farquhar (Director of Facilities)
 Mr Garry Fraser (Director of Acute Services)
 Mrs Janette Fraser (Head of Strategic Planning)
 Mr Jack Frawley (Board Secretary)
 Mrs Wendy Forrest (Interim Head of Efficiencies, Improvement and Innovation)
 Ms Claire Giddings (Corporate Performance Manager)
 Ms Laura Henderson (Senior Performance Management Officer)
 Mr Scott Jaffray (Director of Digital)
 Ms Jackie McEwan (Corporate Business Manager)
 Professor Ross McGuffie (Chief Executive)
 Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
 Mr Andrew Murray (Medical Director)
 Miss Rebecca Reid (Corporate Services Assistant) Minute
 Mr Scott Urquhart (Director of Finance)
 Miss Vicky Webb (Corporate Risk Manager)
 Ms Gail Woodcock (Chief Officer, Falkirk IJB)

1. Welcome, Apologies for Absence and Confirmation of Quorum

Apologies were received on behalf of Cllr Fiona Collie, Mr Allan Rennie and Cllr David Wilson. The Chair confirmed the meeting was quorate.

Prof Frances Dodd, Mrs Karen Goudie, Ms Joanna Macdonald and Mr Kevin Reith were not in attendance.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Strategic Planning, Performance & Resources Committee on 29 April 2025

The minute of the meeting held on 29 April 2025 subject to previous electronic circulation and committee member approval, was confirmed as an accurate record.

4. Matters Arising from the Minute / Action Log

The Strategic Planning, Performance & Resources Committee reviewed the action log noting that actions 121, 129 and 134 were complete and noted the below for actions in progress:

- Action 98 – Timeline for completion would be adjusted, and an update would be provided when possible as options to improve telecommunications within Forth Valley Royal Hospital were yet to be provided.
- Action 124 – As this item was scheduled for August and yet to be presented it was noted that the status should revert to 'in progress'.
- Action 127 - Guidance was yet to be received.
- Action 133 – To be marked as complete as it was confirmed that the issues had been addressed as HEPMA machines had been upgraded and the out of hours cover was to be reviewed during the Directorate review.

Items 13a & 13b were taken at this point in the agenda.

13. Performance

(a) Urgent & Unscheduled Care Focussed Review

The Strategic Planning, Performance & Resources Committee received the 'Urgent & Unscheduled Care Focussed Review' presented by Miss Vicky Webb and Mr Garry Fraser. The purpose of the report was to provide an assurance assessment on SRR002: Urgent & Unscheduled Care.

Key messages in the report included: -

- (i) Following a review of the risk description and score, risk SRR002: Urgent & Unscheduled Care remained a very high strategic risk.
- (ii) There were 6 identified controls in place to mitigate this strategic risk. Of these 6 controls, 1 had been noted as mostly effective and the others were deemed partially effective.
- (iii) Committee members were advised that the formatting of this report was updated and split into 6 sections:
 - Introduction
 - Risk Overview, further categorised by:
 - i. Bow-tie Analysis on risk description
 - ii. Causes of risk linked to performance
 - Current Controls Assessment, further categorised by:
 - i. Control Assessment Guidance
 - ii. Control Analysis
 - Controls Assurance Assessment
 - Further Control Analysis
 - Conclusions & Assurance Recommendation

The following points were made in discussion: -

- (i) It was noted that this report considered both risk and performance and provided assurance on the controls in place to mitigate the risk. Further analysis was requested to highlight the impact of these controls and consider whether the correct workforce was in place.
- (ii) In response to discussion on the role of The Centre for Sustainable Delivery (CfSD), it was noted that CfSD had previously undertaken work to consider performance within Emergency Departments (ED) across Scotland and following feedback an initial action plan was created. CFSD were currently in place to provide a refresh on the leverage points to ensure plans continued

- to move in a positive direction and indicate whether the correct workforce and skillset was implemented within ED.
- (iii) Following a question on the CAU Sieve & Sort Model referred to as a further action to support ED occupancy, it was advised that the model allowed for a quicker more efficient process to triage patients at the front door and allow for prioritisation of cases. Once patients had been referred to the correct route of treatment a more in-depth assessment would be carried out.
 - (iv) For further assurance of the effectiveness of the controls implemented to mitigate the risk, an ask was put forward for the Clinical Governance Committee to do an in-depth review of this work from a patient harm prospective.
 - (v) The reporting format of focused risk reviews had developed a lot over the year and would continue to be developed further as work progressed with aligning performance and risk. Thought would be given to the triangulation of data to ensure assurances were being provided on the work being implemented.

The Strategic Planning, Performance & Resources Committee:

- **Noted the content within the Urgent & Unscheduled Focussed Review**
- **Agreed that there was limited assurance on the effectiveness of the controls in place**
- **Requested that the Clinical Governance Committee carry out an in-depth review of this risk assessment considering the patient harm aspect.**

(b) Performance Report: Including Urgent & Unscheduled Care Update and Focus on Waiting Times

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

Key messages in the report included: -

- (i) The performance report was presented in a new format and was now split into 4 key sections:
 - Area of Focus
 - Performance report which was further categorised by
 - i. Priority areas of Performance
 - ii. Other areas of Performance
 - Performance Scorecard
 - Directorate Assurance Review Summary
- (ii) Committee members were asked to share any thoughts or feedback on the revised format directly to Ms Kerry Mackenzie.
- (iii) Cancer target compliance in April 2025 noted that 63.4% of patients waited less than 62 days from urgent suspicion of cancer referral to first treatment. The 31-day target achieved 99% compliance.
- (iv) Psychological Therapies draft data indicated that 68.4% of patients started treatment within 18 weeks to referral.
- (v) Paediatric Neurodevelopmental data was presented for the first time to highlight its position as a complex area of challenging performance. It was noted that there was no national target currently however it was an area of focus for NHS Forth Valley.

- (vi) A section for 'Other Areas of Performance' was incorporated within the report to bring awareness to areas of high compliance or provide a brief overview of data to areas that would be monitored by other governance committees.
- (vii) Committee members were advised of the work ongoing within Planned Care highlighting that it was an in-depth topic at a previous Senior Leadership Team (SLT) meeting and would continue to be monitored through this route. Although there was a lot of work ongoing in this area it remained in a good position and was on a positive trajectory.
- (viii) Mr Garry Fraser highlighted that a bid had been put forward by the Scottish Government to improve access and productivity within the ED. CfSD was providing aid to improve performance. Confirmation of additional funding to support this work within Urgent and Unscheduled Care (UUSC) was yet to be received.
- (ix) National work was being carried out to expand Hospital at Home capacity with the expectation that Forth Valley would increase their current capacity to 110 virtual beds. Funding had been requested to increase capacity across older adults Hospital at Home, OPAT, Community Heart Failure Services and Community Respiratory Services, and to provide a new Hospital at Home Service for Paediatrics.
- (x) To address the needs of older adults living with frailty a whole system approach was being adapted to allow for early identification to ensure a comprehensive assessment was carried out to ensure patients receive the appropriate appointment in a timely manner.
- (xi) The 'shifting the balance of care' test of change commenced in June 2025 in Partnership with Falkirk Health & Social Care with the aim of shifting to community-based resources from acute. This would allow for the closure of the 32 bedded contingency ward within the NHS Forth Valley acute site and support ongoing flow through the system.
- (xii) CFSD had produced refreshed leverage points to be issued which focused on areas that required assistance in improving performance such as capacity within ED at certain times of the day. CfSD had committed to carrying out an assessment of medical staffing to ensure the correct skill mix was present to assist with improving efficiency.

The following points were made in discussion: -

- (i) Confirmation was provided that the Strategic Planning, Performance and Resources committee planner contained a schedule for performance reports to be provided.
- (ii) Comments were raised on the benefits of hearing case studies and patient stories to understand the impact of the improvement work being carried out within ED, but it was advised that some work remained in the early stages meaning it was too early to provide a comprehensive update. Thought was being given to the most beneficial way to provide patient stories to share the impact both internally and externally.
- (iii) For monitoring and implementation purposes around U&USC, it was requested that timelines be applied to projects and for an updated assessment from CfSD be brought back to the committee.
- (iv) A question was raised as to whether the bids for funding to Scottish Government would be on a non-recurring basis but as confirmation of allocation was yet to be received it was not possible to gain confirmation at this stage.
- (v) To meet the demands within ED, the question was raised as to whether a more varied shift pattern had been considered but skill set requirement and staff contracts meant it was not a simple change. CfSD would continue to consider the appropriate skill set and assist with rotas where necessary.

- (vi) Mr Garry Fraser wished to draw attention to page 240 within the performance report as this section provided further detail on the work being carried out across UUSC and the accomplishments that could be seen at this stage.
- (vii) Benchmarking against the 4-hour Emergency Access Standard had been carried out across all other NHS Health boards highlighting a varied compliance score. When questioned as to whether this work would provide any learning opportunities it was advised that there were some aspects implemented within other areas which were not feasible for NHS Forth Valley, such as referring patients to another site.

The Strategic Planning, Performance & Resources Committee:

- Considered the content within the performance report following a lengthy discussion to consider a number of areas of work.
- Were assured the correct actions were in place to improve performance recognising the positive work being carried out.

Action:

- Committee members to provide feedback in respect of the changes to the Performance Report format.
- Project timelines to be included in U&USC updates.
- The updated assessment from CfSD to be reported back through SPPRC.

5. Chief Executive Update

The Strategic Planning, Performance & Resources Committee received a verbal Chief Executive Update which highlighted the below:

- Following a supreme court ruling on the Equality and Human Rights Commission, a multi-Board commission for legal guidance was being requested-
- An update was provided on the timeline for the consideration of NHS Forth Valley's escalation status by Scottish Government.
- An in-depth discussion took place at a recent joint Chairs and Chief Executives meeting to discuss the implications of the Public Sector Reform and NHS Reform frameworks, the Population Health Framework and collaborative leadership.

6. Finance

(a) Finance Report

The Strategic Planning, Performance & Resources Committee received the 'Finance Report' presented by Mr Scott Urquhart. The purpose of the paper was to provide a high-level summary of the financial results for the first two months of 2025/26 financial year.

Key messages in the reports included: -

- (i) A revenue overspend of £3.9m was reported for the first two months of 2025/26 financial year which raised significant concern as this was a higher overspend than the planned trajectory. Corrective action to address this overspend was vital to restore financial balance.
- (ii) Based on current financial planning assumptions, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2024/25, a net funding gap of £38.0m had been identified for 2025/26.
- (iii) A range of cost improvement plans, and efficiency initiatives had been developed to mitigate the £38.0m gap with the aim to breakeven which was a statutory requirement. Implementation of the overall savings plan would be monitored by the Financial Stewardship Group.

- (iv) Following the completion of Q1 an in-depth review of the overall financial position would be carried out to predict the forecast for the 2025/26 financial year.
- (v) The financial plan for 2025/26 had been approved by Scottish Government and acknowledged the level of savings required.

The following points were made in discussion:

- (i) Following a question on the monitoring of the overspend within medical staffing, it was confirmed this was a key area of focus and despite being a challenging area a lot of work was ongoing to reduce overspends where possible.

The Strategic Planning, Performance & Resources Committee:

- **Considered the level of financial risk and challenge for 2025/26, with an overspend of £3.9m reported for the first two months of the financial year - prompt corrective action will be required during the first quarter to restore financial balance.**
- **Noted that an in-depth review of the overall financial position, including savings delivery, changes in key planning assumptions, key financial risks and initial forecast outturn projections for the year, will be undertaken following completion of the Quarter 1 financial results in July.**

(b) Financial Sustainability Oversight

The Strategic Planning, Performance & Resources Committee received the 'Financial Sustainability Oversight' paper presented by Mr Scott Urquhart. The purpose of the paper was to provide an overview of the refreshed Financial Sustainability Action plan for 2025/26 and changes to the former Financial Sustainability Oversight Group.

Key messages in the reports included: -

- (i) Financial sustainability remained very high risk in the NHS Boards strategic risk register reflecting the financial impact of ongoing operational service and capacity pressures.
- (ii) The Financial Sustainability Action Plan had been updated to reflect the £38.0m net funding gap and aligned with the refreshed national 15 box grid and 3% recurring savings target imposed by Scottish Government.
- (iii) The RAG status included within the Financial Sustainability Action plan highlighted that 50% of actions were assessed as green, 30% were red and 20% were amber in relation to deliverability.

The following points were made in discussion: -

- (i) As stated within the Terms of Reference, the Financial Stewardship Group were accountable to the Strategic Planning, Performance and Resources Committee. It was suggested that a diagram of the governance reporting structure would be beneficial for clarity on who feeds into the Financial Stewardship Group.

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

Action:

- **A diagram of all groups reporting to SPPRC should be shared with members.**

7. National Treatment Centre Update

The Strategic Planning, Performance & Resources Committee received an oral 'National Treatment Centre Update' provided by Mr Scott Urquhart. The purpose of this update was to provide an update of the current position of the national treatment centre (NTC).

Key messages in the oral update included: -

- (i) The NTC building delay remained ongoing and a determination from Falkirk Council on the Portakabin's design solution to remedy the fire safety and smoke containment defects was yet to be received.
- (ii) Following the outcome of the decision, discussions would take place with NHS Assure to decide the next steps to progress with resolving the outstanding issues. An update on the next steps would be shared with the Strategic Planning, Performance and Resources Committee.
- (iii) Using the funding provided by Scottish Government an NTC model for patients would continue to be provided in the meantime.

The following points were made in discussion: -

- (i) Clarity was provided that the determination awaited by Falkirk Council was in relation to the fire safety regulations and the foil wrapping on the water pipes with NHS Assure fully sighted on the issues.
- (ii) Prof Ross McGuffie agreed to liaise with senior leadership at Falkirk Council to better understand the expected timeline for a decision.

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

Action:

- **Ross McGuffie to liaise with Falkirk Council Senior Leadership to ascertain timelines for the determination.**

8. Strategic Risk Register Update

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

Key messages in the report included: -

- (i) During the reporting period of April-June 2025, 9 of the 10 strategic risks aligned to the Strategic Planning, Performance & Resources committee remained static.
- (ii) SRR004: Scheduled Care risk score had increased to 20 due to changes in the Anaesthetic job family roles which resulted in the additional demand required to reduce the 52 week waits being unachievable at present.
- (iii) A review had been undertaken on the alignment of the strategic risks to the standing assurance committees, and due to the lead impact category being listed as patient harm it felt appropriate that the below risks would no longer be aligned to the Strategic Planning Performance and Resources Committee and be considered by the Clinical Governance Committee:
 - i. SRR002 Urgent & Unscheduled Care
 - ii. SRR004 Scheduled Care
 - iii. SRR018 Primary Care Sustainability

The following points were made in discussion: -

- (i) A question was raised on whether the 24-month plan to improve efficiency and address the impact of the NTC included detail of the utilisation of the funding allocation received from Scottish Government. Confirmation was provided that the allocated funding was being utilised to accommodate the work required to achieve meeting the anticipated targets for the NTC despite the building being unable to open.
- (ii) Confirmation was provided that Primary Care sat within the partnership area of focus but given that there was an element of patient harm and the Forth Valley NHS Board was responsible for Primary Care Contracts, it was important that progress continued to be highlighted to the Clinical Governance Committee.
- (iii) Members raised the issue that there was no Health and Social Care Partnership representation at Governance Committees which needed review if risks were going to be realigned.
- (iv) SRR002: Urgent & Unscheduled Care was proposed for realignment to the Clinical Governance Committee due to a risk category of patient harm. It was highlighted however that matters around performance would continue to be reported to the Strategic Planning, Performance & Resources Committee within the standing performance report.

The Strategic Planning, Performance & Resources Committee:

- **Endorsed the Strategic Planning, Performance and Resources Strategic Risks for the period April-June 2025 for onward reporting to the NHS Forth Valley Board.**
 - o **SRR004: Scheduled Care increased from 16 to 20.**
- **Considered the proposed realignment of Strategic Risks to the Standing Assurance Committees and recommended these to Board for approval.**

Action:

- **The Chief Executive and Board Chair to discuss representation from the HSCPs at Governance Committees.**

9. Governance

(a) Internal Audit Actions Follow Up

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

Key messages in the report included: -

- (i) There were 6 live actions at the time of reporting that were all due for completion throughout 2025, 2 of which were scheduled to be completed by end of June 2025. Monitoring of progress would continue to be carried out through the Strategic Planning, Performance & Resources Committee and the Audit and Risk Committee.
- (ii) Following the issue of the Internal Audit Annual Report 2024/25, 8 additional actions will be included in future reporting.
- (iii) Since the last update provided, 5 actions had been completed and closed off.

The following point was made in discussion: -

- (i) A query was raised on the amendment of completion dates to 3 of the actions in which it was advised the rationale for the changes were detailed within the cover paper of the report highlighting that A25/23 Cyber Resilience was due for closure on 30 June 2025.

The Strategic Planning, Performance & Resources Committee noted the contents of the Internal Audit Action Follow Up Paper.

(b) Annual Internal Audit Report 2024/2025

The Strategic Planning, Performance & Resources Committee received the 'Annual Internal Audit Report 2024/2025' presented by Ms Kerry Mackenzie. The purpose of this paper was to highlight the outcome of the Internal Audit 2024/25 and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2024/25.

Key messages in the report included: -

- (i) Internal Audit and the assurances provided by the Chief Internal Auditor would be key assurance sources considered by the Chief Executive when undertaking the annual review of internal controls and form part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which would be published within the Board's Annual Accounts.
- (ii) The Annual Internal Audit Report 2024/2025 was discussed in great detail at the most recent Audit and Risk Committee meeting as part of the wider portfolio of year end governance assurances.
Contained within the report were 16 findings with the agreed management actions, 8 of which aligned to the Strategic Planning, Performance & Resources Committee. Key areas of focus for the committee were highlighted for consideration within the cover paper of the report. Members noted that each Governance Committee would be required to oversee the implementation of the findings of the report within their areas of work.

The Strategic Planning, Performance & Resources Committee noted the contents of the Annual Internal Audit Report 2024/25.

(c) Programme of Work

The Strategic Planning, Performance & Resources Committee received the 'Programme of Work' paper presented by Professor Ross McGuffie. The purpose of this paper was to share the 2025/26 delivery plan created by the Executive Team to create real clarity on deliverables, roles and responsibilities for the year ahead.

Key messages in the report included: -

- (i) The 2025/26 Programme of Work set out the key deliverables that would be taken forward against each of the 4 corporate objectives which were approved at the NHS Forth Valley Board Meeting in March 2025:
 - Collaboration
 - Transformation
 - Stewardship
 - Outcomes
- (ii) Detailed within the Programme of Work was the Executive Lead that had been assigned to each objective, the delivery structure of the 6 programme boards created to oversee the implementation of work each of which would be chaired by an Executive Director and the alignment of each programme board to a governance committee.

- (iii) Key deliverables set out within the Programme of Work would be reflected through the Executive Objectives for 2025/26. The Executive and Senior Management objectives were due for approval at the July 2025 meeting of the Remuneration Committee.

The following points were made in discussion: -

- (i) Comments were shared on the layout and the detail of focus work within the Programme, noting the new way of thinking was a welcomed approach.
- (ii) Confirmation was provided that updates on CPP/Anchor work would be shared with the SLT through the presentation of the Programme of Work and the NHS Forth Valley Board would receive detail from the Strategic Planning, Performance and Resources Committee.
- (iii) It was important to crosscheck the programmes of work against the national Service Renewal Framework.

The Strategic Planning, Performance & Resources Committee:

- **Endorsed the content of the 2025/26 Programme of Work**
- **Noted that the Remuneration Committee was due to approve the Executive and Senior Management objectives.**

10. Population Health & Care Strategy Engagement– Initial Feedback

The Strategic Planning, Performance & Resources Committee received the 'Population Health & Care Strategy Engagement – Initial Feedback' paper presented by Mrs Janette Fraser. The purpose of this paper was to provide an overview of engagement on the draft strategy and provide the initial analysis of feedback received.

Key messages in the presentation included: -

- (i) The draft Population Health and Care Strategy period of engagement took place between 1 May and 15 June 2025 and was disseminated widely within Forth Valley and to strategic partner organisations. Feedback received would inform the final version of the Population Health and Care Strategy 2025-2035.
- (ii) Many of the responses were detailed and specific to a particular service or topic and did not reference the draft strategy directly however it was clear that some responses were heavily influenced by media coverage.
- (iii) Deeper analysis of the responses was yet to be finalised but once all work was completed a final version would be presented to the Strategic Planning, Performance and Resources Committee.
- (iv) A brief overview of the themes identified from the 122 responses within each category was shared with the committee.

The following points were raised in discussion: -

- (i) In response to questions on next steps, once the work to draw out the finer detail and a deeper level of the findings was completed it was highlighted that this work would be shared at the Board Seminar in August and that the Task and Finish Group would meet to discuss the engagement in detail.
- (ii) The finalised version of the feedback summary would highlight any significant areas of focus that may need to be included within the Strategy.
- (iii) It was noted that themes from the feedback would be categorised to enable cross referencing with the draft strategy and the national framework.

The Strategic Planning, Performance & Resources Committee:

- **Noted the contents of the report.**

- Noted the number of responses received and recognised that categorisation of the feedback would be considered to enable feedback to be reflected appropriately.
- Noted that feedback received would be incorporated within the final draft Strategy to be shared at the Strategic Planning, Performance & Resources Committee in August ahead of the Board approval in September.
- Noted that the Task & Finish Group would meet at the end of July to review the engagement responses and proposed amendments to the Strategy.

11. Value Based Health & Care Programme

The Strategic Planning, Performance & Resources Committee received the 'Value Based Health & Care Programme' paper presented by Dr Jennifer Champion.

Key messages in the report included: -

- (i) The programme of work to embed Value based health and care across NHS Forth Valley had commenced.
- (ii) A Programme Board chaired by Mr Andrew Murray was set to have their first meeting in July and would continue to meet on a bi-monthly basis.
- (iii) A Steering Group was established and would be chaired by Dr Jennifer Champion. This group would drive the programme forward through in-depth discussion and decision making to guide and support the Delivery Group.

The Strategic Planning, Performance & Resources Committee noted the report and were invited to share any questions with Dr Jennifer Champion offline.

12. Capital Infrastructure Projects, Property Transactions, Medical Equipment & eHealth Update (Incl. Digital Strategy)

The Strategic Planning, Performance & Resources Committee received the 'Capital Infrastructure Project, Property Transactions, Medical Equipment & eHealth Update (Incl. Digital Strategy)' paper presented by Mr Scott Jaffray and Mrs Morag Farquhar.

Key messages in the presentation included: -

- (i) It was noted that the anti-ligature project within Forth Valley Royal Hospital and the ventilation issues within Falkirk Community Hospital required focus work.
- (ii) A paper was presented to the Infrastructure Programme Board recognising the risk to the ASDU extension highlighting significant concerns against the original anticipated budget. An agreement was made for work to continue until the tender stage which would be carried out in Q3 2025/26 in order to test the market.
- (iii) Positive progress had been made with the selling of the surplus land at Stirling Health & Care Village noting that consideration was being given to a final offer. The capital receipt was anticipated to be in excess of the previously predicted figure included within the capital plan although monies were not expected to be received until 2026/27.
- (iv) The below transactions had been carried out within the delegated authority of the Director of Finance and there was an ask to the Strategic Planning, Performance and Resources Committee to endorse these transactions:
 - i. EE License Agreement – Forth Valley Royal Hospital
 - ii. GP Sustainability Loan – Wallace Medical Practice

- (v) Severe delays with the GP IT Reprovisioning project were highlighted to the committee although it was expected that the transition once a preferred bidder had been selected would move at pace. The national team had advised there would be a significant increase in costs under the new contract as this would work to a price per patient model.
- (vi) The Child Health Replacement had been ongoing since 2011 and was anticipated to be implemented in September 2025 however all Health Boards had been advised this was not achievable due to several outstanding issues. Implementation was likely to be closer to December 2025 which was encroaching the official cut-off date for completion.
- (vii) Due to migration issues the go live date for PACS was not achieved and at the time of reporting, no new date had been proposed.
- (viii) Following a notice from the supplier, the Order Comms system would be end of life and end of service by December 2025. A contract had been signed with ISC to use the TRAK OC module and although implementation timescales were tight, they were on course to be achieved.

The following points were made in discussion: -

- (i) Following a question on the increased costs with the GP IT Reprovisioning project it was advised that this would have an impact for all concerned. the Efforts would be made to mitigate the increased of costs where possible.

The Strategic Planning, Performance & Resources Committee:

- **Noted the update and areas of risk highlighted.**
- **Endorsed the property transactions carried out with the delegated authority of the Director of Finance.**

14. Strategic Planning, Performance & Resources Committee Planner

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

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

15. Any Other Competent Business

There was no other competent business.

16. Risk & Reflections

There were no further comments provided.

17. Matters to Raise at the Board

The Chair noted the following topics would be raised at the Board:

- Limited assurance was provided from the UUSC focussed review on the effectiveness of controls and therefore an ask would be put forward to the Clinical Governance Committee to do a further review on the Patient Harm aspects.
- Endorsed the realignment of the Strategic Risks for Board approval.
- Initial feedback from the engagement on the Population Health and Care Strategy would be shared at the Board Seminar in August.
- The Committee would highlight the financial situation and concerns.
- Members commended the new way of thinking with the programme of work.

18. Date and Time of Next Meeting

Tuesday 26 August 2025 at 9:30am, in the Boardroom, Carseview House.
The Chair closed the meeting at 13:20.

8.5 Minute of the Area Clinical Forum meeting held on Thursday 15 May 2025 at 6.15pm via MS Teams

Present: Kirstin Cassells (Chair), Fiona Struthers, Gillian Lennox, Lucie Risk, Marisa Parker
Oliver Harding, Rhona King

In Attendance: Jennifer Borthwick, Director of Psychology, Mental Health and Learning
Disabilities
Noelle McKay, Employability Manager
Janette Fraser, Head of Strategic Planning
Sarah Smith, Corporate Services Assistant/PA (*Minute Taker*)

1. Apologies for Absence/Confirmation of Quorum

Introductions were undertaken and apologies were noted on behalf of: Liz Kilgour.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 13 March 2025 (taken after Item 7.3)

The Area Clinical Forum approved the minute from 13 March 2025 as an accurate record, subject to the following amendment:

- Item 8.1 Psychology Advisory Committee update – Line 2 of paragraph 2, the word 'complete' to be removed.

4. Action Log

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

5. Matters arising

There were no matters arising.

6. AREA CLINICAL FORUM Terms of Reference – amendment to quorum

This item would be carried over to the next meeting.

7. FOR DISCUSSION

7.1 Employability

The Area Clinical Forum Received a verbal update on Employability, led by Noelle McKay, Employability Manager. Colleagues were reminded of previous Forum discussions around workforce challenges.

Noelle outlined her role within the organisation, noting a focus on promoting NHS Forth Valley as an employer of choice, as well as supporting people to find employment within Forth Valley as part of the Anchor objectives. The work aligned closely to the Board Objectives.

A focus was provided around the various options within the organisation which supported people in joining the workplace, which included Career Ambassadors. This focussed, not only on promoting the organisation through events and speaking with people, but also hosting in areas such as work experience and participation in funded work experience (no cost to the organisation). The programme provided assistance in increasing skills and increasing likelihood of appointment.

Another strand of work was around the creation of entry points into the organisation through working with partners. This enabled less developed candidates to undertake work experience and participate in available programmes.

Noelle outlined ongoing discussions with services and managers to determine things that could be done differently to enable the needs of the service were met, whilst also ensuring alignment with the objectives of the organisation. These focussed around provision of better and Fair Work for local people and addressing some of the major inequality issues within the Board area and more specifically within child poverty.

A future planning approach was also being taken, which included a workshop-based event being held at Forth Valley College on 19 and 20 June 2025 with a request for support to ensure representation of all job families. This was a 2-day event with all S3 pupils from across Forth Valley being invited and would enable pupils to speak with service representatives.

Discussions were also ongoing within schools aimed at providing pupils in S2 with the necessary information to aid them in making subject choice decisions.

Noelle also identified areas for future expansion, which included the college career mentoring programme. The programme involved 4 career conversations with a colleague attendee and provided information around the potential utilisation of their qualifications within the NHS. The focus was on young people from areas of high deprivation and care experienced, with an aim to increase their aspirations and provide them with the necessary networking information.

The ACF were asked for their assistance around the following areas:

- Attendance at the Careers Event at Forth Valley College in June 2025 to ensure the widest possible role representation
- Recruitment for the Career Ambassador Programme (currently Stirling only)
- Hosts for school work experience recognising a need to broaden this into the Community.
- Funded work experience placements for up to 6 months with all contractual, arrangements and salary handled by Noelle.

A table of activity would be circulated to the Forum to provide further detail around requirements for the areas outlined. (Post meeting note: this was received and forwarded following the meeting)

Kirstin advised of pharmaceutical attendance at the careers event, confirming representation from the full job family. Clarity was sought around how to ensure interest for the young people attending. Noelle provided a number of excellent suggestions which included a focus on tactile options and practical tasks.

Clarity was sought around the funded workplace roles and whether these would be available for independent contractors. Noelle advised an SLA was in place which covered NHS Premises and Local Authority Premises, however NHS terms and conditions would be in place. Further discussion would take place outwith the meeting to determine options. Gillian outlined the significant benefit this could have to dentistry noting the current recruitment crisis within all areas, including reception and ancillary.

7.2 Mental Health & Wellbeing Plan

The Area Clinical Forum received a presentation on the Mental Health & Wellbeing Strategic Plan 2025-2035 presented by Jennifer Borthwick, Director of Psychology, Mental Health and Learning Disabilities.

The Presentation outlined the following areas:

- Creation of a Forth Valley wide plan with vision outlined
- Strategic Planning approach taken which had been approved by NES
- Agreement from all partners to create a whole system approach incorporating all life stages. This included areas of the population with specific needs, such as those with disabilities and substance misuse issues, recognising focus on mental health needs
- Three pillars of Prevent, promote to ensure focus was not just on provision of statutory services but rather mental health provision across the lifespan
- Proactive engagement approach across a wide range of stakeholders
- Timeline detailed with an end date of Summer 2025
- Background information raised through the strategic needs assessment which outlined the significant burden of disease attributable to mental health conditions and substance use disorders. Recognition also made of the differing levels of need within the localities.
- Following engagement, a number of guiding principles had been identified that did not easily align within the three pillars. These would cut across all areas and shape and inform all work. Key actions would sit alongside.
- Detail was provided around how work would be taken forward outlining the key components of each pillar.
- Consultation engagement had been issued with detail around requirements. A link and QR code was provided with a request to share this with colleagues to ensure the widest possible engagement.

The Forum recognised the person-centred approach and the significant opportunities provided through the Strategy. Consideration was required around determining a systemic way of working as a system to meet the mental health and wellbeing of the population. The benefit of shared resource and understanding was outlined, with recognition that the document provided an exciting opportunity to take this forward.

In terms of wording, it was suggested that rather than 'life cycle' the wording 'life course' be utilised throughout the document as it was felt to be a more interactive and less divisional term.

Lucie Risk reflected on recent interviews within Psychological Services noting health inequalities and under-represented populations had been high on the agenda.

The deadline for the survey was 3 June 2025 and it was requested that Forum members review the presentation and requirements and submit comments. Flexibility was noted around the timeframe to accommodate any Forums that may meet in the week following the deadline. **Action: ALL**

7.3 Population Health & Care Strategy Consultation

The Area Clinical Forum considered the Population Health & Care Strategy Consultation presented by Janette Fraser, Head of Strategic Planning.

Kirstin highlighted her wish for the Forum to be part of the consultation and be provided the opportunity to submit feedback and comment.

Janette led a presentation which outlined the Draft Population Health and Care Strategy 2025-35. The following key points were noted:

- The long timeframe to creation was noted, recognising the creation of the Population Health and Care Strategy for a 10-year period, rather than the previous annual Healthcare Strategy.
- The vision for the document was outlined, noting a wide-ranging focus on health improvement, reduction of inequalities, prevention and best utilisation of resources.
- Detail was provided around the expected differences for people as a result of the strategy work.
- The strategy was closely aligned to the emerging framework.
- A descriptor was provided for population health noting a recognition of all the factors which contributed to health and wellbeing.
- Significant inequalities were recognised within Forth Valley which were worsening.
- The Strategy had 6 chapters focussed on delivering the 5 priority areas. Each chapter detailed the information provided during engagement with assessment confirming its importance and agreed ambitions.
- A summary was provided around each of the areas, namely: Knowing our Population; Prevention, Working Collaboratively, Community First, Value-Based Health and Care, Our Workforce.
- Further engagement was taking place from 1 May 2025 to 15 June 2025 with 4 key questions being asked. A link was provided which provided additional detail around the strategy; a link to the draft strategy and questions which could be completed anonymously online. Outside of this, additional comments were welcomed with the planning email provided on the website.

The Forum agreed that review would be undertaken within individual Committees and fed back to the Chair. This would be circulated to members for final review with a collective response submitted through the ACF. **Action: ALL**

7.4 Agenda for Change – reduction in the working week

It was agreed this item would be taken off the Agenda until August 2025, noting implementation would not take place until April 2026.

7.5 Draft Board Agenda

The Board Agenda was reviewed and discussed.

It was noted the Culture and Compassionate Leadership was not on the Agenda, with the importance of this area of work recognised. Assurance however was provided by the Chair, who confirmed a Board Seminar was being held in June 2025 with a return to the Board thereafter. An update from the Seminar would be provided at the next ACF meeting. **Action: Kirstin Cassells**

Clarification was sought around the Living the Values Workstream, with agreement of the need to ensure full understanding and engagement around the organisation's values. Kirstin confirmed she was a member of this workstream and provided assurance around the work being undertaken.

8. FOR NOTING

8.1 Area Dental Committee 22/01/25

Gillian advised colleagues that the Public Dental Service and Oral Surgery have made new appointments since the last Forum meeting. It was hoped this would enable the waiting list to be addressed.

8.2 Area Medical Committee (in abeyance)

No update was available.

8.3 Area Nursing Midwifery Advisory Committee

Marissa Parker shared an update within the chat which confirmed their next meeting would be on 9 June 2025. Detail was shared around areas of celebration, which included students from the University of Stirling attending the last meeting. This was in response to engagement work being undertaken to raise the profile of the Committee.

Under-represented areas for the Committee were noted around Mental Health, Midwifery and Healthcare Support Workers.

Identified areas for improvement were noted around a survey to attendees to outline areas for improvement and ways to increase attendance.

Engagement would be made with Napier University with an aim to present to the third-year midwives to raise the profile of the Committee and encourage attendance.

For the June meeting there were 40 people invited with 17 confirming their attendance.

8.4 Area Optical Committee 27/01/25

Rhona King colleagues that a meeting was held on 12 May 2025 and provided a verbal update.

Jason Graham, ROLE attended the meeting to raise concerns around the waiting lists for cataracts. The waiting list within Falkirk was not currently significant, however it was noted that all Boards in Scotland utilised the Golden Jubilee to accommodate additional patients. There was now a lack of funding which would impact on the position. The expectation was for the Falkirk waiting lists to move from 6-9 months to 12 months fairly quickly. Resultantly enhanced 'one stop' provision would be introduced within the Community. The aim was to streamline the position and reduce additional review appointments. No significant impact on Optometrist workload was anticipated.

Prescribing Reports for Independent Optometrists was a previously highlighted item at the Forum. Challenges around accessing the information was noted with Information Governance and Data Protection requirements impacting on the timeline.

It was also noted that the Health Board currently hold PVGs required for Optometrists. Changes to the process meant employers required to hold a certificate with vetting also required for all Practice staff. Submission was required by the end of June 2025, with additional assistance being provided by the Board.

The Community Glaucoma Service was referenced within the Population Health and Care Strategy however this was not yet fully established with data migration ongoing. Clarification around the position would be provided to Janette on behalf of the service.

Action: Rhona King

Challenge was highlighted around a number of patients with high blood pressure attending the Optician and requesting to be seen urgently following the advice of their Doctor. The validity of this information was queried, however the Optometry Practice staff would Triage these patients and arrange appointments accordingly. Appropriate route of communication

was sought to ensure clarity around requirements within General Practice. It was agreed Suzi ? would provide some comms detailing the issue. This could then be reviewed by the GP Clinical Leads and issued by the Contracts Team to all GP Practices.

8.5 Area Pharmaceutical Committee 05/02/25

At the last meeting, the main area of focus was Pharmacy First Plus Service with an aim to raise awareness across all areas and provide clarity around signposting. The service focussed on the Pharmacists who were independent prescribers. Several models were run which enabled prescription for patients who did not meet the criteria for the Pharmacy First common clinical conditions national service. Detail was provided around the significant work undertaken to build the network.

8.6 Healthcare Science

No update was provided.

8.7 Psychology Advisory Committee 27/09/25

Lucie advised that almost all specialities were represented within the Committee, with only Neuropsychology outstanding. However, it was recognised this was a small area within Psychology.

In terms of workforce planning, the challenge remained around the limited number of posts available due to many vacancies remaining on hold. Discussion focussed the disparity between publicly funded training for Clinical Psychology and the lack of available posts, which were also Government funded. This had been highlighted to Scottish Government advisor through the Heads of Psychological Services. Contact had subsequently been made with all Boards to determine long term plans for the psychology vacancies that were on hold. The outcome was awaited.

Challenge was highlighted around initiation of Agenda items for Committee with discussion ongoing around how to approach this.

Allied Health Partnerships

Fiona Struthers provided a verbal update advising she would represent 6 of the 14 AHP Professions that had Professional Advisory Committees within NHS Forth Valley, namely dietetics, physio, OT, speech and language therapy, podiatry and orthotics. These groups were in the early stages and work was ongoing. Future aims would be to meet prior to the ACF and enable collaborative feedback to be provided.

In terms of Dietetics, a national stock disruption issue was highlighted with the organisation's supplier, Nutritia who provided all SIP feeds and tube feeds for patients. This was a UK issue and National Procurement have established a Clinical Advisory and Technical Group which would meet week commencing 19/06/25. Alternate suppliers would be used however issues were noted around potential requirement for duplicate prescriptions for different products. Comms would be issued to the hospital and the issue had been raised at the Safety Huddles and Clinical Governance. A meeting had also taken place with the Corporate Risk Team to establish an appropriate risk.

9. AOCB

9.1 Items for escalation to Chair/Chief Executive

Consideration was given to any items that should be escalated, with agreement feedback would be provided to the Chief Executive around the benefit of the presentations received and the agreed actions taken by the ACF. This would include the collective response being provided to the Population Health Strategy. **Action: Kirstin Cassells**

Oliver Harding highlighted the previous minute which detailed a number of documents that would be brought to the ACF. This included the Draft Annual Delivery plan, Financial Plan and Work Plan. This would be picked up in advance of the next meeting. **Action: Kirstin Cassells/Admin**

Climate Emergency Response and Sustainability Team was proposed as a future Agenda item recognising the impact across all areas within the organisation.

10. DATE OF NEXT MEETING

Due to unavailability, it was agreed the next meeting would be moved to the 24 July 2025 @ 6.15 pm via MS Teams. Availability would be confirmed in advance. **Action: Admin**

8.6 DRAFT Minute of the Area Partnership Forum meeting held on Tuesday 22 April 2025 at 2 pm, via MS Teams.

Present: Robert Clark, Employee Director (Chair)
Ross McGuffie, Chief Executive (Co-Chair)
Elaine Bell, Associate Director of HR
Elaine MacDonald, HR Service Manager
Emma Small, RCN Accredited Steward & Branch Secretary
Frances Dodd, Executive Nurse Director
Garry Fraser, Director of Acute Services
Janet Sneddon, Royal College of Midwives
Karen Goudie, Nurse Director
Karren Morrison, Unison Branch Secretary
Kevin Reith, Director of People
Laura Byrne, Director of Pharmacy
Linda McGovern, Associate Director of Human Resources
Linda Robertson, HR Service Manager
Morag Farquhar, Director of Facilities
Michel Brown, Head of HR Workforce & Resourcing
Nicholas Hill, GMB Representative
Pamela Bowman, Unite Representative
Scott Urquhart, Director of Finance
Thomas French, LNC Representative

In Attendance: Jack Buchanan, Unison (Observer)
Karen Goudie, Director of Nursing
Ross Cheape, Service Manager (Item 6.1)
Sarah Smith, Corporate Services (minute)

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: Lynsey Walker, Greg Kelbie, Jennifer Borthwick and Tom Cowan. Jack Buchanan was welcomed to the meeting as an observer.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 25 February 2025

The note of the meeting held on 25 February 2025 was approved as an accurate record subject to the following amendments:

- Frances Dodd's name duplicated in minutes
- For Tom French, LMC to be amended to LNC

4. Action Log (This was taken last on the Agenda.)

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

- 54 Annex 21 – Action complete
- 57 Reduced Working Week – Implementation Plan on Agenda. COMPLETE
- 63 Partnership Working on Intranet – HR support in place and work progressing. Discussion to take place around creation of and linkage to Trade Union Staff Side page.

- 64 APF Session – Confirmed as 12/06/25 with initial aim of providing clarity around requirements and action for each area (Staff Side/Management/HR etc.). A timeline and timetable would also be discussed with Events to be held throughout the year. Agreed need for future involvement of all managers and Staff Side Reps throughout the organisation.
- 70 Vacancy Management – Scott Urquhart confirmed process was well embedded with panel meeting each Friday. Paper to be brought to next meeting outlining operation/benefits & challenges. **Action: Scott Urquhart/Kevin Reith/Garry Fraser**
- 70a Value Based Health and Care – to be brought to future meeting.
- 73 Absence Management Review Group – minutes from last two meetings to be circulated to APF. **Action: Garry Fraser**
- 76 Options for monitoring of work patterns – Kevin Reith confirmed no HR system recorded working pattern. Final confirmation of options to be sought from Scott Jaffray and APF advised.
- 80 Car Lease – Linda McGovern confirmed contact made with Boards. All responders used NHS Fleet and clarification had been sought on key issues raised by APF.
- 83 Review of organisational public holiday provision – Public Holiday provision to APF in December 2025. **Action: Kevin Reith**
Discussion around undertaking a wider process throughout organisation to ensure better alignment to structures. Michael Brown confirmed eRostering would provide each profession within their own process within an overall process and work would commence May 2025. Discussions would continue to progress and establish best options for all.
- 84 Band 5-6 Review – Frances Dodd confirmed discussion with NMAP community with agreement for information to be disseminated to Senior Charge Nurses across the organisation to ensure engagement with Teams at a local level. Importance of learning from other Boards recognised as key. COMPLETE

5. Matters arising from the minute/action log

There were no matters arising.

6. FOR APPROVAL

6.1 Inpatient Mental Health/Learning Disability Shift Times

The Area Partnership Forum considered a paper on “Mental Health and Learning Disability Inpatient Nursing Shift Times” presented by Ross Cheape, Service Manager.

The paper outlined the request to conclude the Test of Change undertaken around the shift times within the Inpatient Mental Health and Learning Disability Wards. The 12.5 hours shift pattern had been tested with a request for this to be made permanent for those that had transferred.

Detail was provided around the evaluation process outlining the benefits of the change since commencement of the process in Summer 2023. Positive feedback was provided by staff who enjoyed the longer gap between shift cycles. In terms of patient care, this had been enhanced, especially in longer stay areas with staff being on shift for the full day.

Briefings and information sharing had also not been adversely impacted with feedback from other professions also being positive.

It was recognised that there were a number of staff who requested to remain on the core Shifts for a number of reasons. However, further review and engagement would be required to ensure alignment with the European Working Time Regulations. This would be the next focus area.

The Area Partnership Forum noted the excellent work undertaken with recognition of the significant engagement undertaken with staff.

An area of outstanding work was noted around compliance with the reduced working week, however no additional challenge was anticipated as a result of the extended shifts. Further discussion however would take place to ensure alignment. Confirmation was also provided that extended shifts were all now break compliant in line with the roster standard.

Following discussion, the APF approved the three recommendations within the paper, noting the caveat around the reduced working week requirement.

6.2 Uniform Alternatives Pilot Proposal

The Area Partnership Forum considered the introduction of a uniform alternative pilot to enable staff to wear shorts as part of their standard uniform. The paper was presented by Karren Morrison, Unison Branch Secretary.

A brief background was provided noting this had been an ongoing discussion topic over the last 4 years with requests coming from a number of staff. Rachel Tardito had provided assistance in establishing a Working Group to further explore the options and any barriers. No specific barriers had been identified, however challenge was recognised around the wearing of shorts in areas such as housekeeping or kitchens where there may be increased risk of spillage. Infection Control had been present at all meetings with no issues highlighted.

The request being made to the APF was for a short Pilot to be undertaken to determine the experience of staff, views and responses from key individuals, including visitors, patients and staff. This information would then be brought back to APF for review and further consideration.

Shorts would be provided through normal process and would form part of the standard uniform with no adaptations permitted, in line with the uniform policy. Initial costings were provided, noting circa £230 for 20 pairs of shorts with supply through current provider. No future additionality was anticipated with provision made instead of trousers with a like for like cost.

APF acknowledged the points within the paper and agreed, in principle, to proceed to proceed to a Pilot with approval of initial costing (£230). It was recognised this had been a request from staff and aligned with the culture of supporting wellbeing. Further detail would be required around specific areas/staff numbers etc. and the pilot would be led by Karren Morrison.

Discussion had highlighted some areas of the hospital that experienced excessively high temperatures. It was agreed these required identification and mitigation to be established. **Action: Morag Farquhar**

7. BETTER VALUE

7.1 Finance Report (taken after Item 8.3)

The Area Partnership Forum received a Finance report presented by Scott Urquhart, Director of Finance.

In terms of the Financial Year 2024/25, initial outturn for the financial year was a tentative break-even position for both revenue and capital. This would mean the Board had met its statutory financial requirements. This was extremely positive, however a significant caveat was noted with the position not yet taken through the External Audit process. Outstanding issues included the risk share arrangements for the IJB.

Deloitte, who were the Board's External Auditors, would be on site for a 5 week period, commencing 28 April 2025. The deadline was for final accounts to be signed by the Audit and Risk Committee on 17 June 2025.

For the current financial year, 2025/26 a 3-year financial plan had been prepared and signed off by the NHS Board and Scottish Government. This detailed a savings requirement of 38m to enable break-even. This incorporated an underlying deficit from the previous financial year.

A savings plan was in place which included a continued focus around temporary workforce costs, noting previous success in this area. Focus would now be on bank staff, recognising the dependency around outstanding substantive posts.

Medicines were another area of significant savings with Laura Byrne, Director of Pharmacy, and her team providing regular updates to the Financial Sustainability Programme.

A deep dive had been undertaken into the cost of sickness absence. This showed that an absence position for 7.1% cost NHS Forth Valley in excess of 12m per year. A reduction to 4% would save 6.4m. The current financial plan provided no assumptions around reducing the sickness absence level, noting this was an item on the 15 box grid. There was a 4.5m saving allocation around a 50% reduction in Nurse Bank, however additional opportunity was recognised.

The Financial Sustainability Board had been refreshed with the remit expanded to include stewardship. Focus would be on increasing engagement and ownership of the Board's financial position; improved reporting and ensuring the financial savings were presented in a way that incentivised delivery.

In terms of Medicine/Surgery the highest spend area was noted around Locum usage which was being used to support long term vacancies. Investment in permanent staff was required with a proposal being prepared for the SPRIG. Scott Urquhart outlined ongoing work with Karen Adamson to look at delivering a recurring workforce that met requirements. A Job Planning process required to be undertaken in conjunction with this to ensure levels of recruitment were sufficient and affordable. Garry Fraser outlined work being undertaken which included a meeting with Associate Medical Directors and Heads of Service to establish a baseline in relation to job plans prior to requesting additional resource. Colleagues agreed the need for an understanding around the totality of resource supporting the medical workforce, to ensure understanding around allocation and costing. This was supported by Michael Brown, Head of HR Workforce and Resourcing, confirming the need for a co-ordinated focus.

The Area Partnership Forum noted the ongoing work required, recognising that financial sustainability was an organisational wide responsibility.

8. BETTER WORKFORCE

8.1 Workforce Planning Update – taken after Item 6.2

The Area Partnership Forum received a paper around the “National Workforce Strategy” presented by Linda Robertson, HR Service Manager.

Colleagues were reminded of previous updates provided to the Forum around the NHS Forth Valley Workforce Plan 2022-2025. In recognition of ongoing challenges being experienced by all Boards and HSCPs, Scottish Government had requested a template be completed instead of a workforce plan. This had been actioned and submitted, with review and approval by the Staff Governance Committee. Formal feedback was awaited.

The APF noted the submission and recognised the need for ongoing review of work planning procedures within Forth Valley. Alignment was required to all focus areas within the Board including Population Health and Value Based Health and Care. Kevin Reith, Director of People, outlined the significant ongoing work in this area, with the potential to take forward work at a Strategic Programme Board level. A Strategic Risk was in place around Workforce Planning, which assured ongoing vigilance and review. Future updates would be provided to the Forum as work progressed.

8.2 Reduced Working Week Implementation Plan 2025/26

The Area Partnership Forum considered a paper providing an outline plan for the reduced working week, presented by Elaine Bell, Associate Director of HR.

A brief background was provided, noting requirement to implement the reduction to 36 hours by 1 April 2026, which would be undertaken in one phase. Scottish Government had requested a high-level outline plan by 1 May 2025. The plan was attached to the paper for the Forum to review, with onward progression to Staff Governance prior to submission.

Ms Bell outlined key milestones, with a recognition of the challenging timeline. The final Implementation Plan would be brought to the APF in August 2025, followed by Staff Governance in September. Submission would then be made to Scottish Government by 1 October 2025.

Consistency in approach was recognised when obtaining information from Directorates and Partnerships. The benefit of re-establishing the Reduced Working Week Oversight Group at any early stage was agreed to provide clarity around principles for teams and services. The Group would also have a role in addressing any This would also aid in understanding any potential implications or patient safety impact. It was recognised that further detail was still awaited from Scottish Government.

Following discussion, it was agreed the plan would also make reference to the ongoing monitoring of progress through the Senior Leadership Team. Reference would also be made to the role of the Reduced Working Week Oversight Group in providing direction around any issues of operational impact. A significant level of external scrutiny was anticipated.

Following discussion, the APF agreed the outlined plan as presented.

8.3 iMatter National Benchmarking 2025

The Area Partnership Forum received a verbal update on iMatter National Benchmarking 2025 led by Linda McGovern

Colleagues were advised that the 2025/26 iMatter staff experience survey would go live on Monday 12 May 2025 and would close on Monday 2 June 2025 at 5pm. Ross McGuffie confirmed this would be picked up through management teams with support and encouragement for staff to complete.

A National Review was also being undertaken and Kevin Reith, Director of People, was on the Panel.

Ross outlined the Board's current escalation to Level 3 with Culture being a key improvement area. iMatter was recognised as a useful tool to show engagement which was then evidenced through action plans.

Kevin Reith outlined ongoing work to establish a culture indicator measure which would enable an assessment around improvement. Incorporation of a number of key factors were noted including PDPs; absence etc. and it was proposed this be brought to a future meeting for discussion.

The APF recognised the significant focus around culture within the organisation, with agreement around the need for a simplistic approach.

9. FOR NOTING

9.1 Circulars and Policies

The Area Partnership Forum noted these as presented.

9.2 Recruitment & Retention Premia Policy

The Area Partnership Forum were provided with a summary of the position by Kevin Reith, Director of People. A refresh had been undertaken around guidance, process and templates to ensure appropriate submission of any claims. This was circulated for awareness.

9.3 Agenda for Change Pay Offer for 2025-27

The Area Partnership Forum were provided with an update on the current status by Kevin Reith, Director of People. Colleagues were advised that an offer had been made by Scottish Government which would be over 2 years. An inflation guarantee was noted, which was positive and understood to the first time this had been added to any public sector wage. Active consideration was currently being undertaken by Trade Unions, with expectation of acceptance. It was requested that all staff ensure ballots had been received.

10. ANY OTHER COMPETENT BUSINESS

The recent Supreme Court Ruling on the Equality Act 2010 was noted, which redefined 'sex' as being that which was assigned at birth. Further guidance was anticipated with challenge recognised around the interpretation of the ruling and practical application within a public sector context.

It was acknowledged that the Trans Community within the organisation would have a level of fear and uncertainty as a result of the ruling. Kevin Reith confirmed his full support and willingness to work with Trade Unions to ensure all possible support was provided.

Advice had been sought from the Central Legal Office (CLO) and the Board's existing protocol had been refreshed accordingly. Assurance was provided that this clearly outlined the organisation's legal responsibilities. Ross McGuffie also outlined cross Board work that was being undertaken to enable appropriate sharing of knowledge and experience.

Kevin Reith confirmed a meeting had been arranged with the Chair of the newly established Forum for LGBTQ Rights.

Monitoring of any incidents and staff experience was discussed with potential additional training for Staff Representatives.

The Area Partnership Forum confirmed that all staff should be treated with dignity and respect, with a need to ensure this was upheld throughout the organisation.

Colleagues were advised that this would be the last Area Partnership Forum attended by Elaine Bell and Frances Dodd as both would be retiring. Thanks were expressed to both for their professionalism, wide words and guidance throughout their careers and both will be missed.

12. DATE OF NEXT MEETING: Tuesday 24 June 2025 @ 2 pm, in the Boardroom, Carseview

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 26 March 2025 2 pm – 5 pm, in the Boardroom, Carseview House, Stirling and hybrid via MS Teams

PRESENT

Voting Members

Councillor David Wilson (**Chair**), Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Kenneth Earl, Clackmannanshire Council
Councillor Fiona Law, Clackmannanshire Council
Allan Rennie (**Vice Chair**), Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Joanna Macdonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Natalie Masterson, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Helen McGuire, Service User Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Lorraine Robertson, Chief Nurse HSCP
Robert Clark, Employee Director, NHS Forth Valley
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Mike Evans, Localities Representative
Kevin McIntyre, Union Representative, Clackmannanshire
Julie Morrison, Union Representative, Stirling

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Judy Stein, Locality Manager
Wendy Forrest, Head of Strategic Planning and Health Improvement
Ross Cheape, Head of Service Mental Health and Learning Disability Services
Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Councillor Law has replaced Councillor Hamilton, Clackmannanshire Council

Apologies for absence were noted on behalf of:

Councillor Martha Benny, Clackmannanshire Council
Andrew Murray, Medical Director, NHS Forth Valley
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Eileen Wallace, Service User Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

Councillor Kenneth Earl for Councillor Janine Rennie, Clackmannanshire Council

3. DECLARATIONS OF INTEREST

Councillor David Wilson (Chair) noted a declaration of interest in relation to agenda items 10 and 14, it was agreed that Mr Rennie (Vice Chair) would chair these items.

4. DRAFT MINUTE OF MEETING HELD ON 29 January 2025

The draft minute of the meeting held on 29 January 2025, was approved, with the following amendment:

Mr Fairbairn raised a concern about item 10 paragraph 1.4 at the IJB on 29 January 2025 which stated, "Options for financial recovery were presented within papers presented to the IJB in November 2024." He felt this was misleading and requested an amendment to the paper. Since this has not been actioned, he emphasised the need for clarification and asked for this to be recorded in the minute of the meeting of 26 March 2025.

5. ACTION LOG

The action log was approved and updated.

6. CHIEF OFFICER UPDATE

Ms Macdonald provided a verbal update to the IJB.

Ms Macdonald highlighted several achievements from the past ten years. She noted that some papers on the agenda outlined a shift in direction driven by the Strategic Commissioning Plan and the residents of Clackmannanshire and Stirling. The Clackmannanshire and Stirling Health & Social Care Partnership (HSCP) is one of two partnerships acknowledged by Scottish Government for consistently reducing the number of people delayed in hospital over the past two months.

Ms Macdonald has formed a Professional Advisory Group (PAG) to offer expert advice, guidance, and recommendations in support of the Integration Joint Board (IJB) strategic and operational goals. This group will operate independently from the statutory officers of the HSCP to maintain impartiality. Jennifer Rezendes, Chief Social Work Officer, will initiate as Chair for these meetings to explore ways to add value and ensure the IJB is making the best decisions for the residents of Stirling and Clackmannanshire.

Ms Macdonald highlighted the significance of integration and the delivery of top-quality services to communities. The Chief Social Work Officer reports showcase the dedication and efforts made, as well as the areas that require improvement.

Ms Macdonald confirmed that the new Multi-Disciplinary Team (MDT) approach will begin on Monday 31 March 2025. This method will prioritise support for those most in need while also ensuring assistance is provided before individuals reach a crisis point.

7. CHIEF SOCIAL WORK OFFICER REPORT STIRLING COUNCIL

8. CHIEF SOCIAL WORK OFFICER REPORT CLACKMANNANSHIRE COUNCIL

The IJB considered the papers presented by Jennifer Rezendes, Chief Social Work Officer, Stirling

Ms Rezendes presented highlights from the Chief Social Work Officer reports for both Stirling Council and Clackmannanshire Council.

She explained that the role of the Chief Social Work Officer is to provide professional governance, leadership, and accountability for the delivery of social work and social care services, whether these services are provided by the local authority or purchased from the private or voluntary sectors.

The Chief Social Work Officer Annual Reports offer a comprehensive overview of the key priorities, challenges, improvements, and achievements in delivering social work services across Stirling Council and Clackmannanshire Council for 2023/24. These reports provide annual updates, and it is fitting for the Board to scrutinise the developments in adult social work and social care over the past year.

Moving forward, Ms Rezendes and Ms Robertson will collaborate with the HSCP Heads of Service to identify the information required. The PAG has begun its work and will outline useful information for the Chief Social Work Governance meeting to advise on statutory responsibilities.

Ms Rezendes shared some highlights from the reports, and the Board acknowledged the positive work that has been accomplished.

The Integration Joint Board:

1) Considered and took assurance from the Chief Social Work Officer Annual Reports

Given its importance, the Board agreed to bring Item 13 forward on the agenda.

13. 25/26 REVENUE BUDGET, 25/26 – 27/28 DELIVERY PLAN AND MEDIUM-TERM FINANCIAL PLAN

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer

Mr Murray highlighted the ongoing challenges across the health and social care system, explaining that funding settlements have not kept pace with the increasing demand for services and the rising costs due to inflation. This issue has been recognised for several years, and the pressures on the health and social care system continue to grow.

The paper is based on the IJB Draft Business Case, which was approved by the IJB on 29 January 2025. It details the budget decisions made by the three constituent authorities through their respective governance processes, collectively determining the income available for the IJB budget. Mr Murray explained the core of the approach to the Delivery Plan came from the financial report to the October 2024 IJB where he and the previous Interim Chief Officer identified several areas where the Strategic Commissioning Plan priorities could be achieved at a lower cost. This approach aims to explore all feasible options to deliver the Strategic Commissioning Plan priorities within the available resources. Meantime Mr Murray and Ms Macdonald continue to work with partners on finding a solution to enable the IJB to set a balanced budget.

The paper explained key elements of the Delivery Plan separately into the 4 thematics of Raising Revenue, Doing Things Differently, Doing Less, Doing Things More Efficiently. Mr Murray stressed the importance of further shifting the balance of care from residential settings to care closer to home, which includes further bed reductions.

Workforce efficiency is also crucial in delivering services that can demonstrate best value.

Additionally, the Pan Forth Valley Primary Care Prescribing Medicines Optimisation programme at Forth Valley is also projected to yield financial benefits of £1.5 million for the current financial year.

The three-year draft delivery plan suggests that achieving a surplus in 2026/27 is possible if difficult decisions are taken now. This reflects the lead in time with significant change proposals and the requirement for compliance with respective organisational change policies. However, Mr Murray explained that

none of the measures in the plan are straightforward and all carry risks. The plan reflects an approach aimed at transforming services and implementing cost reductions to balance financial and service sustainability in the medium term.

In recent weeks, Board members have discussed the legal requirement for setting a balanced budget. Mr Murray confirmed that the IJB can only allocate available resources and that Directions issued by the Board must align with the income allocated through the budget decisions of the constituent authorities. He stated that he cannot assure the Board that the delegated integration functions can be delivered within the available resources. This situation necessitates the development of a recovery plan in line with the requirements set out within the extant Integration Scheme, with some actions needing immediate implementation.

Mr Fairbairn emphasised that, as this challenge is shared among all the constituent authorities, they should work collaboratively to bridge the gap. This approach is crucial to effectively address the financial and service sustainability issues facing the IJB.

Mr Murray explained that at the beginning of the financial year, the integrated budget is projected to be overspent. Consequently, section 8.5.1 of the integration scheme will be triggered. This section mandates that when there is a projected overspend in any part of the operational budget, the Chief Officer and the Chief Finance Officer of the IJB, along with the relevant finance officers and operational managers of the constituent authorities, must agree on a recovery plan to balance the budget.

Councillor Earl requested more clarity on the broader issues related to the budget setting. Ms Macdonald explained that she is responsible for managing the delegated budgets from the three constituent authorities. Currently, there is a £19 million gap in the delegated budgets, with an £8 million gap projected for 2025/26, although a surplus is expected for 2026/27.

Ms Macdonald stated that the IJB can only legally spend what has been delegated to it. Being in this position at the start of the year is unprecedented, meaning she and Mr Murray do not have the authority to commit to any additional expenditure. This situation has led to the recommendation for a risk and escalation framework. Navigating through these challenges will be very difficult.

Mr Rennie proposed holding a special IJB meeting before the next scheduled meeting on 21 May 2025, to thoroughly review the recovery plan and its implications. He also inquired about the impact of the integration scheme not being agreed upon by the three constituent authorities.

Mr Murray confirmed he can only prepare the budget according to the existing integration scheme and make recommendations based on it until the revised scheme is agreed upon by all partners. The existing Integration Scheme remains in place.

Mr Fairbairn enquired whether approving a budget would enable work to proceed. Mr Murray confirmed that he is asking the Board to approve the draft delivery plan, which would form part of any recovery plan which would require to be delivery plan plus further measures. Given the legal position of the HSCP, he is presenting an unbalanced budget with an £8 million gap.

Discussions are ongoing with Stirling Council and NHS Forth Valley. Clackmannanshire Council made the following decisions at their Council meeting on 20 March 2025:

- To provide an additional contribution of £1.327m in respect of 2024/25 to be repayable in 2026/27. Which leaves 2024/25 risk share arrangements not fully resolved across the constituent authorities.
- To provide no further financial contribution for 2025/26 financial year.

Councillor Earl raised concerns about the potential conflict between the recovery plan and the Strategic Commissioning Plan due to the lack of an agreed integration scheme. Without a balanced budget the IJB would be operating in conflict with the Strategic Commissioning Plan from the outset, which could cause significant damage. Ms Macdonald agreed, noting that this could potentially derail ongoing work.

The Board discussed the contract arrangements for third sector organisations, which are commissioned to deliver contracts on a yearly basis, as well as arrangements for carers. Mr Murray and Ms Macdonald agreed that this area requires legal advice and a review of the contract arrangements. Ms Macdonald emphasised that protecting carers is a crucial aspect of the recovery plan. Ms Forrest and Ms Macdonald will meet with Ms Masterson and Ms Coulter to gain a better understanding of the organisations that will be affected, ensuring that their needs and concerns are addressed in the recovery plan.

The Board discussed the necessity of agreeing on the recovery plan if the revised Integration Scheme is not approved by all three constituent authorities. Ms Macdonald explained that Scottish Government is aware of the situation, and a meeting has been scheduled with them for 10 April 2025, with the three Chief Executives. This meeting will be crucial for addressing the current challenges and finding a path forward to ensure the recovery plan can be effectively implemented.

Mr Rennie emphasised the Board's concerns regarding the impact of the recovery plan on service users, staff, and the Strategic Commissioning Plan. He highlighted the importance of effective communication with service users, staff, and third sector colleagues, especially given their vulnerability.

The Integration Joint Board:

- 1) Noted the proposed funding allocations to the IJB from NHS Forth Valley, Clackmannanshire Council and Stirling Council (Section 4) and resultant indicative 2025/26 Revenue Budget to support delivery of the Strategic Commissioning Plan for 2025/26 of £278.293m.

- 2) Noted that it is not possible, at this point in time, to present a deliverable balanced budget to the IJB for approval.
- 3) Noted that, considering the above, there is an immediate requirement for a recovery plan to be agreed to balance the budget per section 8.5.1 of the extant Integration Scheme.
- 4) Noted the requirement for a balanced budget and implications of not setting a balanced budget as set out in sections 10 and 11 of this report.
- 5) Noted the current positions of NHS Forth Valley, Stirling Council and Clackmannanshire Council in respect of the financial support sought by the Chief Officer and Chief Finance Officer to permit the IJB to set a deliverable balanced 2025/26 revenue budget (section 3.9).
- 6) Noted the intention to retain of the estimated balance of £0.200m of transformation earmarked reserves to support the project management requirements of the delivery plan. (section 3.13)
- 7) Approved the 2025/26 to 2027/28 Draft Delivery Plan and Medium-Term Financial Plan taking due account of sections 3.35 to 3.37 of this report (Appendix 4)
- 8) Noted that the IJB Finance, Audit and Performance Committee wish to have further considerations in relation to the IJB Reserves Policy and Strategy and as such the extant policy remains in place (Section 8 and Appendix I)

9. CARE AT HOME CONTRACT IMPLEMENTATION

This item was removed from the agenda, due to the Board not approving a balanced budget. Mr. Murray explained that further due diligence is needed to assess the competence of the paper, especially considering the current budget discussions and position. If a balanced budget had been set, the Board could have considered the paper.

Due to a conflict-of-interest Councillor David Wilson (Chair) left the meeting and Mr Rennie (Vice Chair) took over as Chair, for items 10 and 14.

10. COMMISSIONING A CHANGE TO THE MODEL OF LONG TERM CARE FOR OLDER ADULTS

The IJB considered the paper presented by Joanna Macdonald, Interim Chief Officer

Mr Rennie explained that at the IJB meeting on 20 November 2025, delegations from Clackmannanshire Council and trade union colleagues discussed the future of Menstrie House. The Board agreed that more consultation with families, residents, and the workforce was necessary, and they also requested costing options for the building's future. At the meeting on 29 January 2025, the Board decided that a detailed report should be presented at the Meeting on 26 March 2025 for a decision.

Ms Macdonald shared the 40-year history of Menstrie House, highlighting the appreciation of the remaining ten residents and their families for the care and support they have received.

Since the meeting on 20 November 2024, regular sessions have been conducted to offer support and reassurance to staff, residents, and their families. Ms Macdonald confirmed that discussions, communication, and engagement have occurred with family members to keep them fully informed about the available options. Any relocations for residents and staff will be handled with the utmost sensitivity, respect, and care.

The building and environment have become challenging for staff to deliver the necessary care due to the increasing complexity of residents' needs. With more options available, many people are opting for care at home. The building has increasingly become unfit for purpose. The paper summarises feedback from staff and families, who expressed anxiety over the proposed changes and concerns but also understood the rationale behind the analysis and the potential direction the IJB is considering ensuring the right care is provided.

The Board acknowledged the high-quality care provided at Menstrie House over the years. Judy Stein, Locality Manager, explained that the Care Home Assessment and Response Team (CHART) team have had meetings with the families and will collaborate with each family individually regarding care home options, a process that may take up to nine months. Ms Macdonald confirmed that the budget decision will not affect the proposed changes, and care and support will remain uncompromised throughout the process.

Mr McIntyre confirmed that preliminary discussions have occurred, and Clackmannanshire Council will now proceed with the consultation. Staff are pleased that alternative roles are available and have appreciated the transparency of conversations.

The Board acknowledged the challenges faced by families but is assured that every effort will be made to support residents and staff over the next nine months. They also expressed their gratitude to the staff, and everyone involved with Menstrie House over the years.

The Integration Joint Board:

- 1) Noted the update on the progress of actions
- 2) Approved the paper in relation to the change of model of long-term care in Clackmannanshire, in line with the strategic direction of the IJB.
- 3) Approved the cessation of residential services currently being delivered within Menstrie House.
- 4) Issued the Direction as set out in Appendix 1

14. MODEL OF CARE – RESPITE AND SHORT BREAKS

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Commissioning.

The paper expands on the work done to develop short breaks in line with the Carers Act and relevant legislation, emphasising the importance of choice and control in care. It also highlights the need to clearly communicate available options to carers within the HSCP area. Ms Forrest explained that the proposed model complies with both the Carers Act and the Self-directed Support Act in terms of delivery. The goal is to provide carers with the most appropriate and personalised respite and short breaks, tailored to their individual needs.

Over a year has been spent engaging with carers and their representatives through the Carers Commissioning Consortium and Carers' Planning Group. Ms Forrest alongside the Carers Lead officer met with carer representatives to develop the paper's content, and the work involved, ensuring that their voices are reflected throughout. Significant effort has been dedicated to addressing the challenging needs of carers. She acknowledged the support from carers, their representatives, and the Third Sector Interfaces to support the co-production of this work.

Ms Forrest clarified the distinction between short breaks and respite care, explaining short breaks means more flexibility in the break for a carer, for example a carer taking a break while being accompanied by the person they care for would be seen as a short break. Whereas respite historically has meant bed-based care.

Councillor Law asked about the impact on Ludgate. Ms Macdonald explained that the IJB is currently evaluating the future of the services offered there. The funding will be redirected towards more receptive and responsive solutions that better meet people's needs.

Councillor Earl noted that the recommendation mentions approving the short breaks statement, while the paper refers to implementing the short breaks policy. Ms Forrest clarified that the legislation requires a short breaks statement, and the paper outlines the policy direction related to it. She confirmed that this could be amended and clarified that the request is for approval of the Short Breaks Statement.

Mr McIntyre expressed concerns about changes to service delivery occurring without prior discussion and consultation with staff.

The Integration Joint Board:

- 1) Approved the proposed model of care, which is based on person centred and outcome focussed care and support for both carers and supported people.
- 2) Approved the Short Breaks Statement.
- 3) Approved that the delivery model for short breaks and respite will be through the Short Breaks Service.
- 4) Issue the Direction as set out in Appendix 1

Councillor Wilson (Chair) resumed chairing the meeting

11. MENTAL HEALTH INPATIENT DESIGN

The IJB considered the paper presented by Ross Cheape, Head of Service Mental Health and Learning Disability Services

Mr Cheape shared insights into the history of the Bellsdyke site, emphasising a significant achievement, the decrease in the number of individuals needing prolonged hospital care and rehabilitation for mental illness. This progress has enabled the consolidation of inpatient rehabilitation services into one location instead of two, leading to improved efficiency and better patient care. However, the existing buildings are outdated and require upgrades to be suitable for inpatient rehabilitation.

There have been engagements with staff, patients, and their relatives, as well as input from neighbouring services that provide community support. These engagements will continue throughout the redesign process.

Mr Cheape has included references to the safer staffing legislation to guarantee that safe and effective staff groups are in place to deliver services.

There has already been a reduction in spending on non-core staffing, including agency and bank staff. Mr Cheape clarified that if the redesign is approved, it will allow work to continue within the financial envelope. The implementation is expected to be completed by the end of August 2025. The financial implications have been outlined, and any additional costs, such as capital expenses, will be covered by NHS Forth Valley. The Mental Health Welfare Commission supports the redesign.

Mr Murray explained that this approach will deliver the same service more efficiently and cost-effectively. Future plans need to incorporate the shift in the balance of care and potentially reinvest in different areas.

Mr Fairbairn believed it was more of an operational decision rather than a change in policy, practice, or procedure. Ms Forrest explained that it is part of the commissioning of inpatient services delegated to the IJB. She agreed that, moving forward, it would be helpful for the Board to be presented with the commissioning function and the IJB's role in commissioning services.

Mr Clark praised the consultation process around this initiative.

The Integration Joint Board:

- 1) Approved the decision to redesign the inpatient rehabilitation service.
- 2) Issued a Direction to NHS Forth Valley appended at Appendix 2.

12. ADP COMMISSIONING UPDATE

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Commissioning and Ross Cheape, Head of Service Mental Health and Learning Disability Services.

The paper is a follow-up to the one presented at the IJB on 07 August 2025. Ms Forrest confirmed it reflects efforts to integrate the third sector, current service delivery, lived experience panel, and the work carried out across the system to initiate the commissioning consortium linked to the Alcohol and Drug Partnership (ADP). The proposed model of delivery aims to modernise services and bring care closer to home, particularly for individuals with substance use issues. Significant work has been done to unite a wide range of partners within the ADP commissioning consortium. This has been challenging due to the sensitivity of those affected by drug and alcohol abuse and the impact of substantial changes across the system.

Mr Cheape emphasised that although the paper outlines the strategy, it is crucial to convert it into actionable steps for the service and create a detailed implementation plan. He confirmed that clinical and operational leads will be involved in this process at the operational stage. He proposed presenting an updated paper to the IJB by the end of the year.

Mr Clark informed Board members that correspondence has been received from senior clinicians within this service, expressing concerns about a lack of engagement. One of the recommendations emphasises engagement, which Ms Macdonald is aware of, and a meeting will be arranged to address this.

Councillor Earl highlighted concerns about antisocial behaviour, particularly when vulnerable individuals are placed in tenancies where support is not easily accessible. He emphasised the need for discussions with housing departments to ensure these factors are considered in decision-making. Ms Forrest confirmed that HSCP Housing, Health and Social Work Policy Officer, works closely with both Clackmannanshire and Stirling Councils to address all issues these issues as well as with ADP Service Manager.

Mr Fairbairn sought clarification on whether the Board was being asked to agree on a Direction regarding reporting frameworks. Ms Forrest explained that the Direction related to the agreement needed to transition in line with the need to undertake financial exit planning from the National Drug Mission funding and the delivery of a new model of care. The Board agreed to approve the model of delivery and decided that the Direction will be revisited later in the year when the staffing model aligned to the update on financial planning.

The Integration Joint Board:

- 1) Approved the proposals laid out in Delivery Plan, including the current financial position relating to National Drug Mission within the context of continuing to deliver high quality integrated care, support and treatment.

- 2) Noted the work of the Lived Experience Advisory Panel, and their work to support the ADP to rebalance and modernise the system of care.

15. FINANCIAL REPORT

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer

Mr Murray explained the report outlines a slightly improved position and, while remaining in recovery mode, identifies several opportunities to improve the position one of which requires decision with directions from the IJB. Efforts continue to find ways to achieve the priorities of the current Strategic Commissioning Plan. There is possibility of further improvement in the financial position by the end of the year. Regarding primary care prescribing, there is a normal delay in receipt of prescribing information, which is typically a couple of months in arrears. Mr Murray emphasised that prescribing costs and volumes can be volatile from month to month and this may materially impact the year-end position.

Mr Fairbairn explained that the options for financial recovery were not presented within papers presented at the IJB on 20 November 2024, as stated in the paper. Mr Murray apologised for not appropriately reflecting an accurate position in the narrative.

Councillor Earl requested more information on why the integrated financial report summary was not included in the paper. Mr Murray explained that ongoing efforts are being made to ensure data accuracy, and a monthly data cleansing process is essential to maintain high-quality reports. This integrated financial reporting approach will be reinstated in future financial reports.

He also inquired about the consequences if the overspend is not recovered within this financial year and its impact on the IJB. Mr. Murray explained that the constituent authorities would need to discuss and agree on a solution. If no agreement is reached, one of the constituent authorities would need to initiate the dispute resolution process as outlined in the Integration Scheme, which may not provide a quick resolution. If this does not resolve the issue, the next step would be mediation as specified in the dispute resolution process of the Integration Scheme. He added that the integration scheme sets out several options, including an additional payment to be recovered in a future year, which would impact future budget planning for the IJB. Mr Murray confirmed that the IJBs External and Internal Auditors have been notified of the financial situation due to concerns around the 2024/25 year-end and future years.

Councillor Law suggested adding a recommendation to request Scottish Government consider setting a two-year budget. Ms Macdonald agreed that this could be discussed at the upcoming meeting with the Scottish Government but highlighted the position advised in the response from the Director General for Health and Social Care appended to the Revenue Budget.

The Integration Joint Board:

- 1) Noted the projected outturn based on financial performance to Month 10, and specifically that there will be an overspend on the partnership budget for 2024/25
- 2) Agreed the further budget recovery and financial improvement measures (section 3)
- 3) Noted the narrative on areas of significant variance and update in respect of the Set Aside Budget for Large Hospital Services and that the normal format of integrated financial reporting will be reinstated for future meetings. (Sections 4 and 5)
- 4) Noted the Transformation and Savings Programme progress (Section 5 and Appendix 1)
- 5) Issued the Direction (Appendix 4)

Due to timing, the Board agreed to defer paper items 16, 17, 19 and 20 to the IJB on 21 May 2025

16. QUARTER 3 PERFORMANCE REPORT

The paper was deferred to the meeting on 21 May 2025.

17. INTEGRATED WORKFORCE PLANNING – YEAR 2 REVIEW

The paper was deferred to the meeting on 21 May 2025.

18. IJB EQUALITY OUTCOMES

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The Scottish Government added Integration Joint Board's (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and specific duties therein. As part of this the IJB is required to publish equality outcomes for a period of 5 years.

Ms Fulford outlined during 17 to 28 February 2025 consultation was undertaken on the [current Equality Outcomes](#) through an online survey. Respondents were asked to rate their agreement or disagreement on the existing IJB Equality Outcomes and provide suggested outcomes that they felt may be missing.

Updated Equality Outcomes were presented to the IJB for approval and publication.

The Integration Joint Board:

- 1) Noted the statutory duty to publish equality outcomes

- 2) Noted the consultation undertaken on the draft IJB equality outcomes for 2021/22 to 2024/25
- 3) Approved the proposed IJB equality outcomes for 2025 / 2026 to 2030/ 2031 (appendix 3)
- 4) Approved publication of the IJB equality outcomes for 2021/22 to 2024/25 on the [HSCP webpage](#).

19. EQUALITY IMPACT ASSESSMENT – MAINSTREAM PROGRESS REPORT 2023-2025

The paper was deferred to the meeting on 21 May 2025.

20. HEALTH AND CARE (STAFFING) SCOTLAND ACT 2019

The paper was deferred to the meeting on 21 May 2025.

21. MINUTE

Strategic Planning Group – 11.12.2024

17. ANY OTHER COMPETENT BUSINESS (AOCB)

None

18. DATE OF NEXT MEETING

21 May 2025

**Minute of the Clackmannanshire & Stirling Integration Joint Board special meeting
held on Friday 25 April 2025 10 am – 11. 30 am via MS Teams**

PRESENT

Voting Members

Councillor David Wilson (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Janine Rennie, Clackmannanshire Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Denis Coyne, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley

Non-Voting Members

Joanna Macdonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Helen McGuire, Service User Representative, Clackmannanshire
Robert Clark, Employee Director, NHS Forth Valley
Mike Evans, Localities representative
Lorraine Robertson, Chief Nurse HSCP
Kevin McIntyre, Union Representative, Clackmannanshire
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Natalie Masterson, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Julie Morrison, Union Representative, Stirling

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement
Ross Cheape, Head of Service Mental Health and Learning Disability Services
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability
Nikki Bridle, Chief Executive, Clackmannanshire Council
Caroline Sinclair, Chief Executive, Stirling Council
Sandra Comrie, PA (minutes)

Request from Councillor Wilson, IJB Chair

Councillor David Wilson, IJB Chair, requested the postponement of the Special IJB meeting and its associated paper to enable a more informed decision for the IJB on the revenue budget, Delivery Plan and Medium-Term Financial Plan. In his opinion, the decision made at the Stirling Council Special meeting on 1st May, will provide greater clarity for the IJB.

The discussion provided clarity that the due process is not postponement of the Special IJB meeting but rather deferral of consideration of the item of business to a future Special IJB meeting.

The rescheduled Special IJB meeting was proposed as Friday 2 May 2025 2 pm – 3.30 pm, in person and hybrid via MS Teams.

Following discussion, the Board agreed that a vote was required on whether or not to defer the item of business, the result was as follows:

YES

Mr Rennie
Councillor Earl
Councillor Rennie
Mr McAllister
Mr Fairbairn
Mr Johnstone
Mr Stuart

NO

Councillor Law
Councillor Coyne

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted on behalf of:

Andrew Murray, Medical Director, NHS Forth Valley
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP

2. NOTIFICATION OF SUBSTITUTES

Councillor Dennis Coyne for Councillor Martha Benny, Clackmannanshire Council

3. DECLARATIONS OF INTEREST

None

4. Indicative IJB Revenue Budget 2025/26, Draft 2025/26 to 2026/27 Delivery Plan, and Medium-Term Financial Plan '*Needs Led – Resource Bound*' (Revised)

Paper Presented by Ewan Murray, Chief Finance Officer and Joanna MacDonald, Chief Officer.

The paper will be presented at the Special IJB on 02 May 2025

Minute of the Clackmannanshire & Stirling Integration Joint Board special meeting held on Friday 02 May 2025 2 pm – 3.30 pm in Stirling Council Chambers and hybrid via Teams

PRESENT

Voting Members

Councillor David Wilson (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Janine Rennie, Clackmannanshire Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Denis Coyne, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Frances Dodd, Non-Executive Board Members, NHS Forth Valley

Non-Voting Members

Joanna MacDonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Robert Clark, Employee Director, NHS Forth Valley
Mike Evans, Localities representative
Kevin McIntyre, Union Representative, Clackmannanshire
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Natalie Masterson, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Julie Morrison, Union Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Ross Cheape, Head of Service Mental Health and Learning Disability Services
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability
Nikki Bridle, Chief Executive, Clackmannanshire Council
Caroline Sinclair, Chief Executive, Stirling Council
Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted on behalf of:

Andrew Murray, Medical Director, NHS Forth Valley
Lorraine Robertson, Chief Nurse HSCP
Abigail Robertson, Union Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

Councillor Denis Coyne for Councillor Martha Benny, Clackmannanshire Council
Frances Dodd for Stephen McAllister, Non-Executive Board Member, NHS Forth Valley

3. DECLARATIONS OF INTEREST

None

Update from Councillor Wilson

Councillor Wilson clarified that there would be no discussion regarding the Stirling Council meeting held on 1st May 2025. He confirmed that decisions had been taken to establish a strategic direction, which is a matter for the constituent partners to address. He also noted that Stirling Council has agreed to make a provision for a potential additional payment to the Integration Joint Board (IJB) in 2025/26 subject to a number of conditions agreed by the Council.

4. INDICATIVE IJB REVENUE BUDGET 2025/26, DRAFT 2025/26 TO 2027/28 DELIVERY PLAN, AND MEDIUM-TERM FINANCIAL PLAN 'NEEDS LED – RESOURCE BOUND' (REVISED)

Paper Presented by Ewan Murray, Chief Finance Officer

Mr Murray provided an update on the 2024/25 financial position, noting that the financial risk-sharing agreement has not yet been fully finalised among all constituent authorities and remains under discussion. However, based on the information currently available, there appears to be an improved position on the integrated budget of a net overspend of approximately £9 million, all else being equal. He attributed this improvement to several contributing factors, including additional vaccine funding from the Scottish Government, which has been aligned with costs in the Primary Care prescribing budget.

Mr Murray also emphasised that the decisions made at the Stirling Council meeting on 1 May 2025 are more complex than presented in the paper.

Mr Murray confirmed that Stirling Council has approved up to £1.973 million in earmarked reserves for the 2025/26 financial year. However, he noted that if the overall position of the integrated budget improves, the Council would expect this to help offset any required contribution. He emphasised that it is important to

recognise the situation is more complex than simply deducting this amount from the financial gap.

Mr Murray provided updates on the paper presented to the IJB on 26 March 2025. He noted that the position over the past month has created significant uncertainty among service users, providers, staff, trade unions, and other stakeholders. This uncertainty has contributed to a recommendation that the Board agree to a budget position that remains unbalanced, necessitating a further recovery plan, per the requirements of the extant integration scheme. Further discussion highlighted that should be by means of update to the existing delivery plan with additional measures.

Mr Murray and Ms Macdonald both agree that this approach poses less risk than maintaining the current arrangement, which continues to undermine focus on the delivery plan and associated savings, while increasing both financial and operational risks. They acknowledged that any additional financial recovery measures will affect services across the whole HSCP, potentially leading to service reductions and, consequently, increased risks to capacity and performance. Given the breadth and scale of the programme set out in the delivery plan, Mr Murray set out that he expected further measures would require to be mainly in the form of further service reduction options. Despite these challenges, there remains a need to continue to explore ways to deliver the strategic plan priorities to achieve better outcomes for patients and service users at lower cost and work collaboratively with the constituent authorities to implement these at pace.

Following discussion, Mr Murray confirmed that the Board is approving the Directions for 2024/25 at today's meeting, with revised Directions for 2025/26 to be brought forward for approval in due course. Mr Fairbairn requested that it be formally noted that the budget the Board is being asked to approve is £245.960m.

Given that the previous custom practice has been to direct funding back to the respective constituent authorities in proportion to their contributions, Mr Fairbairn requested a briefing note outlining the implications of this approach for the IJB particularly considering the variability in financial contributions. Mr Murray and Ms Macdonald agreed this action.

While agreeing that the Board must set the budget, Councillor Earl expressed his discomfort with the position he and other Board members are in. He explained that it is particularly challenging for the HSCP management team to plan for the delivery of £11 million in savings. Although the team has shown determination and a degree of confidence, the prospect of adding a further £2 million to this target is extremely difficult, especially given that the current Integration Scheme is no longer fit for purpose and a new scheme has yet to be agreed upon by all constituent authorities. Councillor Earl also stressed the importance of keeping the Board informed on the progress of the dispute resolution process, as it could have significant implications for the budget.

The Board approved the budget but requested regular briefings and reports over the coming months to keep them informed of progress. They also emphasised the importance of consistent communication with service users, providers, staff, trade unions, and other stakeholders to offer reassurance and help alleviate concerns. Additionally, the Board expressed support for holding extra meetings if necessary.

The Integration Joint Board:

- 1) Noted the further updates since the March IJB meeting which impact the IJBs financial position and outlook**
- 2) Noted the funding allocations to the IJB from NHS Forth Valley, Clackmannanshire Council and Stirling Council as a consequence of budget setting decisions and additional proposed payment from NHS Forth Valley and potential additional provision from Stirling Council**
- 3) Approved the indicative Revenue Budget for financial year 2025/26.**
- 4) Noted that the estimated residual financial gap for 2025/26 taking account of the decisions by Stirling Council is estimated to be c£2m.**
- 5) Noted that a short briefing on any decisions made by Stirling Council on 1 May and impact on the financial gap and considerations within this paper was issued to IJB members on the afternoon of 1 May.**
- 6) Noted the requirement, per the extant Integration Scheme, for a recovery plan to be agreed, that further recovery measures would impact service delivery across the whole partnership area, and an update on this will be presented to the June IJB meeting.**
- 7) Approved utilising the estimated balance of £0.200m of transformation earmarked reserves to support the project management requirements of the delivery plan. (section 4.16)**
- 8) Approved the 2025/26 to 2027/28 Updated Delivery Plan and Medium-Term Financial Plan (Appendix 3)**
- 9) Noted that the IJB Finance, Audit and Performance Committee wish to have further considerations in relation to the IJB Reserves Policy and Strategy and as such the extant policy remains (Appendix 1)**
- 10) Issued directions to Clackmannanshire and Stirling Councils and NHS Forth Valley as set out in Appendix 2.**

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2025_26/008
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date:-	18 June 2025
Services / functions covered:-	Commissioned Support for those individuals living with dementia.
Full text of Direction:-	Clackmannanshire Council, Stirling Council and NHS Forth Valley are directed to:- 1) Take the necessary steps to implement organisational change and development for staff across the HSCP, in line with the approach outlined in the cover paper. 2) Take the necessary steps to procure as required any ancillary services to support the approach outlined in the cover paper.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	Third sector leaders, third and independent sector providers, HSCP staff (including Clackmannanshire Council, Stirling Council and NHS colleagues), NHS Acute colleagues, unpaid carers and supported individuals.
Timescale(s) for Delivery:-	As soon as possible, but allowing for appropriate notice period to close out on existing uncontracted arrangements.
Direction to:-	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB Report(s):-	October 2024 - Commissioning Approach for Dementia (Post-Diagnostic Support) Paper IJB-Meeting-Wednesday-18-June.pdf
Budget / finances allocated:-	£7.186m The figure provided should be viewed as a reasonable estimate of whole system resource relating to the Clackmannanshire and Stirling HSCP population based on best information available.
Performance Measures:-	HSCP's Performance Framework PDS - Linked directly to iHub's Quality Improvement Framework
Date direction will be reviewed:-	June 2026

Reference Number	CSIJB-2025_26/009
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date:-	18 June 2025
Services / functions covered:-	Community support for those who are palliative or end of life care, and their family members/ carers
Full text of Direction:-	NHS Forth Valley, Clackmannanshire Council & Stirling Council are enabled to direct resources both staffing and financial in line with the model of care, to deliver P&EOLC.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	As part of engagement activities to enable the drafting of the Forth Valley Palliative and End of Life Care Strategic Commissioning Plan two rounds of consultation took place that were advertised via a number of platforms, those who took part included: Unpaid carers Supported individuals Third sector Independent sector HSCP staff NHS colleagues Those with an interest in the subject The views from the above are taken into consideration by the Consortium in terms of the vision and areas of work that are important for focus. The consortium is made up of: HSCP and NHS colleagues from across Forth Valley Third Sector organisations and leaders Those with lived and living experience
Timescale(s) for Delivery:-	The next stage will be to devise a plan around any changes to funding covering community supports, by November 2025.
Direction to:-	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB Report(s):-	November 2024 - Forth Valley Palliative and End of Life Care Strategic Commissioning Plan IJB-Meeting-Wednesday-18-June.pdf
Budget / finances allocated:-	£42.541m The figure provided should be viewed as a reasonable estimate of whole system resource relating to the Clackmannanshire and Stirling HSCP population based on best information available.
Performance Measures:-	HSCP's Performance Framework Quality Outcome Measure 10 – Percentage of last 6 months of life spent in a community setting – Published by Public Health Scotland
Date direction will be reviewed:-	Annually

Reference Number	CSIJB- 2025_26/010																																																								
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No																																																								
Approval Date	18 June 2025																																																								
Services / functions covered	All adult health and social care services																																																								
Full text of Direction	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Model of Care for Independent Advocacy as approved by the IJB on 18 June 2025 (including staffing and financial resources).																																																								
List of key stakeholders impacted and any specific engagement and consultation requirements	The Model of Care for Independent Advocacy will apply to Clackmannanshire Council, Stirling Council, and NHS Forth Valley in their role as a partner in the Clackmannanshire and Stirling HSCP, and Falkirk Council, in its role as a commissioning partner to the Clackmannanshire and Stirling HSCP. The Strategic Planning Group was consulted on 4 June 2025.																																																								
Timescale(s) for Delivery	The Model of Care will be delivered by the upcoming contract over the next 2 to 4 years.																																																								
Direction to	Stirling Council, Clackmannanshire Council, NHS Forth Valley																																																								
Link to relevant IJB report(s)	IJB-Meeting-Wednesday-18-June.pdf																																																								
Budget / finances allocated	The budget for delivery of advocacy services will remain as it currently is (subject to annual uplift) for the life of the current contract. The breakdown of spend between the partners is as follows: <table><tr><th></th><th>Percent age</th><th>2025-26</th><th>2026-27</th><th>2027-28</th><th>2028-29</th><th>Total</th></tr><tr><td>FC</td><td>33.69%</td><td>£150,542.42</td><td>£153,553.27</td><td>£156,624.33</td><td>£159,756.82</td><td></td></tr><tr><td>NHSFV</td><td>29.43%</td><td>£131,506.78</td><td>£134,136.91</td><td>£136,819.65</td><td>£139,556.04</td><td></td></tr><tr><td>SC</td><td>22.38%</td><td>£100,004.13</td><td>£102,004.22</td><td>£104,044.30</td><td>£106,125.19</td><td></td></tr><tr><td>CC</td><td>14.50%</td><td>£64,792.67</td><td>£66,088.52</td><td>£67,410.29</td><td>£68,758.50</td><td></td></tr><tr><td>Total</td><td>100.00%</td><td>£446,846.00</td><td>£455,782.92</td><td>£464,898.58</td><td>£474,196.55</td><td>£1,841,724.05</td></tr><tr><td>ADP</td><td></td><td>£ 24,000.00</td><td>£ 24,000.00</td><td>£ 24,000.00</td><td>£ 24,000.00</td><td></td></tr><tr><td>Potential</td><td></td><td>£470,846.00</td><td>£479,782.92</td><td>£488,898.58</td><td>£498,196.55</td><td>£1,937,724.05</td></tr></table>		Percent age	2025-26	2026-27	2027-28	2028-29	Total	FC	33.69%	£150,542.42	£153,553.27	£156,624.33	£159,756.82		NHSFV	29.43%	£131,506.78	£134,136.91	£136,819.65	£139,556.04		SC	22.38%	£100,004.13	£102,004.22	£104,044.30	£106,125.19		CC	14.50%	£64,792.67	£66,088.52	£67,410.29	£68,758.50		Total	100.00%	£446,846.00	£455,782.92	£464,898.58	£474,196.55	£1,841,724.05	ADP		£ 24,000.00	£ 24,000.00	£ 24,000.00	£ 24,000.00		Potential		£470,846.00	£479,782.92	£488,898.58	£498,196.55	£1,937,724.05
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Performance Measures	As described in the specification.																																																								
Date direction will be reviewed	October 2027																																																								

Reference Number	CSIJB-2025_26/011
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date	18 June 2025
Services / functions covered	Supported housing provision for older people, learning disabilities and mental health provided across both Clackmannanshire and Stirling Councils.
Full text of Direction	NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the actions as outlined within the Delivery Plan (Appendix 2).
List of key stakeholders impacted and any specific engagement and consultation requirements	All supported housing providers (including Clackmannanshire and Stirling Council Housing, Registered Social Landlords/ Housing Associations, NHS Forth Valley, private sector landlords and third sector/charitable organisations) have provided information to assist with the best value review with action plans being developed to take forward areas of improvement where relevant. Due to this being a desk top review, no service user consultation has been undertaken at this stage but will be required if any potential changes to provision are identified.
Timescale(s) for Delivery	June 2026
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	IJB-Meeting-Wednesday-18-June.pdf
Budget / finances allocated	Funding allocated for historic housing support provision of approx. £100K per annum for 2025/26.
Performance Measures	None
Date direction will be reviewed	September 2026

Minute of hybrid meeting of the Integration Joint Board held within Grangemouth Community Education Unit, 69-71 Abbots Road, Grangemouth, FK3 8JB and remotely on Friday 21 March 2025 at 9.30 a.m.

Voting Members: Councillor Fiona Collie
Councillor Jim Flynn
Councillor Anne Hannah
Gordon Johnston
Stephen McAllister
Michele McClung

Non –voting Members: Robert Clark, Staff Representative, NHS Forth Valley
Elaine Beveridge, Carer Representative
David Herron, Medical Representative (Primary Care), NHS Forth Valley
Marie Keirs, Chief Finance Officer (Items IJB65, IJB66 and IJB71)
Sara Lacey, Head of Social Work Children's Services/Chief Social Work Officer
Victoria McRae, Third Sector Interface
Roger Ridley, Staff Representative, Falkirk Council
Gail Woodcock, Chief Officer (Item IJB64)

Also Attending: Michelle Campbell, Personal Assistant
Tom Cowan, Head of Strategic Planning & Transformation
Caroline Doherty, Head of Community Services (Items IJB67 and IJB68)
David Keenan, Equalities & Human Rights Lead Officer
Jim Millar, Team Leader - Committee Services
James Paterson, Policy & Research Officer
Paul Surgenor, Communications Officer (Item IJB70)
Martin Thom, Head of Specialist Services
Suzanne Thomson, Senior Service Manager (Item IJB64)
Carly Toland, Democratic Services Graduate
Cheryl White, Falkirk HSCP Support Officer
Nicola Wood, Falkirk HSCP Chief Nurse (Item IJB69)

IJB59. Valedictory

The Chair led the Board in paying tribute to Michele McClung who was leaving her position on the Board, and thanked her for her dedicated service.

IJB60. Apologies

Apologies were submitted on behalf of, Margo Biggs, Ian Dickson, Kenneth Lawrie, Ross McGuffie and Andrew Murray.

IJB61. Declarations of Interest

There were no declarations of interest.

IJB62. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 31 January 2025.

IJB63. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 31 January 2025 was provided.

Items IJB213 and IJB22 were the subject of reports on the agenda and subsequently fell from the action log.

Decision

The Integration Joint Board noted the Action Log.

Victoria McRae joined the meeting during consideration of the following item.

Robert Clark left the meeting during consideration of the following item.

IJB64. Chief Officer Report

The Board considered a report by the Chief Officer and Senior Service Manager which highlighted current developments locally, regionally and nationally which were likely to be of interest to IJB members:

Local Updates:

- Performance, Audit and Assurance Committee Membership;
- IJB Development Session;
- Falkirk HSCP Budget Consultation;

- Mental Welfare Commission (MWC) visit to HMP Glenochil;
- Launch of eBrokerage System;
- Storm Eowyn Response;
- Joint Staff Forum (JSF);
- Visible Leadership, and
- Care at home Redesign.

Regional Updates

- Shifting the Balance of Care.

National Updates

- National Care Service: Ministerial Statement of 23 January 2025;
- Employers NI Contributions: Social Care Commissioned Services, Scotland Excel Briefing;
- CAMHS Performance – Letter from Maree Todd, and
- Audit Scotland: Integration Joint Boards Finance Bulletin 2023/24.

The Board requested further information on Shifting the Balance of Care policy. The Chief Officer advised that the basic principle was that a patient being cared for in an acute hospital bed cost more to the public pound than if they had community care provision. She highlighted that, due to budget restrictions, patients on a trajectory to enter long-term care were remaining in hospital for longer than necessary. Shifting the Balance of Care therefore had a view to adapting how resources were used to ensure that more people get the right care at the right time and in the right place.

The Board asked about waiting times in the Forth Valley area. The Chief Officer noted there had been improvements in waiting times, and the Head of Specialist Services provided assurance that work was being undertaken to ensure that targets were met.

The Board asked about the impact of National Insurance employer contributions on the local care sector. The Chief Finance Officer advised that this was a significant concern for care providers, with Scottish Care indicating that around 40% of providers would potentially be unable to operate next year as a result of this. She advised that it was estimated that the liability of Falkirk care providers would be in the region of around £3m - £4m, and the Partnership's internal liability was around £775k. She noted that these contributions presented a significant risk and would be monitored going forward.

The Board requested further information on work relating to visible leadership. The Chief Officer advised that this remained a challenge across HSCPs, and work was being undertaken to promote visibility through monthly newsletters and regular visits to staff and services. The Communications Officer advised that the Falkirk HSCP was being supported by the Communications team to improve leadership visibility.

Decision

The Integration Joint Board:-

- (1) noted the report;**
- (2) approved the nomination of Councillor Anne Hannah as Chair to the IJB Performance, Audit, and Assurance Committee, effective from 1 May 2025;**
- (3) approved the nomination of Stephen McAllister as Vice-Chair to the IJB Performance, Audit, and Assurance Committee, effective from 1 May 2025, and**
- (4) authorised the Chief Officer to continue discussions and if applicable take appropriate actions to progress a test of change with NHS Forth Valley to support a shift in the balance of care.**

IJB65. 2024/25 Budget Monitoring Report – January 2025

The Board considered a report by the Chief Finance Officer which provided a high-level summary of the current 2024/25 projected financial position including consideration of risks to the financial position.

Social Care projections were based on Month 9 (December 2024) forecasts provided. For forecasts in relation to services provided via NHS Forth Valley, forecasts were based on information provided by partner finance colleagues for Month 10 (January 2024) reporting as they were available at the time of preparation of this report.

The forecast position was a projected overspend of £8.154m on the integrated budgets and an overspend of £6.452m was anticipated in relation to the set aside budgets for large hospital services delegated to the IJB.

Services in relation to Social Care were expected to overspend by £8.641m (an increase from £6.672m at Month 7) following the draw of £1.058m specific reserves agreed as part of the budget recovery plan.

Integrated services provided by NHS Forth Valley were currently expected to underspend by £1.546m (£0.958m at Month 8).

For the purposes of this report, the overall projected overspend of £7.096m was assumed to be funded from non-recurring reserves.

The non-recurring reserves position now showed that due to the level of draw now required in 2025/26, IJB reserves are below the contingency level set out in the reserves policy.

Risks remaining in relation to the 2024/25 financial position were set out within the report at Section 7.

Following a question regarding timescales of work relating to the redesign of care at home, the Head of Community Services advised that there was a view to match the timescales of related workstreams, but this was not confirmed.

The Board asked about recovery plans in terms of financial sustainability. The Chief Officer advised that future planning was a critical part of budget recovery. She highlighted key workstreams such as the transformation plan, the Financial Oversight Group and the Strategic Planning and Transformation Board which would focus on improving the financial position of the partnership.

Following a question about the impact of non-patented drugs on prescribing costs, the Chief Finance Officer advised that it was not anticipated that this would have a significant impact on savings.

Decision

The Integration Joint Board:-

- (1) noted the current projected position for integrated budgets and set aside services;**
- (2) noted the non-recurring reserves position and the related risks set out in the report, and**
- (3) authorised the Chief Officer to issue revised Directions to Falkirk Council and NHS Forth Valley as per the Directions summary provided at Appendix 6 of the report.**

Councillor Flynn left the meeting during consideration of the following item.

Robert Clark and David Herron joined the meeting during consideration of the following item.

IJB66. 2025/26 IJB Draft Business Case and Medium-Term Financial Plan (MTFP)

The Board considered a report by the Chief Finance Officer which presented the Falkirk Integration Joint Board (IJB) 2025/26 Revenue Budget and medium-term financial plan (2026/27 – 2027/28) for approval.

The IJB agreed the proposed Budget Strategy at its meeting of 27 September 2024 and received a Draft Business Case and Medium-Term

Financial Plan at its November 2024 meeting, which was also remitted to both Falkirk Council and NHS Forth Valley at that time. A further update was presented to the January 2025 IJB meeting and regular development sessions have been held throughout the budget process with IJB members.

The Scottish Government settlement announcement was made on 4 December 2024, and Falkirk Council had confirmed 2025/26 funding following their budget meeting on 6 March 2025. NHS Forth Valley had provided their indicative funding settlement to the IJB for 2025/26 pending their budget meeting on 25 March 2025. These funding levels had been used to develop the budget and MTFP.

The final efficiency and transformation proposals included in this report did not close the overall funding gap, and the 2025/26 remaining budget gap was £3.962m (with a gap of £1.2m cumulatively over the medium term to 2027/28). Both Falkirk Council and NHS Forth Valley had recognised this position as a risk in their respective 2025/26 budgets.

As previously reported to the IJB, a reduced indicative funding envelope had been agreed for partnership funds and was detailed in Section 5 and in Appendix 3 of the report for approval.

The Board requested further information on increases to social care charges, how Falkirk benchmarked against other HSCPs, in addition to the support being offered to service-users. The Chief Finance Officer advised that information had been shared across the HSCP CFO network, where it was found that Falkirk had the lowest capped charges of those who responded. In terms of mitigations, the Chief Finance Officer advised that letters had been sent to service-users advising of the increased charges which set out the rationale behind the increase, and provided information on access to income maximisation services.

Decision

The Integration Joint Board:-

- (1) approved the efficiency and savings proposals set out in Appendix 2 of the report for the 2025/26 financial year (including the future years effects of those proposals);**
- (2) approved the 2025/26 budget and medium-term financial plan set out including the assumed contribution from partners in relation to the financial gap for 2025/26 (should it be required) in line with the extant integration scheme and authorised the Chief Officer to issue Directions to partners accordingly;**
- (3) noted the projected reserves position set out at 3.12 of the report;**

- (4) noted the risks to the budget position and sensitivity analysis provided in Section 8 and Appendix 5 of the report;**
- (5) approved the proposed efficiency and savings proposals set out for 2026/27 and 2027/28 as set out in Appendix 2 of the report, to allow early progression of these workstreams, with options appraisals, consultations and refined recommendations to be brought forward to Senior Leadership Team and IJB for consideration and approval as required, and**
- (6) approved the updated 2025/26 partnership funds proposals and the commitments for future years as set out at Section 5 in Appendix 3 of the report.**

The Board adjourned at 10.55am and reconvened at 11.10am with all members present as per the sederunt, with the exception of Councillor Flynn.

IJB67. Moving on Policy

The Board considered a report by the Head of Community Services which presented the Moving on Policy for approval. This policy supported a clear and consistent process to support discharge from hospital. It aimed to provide a structure for all stakeholders when there is disagreement around the best way to meet an adult's needs.

The approval of this policy supported the localised implementation of the national guidance.

The Board asked whether the policy had been developed in consultation with service-users. The Head of Community Services advised that consultation had been undertaken with staff, but not with service-users. She noted that this was because the policy was a localisation of national guidance and there was confidence that best practice was being followed.

Decision

The Integration Joint Board:-

- (1) approved the Moving on Policy;**
- (2) noted that the policy will be subject to approval by NHS Forth Valley, Stirling, and Clackmannanshire IJB. This would enable a consistency of approach Forth Valley wide, and**
- (3) authorised the Chief Officer to issue the associated attached Directions to the Chief Executives of Falkirk Council and NHS Forth Valley.**

IJB68. Eligibility Criteria

The Board considered a report by the Head of Community Services which presented the Eligibility Criteria for decision and direction of those criteria to ensure that resources were allocated fairly and effectively, prioritising those with the greatest need or risk. The criteria covered all formal social care services, aids and adaptations provided to adults and/or their carers.

Social care eligibility criteria referred to the set of guidelines or standards used by partnerships to determine whether an adult or their carer required a social care service.

Eligibility was determined through a needs assessment that included consideration of urgency, risk, and the impact of an individual's presenting circumstances on their quality of life.

The Board asked about how unmet need was recorded and monitored. The Head of Community Services advised that systems were being updated in order to facilitate assessments of need, and this was monitored through risk management processes.

Following a question about signposting, the Head of Community Services advised that locality planning played a significant role in raising awareness about community resources.

The Board asked about the impact of the policy on early intervention approaches. The Head of Community Services advised that a preventative approach was still favoured, and conversations with service-users encouraged the use of community resources and self-management in the first instance.

Decision

The Integration Joint Board:-

- (1) approved the Eligibility Criteria Policy and application of policy;**
- (2) authorised the Chief Officer to issue the attached Direction to the Chief Executive of Falkirk Council, and**
- (3) noted that guidance for the application of the criteria would be developed to support implementation. This would include recording and monitoring of unmet need.**

IJB69. Health and Care (Staffing) (Scotland) Act 2019

The Board considered a report by the Chief Nurse, Falkirk HSCP and Head of Community Services which provided an update in relation to the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) and a summary of key elements of the health annual report that related to Falkirk HSCP healthcare services and staff.

The first annual report for the health aspects of the legislation will be submitted via NHS Forth Valley and published following the NHS Forth Valley board meeting on 31 March 2025.

The care element annual report will be submitted nationally no later than 30 June 2025. Therefore, a further paper providing details of this submission would be provided to the Integration Joint Board prior to this. Following a question, the Chief Nurse acknowledged a reporting date error on the report and confirmed that a further paper outlining the details of the submission would be presented to the IJB in June 2025.

Decision

The Integration Joint Board:-

- (1) noted the information that would be provided in the first annual update to the Scottish Government which would be published by NHS Forth Valley Board in April 2025, and**
- (2) agreed to receive a further report in relation to the care submission in June 2025.**

IJB70. Communications and Engagement Update

The Board considered a report by the Communications Officer and Participation and Engagement Policy Officer which provided a summary of communications and engagement activity undertaken during October - December 2024.

The Partnership's communications activity had covered key service developments, media issues, and ongoing updates to the website and digital channels.

The Partnership's participation and engagement activity had supported the development of new policies, strategies, and co-design of services.

Decision

The Integration Joint Board noted the report.

IJB71. Assurance Report for Performance, Audit & Assurance Committee

The Board considered a report by the Chief Finance Officer which sought to provide assurance to the IJB on the items considered at the Performance Audit & Assurance Committee (PAAC) held on 7 March 2025.

This new assurance report had been prepared to address an updated requirement to provide assurance of the work of the PAAC to the Integration Joint Board on a regular basis.

Appendix 1 showed a summary of the attendance, agenda items and any areas to be highlighted to the Integration Joint Board.

Decision

The Integration Joint Board noted the Assurance Report produced following the PAAC on 7 March 2025 at Appendix 1 of the report.

Reference number	20250620.06
Does this direction supersede, vary or revoke an existing direction?	No
If yes, please provide reference number of existing direction	Insert reference number of existing direction
Approval date	20/09/2025
Services / functions covered	Strathcarron Hospice Hospice at Home service across Forth Valley.
Full text of direction to include scale and nature of change	A contract will be issued by NHS Forth Valley following approval by both Falkirk and Clacks & Stirling to the initial 6 months commitment.
List of key stakeholders impacted and any specific consultation requirements	None
Timescales for Delivery	Insert Timescales
Direction to	NHS Forth Valley
Link to relevant IJB report / reports	Please use Falkirk Committee Information - Calendar to retrieve link to appropriate committee report
Budget / finances allocated to carry out the detail	SMT have agreed that at least the next 6 months should be approved for payment and will be earmarked from reserves prior to all other draws for the 2024/25-year end. The final outturn position is improved based on previous projections and the payment of £50,000 (full year if required) will be accommodated prior to final adjustments, being 52.08% of the full payment of £96,000 for the year.

Performance measures	Please list performance measures specific to the project or programme. Where applicable refer to relevant business cases and/or option appraisal exercises.
Date direction will be reviewed	31/03/2026

Reference number	20250620.08
Does this direction supersede, vary or revoke an existing direction?	No
If yes, please provide reference number of existing direction	Insert reference number of existing direction
Approval date	20/06/2025
Services / functions covered	East Locality based health, social work and social care services including commissioned services where appropriate and third sector providers.
Full text of direction to include scale and nature of change	NHS Forth Valley are directed to support with the implementation of the East Locality Plan.
List of key stakeholders impacted and any specific consultation requirements	A 6-week consultation phase had been undertaken for development of the plan and were promoted via Falkirk HSCP platforms, Falkirk Councils Participate+ and CVS Falkirk & District. Consultation consisted of utilising previous engagement feedback and targeting consultation events towards: • Carers • Older People • Substance Use Services • Individuals within rural communities • Underrepresented groups • Third Sector & Local Community Groups • HSCP East Locality Staff • NHS East Locality staff • Members of the public interested in the plans development A consultation Report is available on Falkirk Councils Participate+ Platform.

Timescales for Delivery	Following approval by the Integration Joint Board in June 2025. Expected implementation to be on going throughout 2025-2026 with Locality Delivery Groups monitoring implementation of the plan and reporting to Strategic Planning Group, Senior Leadership Team & Integration Joint. A review of the plan will take place in 2026.
Direction to	NHS Forth Valley
Link to relevant IJB report / reports	Falkirk HSCP Locality Planning Update
Budget / finances allocated to carry out the detail	The East Locality Plan and its delivery plan have been developed in line with the current resources available, taking into consideration the financial position of the HSCP. Initial Locality budgeting will take place throughout 2025 and will be considered during plans implementation. At present, no additional resource is being requested.
Performance measures	Performance measures are listed against each action within the Delivery Plan. Measuring performance of the East Locality Plan will be undertaken by the East Locality Delivery Group and reported to Strategic Planning Group, Senior Leadership Team and Integration Joint Board via Locality.
Date direction will be reviewed	20/06/2026

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

9. Strategic Risk Update – May-July 2025

For: Approval

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

Author: Miss Vicky Webb, Head of Risk Management

Executive Summary

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

Recommendation

The Forth Valley NHS Board is asked to: -

- **Approve** the changes to the Strategic Risk Register for this reporting period (May'25-July'25). Specifically:
 - o Increase in risk score for SRR004: Scheduled Care.
- **Consider and approve** the proposed realignment of Strategic Risks to the Standing Assurance Committees.
- **Note** the progression of the mitigating actions identified.
- **Note** the update on the focused reviews conducted within this period.

Key Issues to be Considered

Over this reporting period (May'25-July'25), all strategic risks have been reviewed, and all remain static bar SRR004: Scheduled Care which has increased in risk score. Details on the specific risks have been included in appendix 1.

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

- SRR002: Urgent & Unscheduled Care
- SRR019: Culture & Leadership

The paper also provides an update on the alignment of strategic risks aligned to the various Standing Assurance Committees. As per request from the SPPRC, a review has been conducted on this and appendix 2 details the proposed changes to this structure. The committee is being asked to approve these changes.

Financial Implications

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

Workforce Implications

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

Infrastructure Implications including Digital

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

Sustainability Implications

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

Sustainability Declaration

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

- ☐ Yes
☒ N/A

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

Quality / Patient Care Implications

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

Information Governance Implications

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

Risk Assessment / Management

Risk is the subject of the paper.

Relevance to Strategic Priorities

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

Equality Declaration

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

Further to an evaluation it is noted that:

- ☒ Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

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

Strategic Planning Performance & Resources Committee – 24 June 2025

Clinical Governance Committee – 08 July 2025

Staff Governance Committee – 15 July 2025

Additional Information

N/A

Appendices

Attach where relevant:

- Appendix 1: Strategic Risk Register Update – May'25-July'25
- Appendix 2: Committee Alignment of Strategic Risks

Appendix 1 - Strategic Risk Review May - July 2025

Contents

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

1.Summary and Key Messages

During this reporting period, all the current strategic risks have been reviewed, and all remain static bar SRR004: Scheduled Care following the resource challenges in Anaesthetic department. Further detail on the strategic risks can be found in section two of this report.

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

- SRR002: Urgent & Unscheduled Care
- SRR019: Culture & Leadership

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

Emerging Risks/Hotspots:

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

2.Strategic Risks in Focus

2.1 Strategic Risk Dashboard

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25	05-Jun-2025	25; 25; 25		10	Garry Fraser	Clinical Governance Committee	Patient Harm
SRR 005	Financial Sustainability	25	25	13-Jun-2025	25; 25; 25		15	Scott Urquhart	Strategic Planning, Performance and Resources Committee	Financial
SRR 009	Workforce Plans	25	20	06-May-2025	20; 20; 20		10	Kevin Reith	Staff Governance Committee	Financial
SRR 004	Scheduled Care	20	20	04-Jun-2025	20; 15; 15		5	Garry Fraser	Clinical Governance Committee	Service Delivery
SRR 011	Digital & eHealth - Infrastructure & Strategy	20	20	13-Jun-2025	20; 15; 15		6	Scott Jaffray	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 015	Cyber Resilience	25	20	13-Jun-2025	20; 20; 20		16	Andrew Murray	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 017	Environmental Sustainability & Climate Change	25	20	04-Jun-2025	20; 20; 20		15	Morag Farquhar	Strategic Planning, Performance and Resources Committee	Environmental Sustainability
SRR 020	Health Inequalities	25	20	28-Mar-2025	20; 20; 20		10	Jennifer Champion	Strategic Planning, Performance and Resources Committee	Health Inequalities
SRR 010	Estates & Supporting Infrastructure	25	16	05-Jun-2025	16; 16; 16		6	Morag Farquhar	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 018	Primary Care Sustainability	20	15	13-Jun-2025	15; 15; 15		10	Gail Woodcock	Clinical Governance Committee	Service Delivery
SRR 019	Culture & Leadership	25	15	01-May-2025	15; 15; 15		10	Kevin Reith	Staff Governance Committee	Inspection/Audit
SRR 003	Information Governance	20	12	13-Jun-2025	12; 12; 12		8	Andrew Murray	Strategic Planning, Performance and Resources Committee	Inspection/Audit

2.2 Strategic Risks in Focus

2.2.1 Risks Increased in Risk Score

SRR 004 Scheduled Care		Current Score	Managed By	Assigned To
Risk Description	If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.	20	Garry Fraser	Marie Gardiner
		Target Score	Lead Impact Category	Appetite Level
		5	Service Delivery	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		04-Jun-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed by the Head of Scheduled Care and there is no change to the risk score at this review. However, it was highlighted, that due to changes in the Anaesthetic job family roles, there isn't enough cover to meet the additional demand required to reduce 52 week waits. Teams are reviewing the impact of this and are actively looking to reduce the impact. Subject to this, the risk is proposed to increase to a score of 20, making this risk a very high risk. We continue to report back to government weekly on the over 52week waits and are recruiting additional staff for this.				
Internal Controls				
Scheduled Care Performance Management process in place - identification of performance issues allowing interventions to be applied.				
All urgent and suspected cancer pathways are maintained via tracking and reporting carried out.				
Annual Delivery Plan to maximise scheduled care services.				
Approval given by NHS Board to invest NRAC monies recurrently on a sustainable solution				
NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat patients.				
Consultant Job Plans.				
Non-medical staff delivering clinic and surgical based interventions releasing consultant time to do complex cases.				
Further Controls Required		Action Owner	Due Date	Latest Update
A 24-month plan has been developed to improve efficiency and address the impact of the NTC as far as possible with the resources available and will require further work to change the service model to be fully effective.		Marie Gardiner	31-Mar-2026	Phase 1 Efficiency plan is complete which has delivered significant improvement in Outpatient waits for NHSFV patients. The change for improvement will continue to ensure outpatient access reaches a 12-week target for majority of services in next 18 months. Phase 2 is now moving into year 2 of the inpatient/day case waits to improve efficiency and productivity within theatres. The impact of delivering NTC has been mitigated for 2025/26 with all NTC arthroplasty allocation being given to NHSFV for this year. This will deliver a reduction in long waits with the aim of zero patients waiting over 52 weeks by 31st March 2026. Action now updated to reflect inpatient/day case activity.

2.2.2 Static Risks

SRR 002 Urgent & Unscheduled Care		Current Score	Managed By	Assigned To
Risk Description	If we do not have enough whole system capacity and flow to address key areas of improvement, there is a risk that we will be unable to deliver safe, effective, and person-centred unscheduled care resulting in a potential for patient harm, increases in length of stay, placement of patients in unsuitable places, and a negative impact on patient & staff experience.	25	Garry Fraser	Fiona Murray
		Target Score	Lead Impact Category	Appetite Level
		10	Patient Harm	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		25-Jun-2025		Zero
Latest Update				
Risk realigned to the Clinical Governance Committee for review and monitoring.				
Internal Controls				
Flow Navigation Hub				
Hospital at Home				
Front Door Workstream				
DWD Collaborative				
Dynamically using resources to reduce and mitigate risk of patient harm.				
Whole System Frailty Workstream				
Further Controls Required		Action Owner	Due Date	Latest Update
Enhance the Adults With Incapacity (AWI) Process.		Joanna Macdonald; Gail Woodcock	30-Sep-2025	The AWI process has made significant progress as a programme of work has been developed and is now being implemented across both HSCPs.
Review of the Target Operating Model.		Fiona Murray	31-Oct-2025	TOM for ED occupancy is 85% but still developing this model. Further work is being conducted to progress a TOM as part of the AMU review. Progress increased to 40% and the deadline for this piece of work will be extended to October-2025.

SRR 003 Information Governance		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.	12	Andrew Murray	Sarah Hughes-Jones
		Target Score	Impact Category	Appetite Level
		8	Inspection /Audit	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		13-Jun-2025		Moderate (12-16)
Latest Update				
Progress is being made against all actions. Risk reviewed and remains appropriate at this time.				
Internal Controls				
Robust, and regularly reviewed, procedures which address information handling available to all staff involved in the activity.				
Adherence to IG assurance processes & documentation.				
Use of approved devices, systems, and channels.				
Active supplier management (as required).				
Routine review and disposal processes. Ensuring regular deletion of redundant, obsolete, trivial material.				
Annual information governance training & awareness.				
Technical & Physical Security controls to manage access & audit.				
Secure & backed up storage arrangements which avoid use of moveable media.				
Effective and consistent use of filing systems, structured on Business Classification Scheme.				
Identifying records for permanent preservation.				
Identifying critical records within local business continuity plans				
Information Governance Security Incident Management process				
Routine processes to check & update information over time.				
Further Controls Required		Action Owner	Due Date	Latest Update
SharePoint roll out (dependent on National O365 delivery)		Sarah Hughes-Jones	31-Dec-2025	Sharepoint pilots progressing locally and work aligning with national direction.
Capture presence of procedures for the handling of assets through the information asset logging process.		Sarah Hughes-Jones	30-Jun-2025	Information Asset Register does not contain a field to capture this information, and development of the system is being reviewed to align with national options available. The presence of procedures is addressed by the Information Asset Administrator when completing Information Asset Risk Assessments.
Provide Information Risk Reports to all services who have logged critical assets but which do not have a business continuity plan recorded. Share these with Strategic Planning to for information purposes and their monitoring of ORG 30.		Sarah Hughes-Jones	31-Dec-2025	Information Asset Administrator currently reviewing all assets logged on IAR and issuing Information Risk Reports.

Options paper to be presented to Information Governance Group outlining findings and recommendations from the supplier management SLWG.	Sarah Hughes-Jones	30-Jun-2025	Final meeting of SLWG planned for end of July. Output will be recommendations paper for following Information Governance Group (IGG) outlining findings and recommendations for NHS Forth Valley. Due date requires extension to reflect agreed related action in SRR015.
The IGU will analyse the data available from the dashboard and engage with services to identify targeted training solutions.	Sarah Hughes-Jones	31-Dec-2025	
Finalise the onboarding of TrakCare with FairWarning. Update the FairWarning guidance document and develop an automated procedures document to support consistent implementation of automated alerting. Ensure data feeds are integrated, tested, and configured to enable effective alerts for all onboarded systems.	Sarah Hughes-Jones	30-Sep-2025	Work underway between Digital, Cyber, and Supplier. Project due to conclude end of Sept and is currently on track.
Ensure USB device management software enforces user-specific policies rather than allowing blanket access for specific USB models, preventing unauthorised or unintended use.	Sarah Hughes-Jones	31-Dec-2025	Paper produced articulating risk and solution, to be taken to Cyber Resilience Working Group (CRWG) for action.

SRR 005 Financial Sustainability		Current Score	Managed By	Assigned To
Risk Description	If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, a detrimental impact on current/future service provision and an impact on our reputation.	25	Scott Urquhart	Jillian Thomson
		Target Score	Lead Impact Category	Appetite Level
		15	Financial	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		13-Jun-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed and there is no change to the scoring of this risk. Work continues to progress with the development of the Value Based Health & Care Programme and we continue to progress with the implementation of the savings plan, overseen by the Financial Stewardship Group.				
Internal Controls				
Optimise the value from Medicines Spend.				
Maximise the value from workforce spend.				
Financial Sustainability Action Plan.				
Communications programme.				
Cost Awareness Programme.				
Systems & Controls in Place to Maximise Income Generation.				
Further Controls Required		Action Owner	Due Date	Latest Update
Medium Term: Develop a plan which allows services to re-design within available resources (VBH&C).		Scott Urquhart	30-Jun-2025	Progress continues to be made regarding the implementation of the Value Based Health & Care Programme, specifically around developing appropriate governance routes for this piece of work.
Finalise decisions around unfunded services.		Scott Urquhart	31-Mar-2026	This action is being tracked through the Financial Stewardship Group and a paper was presented to the group around the current unfunded services, a follow up options appraisal was requested which will be discussed and progressed through this group. Progress has increased to 30% and the due date has been extended to March-26 to allow for full implementation of this action.
Development of the Population Health & Care Strategy.		Jennifer Champion	30-Sep-2025	Consultation finishes at the end of June and will then be updated to reflect comments for final approval at Board in September. Progress increased to 75%.

SRR 009 Workforce Plans		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	20	Kevin Reith	Linda Robertson
		Target Score	Lead Impact Category	Appetite Level
		10	Financial	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		19-Jun-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed by the Director of People and there is no change to the current position of this risk. Work continues to progress the actions listed against the risk. Further detail will be provided in the workforce papers.				
Internal Controls				
Submission of costed overarching workforce plan in line with annual plan to Scottish Government				
Demographic Profiling to inform recruitment plans.				
Directorate "risk-based" workforce action plans with measurable objectives.				
Wellbeing Controls in place.				
Sustainable Workforce Initiatives in place.				
e-Rostering Solution implemented.				
Attendance Management Action Plan.				
Nursing, Midwifery & Allied Health Professional (NMHAP) Workforce Tools.				
Safe Staffing Legislation				
Further Controls Required	Action Owner	Due Date	Latest Update	
Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams.	Kevin Reith	31-Dec-2025	After a successful recruitment process, a new Head of OD has been appointed and will be progressing this piece of work. Due to this, the due date has been extended to December 2025.	
Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles.	Kevin Reith	31-Mar-2026	All regional and national workforce solutions are being reviewed by the NHS Reform. Our local work on this will tie into this national review. Business Services Target Operating Model is being developed which may assist informing this piece of work. Due date extended to March 2026.	
Action Plan which will include definitive and quantifiable actions to address identified staffing gaps.	Linda Robertson	31-Dec-2025	Part of the workforce planning update to the July Staff Governance Committee will include an update to the programme arrangements with the Strategic Workforce Planning Programme Board and will work on the development of our action plan. Progress increased to 60%.	
Completion of the workforce actions in relation to the financial sustainability plan.	Kevin Reith	31-Mar-2026	Refresh and review our workforce savings targets for the Financial Stewardship Group by the end of March-26.	

SRR 010 Estates & Supporting Infrastructure		Current Score	Managed By	Assigned To
Risk Description	If a whole system, multidisciplinary approach is not applied, there is a risk that we will not make best use of available capital and revenue funding, via prioritisation and allocation, to fully proceed with existing Estates and Infrastructure plans, make new development plans, or maintain and enhance the existing estate. This will result in an inability to maintain and develop a suitable environment for modern and sustainable services.	16	Morag Farquhar	Andrew McGown
		Target Score	Lead Impact Category	Appetite Level
		6	Service Delivery	Averse (1-6)
		Last Review Date	Risk Trend	Tolerance Level
		05-Jun-2025		Cautious (8-10)
Latest Update				
After review with the Director of Facilities, there is no change to the current position of this risk. We have received the Business Continuity Plan Funding from Scottish Government, and this will support two larger projects - Anti-Ligature and Theatre Ventilation, with some other smaller projects also supported. Some of the requests are still being reviewed by Scottish Government so we will hear the output of this discussions in due course. Further work is being progressed by the teams to understand how we will support the request for information from the Whole System Planning Exercise - when this is received from Government. Ensuring that any submission is in line with our newly developing Population Health & Care Strategy and other supporting Strategies.				
Internal Controls				
NHS Board capital plan outlining prioritisation and funding for Infrastructure developments				
Operational condition of estate regularly assessed and monitored through the Strategic Asset Management System.				
Rolling estate survey programme carried out within 5-year cycle				
Regular reviews with PPP partners for FVRH, SHCV, CCHC.				
Prioritisation of Revenue and Capital budget planning process in place for Estates				
Horizon scanning – keeping on top of latest developments in Estates Management.				
SCART - Statutory Compliance Audit and Risk Tool				
Estates and Capital Planning Service Delivery				
Facilities Management Tool.				
Further Controls Required		Action Owner	Due Date	Latest Update
Development of whole system infrastructure plan which is in effect a Programme Initial Agreement and will set out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans (will include FCH and the remainder of Primary Care).		Morag Farquhar	31-Jan-2026	Guidance is coming to Health Boards by a DL in June. The ask of Boards is to submit three strategic assessments which will be assessed by Government. We are working on what our approach could look like for this and how it will link into the Population Health & Care Strategy. Work is ongoing by Government to align the Business Continuity Plan process and the Whole System Infrastructure Plan.

SRR 011 Digital & eHealth - Infrastructure & Strategy		Current Score	Managed By	Assigned To
Risk Description	If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.	20	Scott Jaffray	Rachel Marshall
		Target Score	Impact Category	Appetite Level
		6	Service Delivery	Averse (1-6)
		Last Review Date	Risk Trend	Tolerance Level
		13-Jun-2025		Cautious (8-10)
Latest Update				
During Q3 and Q4 of 2024 / 2025, Digital, in collaboration with key stakeholder groups, have developed the 2025 / 2026 Digital Delivery Plan. In this plan, there has been a joint effort to ensure all priority areas have been included as well as incorporating all mandated national projects. To ensure Digital are aligned with the clinical priorities, a structured change control process has been implemented. This process carries out regular reviews of existing commitments against any emerging in-year demands, allowing the digital department to remain focused on delivering the projects that are relevant and important to the service. Whilst project implementation is important, Digital have put processes in place to ensure the BAU support is established, looking at post implementation resource, governance and processes.				
Internal Controls				
Annual Digital and eHealth delivery plan.				
Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board.				
Cyber security objectives and initiatives included in the annual programme of work				
Windows/Office Programme team in place.				
Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY.				
Disaster Recovery and Business Continuity Plans are in place.				
Digital Directorate Workforce Plan.				
Ensure alignment of new digital & eHealth proposals are linked to current strategies of the Board and national.				
Accredited by the Service Desk Institute Standard.				
Further Controls Required		Action Owner	Due Date	Latest Update
The Director of Digital has requested full implementation of the PC/ Server & System asset management system.		Tracey Jackson; Scott Jaffray	30-Jun-2025	70% complete – heat maps were drawn up for the capital plan and implementation is underway.
Increase the number of digital champions across the organisation to enhance digital/clinical partnership working.		Scott Jaffray	31-Mar-2026	Progress has been marked to 10% as some progress has been made on starting this process. However further work is needed to embed this throughout the organisation, therefore, due date has been extended to March-26.
Establish a benefits realisation process to document and report on all identified benefits within digital projects and report these to the Digital & eHealth Programme Board.		Scott Jaffray	31-Mar-2026	Benefits realisation process has been put in place. However, the reporting on benefits will start as projects complete. Due date extended to March-26. 40%.

SRR 015 Cyber Resilience		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised Resulting in a significant disruption to the services delivered by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.	20	Andrew Murray	Sarah Hughes-Jones; Scott Jaffray
		Target Score	Impact Category	Appetite Level
		16	Service Delivery	Averse (1-6)
		Last Review Date	Risk Trend	Tolerance Level
		13-Jun-2025		Cautious (8-10)
Latest Update				
Risk reviewed and actions updated. Progress continues to be made however risk score remains appropriate at this time.				
Internal Controls				
Cyber Resilience Framework.				
Digital and eHealth Strategy.				
NIS Audit Recommendations.				
Change Management.				
Further Controls Required		Action Owner	Due Date	Latest Update
Cyber Security Awareness and Training - Continuous improvements and monitoring of our awareness material and training for all staff. This includes a high level of compliance with the mandatory nature of Cyber Awareness training.		Sarah Hughes-Jones; Scott Jaffray	31-Dec-2025	Q2 Simulation starting next week. SANS maturity model paper drafted and on course for communication to relevant governance groups.
Our reliance on suppliers is better understood with a degree of assurance especially around our critical suppliers processes, policies and people.		Sarah Hughes-Jones; Scott Jaffray	31-Oct-2025	Final meeting of SLWG planned for end of July. Output will be recommendations paper for following Information Governance Group (IGG) outlining findings and recommendations for NHS Forth Valley.
Business Continuity Plans – Embedding and testing - BCPs should be widely known, understood, and regularly tested for effectiveness.		Sarah Hughes-Jones	31-Dec-2025	Due date has been extended to further strengthen the BCP utilisation throughout the organisation. Date has been extended to Dec-25.
Gatekeeping process for third party access - Third parties (Charities, suppliers etc) have an agreed, securely managed route into our infrastructure which the Health Board controls.		Scott Jaffray	30-Jun-2025	This action is being led by Digital with IG Cyber input. Documentation drafted and required agreement.
Review of cyber roles to support recruitment and retention (a number of roles have recently been made vacant and there is potential for single points of failure).		Sarah Hughes-Jones; Scott Jaffray	31-Dec-2025	Job Evaluation process has re-evaluated CISM to a Band7, enabling immediate recruitment process can commence. Review still required around the overall risk as retention issues not mitigated. Due date reviewed and extended to December-25 to allow for recruitment to occur.

SRR 017 Environmental Sustainability & Climate Change		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley does not maximise our available resources to implement our Climate Emergency & Sustainability Strategy, there is a risk that we will be unable to comply with DL38 and not meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy resulting in an inability to operate in an environmentally sustainable manor, an inability to meet objectives, and damaging stakeholder/public confidence.	20	Morag Farquhar	Derek Jarvie
		Target Score	Impact Category	Appetite Level
		15	Environmental Sustainability	Moderate (12-16)
		Last Review Date	Risk Trend	Tolerance Level
		13-Jun-2025		Open (20-25)
Latest Update				
This risk has been reviewed by the Director of Facilities and there is no change to the scoring of the risk at this review. There remains to be funding concerns impacting on the ability to deliver on Environmental Sustainability for the following years. A part of the Capital funding is secured every year to support local projects, but it is thought that this will not be sufficient to meet our targets. Local projects remain ongoing, where possible, but these are smaller in scale compared previous initiatives. The Environmental Sustainability Team continue to source opportunities for bids to further support local projects.				
Internal Controls				
Climate Emergency Response and Sustainability Team.				
Climate Change & Sustainability Team.				
All Board and Committee meeting papers contain a section requiring the author to highlight any sustainability implications.				
Climate Emergency & Sustainability Strategy and Action Plan.				
Continual review and identification of funding sources.				
Further Controls Required		Action Owner	Due Date	Latest Update
Successful Implementation of the Environmental Management System - To reduce environmental impacts and ensure legal compliance. E.g. are we storing oil properly, maintaining boilers properly, etc, waste management, transport. Currently trying to implement. Currently live in Estates and looking to roll out further (phase 1).		Derek Jarvie	31-Mar-2026	Two members of the team are now certified trained auditors to progress this further. Discussions are being taken forward on which system hosts the management system. NHS Assure are supporting boards to implement a Once for Scotland approach.
Recruit the Waste and Compliance Support Officer role.		Derek Jarvie	31-Dec-2025	Funding has been reviewed and needs further confirmation before the recruitment process commences.
Randomly sample the papers presented to the Standing Assurance Committees & NHS FV Board.		Derek Jarvie	31-Dec-2025	Still awaiting for the NHS Assure toolkit to arise but reviewing key papers in the interim. Progress increased to 25% but due date extended to December-25.

SRR 018 Primary Care Sustainability		Current Score	Managed By	Assigned To
Risk Description	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 to patients across Forth Valley, resulting in an impact on patient care through failure to meet our statutory responsibilities and deliver on the aims of the Population Health & Care Strategy.	15	Gail Woodcock	Scott Williams
		Target Score	Lead Impact Category	Appetite Level
		10	Patient Harm	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		01-Jul-2025		Zero
Latest Update				
This risk has been reviewed as per the request by the SPPRC, and the following changes have been made: - Review of the risk description to reflect the impact on patient harm. - Rewording of the gap analysis of the second control. These changes will be brought to the SPPRC in August for endorsement. Progress is also being made against the review of governance within the Primary Care Services.				
Internal Controls				
GP Sustainability Loans in Place (Finance, Recruitment & Retention).				
Primary Care Improvement Plan (Capacity & Demand).				
Expansion of community pharmacy services (Further development of Pharmacy First Service) (Capacity & Demand).				
Regular engagement with SG and BMA in place regarding national MOU funding (Capacity & Demand).				
Recognised process to consider all options when a practice is handed back to NHS FV (Capacity & Demand).				
Targeted recruitment to build GP and MDT capacity and capability (Recruitment & Retention).				
Capital Investment Programme (Recruitment & Retention, Premises).				
Further Controls Required		Action Owner	Due Date	Latest Update
Development of Governance routes and escalation procedures following the delegation of PC to FHSCP		Tom Cowan; Scott Williams	30-Sep-2025	It has been agreed there will be a re-instatement of the Primary Care Programme Board and we have a draft ToR to show how this will support our governance routes. This will go to the first meeting which has provisionally arranged a first meeting in September. Progress increased to 90% and it is thought this action will be closed when the first meeting has occurred.
Development of a whole-system Community Health & Wellbeing Transformation Programme.		Tom Cowan; Scott Williams	31-Dec-2025	Action changed to 'Development of a whole-system Community Health & Wellbeing Transformation Programme.' after approval at SSPRC.

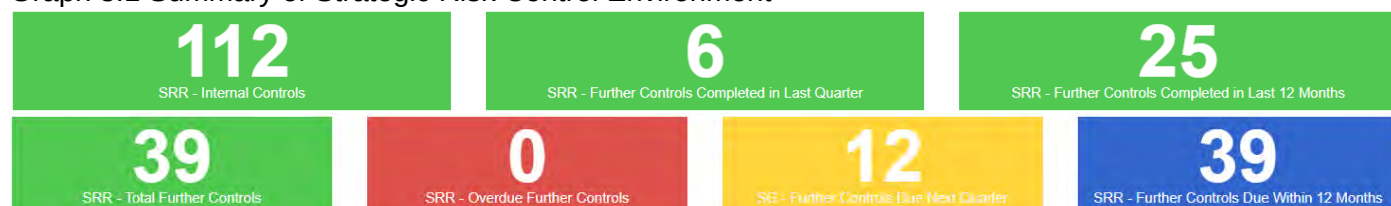
SRR 019 Culture & Leadership		Current Score	Managed By	Assigned To
Risk Description	If NHS FV do not foster a cohesive culture with strong leadership, there is a risk that our people will not feel valued in their roles and understand how they feed into organisational success, resulting in a negative impact on staff morale, and an inability for FV to be resilient, agile and achieve long-term success.	15	Kevin Reith	Margaret Kerr
		Target Score	Lead Impact Category	Appetite Level
		10	Inspection/Audit	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		16-Jun-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed by the Director of People and there is no change to the scoring. Work has continued to be progressed around this risk and the mobilisation of phase one is continuing. Risk is also subject to a focused review and will be pulled out in these				
Internal Controls				
Whistleblowing procedures including “Speak Up” service.				
Communication - Resources supporting development of culture are available on the intranet.				
Personal Development Reviews				
Promotion of yearly iMatter surveys across the organisation.				
Recognising Our People (e.g., staff awards).				
Culture Change and Compassionate Leadership Programme - Phase 1 (scoping) and Phase 2 Diagnostics and Discovery are complete.				
ELT co-produced Organisational Development Programme - scoping and agreement.				
Leadership Programme.				
Peer Support and Wellbeing Teams in place to support staff.				
Induction Processes				
Step into my Shoes Initiative.				
Further Controls Required		Action Owner	Due Date	Latest Update
Building on staff awards, work is progressing on other staff recognition opportunities.		Kevin Reith	31-Jul-2025	Outputs of the Reward and Recognition workstream will be feeding back to end of July-25.

SRR 020 Health Inequalities		Current Score	Managed By	Assigned To
Risk Description	If NHS FV does not work with partners to influence the social determinants of health and the NHS does not create a healthcare system which can be accessed by all the people of Forth Valley, there is a risk that health outcomes do not improve, and health inequalities do not reduce or may even widen. This could result in reduced healthy life expectancy for the population, or for individual population groups, and a significant financial cost through increased need and demands on services.	20	Jennifer Champion	Andrew Murray
		Target Score	Impact Category	Appetite Level
		10	Health Inequalities	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		13-Jun-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed by the Interim Director of Public Health and there is no change to the risk score at this review. Work continues to be progressed on the actions, primarily in relation to the Population Health & Care Strategy which is now out for engagement and will be brought back to the Board in September for approval.				
Internal Controls				
NHS Forth Valley is an Anchor Institution, working with other partner organisations in their role as Anchor Institutions, to improve the social determinants of health.				
Director of PH work collaboratively across the local population health system with CPPs.				
NHS Forth Valley senior planners and managers contribute to multiple Community Planning Partnership theme groups to plan for improved health outcomes and reduced inequalities.				
Anchor NHS service design planning commenced with strategic leads and service managers to improve reach and benefit of services and programmes for diverse and disadvantaged communities.				
Directors of Public Health are working with Heads of Population Health at the Scottish Government with a view to intelligence performance management around Health Inequalities activity.				
Commenced work with HR re revamped EQIA with a poverty/health inequalities focus.				
Healthcare PH Consultant understanding health inequalities and barriers to paediatric outpatients.				
Further Controls Required		Action Owner	Due Date	Latest Update
Development of a comprehensive healthcare inequalities delivery plan which supports investment in measures and embeds HI into all workstreams.		Jennifer Champion	31-Oct-2025	There is limited capacity in the PH department. The governance and delivery structures around this are being developed as part of the delivery plan of the Population Health & Care Strategy. Due date extended to October-25 due to above rationale.
Health Inequalities delivery plan should be aligned with partnership plans.		Jennifer Champion	30-Sep-2025	
Work with NES around staff accessing training to understand responsibilities around health inequalities.		Jennifer Champion	31-Oct-2025	
Develop a systematic way to assess and monitor health inequalities and develop performance management around outcomes on prevention and health inequalities that is embedded in Performance tables.		Jennifer Champion	31-Aug-2025	Working with a national group on this. No clear direction to Boards from this group as yet.

Review NHS Forth Valley contribution to community planning partnerships.	Jennifer Champion	30-Sep-2025	Scoping present activity and mapping out groups that NHS staff are on which report into the CPP's.
Development of the Population Health & Care Strategy.	Jennifer Champion	30-Sep-2025	Consultation finishes at the end of June and will then be updated to reflect comments for final approval at Board in September. Progress increased to 75%.

3.Risk Controls Progress Update

Graph 3.1 Summary of Strategic Risk Control Environment



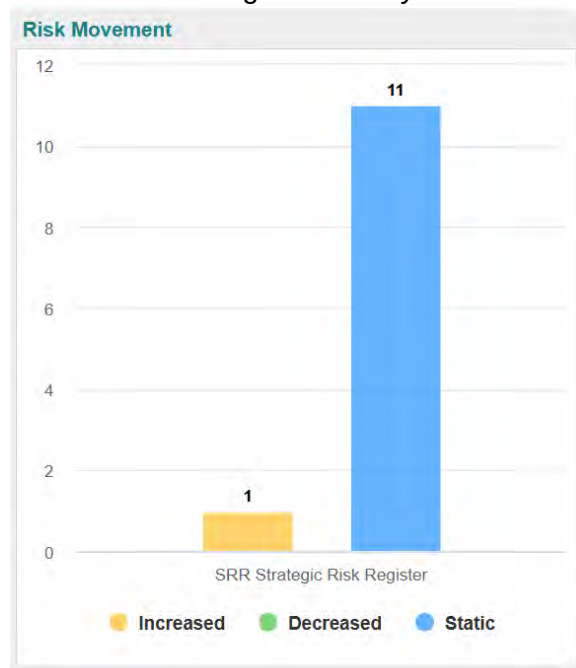
In this reporting period, there are 112 current controls mitigating these risks, a reduction from the previously reported 120. This is due the rationalisation of controls listed within the Primary Care strategic risk. Supporting our control environment, there were 6 actions completed in this reporting period which further mitigate the strategic risk profile (Table 3.1 highlights these actions). At the end of this reporting period there are no overdue actions reported, with a further 10 actions due to be completed by Quarter 1 25/26.

Table 3.1 Strategic Risk Completed Actions

Action Code	Action Title	Due Date	Status	Action Owner	Risk Owner
SRR004.19	Completion of the Orthopaedics Recovery Plan.	30-Apr-2025	Completed	Marie Gardiner	Garry Fraser
SRR005.23	Develop a plan for the further roll out of the nursing blueprint to other staff groups.	30-Apr-2025	Completed	Jillian Thomson	Scott Urquhart
SRR004.17	Complete the theatre efficiencies programme of work to try and increase capacity within our theatres.	31-May-2025	Completed	Marie Gardiner	Garry Fraser
SRR019.11	Implementation of the mobilisation phase one.	31-May-2025	Completed	Kevin Reith	Kevin Reith
SRR017.07	Communications Strategy and action plan to be developed	30-Jun-2025	Completed	Derek Jarvie	Morag Farquhar
SRR004.12	Enhance the sign off of consultant job plans in Scheduled Care.	31-Jul-2025	Completed	Chris Cairns	Garry Fraser

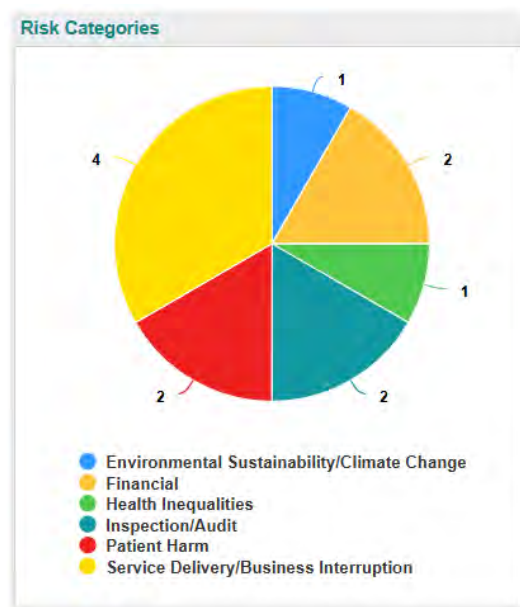
4.Risk Trend Analysis

Chart 4.1 Risk Register Activity



The chart to the left shows that across the Strategic Risk Register, 11 of the 12 Strategic Risks remain static, whilst SRR004: Scheduled Care increased in risk score.

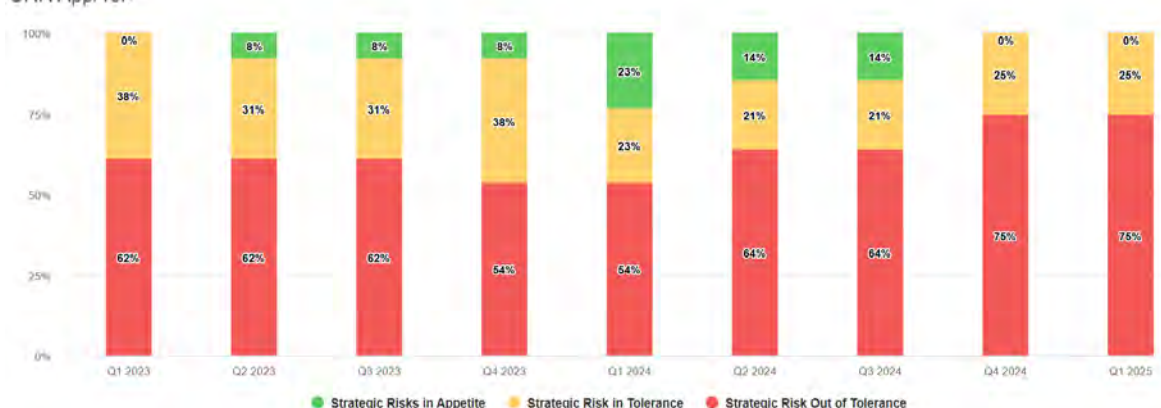
Chart 4.2 Risk Category Breakdown



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

Chart 4.3 Strategic Appetite and Tolerance

SRR App/Tol+



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

- Quarter 1 (25/26) – there was no change to the appetite profile of the strategic risks.

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

5. Strategic Risk Assurance Focused Reviews

During this period, two Focused Reviews were conducted on:

- SRR002: Urgent & Unscheduled Care** – This was presented to the June 2025 Strategic Planning, Performance & Resources Committee and was endorsed for further reporting to the Audit & Risk Committee.
- SRR019: Culture & Leadership** – this was presented to the July 2025 Staff Governance Committee and was endorsed for further reporting to the Audit & Risk Committee.

SRR002: Urgent & Unscheduled Care

Commentary

During the focused review process, there was no change to the overall description of the risk, and no change to the overall risk description. A review of the current and further controls was undertaken and highlighted a variety of criticality across these controls.

A review of the current controls was conducted and the controls relating to the Firebreak exercise were removed as they reflected a point in time. 6 overall controls remain and given an amber or yellow status. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are numerous assurance functions monitoring compliance with these current controls.

Reference	Risk Description	Current Score	Controls	Status of Control	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER CARE									
3. Improve our focus on safety, quality, and sustainability									
SRR002	Urgent & Unscheduled Care If NHS FV does not take steps to create capacity, and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.	20	Flow Navigation Workstream		X	X	X	X	Limited
			Hospital at Home Workstream		X	X	X	X	
			Front Door Workstream		X	X	X	X	
			DWD Collaborative		X	X	X	X	
			Whole System Frailty		X	X	X	X	
			Dynamically using resources to reduce and mitigate risk of patient harm.		X	X	X	X	

SRR019: Culture & Leadership

Commentary

During the focused review process, there was no change to the overall description of the risk, and no change to the overall risk description. A review of the current and further controls was undertaken and highlighted a variety of criticality across these controls.

Ten of the eleven identified current controls were given a rating of red & amber which prompted a gap analysis. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are numerous assurance functions monitoring compliance with these current controls. The introduction of the Programme Boards will further strengthen the oversight and implementation of these current controls.

Reference	Risk Description	Current Score	Controls	Status of Control	1st Line	1B Line	2nd Line	3rd Line	Overall Assurance
BETTER WORKFORCE									
6. Value and develop our people									
SRR019	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	Culture Change & Compassionate Leadership		X	X	X		Reasonable
			Organisational Development Plan		X		X		
			Communication		X		X		
			Personal Development Reviews		X		X	X	
			Yearly iMatter		X		X	X	
			Celebrating Success		X		X		
			Whistleblowing procedures including "Speak Up" Services		X		X	X	
			Leadership Programme		X		X		
			Peer Support and Wellbeing Teams in place to support staff.		X	X			
			Induction Processes		X		X		
			Step into My Shoes Initiative		X	X			

Appendix 2 Strategic Risk Dashboard – Committee Structure Review

Ref	Risk Title	Untreated Score	Current Score	Target Score	Lead Impact Category	Owned By	Governance (route for focussed review)	Proposed changes
SRR 002	Urgent & Unscheduled Care	25	25	10	Patient Harm	Garry Fraser	Strategic Planning, Performance and Resources Committee (SPPRC) Propose move to Clinical Governance Committee (CGC)	Due to the primary impact being on patients suggest move to CGC – performance element monitored through SPPRC.
SRR 005	Financial Sustainability	25	25	15	Financial	Scott Urquhart	Strategic Planning, Performance and Resources Committee (SPPRC)	No change.
SRR 009	Workforce Plans	25	20	10	Financial Propose Workforce	Kevin Reith	Staff Governance Committee (SGC)	Propose this lead impact category is Workforce due to the nature of the risk.
SRR 011	Digital & eHealth - Infrastructure & Strategy	20	20	6	Service Delivery/Business Interruption	Scott Jaffray	Strategic Planning, Performance and Resources Committee (SPPRC)	No change
SRR 015	Cyber Resilience	25	20	16	Service Delivery/Business Interruption	Andrew Murray	Strategic Planning, Performance and Resources Committee (SPPRC)	No change
SRR 017	Environmental Sustainability & Climate Change	25	20	15	Environmental Sustainability/Climate Change	Morag Farquhar	Strategic Planning, Performance and Resources Committee (SPPRC)	No change
SRR 020	Health Inequalities	25	20	10	Health Inequalities	Jennifer Champion	Strategic Planning, Performance and Resources Committee	No change
SRR 010	Estates & Supporting Infrastructure	25	16	6	Service Delivery/Business Interruption	Morag Farquhar	Strategic Planning, Performance and Resources Committee (SPPRC)	No change
SRR 004	Scheduled Care	20	15	6	Service Delivery/Business Interruption	Garry Fraser	Strategic Planning, Performance and Resources Committee (SPPRC)	Propose lead impact category is Patient Harm due to the nature of this risk. As such, suggest move to Clinical

Ref	Risk Title	Untreated Score	Current Score	Target Score	Lead Impact Category	Owned By	Governance (route for focussed review)	Proposed changes
					Propose Patient Harm		Propose move to Clinical Governance Committee (CGC)	Governance Committee - performance element monitored through SPPRC.
SRR 018	Primary Care Sustainability	20	15	10	Patient Harm	Gail Woodcock	Strategic Planning, Performance and Resources Committee Propose move to Clinical Governance Committee (CGC)	Due to the primary impact being on patients, suggest move to CGC– workforce and performance elements monitored through SGC and SPPRC.
SRR 019	Culture & Leadership	25	15	10	Inspection/Audit Propose Workforce	Kevin Reith	Staff Governance Committee (SGC)	Propose that this lead impact category is Workforce due to the nature of the risk.
SRR 003	Information Governance	20	12	8	Inspection/Audit	Andrew Murray	Strategic Planning, Performance and Resources Committee (SPPRC)	No change

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

10. Culture Change & Compassionate Leadership Programme – Launch of Revised Organisational Values

For: Approval

Executive Sponsor: Kevin Reith Director of People

Author: Jo Tolland, Programme Director, Culture Change & Compassionate Leadership Programme

Executive Summary

The Culture Change & Compassionate Leadership (CC&CL) Programme was launched in early 2023. 8 Project Teams were implemented and mobilised commencing in December 2024 (see appendix 1 for programme workstream summary) to lead the further development and delivery of this programme of improvement including the appointment of an Executive Sponsor to each project. This has been completed in line with the programme plan.

It should be noted that NHS Forth Valley presented a summary of the progress of the CC&CL Programme as part of a mini-plenary session entitled 'Improving Wellbeing and Working Cultures' at the NHS Scotland Annual Event in Glasgow on 9 June 2025.

This report outlines the delivery of the first major initiative of the 'Live the Values' project workstream (see appendix 2 for the summary of scope) which contains the following actions:

- Review the existing Forth Valley v NHS Scotland Values
- Identify how we can integrate our values into our culture, leadership, communication, learning, recruitment and induction processes
- Bring the Values to life as part of our strategic goals and objectives

Recommendation

The Forth Valley NHS Board is asked to:-

- **approve** adoption of the NHS Scotland Values across NHS Forth Valley and support the plan for implementation. This will be driven by a corporate communication campaign underpinned by resource to assist with rebranding and marketing including connections with partners.

Risk Assessment / Management

The Programme Board continues to review escalated issues and risks which could adversely impact the successful delivery of the Culture Change and Compassionate Leadership Programme.

Monthly Strategic Risk Review meetings have been in place since July 2023 and have demonstrated that controls are operating effectively. All red status risks are reviewed with the Programme Board every 4-6 weeks.

Whilst the support, engagement and participation of project representatives has been extremely positive, resources continue to be a challenge as people try to balance the demands of the day job with taking an active role in the programme. There are inherent risks to sustaining the momentum of the programme and this remains a focus of the Programme Board to ensure progress is maintained.

As outlined to the Board during its last Development session, work to ensure resources are aligned in the best way to our strategic delivery will look to address this issue particularly when considering the transition of the work to a business-as-usual state in the second half of this year.

Key Issues to be Considered

Programme Context

All 8 projects have now completed the initial mobilisation process across two phases between December 2024 and June 2025. It is envisaged that all CC&CL activity will be built into business-as-usual activity and processes via a handover process which will begin in October 2025 and conclude in March 2026.

Where possible, each of the projects will engage with existing or planned initiatives relating to Culture & Leadership to maximise resources, streamline activities and support the transition into business as usual. The programme members are currently undergoing a 'Mapping' exercise to highlight any areas of overlap or duplication as well as opportunities for collaboration with ongoing and existing initiatives relating to culture.

Live the Values Workstream

As part of the 2023 CC&CL staff feedback process, colleagues described the existing values as unclear, not relevant and confusing given that they do not align with the NHS Scotland Values. It is also vital to our culture that all Forth Valley employees understand and model these values through every aspect of their day-to-day work and that robust processes are in place to address situations where our values are breached.

This report proposes that, with the support of the workstream group and Chief Executive Ross McGuffie (Executive Sponsor), the current Forth Valley Values, which were implemented in 2010, should be replaced by the NHS Scotland Values, which are:

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality and Teamwork

This proposal was presented and endorsed by the Area Partnership on 24 June 2025 and Staff Governance Committee on 15 July 2025. The report also proposes that the changeover to the NHS Scotland Values should be underpinned by a corporate communication campaign.

In preparedness, the Live the Values Project Group is currently finalising a plan to direct how we effectively embed the NHS Scotland Values into our organisational processes, policies and way of working. Attached as appendix 3 is a draft Living the Values Review Pack which outlines the intended approach to the change including the Communications Plan to support implementation.

The group has noted the following issues:

- Issue1: Following approval by the NHS Forth Valley Board, the launch and comprehensive corporate communication of the NHS Scotland Values is a key enabler to further progressing the Culture Change and Compassionate Leadership Programme.
- Issue 2: Whilst there have been some improvements, issues shared previously around communication with and engagement from HSCP colleagues and easy-to-miss staff groups continue and needs a targeted approach as part of a corporate communication programme for the launch and into business as usual.

- Issue 3: Whilst the launch of the NHS Scotland is pivotal to the Live the Values Project group in helping embed values, they also play a central role across all the remaining projects by their very nature and association with organisational culture.

The work will be progressed through the Culture Change & Compassionate Leadership programme and specifically by the 'Live the Values' project team to embed the NHS Scotland Values into all relevant policies and processes.

This change and all associated activity will be communicated to colleagues as demonstrating a direct action resulting from staff feedback as part of the Culture Change & Compassionate Leadership Programme.

Implications

Financial Implications

The key aims of the programme are aligned to wider financial sustainability themes in terms of improved staff experience translating through to a more stable and engaged workforce.

Support for the programme has been managed within existing resources to date. The programme support arrangements are presently built into the existing Corporate Programme Management Office (CPMO). As the Implementation Phase progresses and projects develop more detailed delivery plans, we will review the financial implications for each initiative in liaison with the Finance team and through the appropriate approval process where required.

Workforce Implications

The links between organisational culture and behaviours and levels of staff absence and turnover are widely accepted as having a direct correlation. In the initial diagnostic phase NHS Forth Valley Organisational data indicated high levels of staff absence and turnover. The Culture Change & Compassionate Leadership Methodology has been proven to have a positive impact on these indicators in other Health Boards and therefore has the potential to increase attendance and retention (and therefore resources) through higher levels of staff engagement and tangible improvements in culture and leadership.

Although staff absence continues to be high, over the past 2.5yrs NHS Forth Valley turnover figures indicate consistent decline of over 5% to 9.6% turnover in May 2025 since peaking at 15.5% in December 2022.

There is strong evidence that clearly defined organisational values which are promoted in strategic plans, policies and processes and demonstrated in day-to-day activity and behaviours, will result in increased trust and confidence among colleagues across organisations.

Infrastructure Implications including Digital

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

Sustainability Implications

There are no specific sustainability implications in respect of this paper.

Sustainability Declaration

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

☐ N/A

Quality / Patient Care Implications

Implementation of the Culture Change & Compassionate Leadership Methodology in other Health Boards has evidenced a direct correlation between positive employee experience and positive patient experience in organisations.

Information Governance Implications

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

Relevance to Strategic Priorities

The work and objectives of the CC&CL Programme is relevant to the following:

- NHS Forth Valley's Corporate Objectives, particularly in relation to 'Collaboration'.
- NHS Forth Valley Strategic ambitions as outlined within the Population Health & Care Strategy.
- Health & Social Care: National Workforce Strategy particularly in relation to the Nurture pillar

Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- ☐ Paper is not relevant to Equality and Diversity
- ☐ Screening completed - no discrimination noted
- ☒ Screening completed and has been reviewed on a quarterly basis - no discrimination noted for this report.

However, it is important to note that throughout the Programme, screening has been ongoing to identify and address any areas of inequality and potential discrimination for staff members who fall under any (or multiple) of the nine protected characteristics. Accessibility considerations and mitigating actions have been proactively taken to help improve engagement and minimise barriers to this. Support has been offered on a case-by-case basis for any additional needs beyond this. As part of the next phase of the programme, a full EQIA will accompany the Action Plan, and the Programme team will ensure any projects or workstreams they are linking with across the organisation adhere to Equality and Inclusion standards and have EQIAs completed individually.

Communication, involvement, engagement and consultation

As well as the extensive consultation with staff through the programme, updates are provided to the Area Partnership Forum and progress monitoring is provided through the Programme Board. With the programme implementation phase commencing the reporting of progress will be built into our 2025-26 governance calendar.

For this proposed change in terms of Values, the plan was presented to the Area Partnership Forum in June 2025 and to the Staff Governance Committee in July 2025 before presentation for final approval by the NHS Forth Valley Board. Both APF and SGC endorsed the change.

Additional Information

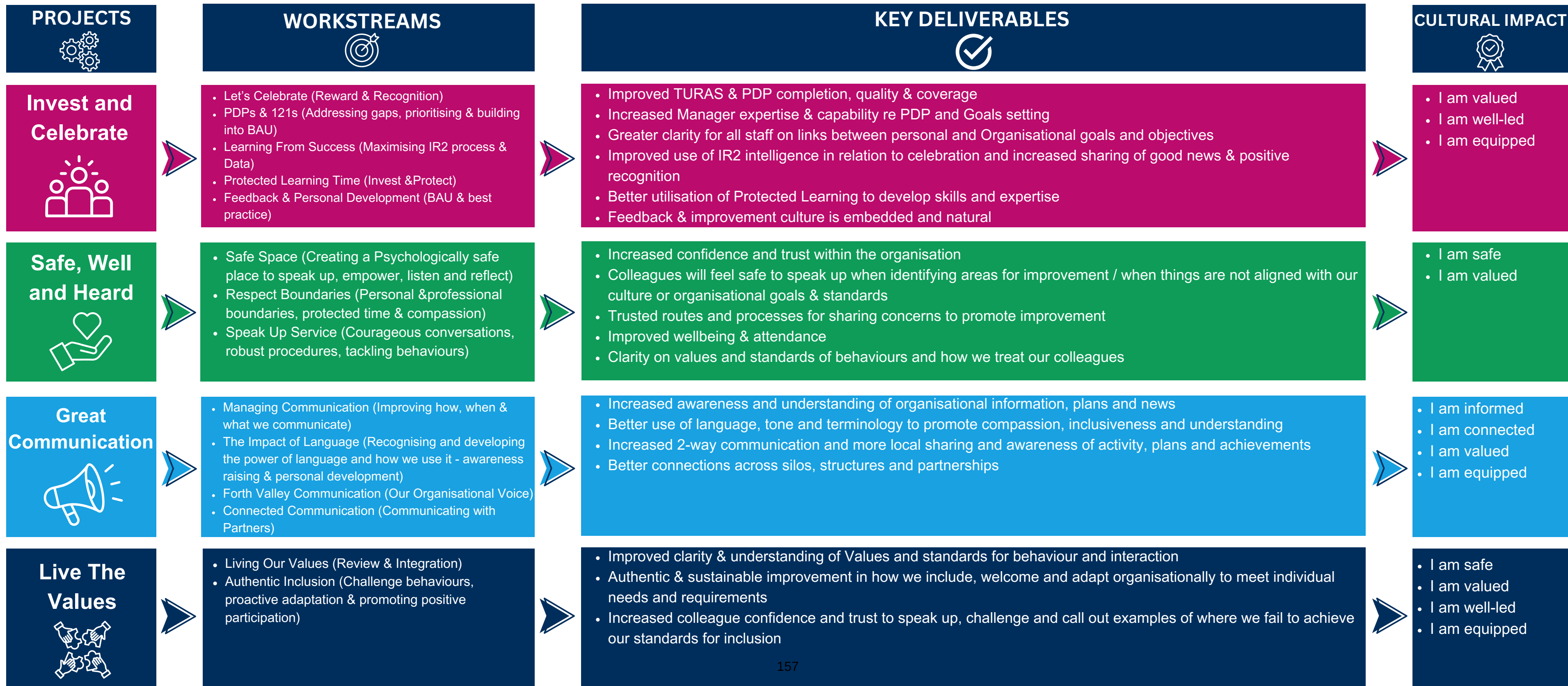
N/A

Appendices

- Appendix 1: Culture Change & Compassionate Leadership Programme Delivery Plan
- Appendix 2: Live the Values Summary of Scope
- Appendix 3: Living the Values Board Review Pack

2024/25 CULTURE CHANGE & COMPASSIONATE LEADERSHIP PROGRAMME

DELIVERY PLAN - PHASE 1



2024/25 CULTURE CHANGE & COMPASSIONATE LEADERSHIP PROGRAMME

DELIVERY PLAN - PHASE 2

PROJECTS	WORKSTREAMS	KEY DELIVERABLES	CULTURAL IMPACT
Get Connected 	- Step in My Shoes (Increasing Organisational Networks & Continuous Improvement) - Supporting & Progressing HSCP Integration (Building Partnerships & Collaboration)	- Expansion of the 'Step In My Shoes' initiative to result in a more collegiate and collaborative approach - Increased appreciation and understanding of the roles and experiences of colleagues in other roles, services and organisations - Improved professional and interpersonal networks across departments, services and partnership organisations - Active learning from sharing and implementation of ideas for change and improvement and greater potential for collaborative initiatives - Removing barriers to improved communication and sharing of organisational information across partnerships	- I am safe - I am valued - I am connected
Attract and Retain 	- Welcome to Forth Valley (Recruit, induct & on-board) - Recruiting the Best (Build Forth Valley Values & Principles at the heart of people processes) - Recruit & Retain (Apply learning from recruitment, exit interviews and feedback)	- Greater transparency, inclusion and accessibility in our recruitment processes, including representative panels - Better proactive learning and improvement through feedback on our recruitment processes from candidates and via exit interviews - Improved recruitment, induction and training processes to attract and retain the right employees to support achievement of our goals and ambitions for the future - Build our reputation as a great place to work attracting a workforce with values aligned to our cultural/leadership ambitions - Greater clarity for all staff on our values, vision & goals for NHS Forth Valley	- I am valued - I am well-led - I am informed
Learning and Continuous Improvement 	- Continuous Improvement (Safe to speak up, learn from mistakes & success, promote feedback and innovation) - Safe Learning (Constructive challenge, educate on unconscious bias and address bullying & intimidation) - Change & Improvement Collaboration (Embrace & promote a culture of co-creation and improvement)	- Conditions in which staff feel safe to speak and challenge constructively and honestly when there is need for improvement or in response to an incident / mistake - Robust and adaptable feedback and speak-up routes - Better systems for learning from and acting upon success and improvement as well as learning from adverse events - Better use of data and methodologies for piloting improvements and developing solutions - Further development of a collaborative change culture in which cross-functional innovation and co-creation is positively encouraged and supported	- I am safe - I am valued - I am informed - I am well-led
Develop Our Leaders 	- Revised Leadership Programme - Leading with Positivity - Connected Leadership - Developing Self & Others - Leading On Values - Building Trust & Empowerment and being present, visible & impactful as leaders - Supporting Our Leaders - Clear Expectations & Continuous Development	- Transparent, inclusive and relevant Leadership Induction & Development programme which directly addresses issues identified by escalation and staff feedback findings - Compassionate Leadership will be at the heart of our culture resulting in greater trust and empowerment within our teams and clarity on our expectations and standards for great leadership - Improved visibility, impact and accessibility of Forth Valley NHS leaders with effective processes in place for constructive feedback and personal reflection and improvement - More effective leadership collaboration across services, teams and partnerships, sharing learning and promoting joint initiatives	- I am well-led - I am safe - I am valued - I am informed - I am equipped - I am connected

Appendix 2 – Live the Values Project Plan Outline

Live the Values Project Plan
Workstream 1 - LIVING OUR VALUES (Review & Integration)
Review of existing NHS Forth Valley Values and how we integrate them into our culture, leadership, communication, learning and recruitment/induction processes
• Adopt NHS Scotland Values • Bring values to life as part of our strategic goals and objectives
Workstream 2 - AUTHENTIC INCLUSION (Challenge behaviours, proactive adaptation & promoting positive participation)
When our values are breached and the behaviours are not aligned with the values, what impact does it have on the experience of the people working for NHS Forth Valley? What needs to change and what will we do to make this happen? Challenge behaviours, language and attitudes which do not align with our values and standards of behaviour.
• Embed values from point of recruitment and that this is reinforced throughout employment • Normalise 360o feedback, ensure psychological safety for reviewers and reviewees and that support is available to receive feedback • Explore blind spot feedback and other ways of providing feedback. • Roll out training to improve insights in to how behaviours can impact people and support our staff to be brave (simulation / first impressions / active bystander training) • Explore civility saves lives programme, what resources are available and how we can use them • Improve how we collect consistent, meaningful feedback from staff about what it is like to work here, how we act and learn from information collected in relation to values and behaviours (on appointment / first 3 months, 1:1s, annually and exit). • Develop a visible set of statements about how we behave at work, this includes a supporting resource pack to help staff challenge behaviours which do not align with these statements. Raise awareness of how staff feel when they are having a good or bad day - what culture feels like! • Encourage visibility of leaders aligning to behaviours which we adopt as ways of working and a standard of zero tolerance to when this is not adhered to. • Develop proactive adaptation and flexibility to ensure access and accommodation of needs from recruitment through to departure.

Living the Values

Board Review Pack

Tuesday 29th July 2025



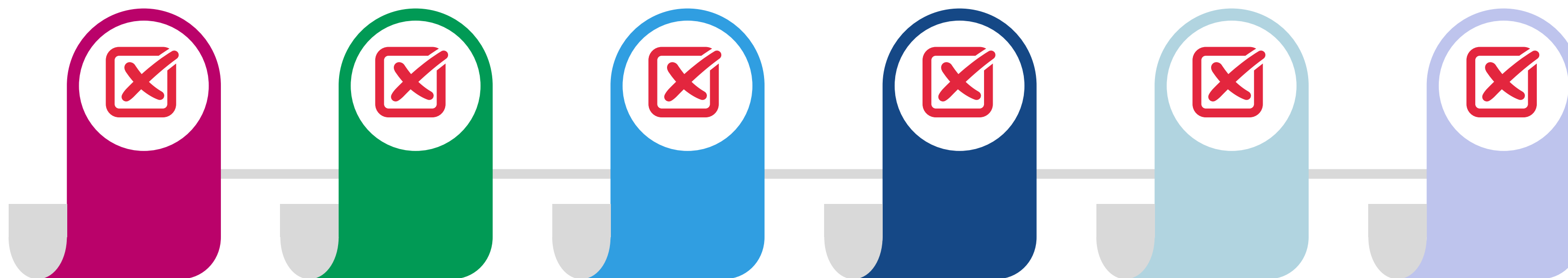
Improving
Our
Culture

Culture Change &
Compassionate Leadership
Listening - Learning - Responding

WORKSTREAMS	ACTIVITY
1. LIVING OUR VALUES Review & Integration	Review of existing FV Vs NHS Values and how we integrate them in our culture, leadership, communication, learning & recruitment/ induction processes
	Bring Values to life as part of our strategic goals and objectives
 2. AUTHENTIC INCLUSION Challenge behaviours, proactive adaptation & promoting positive participation	Develop a better understanding of why values are breached, and behaviours are not always aligned with them and the impact of this on our culture and experience of working for Forth Valley NHS
	Challenge behaviours, language and attitudes which do not align with our values and standards of behaviour
	Develop proactive adaptation & flexibility to ensure access and accommodation of needs from recruitment through to departure
	Leaders proactively promote and permit participation and opportunities for all.

High Level Staff Feedback 2023

Our current NHS Forth Valley values:



Irrelevant & Tokenistic

Colleagues do not understand where they came from and how they were designed / agreed upon

Mismatched

They differ from the reality faced by staff every day

Not Lived

Are not reflective of the behaviours experienced by our staff

Not Embedded

Are not integral to our processes and policies, especially our PDP process and Leadership Development Programmes

Lack Authenticity

Are not person-centred and definitions are unclear

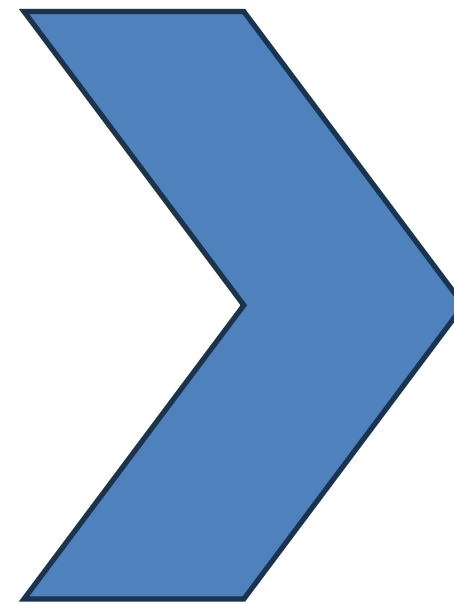
Not Upheld

Are not upheld and, when they are breached, this goes unchallenged and is accepted across the organisation, including HSCPs

Transition from current Forth Valley Values to NHS Scotland Values

Current NHS Forth Valley Values

- Committed Team Member
- Ambitious
- Supportive
- Person Centred
- Respectful
- Integrity



NHS Scotland Values

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality and Teamwork

Living Our Values



PROBLEM

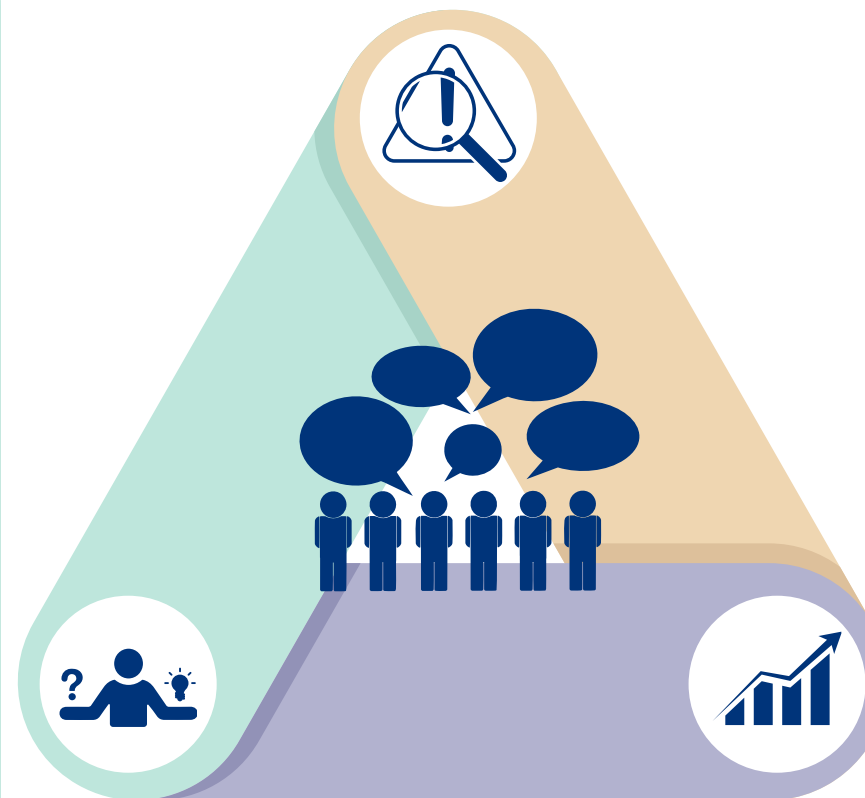
- A mismatch between values on paper and staff experience in reality - the values we wear around our necks are often not what is witnessed
- Values feel like a tick -box exercise where there is more importance given to making things look good on paper than acknowledging what's happening in reality and trying to make things better in collaboration;
- There is a perceived lack of respect, staff do not feel valued and experience a lack of empathy, compassion and kindness
- "It feels like there has been a loss of focus on ensuring our approach is person -centred, for both patients and staff"

IMPACT

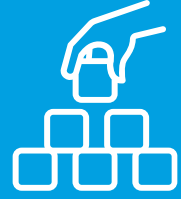
- Unrelenting service pressures impact upon our collective ability to uphold our values and take accountability for how we present ourselves at all levels
- Bad behaviours and a lack of living our values is not addressed and allowed to continue
- Staff shared feeling disheartened and trapped in a vicious cycle
- There are some great examples of effective and compassionate teamwork but this can be siloed and difficult to achieve out with ones own team and area

DATA

- 92.5% of all focus groups made mention of this theme of living our values
- 36.7% of all staff survey responses made reference to this theme within their qualitative (free text) answers
- IR1s—specific causal factors including communication and conduct.
- Conversely, IR2s also illustrate this theme under 'going the extra mile' feedback
- When asked would you describe this organisation as a warm, supportive and caring place to work, 60.9% of focus group responses were negative
- Patient complaints – staff attitude now exceeds poor clinical outcomes for the most common reason for complaints



Bullying and Incivility



PROBLEM

- Culture of bullying and incivility that feels not just tolerated but permitted across all levels
- Inability to address bullying and incivility
- Lack of trust in the people processes designed to tackle such issues, often due to a perceived lack of feedback in relation to outcomes
- Experiences are not acknowledged
- Limited and insufficient support.

IMPACT

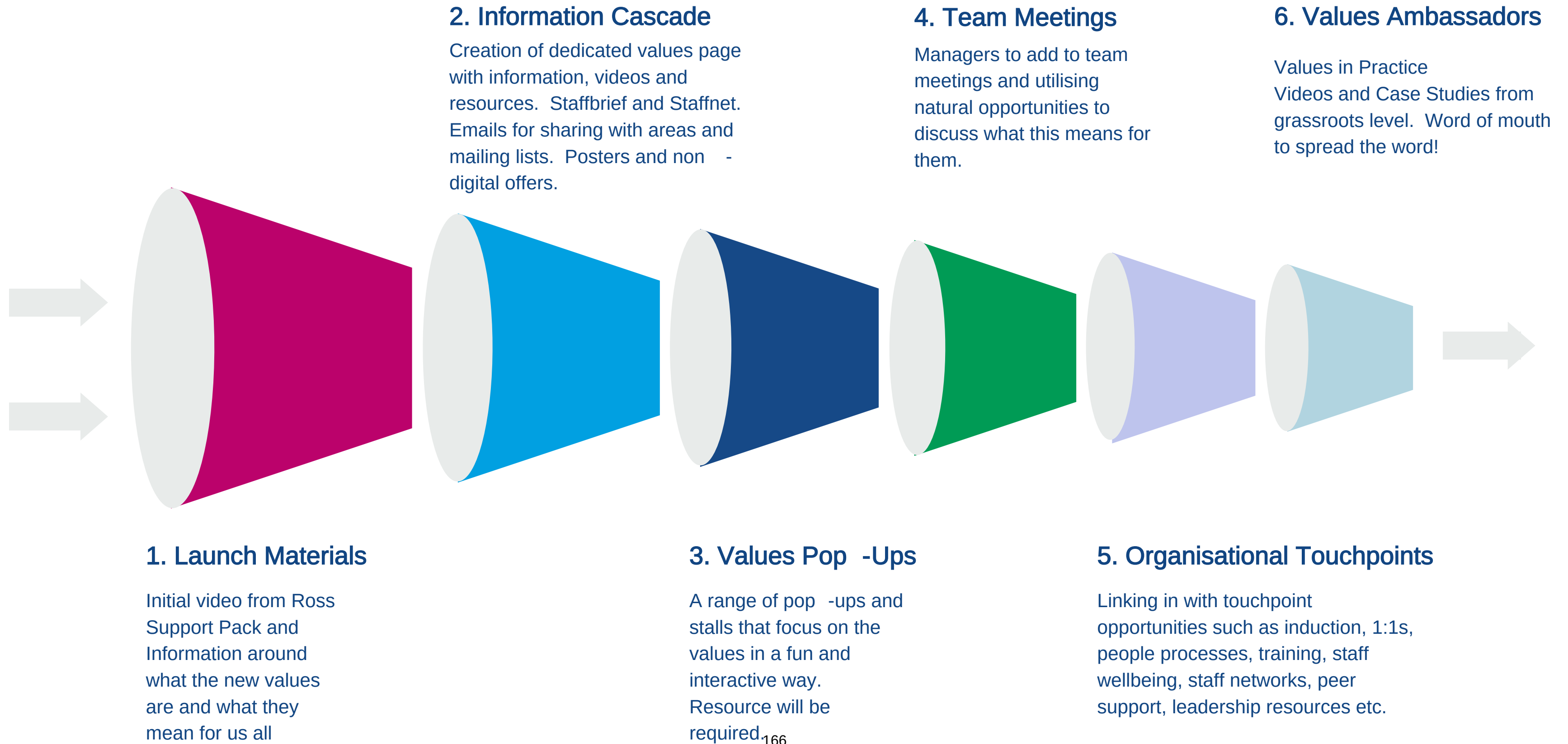
- Staff not valued or supported within the workplace
- Fear of repercussions of speaking up
- Negative impact on patient care and staff experience
- Staff psychologically and emotionally impacted
- Staff often disengage i.e. Speak Up
- Staff report poor health, stress and trauma
- Middle managers - bullying and incivility from a range of sources
- Staff turnover

DATA

- 70% of all focus groups made mention of this theme
- 18.1% of all staff survey responses made reference to this theme within their qualitative (free text) answers
- IR1s—specific causal factors including conduct and behaviour
- When asked how we sound when we talk to one another, 51.9% of focus group responses were negative
- When asked about demonstrating genuine compassion towards colleagues, their patients, and themselves, 56.3% of focus group responses were negative

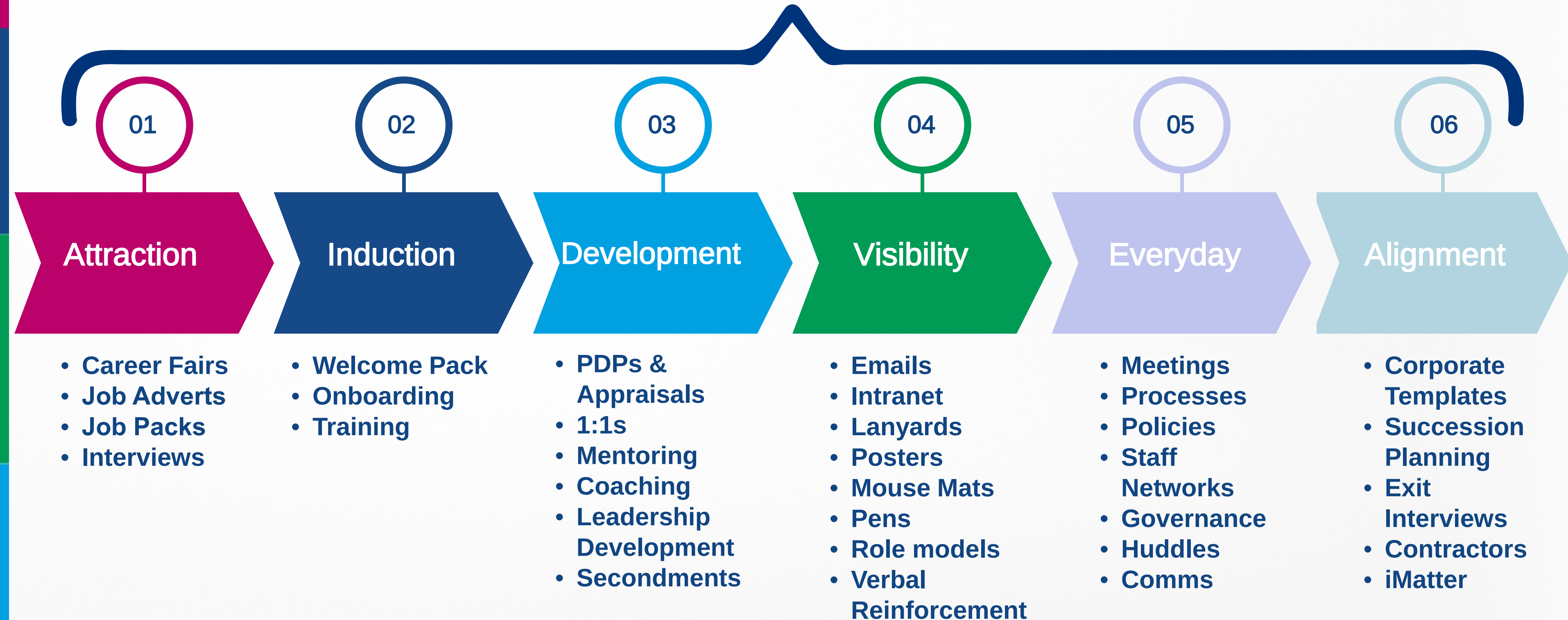


At A Glance: Values Communications Approach



Ongoing Engagement and Feedback

At individual, team and service level and from Staffside colleagues, students, partners and contractors



Communication Planning –

Key Stakeholders & Contributors

Corporate
Communication

Human Resources

Organisational
Development

Staff Side

Equality and
Inclusion

eHealth

Live the Values
Project Team

Team Managers

Corporate Services

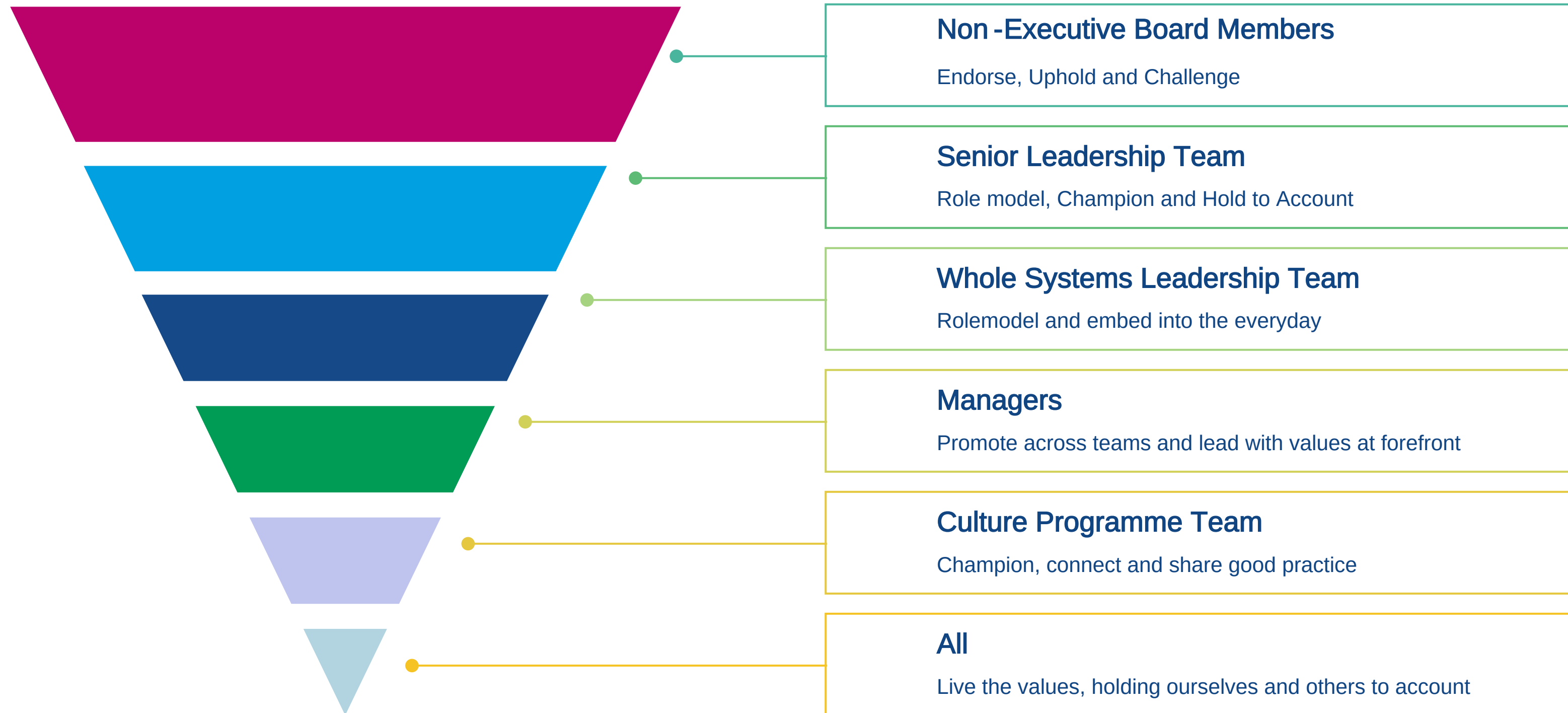
Practice
Development /
Medical Education
/ Simulation Centre

CC&CL Volunteers

Executive Team

Information Cascade

What's my role and responsibility?



FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

11. Update on Access Policy

For: Approval

Executive Sponsor: Mr Garry Fraser (Director of Acute Services)

Author: Ms Catherine Dunn, Senior Programme Manager

Executive Summary

Scottish Government published new Waiting Times Guidance in November 2023 and National Access Policy in December 2023. These documents are an update from the version published 2012. Guidance introduces material changes to the management and recording of waiting times, which are described in further detail below.

Therefore, to align with the National Access Policy, NHS Forth Valley Access Policy has been revised. An approval of this iteration of the policy is sought through this governance process.

Furthermore, adoption of the new policy has implications for the national reporting to Public Health Scotland and Scottish Government; Electronic Record System (TrakCare); raising awareness amongst staff regarding this change (communications plan); and subsequent staff training to ensure compliance with the new policy; these aspects are discussed below for information and noting.

Recommendation

The Forth Valley NHS Board is asked to:

- **approve** the new iteration of the NHS Forth Valley Access Policy in alignment with the National Access Policy.

Key Issues to be Considered

The November 2023 Scottish Government guidance applies to acute specialties Outpatients and Inpatient/Daycase, as well as Diagnostic Tests. To ensure that the NHS Forth Valley Access Policy encompasses all services provided by the Board, one policy has been compiled, detailing different standards and calculation rules where appropriate (i.e. Psychological Therapies and others)

The material changes in the November 2023 guidance for the acute specialties are as follows:

- Patient's waiting time clock will be paused for periods of unavailability regardless whether the waiting times standard/guarantee has been breached.
- Patient's waiting times clock may be re-set after patient does not attend/cannot attend their appointment or admission regardless whether waiting times standard/guarantee has been breached.
- Cross-boundary reporting rules have been updated – for Outpatient appointments or Inpatient and Daycase treatments the Board of treatment reports a full wait, for Diagnostic tests the Board of residence reports the full wait.
- Reasonable offers can be made for locations anywhere in Scotland if clinically appropriate
- Timelines for reasonable appointment offers and patient focussed booking extended to facilitate greater access to services

- 'Could not wait' timescales has been decreased from 60 mins to 30 mins.
- Communications package, which patients will receive at different stages of their journey has been updated
- "Was not brought" guidance incorporated for Children and Young People as part of the Access Policy instead of the DNA process - this ensures Children and Young People who were not brought to their appointments are followed-up appropriately for their safety and remain on the waiting list pending further appointments if clinically appropriate.

Further Considerations

- We are working with TrakCare to implement the updated module in October 2025, to enable the system to automatically apply these rules as described above. If the TrakCare update progresses as planned in October 2025, NHS Forth Valley will be the first Scottish Board, which uses TrakCare, to adopt the guidance locally.
- Initial implementation of the updated TrakCare module and application of the new waiting times calculations may result in adjustment of waiting times for open waits. The impact has been scoped out both locally and by Public Health Scotland. Mitigation plan is in place to manage any potential clinical risks.
- Public Health Scotland has advised that they will commence gathering data in accordance to the November 2023 guidance in August 2025, with the first official waiting times data published under the "new" rules in November 2025. Therefore, by November 2025, our local management data will correspond to the Public Health Scotland official data.
- The Access Team implemented a communications plan to ensure staff in NHS Forth Valley are aware of the incoming changes.
- A training plan has been developed to ensure staff are trained on the new Access Policy and will be launched once the new iteration of Policy is approved by the Board. This will be blended learning combining e-learning module and face-to-face training. Training dates will be circulated within the communications plan.
- Access Team have engaged with a number of stakeholders in development of the Policy, who are listed within the policy consultation section. Further engagement will continue as the Policy is a dynamic document, updated to reflect current practice.

Financial Implications

N/A

Workforce Implications

N/A

Infrastructure Implications including Digital

N/A

Sustainability Implications

N/A

Sustainability Declaration

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

☐ Yes

☒ N/A

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

Quality / Patient Care Implications

The positive impact is the equity of access to care for patients, through the use of the new, national guidance.

NHSFV are working to minimise any negative impacts in relation to access to treatment.

Information Governance Implications

N/A

Risk Assessment / Management

Risk management assessment has been completed and controls are in place to mitigate risk.

Relevance to Strategic Priorities

The primary driving Scottish Government directive is the '*NHSScotland waiting times guidance: November 2023*'.

Equality Declaration

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

Further to an evaluation it is noted that: (please tick relevant box)

- ☐ Paper is not relevant to Equality and Diversity
- ☐ Screening completed - no discrimination noted
- ☒ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

This is detailed within the Policy document.

Additional Information

N/A

Appendices

- Appendix 1: NHS Forth Valley Access Policy

NHS FORTH VALLEY

Access Policy

Date of First Issue	
Approved	
Current Issue Date	
Review Date	
National Guidance Date	04/12/2023 (NHSScotland waiting times guidance: November 2023)
Version	1.0 DRAFT
EQIA	Yes
Author / Contact	Martyna Jablonska; martyna.jablonska@nhs.scot
Escalation Manager	Catherine Dunn; catherine.dunn2@nhs.scot
Group Committee	NHS Forth Valley Board
Retention Period	See Intranet

This document can, on request, be made available in alternative formats. For requests, refer to the last page of this document.

UNCONTROLLED WHEN PRINTED

Consultation and Change Record – for All documents

Contributing Authors:	Catherine Dunn, Martyna Jablonska, David Bond, Joanna Weston, Karyn Gibson, Audrey McMillan, Lisa Cook, Louise Haxton, Laura Kenny
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Contents

Consultation and Change Record – for All documents	2
1. Introduction	4
2. Background.....	4
3. Waiting Time Standards	5
3.1 Exclusions to 18-week RTT standard	6
3.2 Sequential bilateral treatment	6
4. Key Principles.....	6
4.1 Patient Needs	6
4.2 Operational	7
4.3 Accessibility	8
4.4 Improvement	8
5. Responsibilities.....	9
5.1 Communicate Effectively with Patients.....	9
5.2 Manage Referrals Effectively	10
5.2.1 Referrer.....	11
5.2.2 Receiving Location	11
5.2.3 Receiving Clinician	12
5.2.4 Patient Transfer	12
5.3 Manage Waiting Lists Effectively	13
5.4 Use Information to Support Improvements in Service Provision	14
5.5 Report Patients’ Waiting Times Accurately	14
5.5.1 Reporting Responsibilities Regarding Patient Records in Cross-Boundary Flow	14
5.5.2 Reporting Responsibilities ONLY Regarding Eight Key Diagnostic Tests and Investigations	15
Annex 1 – Waiting Times Calculations (applies to acute specialties, 8 key diagnostic tests)	16
Annex 2 - Waiting Times Calculations (applies to Psychological Therapies)	20
Annex 3 - Waiting Times Standards for Substance Use Services	20

1. Introduction

The NHS Forth Valley Access Policy reflects and is in line with the national approach outlined in the [National Access Policy](#) and the [NHS Scotland Waiting Times Guidance \(2023\)](#); ensuring that NHS Forth Valley provides equitable, safe, clinically effective and efficient access to services for the patients.

This policy sets out principles that will help ensure that systems are in place to optimise the use of facilities and available capacity in order to deliver high-quality, safe patient care.

NHS Forth Valley will ensure that processes and resources are in place to deliver the responsibilities described in the National Access Policy and that Standard Operating Procedures (SOPs) are established to ensure the requirements of this Policy are delivered.

2. Background

In line with the National Access Policy, NHS Forth Valley aims to ensure consistency of approach in providing access to services and as such it underpins [The Patient Rights \(Scotland\) Act 2011](#).

The National Access Policy also firmly supports NHS Scotland's ambition to deliver person-centred, safe and effective healthcare services.

[The Patient Rights \(Scotland\) Act 2011](#) enshrines in law that, once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, that patient's treatment must start within 12 weeks. The Treatment Time Guarantee operates within existing waiting times standards to support timely access to high-quality care at each point of the patient journey. This represents a mutual partnership between each patient and their Health Board, with responsibilities on either side.

[The 2020 Framework for Quality, Efficiency and Value \(Framework\)](#) refocuses our efforts on the triple aim of improving quality of care (including safety), health of the population and value and financial stability. This Framework outlines the approaches, tools and techniques - underpinned by robust quality improvement and other methodologies - that experience has shown to be most successful in delivering improved quality alongside better value.

We are committed to delivering year-on-year reductions in waiting times, which will be supported by the implementation of sustainable improvements and enhanced regional and national working.

3. Waiting Time Standards

NHS Forth Valley is committed to delivering equitable and sustainable access to services within waiting time standards, ensuring there is sufficient capacity available and there is optimal use of this capacity to deliver all waiting time requirements.

This may include working collaboratively with other Health Boards, National Treatment Centres and healthcare providers. This will support patients to receive the most appropriate treatment with the shortest possible waiting time.

NHS Forth Valley will continue to utilise Active Clinical Referral Triage (ACRT) to ensure the appropriate referrals are accepted and those not meeting the criteria are provided with advice without entering the waiting list.

The current waiting times standards are:

- [6 weeks for the 8 Key Diagnostic Tests Standard](#) - patients should wait no more than six weeks for one of the eight key diagnostic tests and investigations
- [12 weeks for New Outpatient Standard](#) – 95% of patients to wait no longer than 12 weeks to be seen at a new outpatient appointment
- The statutory [12 week Treatment Time Guarantee](#) - the Patient Rights (Scotland) Act 2011 established a 12-week maximum waiting time for the treatment of all eligible patients due to receive planned treatment delivered on an inpatient or day case basis.
- [18 weeks Referral to Treatment \(RTT\)](#) standard - focuses on the entire patient journey from the initial referral to the start of treatment, including treatment undertaken in an outpatient setting and should be delivered for at least 90% of patients. Also applies to Psychological Therapies, Mental Health, Learning Disability and CAMHS.
- [The 62-day cancer standard](#) - 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.
- [The 31-day cancer standard](#) - 95% of eligible patients should wait no longer than 31 days from decision to treat to first cancer treatment.
- [4 weeks Allied Health Professional Musculoskeletal standard](#) - at least 90% of patients will receive first clinical outpatient appointment within four weeks from referral.
- Substance Use Services Targets
 - o [Heat Target A11](#) - 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks (21 days routine referrals/5 days urgent referrals) from referral received to appropriate drug or alcohol treatment that supports their recovery.
 - o [Medication Assisted Treatment \(MAT\) standards](#) - Standard 1 Same Day Access - a person with opioid dependence can have the choice to begin medication on the day of the presentation.

3.1 Exclusions to 18-week RTT standard

Referrals to the following services or some specific procedures are currently excluded from the 18 Weeks Referral-To-Treatment Standard and therefore do not trigger clock starts.

- Direct referrals to Allied Health Professionals (AHPs). However, AHPs may deliver services that are part of the overall waiting time standard e.g. as part of a consultant-led service.
- Assisted conception services.
- Dental treatment provided by undergraduate dental students.
- Direct access referrals to Diagnostic Services where the referral is not part of a 'Straight to Test' referral pathway as there is no transfer of clinical responsibility to the consultant-led team.
- Exceptional Aesthetic Procedures which have been specifically excluded in the CMO(2019)05 - Exceptional Referral Protocol (previously known as the Adult Exceptional Aesthetic Referral Protocol) – refresh April 2019 (scot.nhs.uk).
- Genitourinary Medicine (GUM).
- Homoeopathy.
- Obstetrics.
- Organ and tissue transplants.

3.2 Sequential bilateral treatment

For patients waiting for sequential bilateral treatment the waiting time for the second side is measured as a separate, second pathway with a new waiting time clock.

Following completion of treatment on the first pathway and clinical review, the waiting times clock for the second pathway will be started. Each pathway will have their own recorded decision to treat.

The sequential treatment must not be managed as a Planned Repeat.

4. Key Principles

4.1 Patient Needs

- The needs of the patient should be paramount.
- Patients should be offered care according to clinical priority, with the most urgent being prioritised.

- There should be collaborative working with stakeholders in primary, secondary and social care to ensure the needs of the patient are met.
- NHS Forth Valley have a duty to ensure that patients are provided with information they can easily understand, that appropriate support is put in place as required, and additional needs and care arrangements are taken into account, where these have been communicated by the patient, patient's carer or healthcare professional.
- Patients who have additional support needs will be identified on the Health Board's information systems so that appropriate support can be put in place, along the entire pathway, for those who need it.

4.2 Operational

- Health Boards will work collaboratively to match capacity with demand as much as possible, ensuring patients are seen as quickly as possible.
- As far as possible, patients should be seen within agreed waiting time standards, and those who are most clinically urgent and those with the longest wait should be prioritised
- All urgent cancer patients are required to be seen as soon as possible within the cancer waiting time standards.
- Referrals should be managed effectively through Active Clinical Referral Triage.
- Patients should be referred to a clinical team and be seen by an appropriate member of that team rather than being referred to a named consultant. Reasonable offer of treatment relates to any competent clinician who is part of the consultant-led service which NHS Forth Valley provides in that speciality or subspecialty.
- Sufficient capacity should be optimally utilised to deliver waiting times.
- There are only two reasons why a patient may be unavailable for treatment: medical reasons or patient-advised reasons. Patient-advised unavailability can only be applied at the request of the patient and must not be prompted by the Health Board.
- Patients should not be added to a waiting list until they are ready for treatment. This includes patients immediately unavailable, patients wishing for time to consider before agreeing to surgery (watchful wait) and patients who are awaiting a diagnostic test result to determine requirement for surgery.
- Waiting list validation Standard Operating Procedure is utilised in NHS Forth Valley
- Furthermore, NHS Forth Valley may utilise the National Elective Coordination Unit (NECU) capacity to validate waiting lists.
- The provision of day case and short-stay surgery should be maximised.
- Admissions to hospital should be actively managed through pre-assessment services.

- Effective patient booking systems should be in place to maximise capacity.
- All patients must be advised of any delay to their appointment as soon as possible. If there is a delay caused by the service, which is longer than the patient could reasonably be expected to wait, this would be classed as 'Cancelled by Service'. A reasonable wait would be anything up to 30 minutes.

4.3 Accessibility

- Whilst the vast majority of patients are seen within their local area, services may also be delivered through another Health Board, National Treatment Centre or suitable alternative provider. For NHS Forth Valley these locations would predominantly include
 - o National facilities, e.g. Golden Jubilee National Hospital
 - o NHS Greater Glasgow & Clyde
 - o NHS Fife
 - o NHS Lanarkshire
 - o NHS Lothian
 - o NHS Tayside
 - o Private sector

However, this list is not fully exhaustive and depending on capacity available nationally, the offered locations may include any site in NHS Scotland. In line with the National Access Policy, this will still be classed as a reasonable offer, if other reasonable offer conditions, as outlined further in the policy, are met.

- Patients are to be advised as early as possible if they need to travel for their appointment or treatment.
- Patients are to be advised that they may be entitled to have their travel costs, accommodation, and any other relevant expenses, for the patient and their carer (if necessary), covered by NHS Forth Valley.
- Health Boards should consider whether it may be appropriate to provide transport to support a patient to attend an appointment. NHS Forth Valley aims to achieve inclusive and equal access for all service users.

The details of what constitutes a reasonable offer, along with the consequences of a patient refusing two reasonable offers of appointment are set out in Annex 1.

4.4 Improvement

- NHS Forth Valley has a framework in place to ensure leadership and accountability for the improvement of waiting times and achieving waiting times standards.
- NHS Forth Valley will work to understand the reasons why patients do not attend their appointments, and what support can be provided to reduce non-attendance of agreed appointments.

- Information on agreed appointments and consequences of non-attendance are outlined in Annex 1.
- NHS Forth Valley will reduce follow-up appointments that are not clinically necessary.
- Feedback should be used to facilitate improvements in service provision.

5. Responsibilities

This policy details the responsibilities that will ensure equity and consistency in approach to access to services both within NHS Forth Valley:

The five key responsibilities under the National Access Policy are:

1. to communicate effectively with patients.
2. to manage referrals effectively.
3. to manage waiting lists effectively.
4. to use information to support improvements in service provision.
5. to report patients' waiting times accurately and in a timely manner.

5.1 Communicate Effectively with Patients

There is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients will help to inform them of when, where and how they are to receive care and their responsibilities in helping to ensure that this happens.

Each patient must be provided with sufficient information about their treatment to facilitate their informed discussion in the decision-making process.

- It is important that patients are provided with clear, accurate and timely information about how processes will operate as close to the beginning of their journey as possible. The [NHS Inform Waiting Well leaflet](#), alongside the Annex 1 of this policy, contains information for patients outlining:
 - o the impact on the patient if they refuse reasonable offers of appointment,
 - o what happens when a patient Does Not Attend (DNA), Could Not Attend (CNA) or is unavailable, and the impact this could have on the care they receive,
 - o the consequences of not responding promptly to hospital communications, and the impact this could have on their waiting time,
 - o instructions on how and when to contact the service, as well as the timeframe in which to do this.

- NHS Forth Valley will ensure that patients are provided with information they can easily understand, and that appropriate support is put in place as required. Additional needs must be taken into account where these have been communicated by the patient, the patient's carer, or a medical practitioner.
- Where possible, GP/referring clinicians should advise patients that NHS Forth Valley appointments/treatments may take place in a number of locations appropriate for the clinical need, and if appropriate direct to Access Policy for more details.
- Where treatment occurs outside the Health Board area, or where clinics are held infrequently, it is particularly important that the arrangements and the reasons for this are made clear to patients at the beginning of their care journey including the process of organising their appointment and/or admission to hospital.
- NHS Forth Valley must advise patients that the costs associated with travelling to an appointment outwith their local Health Board area, including accommodation, and any other relevant expenses, for the patient and their carer (if necessary), can be covered by NHS Forth Valley.
- NHS Forth Valley may provide transport to support a patient to attend an appointment if deemed appropriate.
- Patients will be given clear and accurate information about how their waiting time is calculated, including when clock adjustments are made and how these affect their treatment time clock. Please see Annex 1.
- Communications with patients will be in a format appropriate to their needs e.g. large print, community language, and in a method agreed by them i.e. letter, phone or digitally.
- Patients will be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the Health Board.
- Any relevant communication being issued to the patient will also be sent to the referrer. Routine letters relating to appointments/admission dates will not be sent to the referrer.
- Where patients are referred back to their GP, the Primary Care team should have arrangements in place to follow up with the patient prior to re-referral.

5.2 Manage Referrals Effectively

Improvements in waiting times should be delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place.

5.2.1 Referrer

- Prior to referral, the clinician should explain to the patient the range of options to be considered. This should include that patients may not need to access specialist or consultant-led services.
- The referring clinician should advise patients why they are being referred and the expected waiting time, and outline to patients their responsibilities for keeping appointments and the consequences of not attending.
- When the referrer is aware that the patient will be unavailable for a period of time, the referrer should either delay sending the referral until they know the patient is available, or clearly note the patient's unavailability period on the referral form/letter.
- Referrals should be made electronically, where possible, and as per local protocols.
- Referring clinicians should make referrals to a clinical service and not a named consultant.
- Wherever possible, and [as per local protocols](#) patients should be referred for diagnostics tests prior to the referral being made for the first outpatient appointment.
- Referrers should provide accurate, timely and complete information within their referral including:
 - o CHI identifier (unless they don't have one);
 - o Full demographic details including name, address, postcode;
 - o Ethnicity (if provided)
 - o Up-to-date mobile and home telephone numbers, email address, if applicable;
 - o Preferred method of contacting patient i.e. letter, phone or digitally;
 - o Patient's unavailability period, if applicable;
 - o Armed Forces/veteran status, if applicable, and;
 - o Any additional Support Needs.

5.2.2 Receiving Location

- The advanced vetting practice of Active Clinical Referral Triage (ACRT) is implemented to ensure patients are on the optimal pathway for them. This will avoid unnecessary outpatient appointments. All ACRT data is recorded.
- Where treatment cannot be provided locally, and the patient needs to travel elsewhere, the patient will be made aware of that as early as possible.
- Referrals will be triaged electronically, where possible.

- The date of receipt of all referrals must be recorded.
- NHS Forth Valley will ensure systems and procedures should be put in place to triage and prioritise referrals in accordance with referral category (e.g. URGENT).
 - o Patients referred with suspected cancer must be marked as 'URGENT – SUSPICION OF CANCER'. All urgent cancer patients are required to be seen as soon as possible within cancer waiting time standards.
 - o Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway of care within the national waiting time targets.

No veteran (including those who have served as reservists) or their family should be disadvantaged as a result of their membership of the Armed Forces, when accessing NHS services. Further detailed guidance for veterans can be found at:

[ArmedForcesCovenant_Duty_Statutory_Guidance.pdf \(publishing.service.gov.uk\)](#)

5.2.3 Receiving Clinician

Receiving clinicians must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.

It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable.

Any referrals received for a service that is not delivered in that Health Board area should be returned to the original referrer with advice.

Where it is judged that a referral received would be more appropriately managed by another service provided by the Health Board, the referral will be passed to that service internally.

5.2.4 Patient Transfer

- Appropriate documentation and information should be provided to the receiving Health Board (or Private Sector provider where appropriate).
- Any transfer of data must comply with standards in relation to data security and confidentiality.
- Patients transferring into NHS Forth Valley from another Health Board will retain their waiting times calculation, where the data has been made available to NHS Forth Valley to replicate this wait.
- Private patients opting to transfer to NHS treatment must be seen by their GP to discuss their options and if appropriate referred to local NHS provider.
- If the patient requests to be seen in a specific location within NHS Forth Valley, where the original offer was for treatment outside of NHS Forth Valley Board area, NHS Forth Valley may agree this if it is deemed reasonable and clinically appropriate to offer the patient an alternative reasonable offer of appointment in NHS Forth Valley.

- A request for a specific location will only be allocated to ensure continuity of care, patient safety or for other clinical or exceptional reasons.

5.3 Manage Waiting Lists Effectively

To support delivery of waiting times standards there is a need to manage their waiting lists effectively. This includes triaging of referrals, management of patients and accurate recording of clinic outcomes.

- Processes and resources will be in place to ensure that all staff are adequately trained to use local systems to help manage access to services.
- All new referrals will be triaged electronically, with all new appointments having a corresponding waiting list entry.
- As far as possible, patients should be seen within agreed waiting time standards and booked in turn, taking clinical urgency into account.
- Ensure that details of patients on the waiting list, who are admitted as emergency admissions, are communicated for recording on the Patient Administration System.
- Patients should only be added to a waiting list when they are available to commence treatment.
- If the patient is being referred for diagnostic tests but requires an outpatient appointment regardless of the diagnostic results, the patient should be added to both waiting lists to prevent any unnecessary delays in treatment.
- Systems and procedures are in place to ensure that the services are aware of any patient who has cancelled on the day.
- Systems and procedures are in place to review and validate waiting lists regularly to ensure accuracy and delivery of national and local access times. This may include collaboration with the National Elective Coordination Unit (NECU)
- NHS Forth Valley will ensure that a directory of services is maintained.
- Ensure that new outpatients only receive a return appointment if there is a clinical need.
- Ensure that all patients undergoing a procedure have indicated, in writing, that they consent to treatment.
- Ensure effective communication is in place to notify the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable.
- Ensure systems and procedures are in place to communicate, manage and record electronically all outcomes at clinics and additions or alterations to the waiting list.
- Patients who require treatment for different conditions may be on two separate pathways. Health Boards should have arrangements in place to identify what condition should take precedence, and manage these appointments accordingly.

- Regularly review clinic templates to ensure they reflect changing demand patterns.

5.4 Use Information to Support Improvements in Service Provision

The ability to effectively monitor and manage services requires good-quality data. This helps to inform performance and identify areas for future improvement.

NHS Forth Valley will:

- Ensure any factors which influence waiting times are regularly monitored, and management action is taken in sufficient time to ensure waiting time standards are met as far as possible.
- Ensure the development and implementation of processes is person-centred and does not unfairly impact individuals and groups.
- Work with the Centre for Sustainable Delivery to accelerate implementation of high impact changes, freeing up additional capacity in the NHS system.
- Review reasons why patients may DNA or cancel appointments and take necessary steps to address any issues and barriers as necessary.
- Ensure the effective monitoring of efficiency and productivity and support necessary change where required.
- Use benchmarking information wherever possible in reviewing clinic templates and efficiency.
- Ensure that the local Equality Impact Assessments (EQIAs) for Planned Care is in place.

5.5 Report Patients' Waiting Times Accurately

To support delivery of waiting times standards, patient waits must be recorded and reported accurately to ensure completeness and consistency.

5.5.1 Reporting Responsibilities Regarding Patient Records in Cross-Boundary Flow

The Health Board of receipt of referral (HBR) is required to collect the following data and provide it to the Health Board of Treatment (HBT) on transfer: start date (e.g. Date of Referral Received for outpatients or Decision to Treat for inpatients/day cases).

- o clock adjustment dates and reasons.
- o any additional relevant information

The Health Board of Treatment is responsible for reporting the entire patient wait to Public Health Scotland (PHS). This includes:

- o existing waiting times from data transfers.

- o all relevant information received from the Health Board of Referral.

The quality-assured data should be provided by the Health Board of Treatment to Public Health Scotland in a timely manner. This is to provide consistency for reporting, and is not in relation to Waiting Times performance.

5.5.2 Reporting Responsibilities ONLY Regarding Eight Key Diagnostic Tests and Investigations

The Health Board of Initial Receipt of Referral is responsible for providing an aggregated return of the results of all 8 of the key tests to Public Health Scotland.

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Annex 1 – Waiting Times Calculations (applies to acute specialties, 8 key diagnostic tests)

1. Reasonable offers

A reasonable offer for first outpatient assessment and inpatient / day case admission is when:

- At least 10 calendar days notice is given;
- The appointment is at any location across NHS Scotland clinically appropriate for patient's needs; refer to page 5 for list of locations
- The mode of contact used for an appointment can be accepted by the patient.

NHS Forth Valley offers following appointment types: face-to-face, telephone, or Near Me video consultations.

- Can be offered regardless of whether it is pre or post guarantee date; and,
- Short notice offer if accepted by patient

Each patient will receive up to two reasonable offers of appointment and/or admission.

It is patient's responsibility to consider all reasonable offers of appointment made by the NHS Forth Valley and make every effort to agree to these.

If patient refuses two reasonable offers of appointment their records will be reviewed by clinician and decision will be made for one of the two possible outcomes:

- Patient is discharged back to referrer with no further appointments/admissions offered or;
- Patient's waiting times clock is reset from the date patient has refused their second reasonable offer, but further appointment/admission date will be offered in the future if this is deemed clinically appropriate.

NB short notice appointments booked over the phone are classed as reasonable offer and as agreed appointments if they are accepted by the patient verbally when booking.

2. Booking methods and agreed appointments

- Patient Focussed Booking (PFB)

NHS Forth Valley's preferred booking method is Patient Focussed Booking. The patient will receive a letter asking them to make contact with the service within 14 days of the issue of the letter to book an appointment. If the patient does not respond, a reminder letter will be sent, allowing patient further 7 days from issue of the reminder letter to respond. Unavailability is applied for each day after the reminder letter is sent (total of 7 days maximum) until the patient makes contact with the service.

Upon making contact with the service, the patient will receive the offer or offers of appointment, and once the offer is accepted by patient, this becomes an agreed appointment. A confirmation letter will be sent to the patient with the details of the appointment.

Patients who do not engage with the Patient Focussed Booking process will be discharged back to referrer.

- Direct Booking and Implied Acceptance

In a number of services, Direct Booking method is utilised. This is when patient receives a letter stating the appointment details (date and time). The patient has 10 calendar days to get in touch with the service to change the appointment if it is not suitable. If the patient does not contact the service within 10 calendar days, it is assumed that the appointment has been accepted by patient. This is called implied acceptance.

If the patient contacts the service within the 10 days to advise this appointment is not suitable, this is classed as refusal of reasonable offer and second reasonable offer will be made to patient.

3. Unavailability

Unavailability reasons used in NHS Forth Valley are as follows:

- Clinician Advised – Medical
- Patient Advised – Academic Commitments
- Patient Advised – Carer Commitments
- Patient Advised – Holiday
- Patient Advised – Jury Duty
- Patient Advised – Personal
- Patient Advised – Visiting Consultant
- Patient Advised – Work Commitments
- Patient Request – Named Consultant
- Patient Request – Specific Treatment Location

Patients are allowed up to two periods of unavailability, each lasting up to 12 weeks.

Each period of unavailability should have a start and end date recorded. The waiting times clock will pause for the duration of the unavailability period. Patient records will be reviewed following each period of unavailability and a decision will be made whether it is clinically

appropriate for the patient to remain on the waiting list or if the patient is to be discharged back to the referrer.

4. Non-attendance

4.1 Did not attend (DNA)

If a patient does not attend an agreed appointment or admission and has not given the Health Board prior notice to the service, their notes will be reviewed by clinician and one of the following outcomes will apply:

- The patient is discharged back to referrer with no further appointments/admissions offered or;
- The patient's waiting times clock will be reset from the date they did not attend, but a further appointment/admission date will be offered in the future if this is deemed clinically appropriate.

NB Paediatric services will apply 'was not brought' instead of 'did not attend' outcome for patients under 18 years old. Further guidance can be found in [NHS Forth Valley Was Not Brought / Unseen Child Guidance for Children and Young People](#).

4.2 Could not attend (CNA)

If the patient has accepted a reasonable offer of appointment but gives the Health Board notice that they will not attend that appointment, it is classed as a Could Not Attend (CNA).

Patient may advise that they cannot attend an agreed appointment any time prior to their appointment time.

After the first or second cancellation, a patient must be given another reasonable offer of appointment.

If the patient cancels three or more agreed appointments, the patient's notes will be reviewed by a clinician and one of the following outcomes will apply:

- The patient will be discharged back to the referrer
- The patient will be offered a further appointment but their waiting time clock may reset to zero from the date they notified the service they Could Not Attend.

4.3 Could Not Wait

All patients must be advised of any delay to their appointment. There may be occasions where the patient has registered their arrival for an appointment but cannot wait to be seen. The effect on the patient's clock will depend on the reason for the delay as seen below.

In line with the NHS Scotland guidance, NHS Forth Valley allows for 30 minutes of reasonable delay. This is calculated from the planned appointment start time.

- If there is a delay in appointment in excess of 30 mins, then this should be recorded as 'Cancelled by Service'.

The patient must be given another reasonable offer of appointment as soon as possible and their waiting time will not be affected.

- If there is a delay in the appointment of less than 30 minutes and the patient is not willing to wait, then the outcome should be recorded as CNA. If this is the patient's first or second CNA, the patient should be made another reasonable offer of appointment; however, if they have cancelled three or more agreed appointments previously, the CNA guidance should be followed (patient may be discharged back to referrer or offered another appointment with their clock reset if clinically appropriate).

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Annex 2 - Waiting Times Calculations (applies to Psychological Therapies)

The waiting times calculations for Psychological Therapies are calculated in accordance with the Public Health Scotland guidance (v2.0, September 2023):

[Psychological Therapies and Interventions Waiting Times Standard Definitions](#)

Annex 3 - Waiting Times Standards for Substance Use Services

Substance Use Services

Drug and Alcohol Services Waiting Times Standard

Heat Target A11

The Scottish Government set a national [HEAT Target](#) for drug and alcohol treatment waiting times. HEAT stands for health improvement, efficiency, access and treatment.

This target stated that by March 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

[Background - Overview - Drugs and alcohol treatment waiting times - Waiting times - Healthcare system - Public Health Scotland](#)

Routine Referrals – 21 days from Referral to Treatment

Urgent Referrals – 5 working days from Referral to Treatment e.g. Pregnancy/1 year post-partum, Veterans, Prison Liberation, Child Protection and Complex Physical and Mental Health

Medication Assisted Treatments

[MAT Standards](#)

[Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot](#)

Standard 1 Same Day Access

All people accessing services have the option to start MAT from the same day of presentation.

This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

12. NHS Forth Valley Board Delivery Plan 2025/26

For: Approval

Executive Sponsor: Prof Ross McGuffie, Chief Executive

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

Executive Summary

The Scottish Government guidance for the development of the Delivery Plan 2025/26 was published on 29 November 2024.

In line with the guidance, NHS Forth Valley submitted the initial high-level draft Delivery Plan 2025/26 (the Plan) on 27 January 2025 followed by the final draft on 17 March 2025.

Recommendations

The Forth Valley NHS Board is asked to: -

- **note** that Scottish Government has approved the Delivery Plan 2025/26 recognising the need to evolve in line with the changing agenda.
- **consider** and **approve** the NHS Forth Valley Delivery Plan 2025/26.

Key Issues to be Considered

At the 25 February 2025 Strategic Planning Performance & Resources Committee (SPPRC) the initial draft high-level Plan, submitted to Scottish Government in January, was considered.

In April 2025, the SPPRC received the final draft Plan, submitted to Scottish Government on 17 March 2025, for consideration and discussion. The associated plans, which were also submitted in March 2025, were similarly considered, namely, Planned Care Plan, Workforce Plan, Anchor Plan update and Anchor Plan metric report.

Feedback was received from Scottish Government colleagues in May 2025 for local reflection stating, *'we are satisfied that your Delivery Plan broadly meets our requirements and provides sufficient assurance at this stage between the Scottish Government and your Board as a basis on which to proceed, contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation.'*

A number of small additions to augment the Plan have been made following receipt of feedback.

Subsequent to submission of the draft Plan, Scottish Government has published three key documents which will directly impact on the Plan. These are:

- Operational Improvement Plan (published March 2025)
- Population Health Framework (published June 2025)
- Service Renewal Plan (published June 2025)

The Plan sets out how NHS Forth Valley's strategic planning context aligns with the national reform and renewal programme, and that planning over the next year is being shaped by the Operational Improvement Plan, Population Health Framework and Service Renewal

Framework. The fast-moving agenda was acknowledged within the Plan and the requirement to evolve in response to this was highlighted.

Christine McLaughlin, Chief Operating Officer NHS Scotland, in a letter dated 8 July to Board Chief Executives acknowledges publication and consideration of the three frameworks and the NHS Board Delivery Plans and the evolving context. It was highlighted that, *'NHS Board Delivery Plans remain a valuable tool for supporting local planning and aligning with a broad range of national priorities. They serve as both a clear direction of travel and a dynamic framework that can adapt to changing circumstances.'*

In that context the Plan was approved with support to proceed through local governance routes.

It was noted that the focus of Scottish Government assurance for the remainder of the year would be on the delivery of the Operational Improvement Plan with ongoing work with Scottish Government colleagues on the implementation plans to support the Service Renewal Framework and the Population Health Framework.

Implications

Financial Implications

The financial implications are set out in the Board Financial Plan.

Workforce Implications

The workforce implications including the Workforce Plan submission are referred to in the Delivery Plan.

Infrastructure Implications including Digital

A summary of the Digital Actions for 2025/2026 are included in the Delivery Plan.

Sustainability Implications

Sustainability and Climate Change priorities and associated actions are included in the Delivery Plan.

Sustainability Declaration

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

X Yes

□ N/A

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

Quality / Patient Care Implications

The Delivery Plan sets out actions associated with improvements to quality and patient care.

Information Governance Implications

There are no implications for Information Governance.

Risk Assessment / Management

Relevant risks are identified in the Corporate Risk register and risks are highlighted throughout the Delivery Plan.

Relevance to Strategic Priorities

The Delivery Plan is aligned to the NHS Board corporate objectives and strategic priorities. The Population Health and Care Strategy, in development, will provide further alignment between the priorities for 2025/2026 and the medium to long term, along with alignment to national priorities for health and care.

Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- ☐ Paper is not relevant to Equality and Diversity
- ☒ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request.

Equality assessment to continue as the Delivery Plan is developed.

Communication, involvement, engagement and consultation

The Senior Leadership Team and other senior leaders across NHS Forth Valley and the two Health and Social Care Partnerships have contributed to the development and preparation of the Plan.

The Strategic Planning, Performance & Resources Committee considered and discussed the initial Plan in February 2025 and the draft Plan in April 2025.

Appendices

- Appendix 1: NHS Forth Valley Delivery Plan 2025/26

Delivery Plan 2025-2026

July 2025



		Page
	Introduction	3
1	Primary Care and Communities	12
2	Urgent and Unscheduled Care	20
3	Mental Health	31
4	Planned Care	45
5	Cancer Care	53
6	Population Health and Health Inequalities	59
7	Women and Children's Health	75
8	Workforce	82
9	Digital Services and Innovation Adoption	90
10	Climate Emergency and Environment	98
11	Performance Summary	110
Appendix 1	NHS Forth Valley Anchor Institution Template	112
Appendix 2	NHS Forth Valley Anchor Institution Metric Template	120
Appendix 3	NHS Forth Valley Workforce Template	156

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.

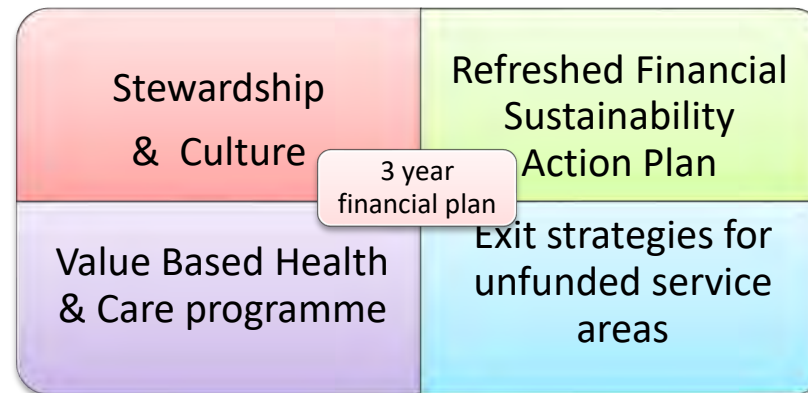
Through our Delivery Plan, Population Health and Care Strategy, and Workforce and Digital Plans, we will take proactive steps to adapt and evolve. While some difficult decisions may be necessary, these will be made with a clear focus on maintaining high-quality, sustainable services for the people of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



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:

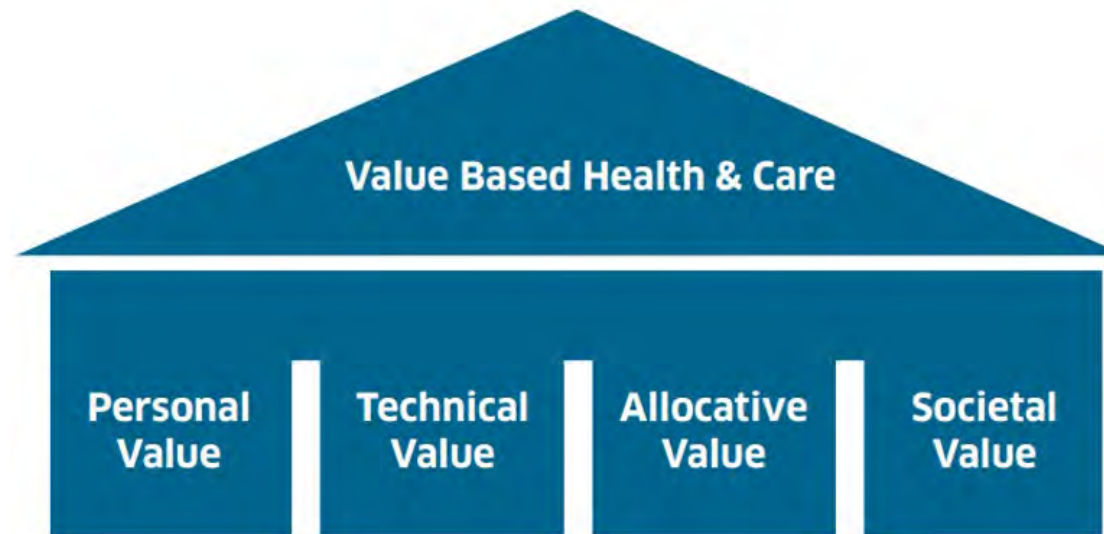
Collaboration	Transformation	Stewardship	Outcomes
We will work collaboratively with staff, primary care colleagues, partners and our communities to improve the health and wellbeing of local people.	We will reform and redesign the way we deliver health and care services to meet current and future challenges.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

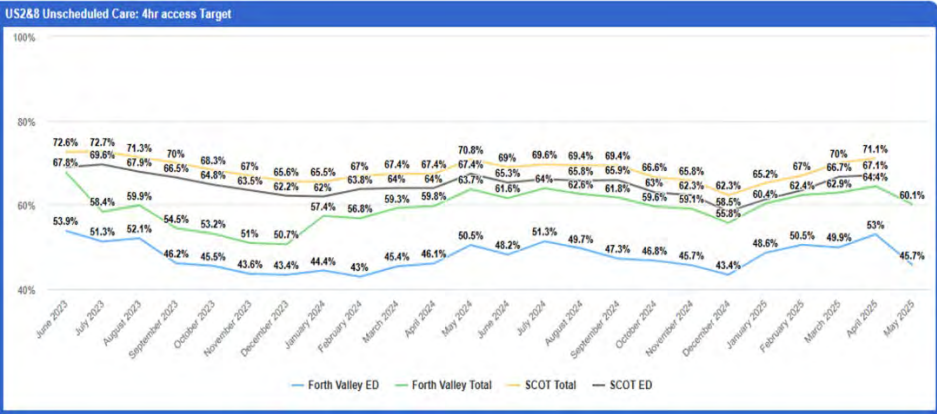


A needs assessment has been completed, and an action plan is in development. Reporting of this work will also be via the UUSC Programme Board feeding into the national collaborative. This work runs through all aspects of the Forth Valley Delivery Plan.

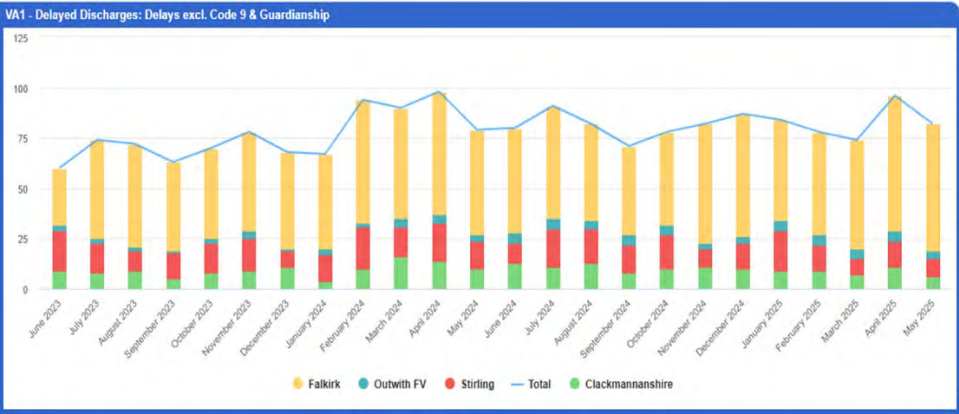
The graphs below provide details of the 4-hour emergency access standard performance over the last 2 years, along with the numbers of patients delayed in their discharge numbers and associated bed days.

4-hour emergency access standard performance

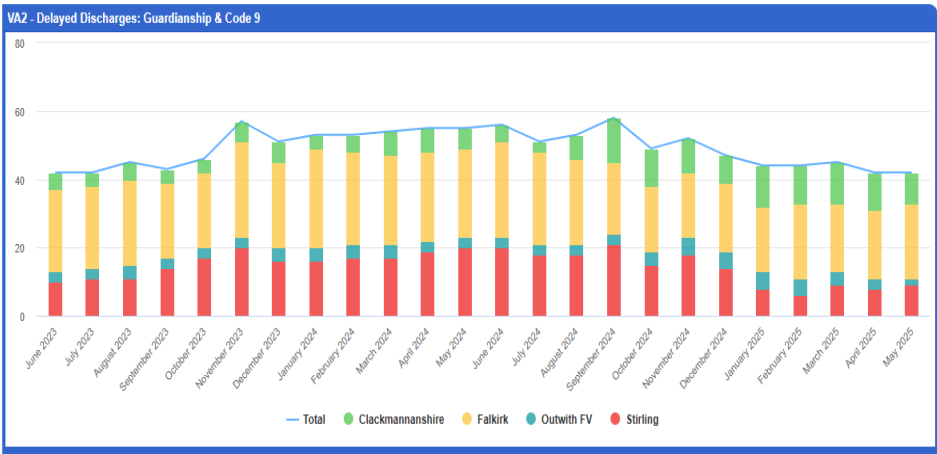
4-hour Emergency Access Compliance
June 2023 to May 2025



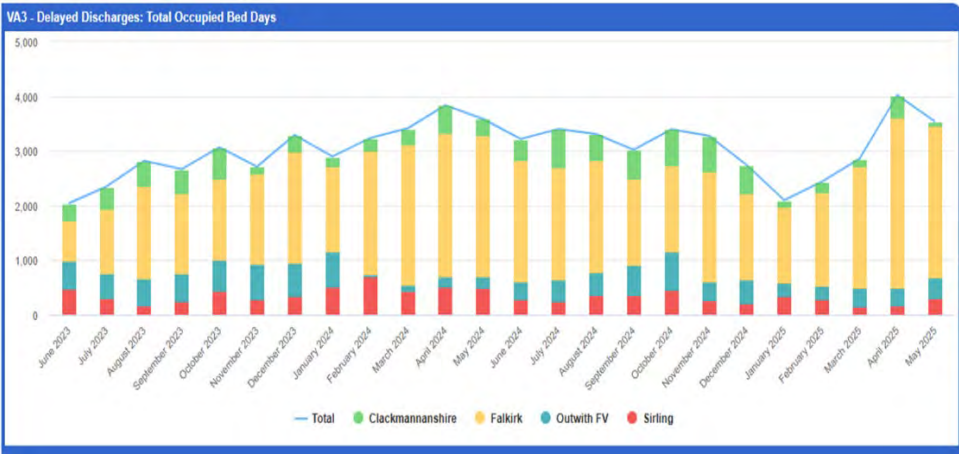
Number of standard delays
June 2023 to May 2025



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 Senior 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 pathways 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 exceeded 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.

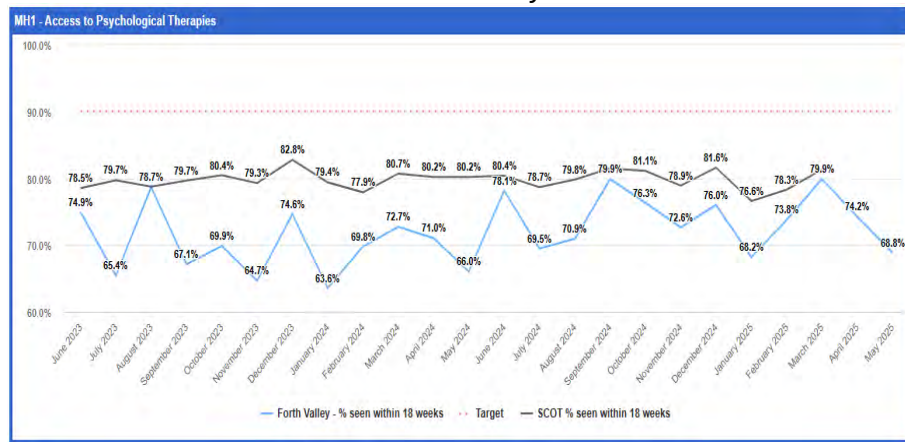
- Pilot of 'Waiting Well' approach.

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.

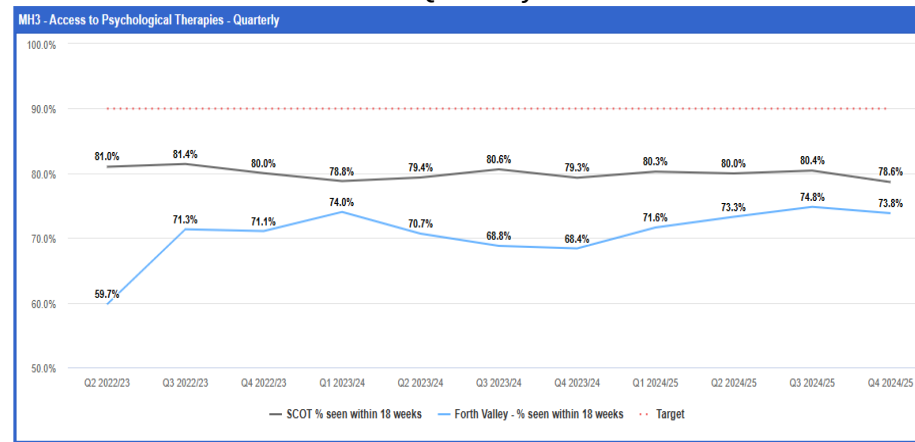
The Forth Valley performance against the Psychological Therapies referral to treatment access standard over the last 2 years and quarterly from Q1 2022-23, is provided in the graphs below.

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



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. There 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 (MHLDD) 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 MHL D 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:
 - o Expanding the therapeutic group programme. including group as a standalone intervention.
 - o Reviewing referral criteria.
 - o 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 (MHLDD) 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

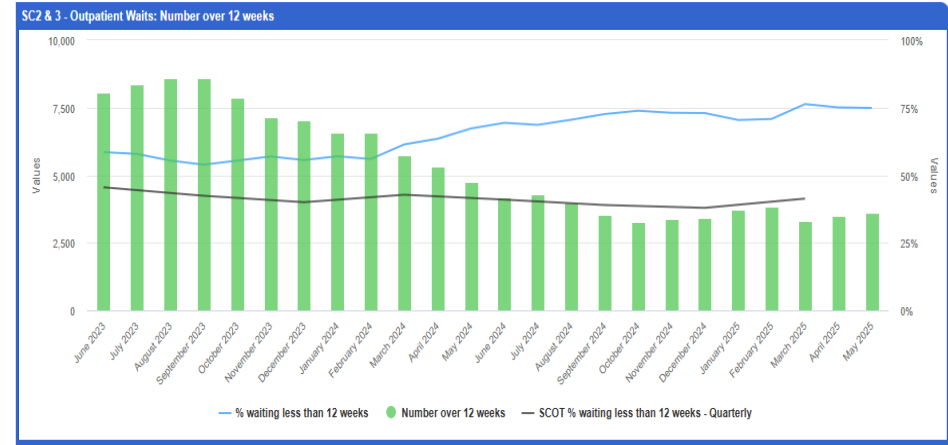
The Forth Valley Planned Care Plan seeks to improve waiting times and reduce the numbers of people waiting, within the existing resources available to Forth Valley. This includes the additional capacity which will be available from the 3rd CT scanner that comes online at the end of March 202 and is already 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.

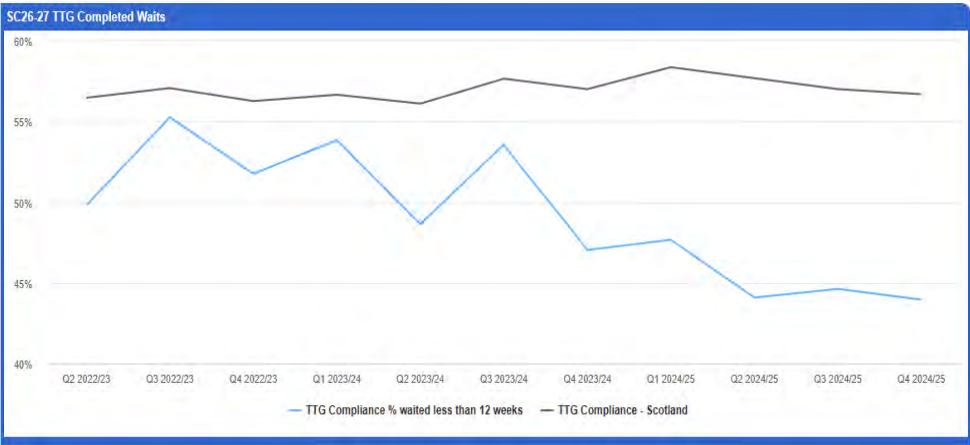
The graphs below provide details of performance against the key planned care metrics for 2023-24 and 2024-25.

Planned Care Performance

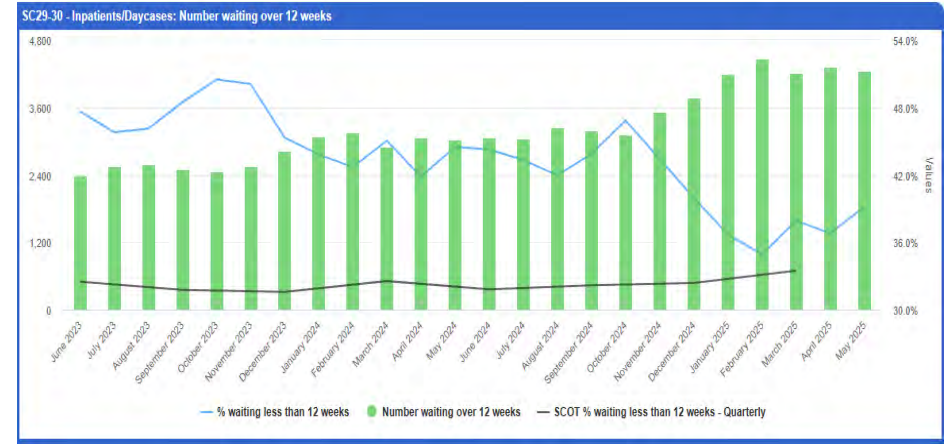
Outpatient waits over 12 weeks
June 2023 to May 2025



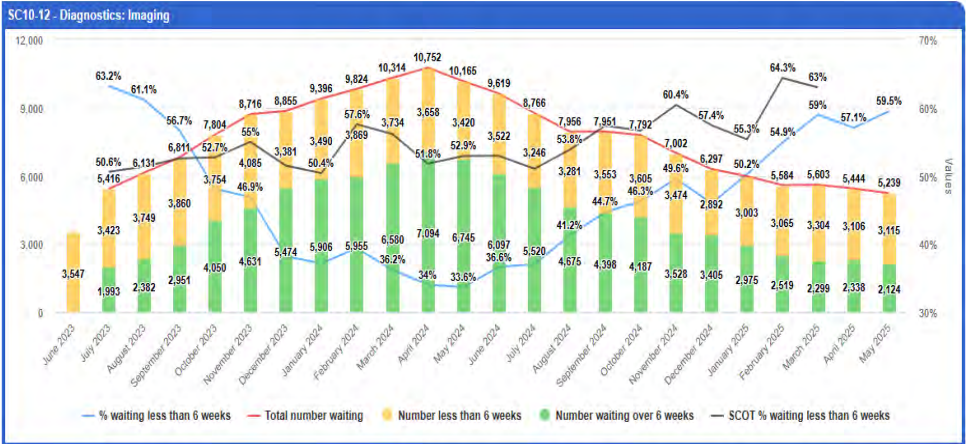
12 Week Treatment Time Guarantee



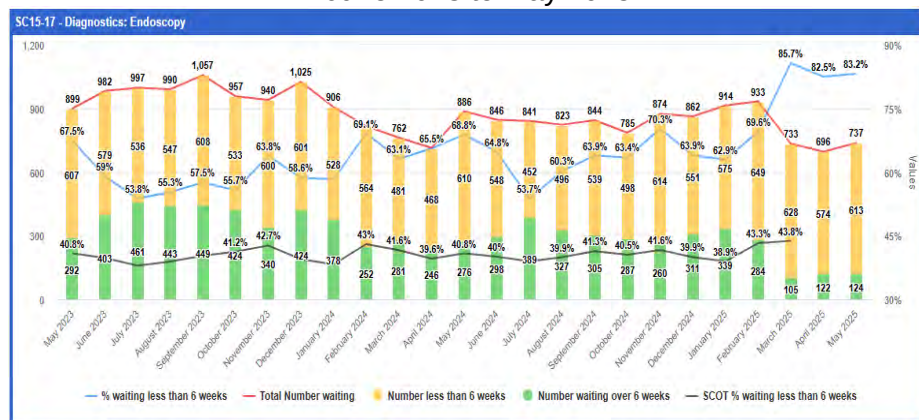
Inpatients/Daycase waits over 12 weeks
June 2023 to May 2025



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 Association 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.

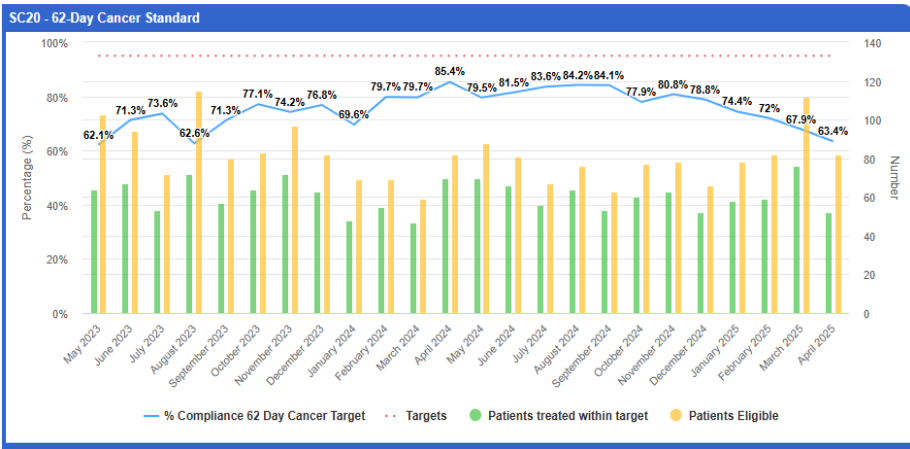
Planning should also reflect the aim to ensure that people living with cancer, their families and carers are at the heart of cancer services, and a focus on reducing inequities in access to cancer care and cancer outcomes, recognising each person's time of need.

Forth Valley Cancer Delivery Plan 2025-26

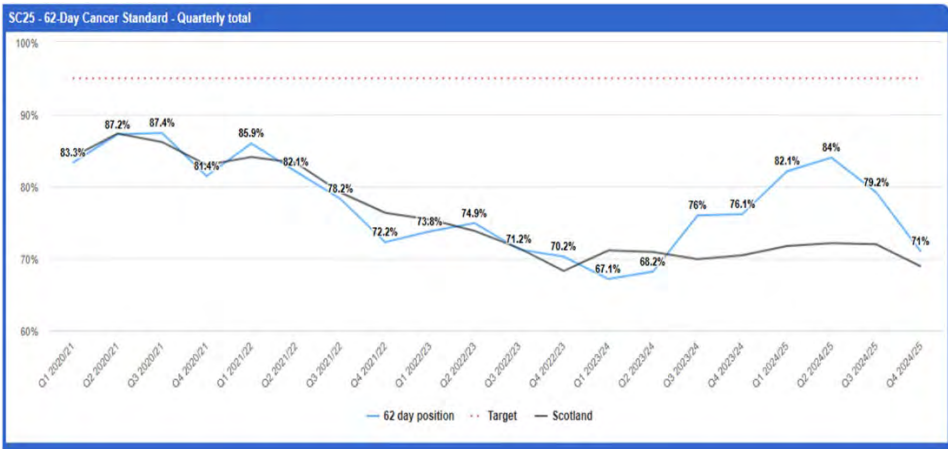
The detailed plans for cancer services in Forth Valley are included within the Planned Care Plan (appendix 1) which was submitted to Scottish Government in January 2025 and updated following discussion with the Government in February 2025. Below are key actions from the Cancer sections of the Planned 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 3 rd CT Scanner in Forth Valley 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 a 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 outputs 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 as 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 delivery 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 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 as 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

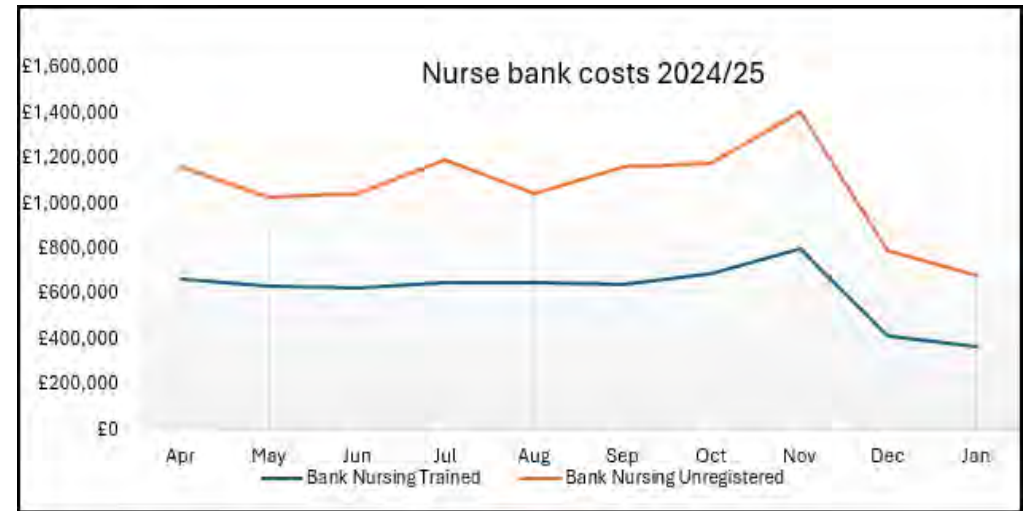
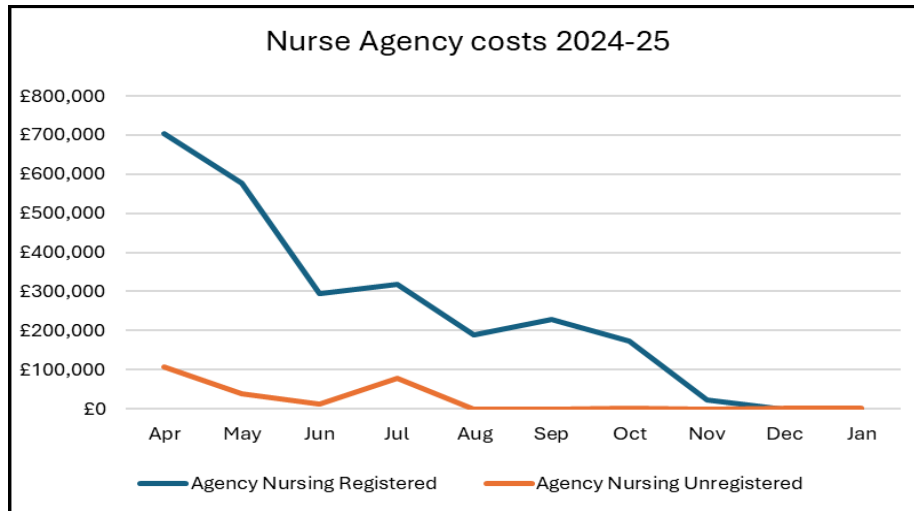
The following key risk is associated with nurse supplementary staffing and the relevant mitigations are in the sections below:

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](https://www.gov.scot/publications/digital-health-and-care-strategy/pages/introduction.aspx)

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.

Forth Valley Digital and Innovation Delivery Plan 2025-26

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 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 (NIS) 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/m² 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

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 <u>National Aquaculture Technology and</u>	January 2026	Progress Reports to Public Health Scotland.

	<u>Innovation Hub About University of Stirling</u> 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. <u>Stirling and Clackmannanshire City Region Deal Stirling Council (SHIO).</u> • 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	12	☒ Not targeted (generic employability programme)
NHS Demonstrator – Funded (NOLB) Work Experience Programme	21	☐ 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	7	8	☒ 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
Business Administration	5	2	

			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.

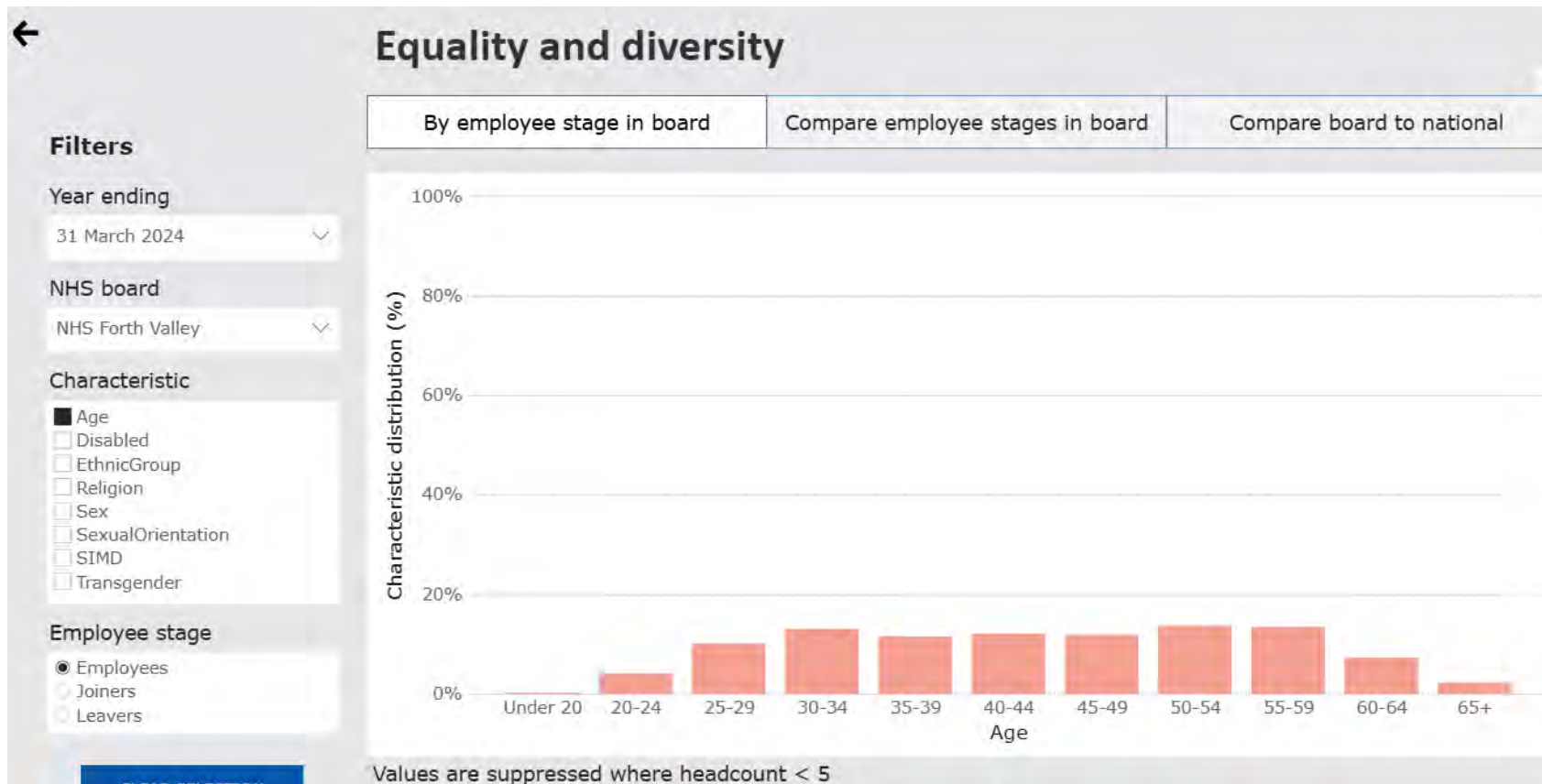
This question is not mandatory for national Boards.

☒ Yes ☐ No

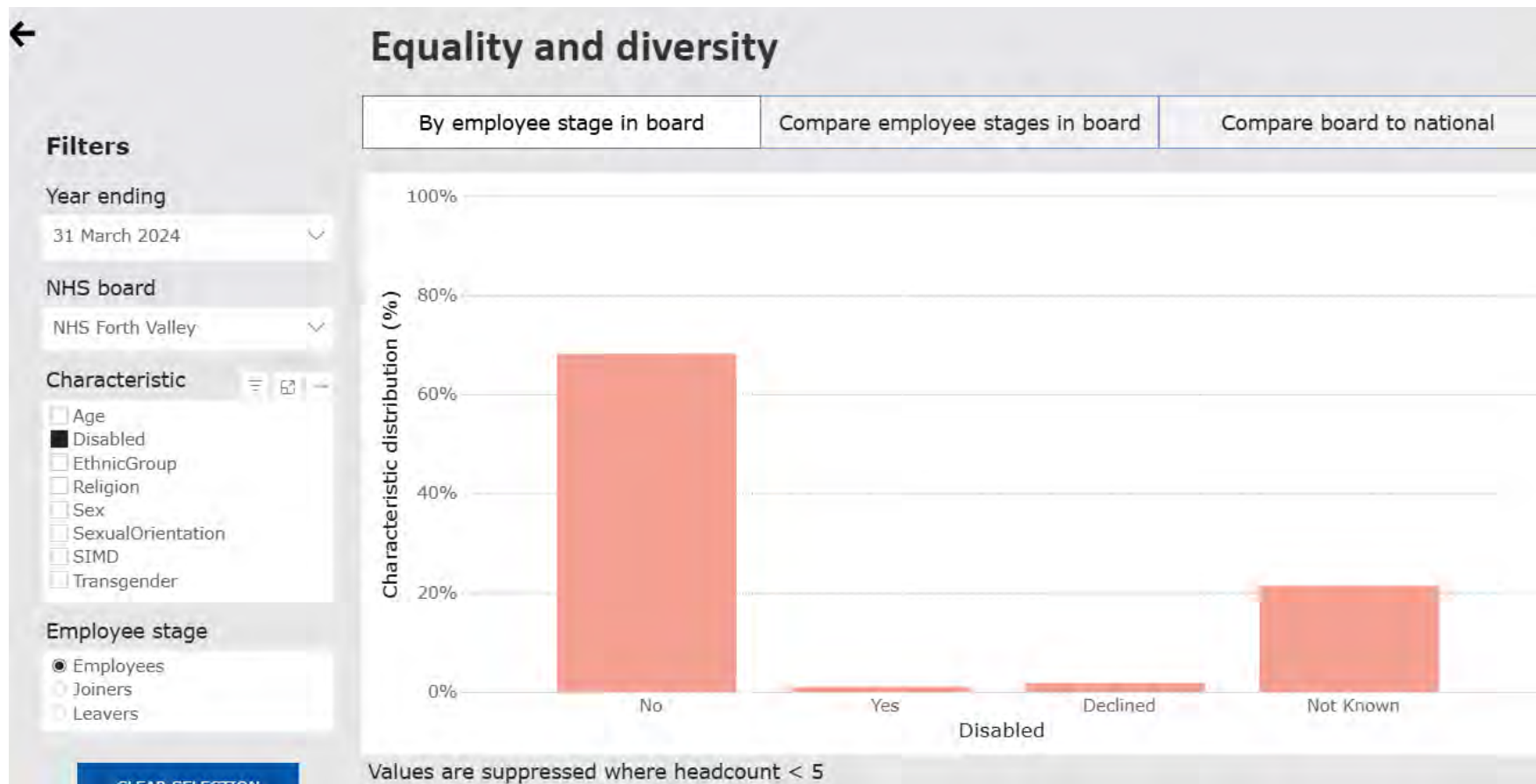
If yes, insert name and title:

Falkirk and Clackmannanshire LEP - Hazel Meechan, Public Health Specialist.

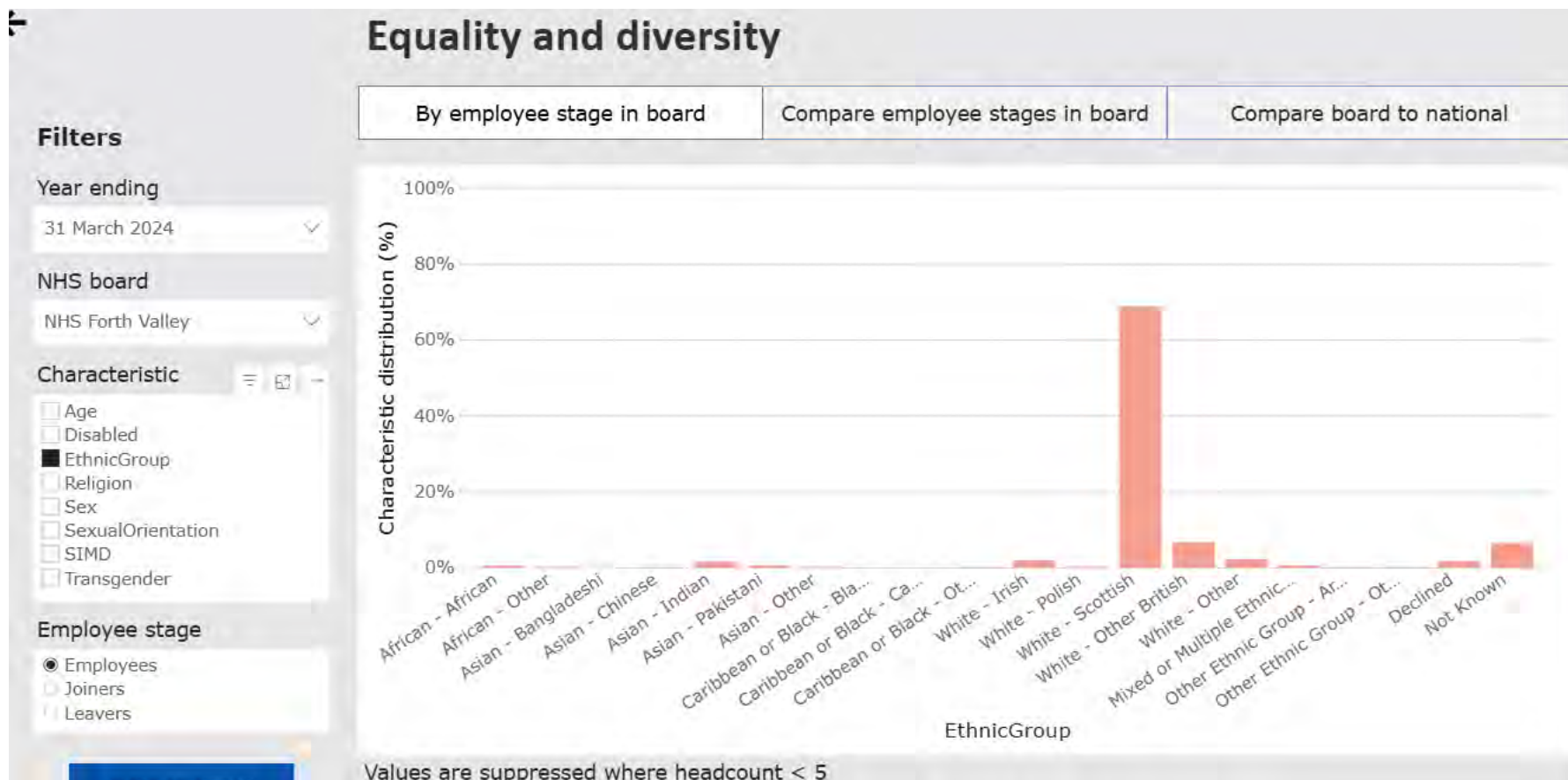
W12. What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to [guidance note](#)).



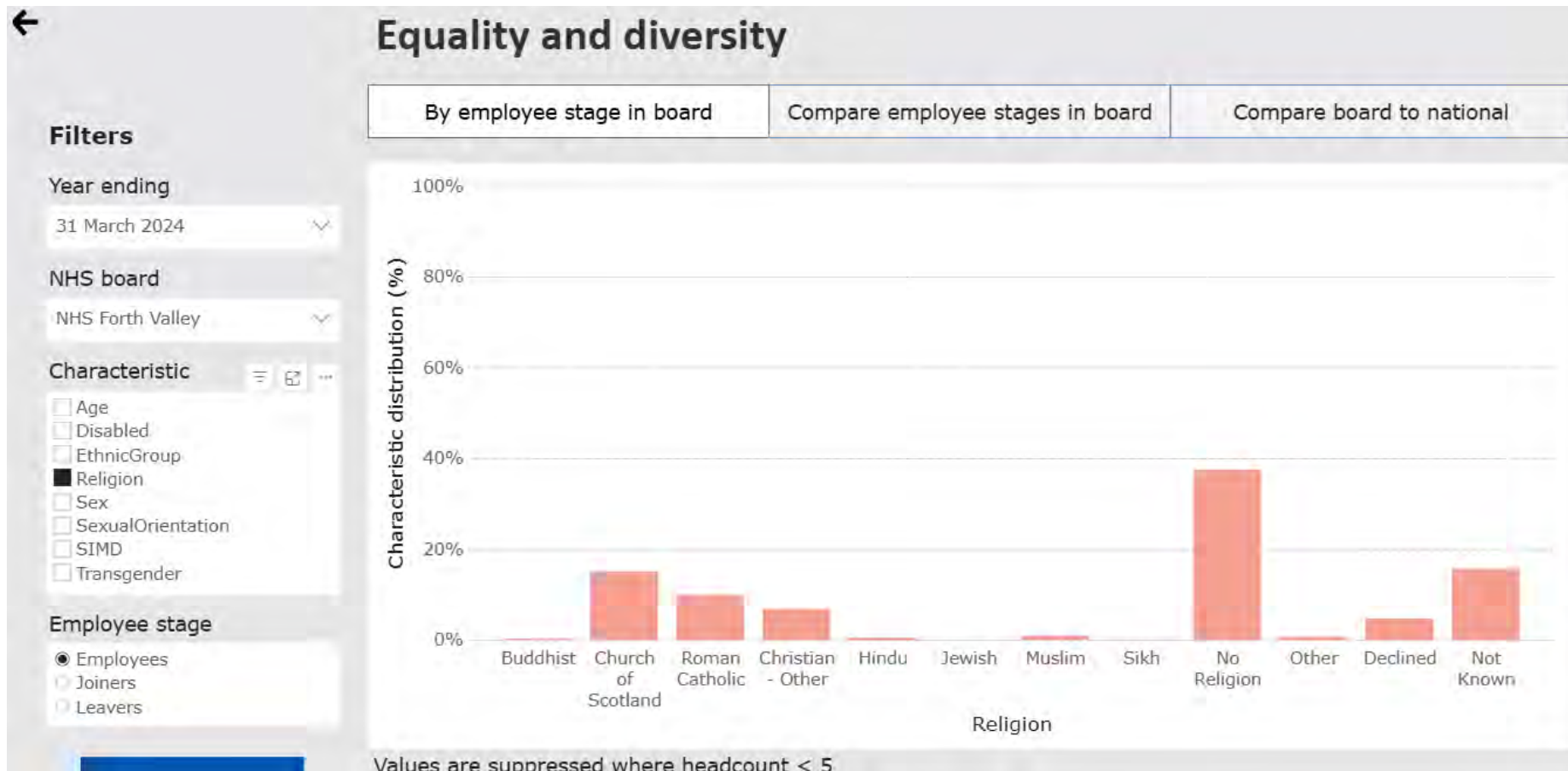
In-post age



In-post Disability



In-post Ethnicity



In-post Religion

Equality and diversity

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

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

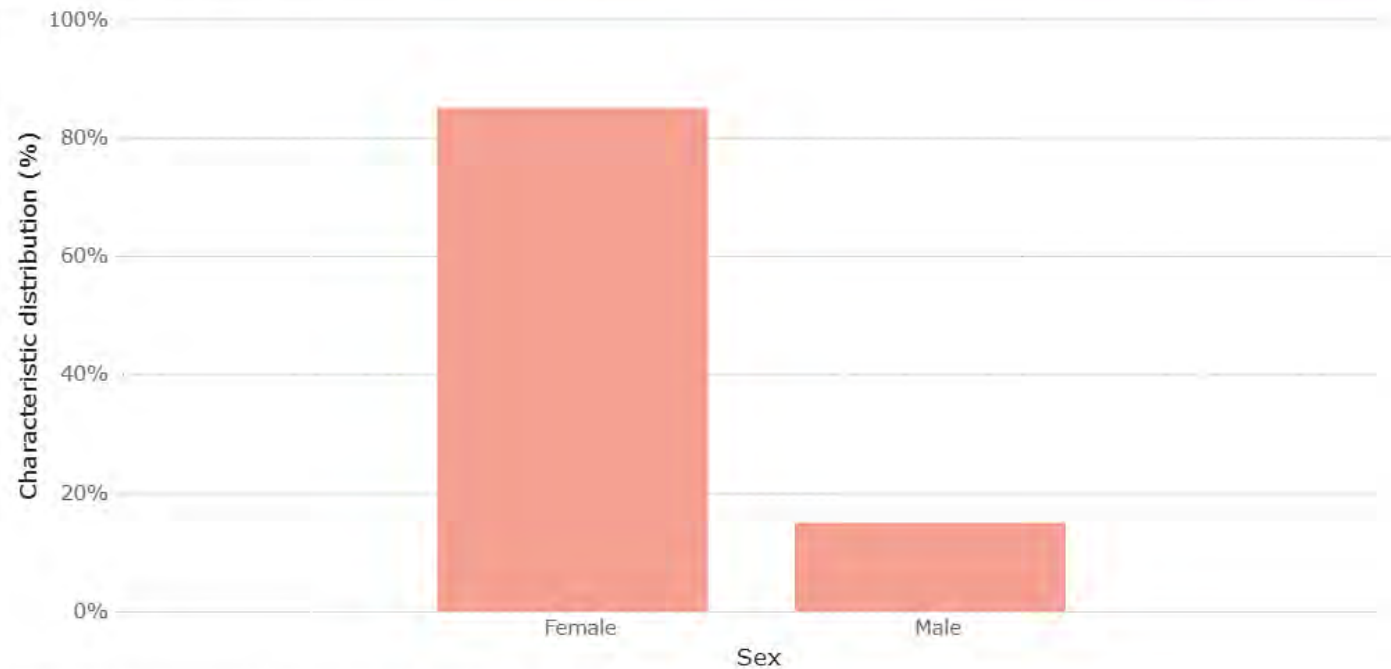
Employee stage

- ☒ Employees
- ☐ Joiners
- ☐ Leavers

By employee stage in board

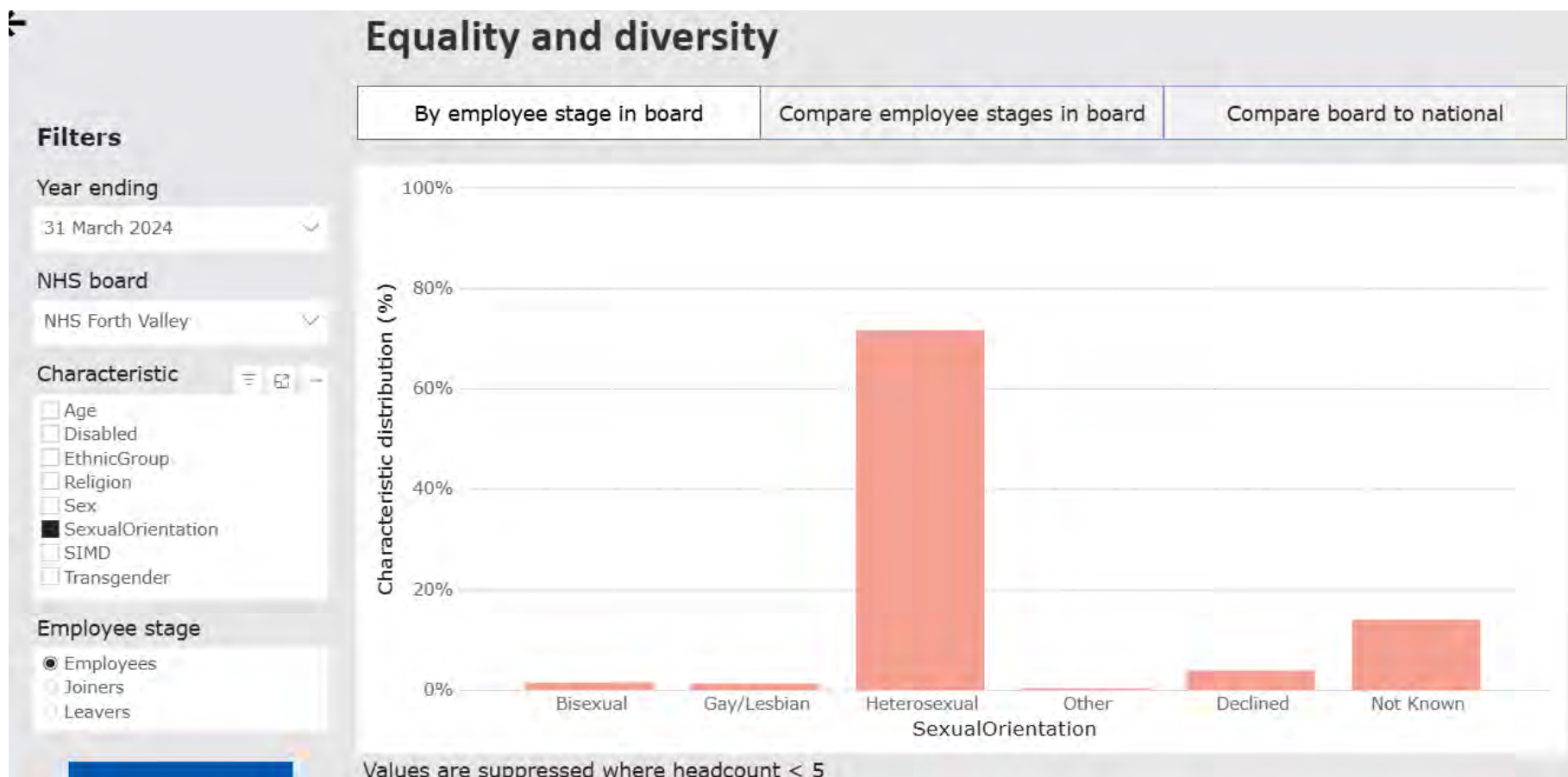
Compare employee stages in board

Compare board to national

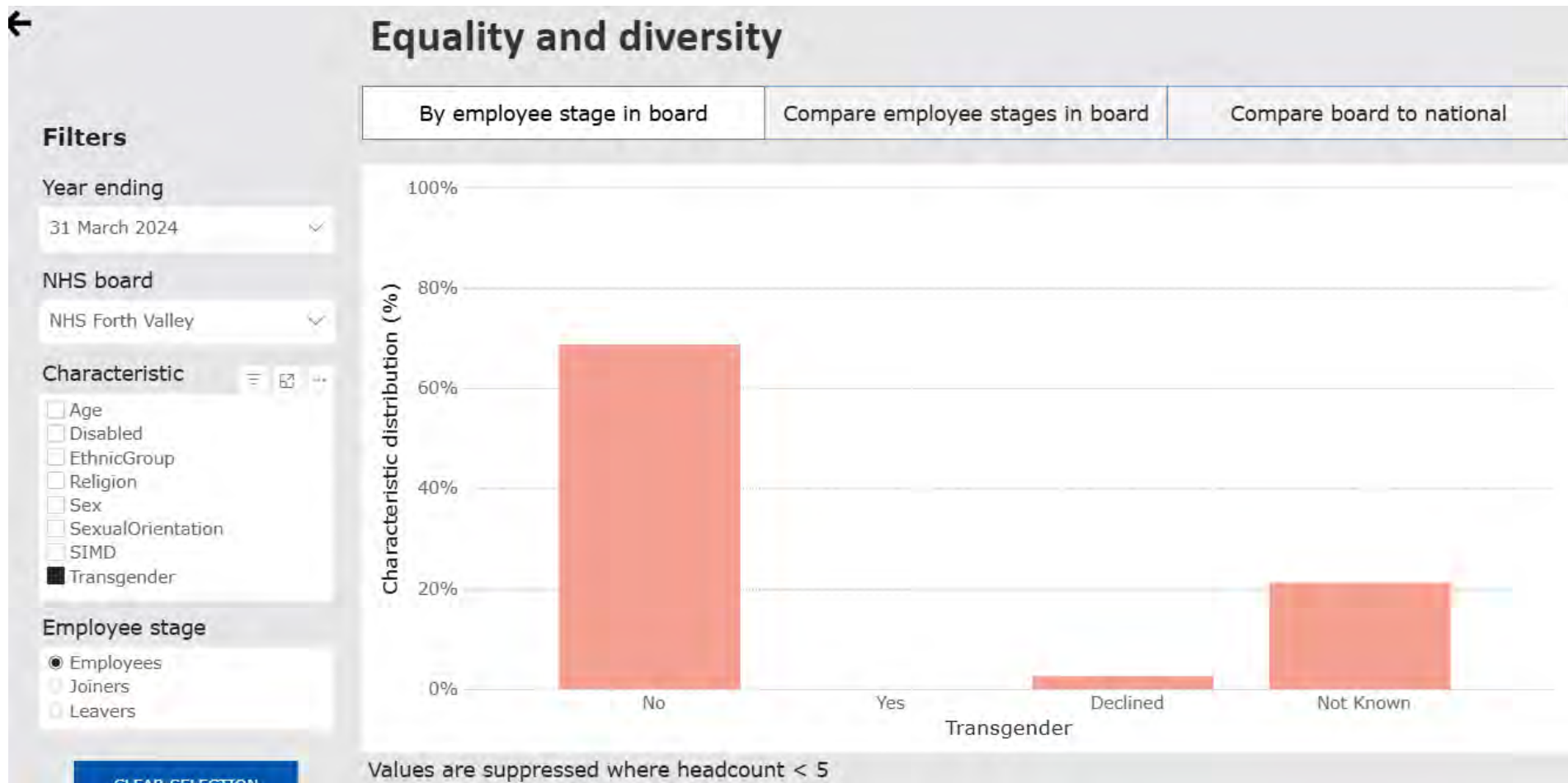


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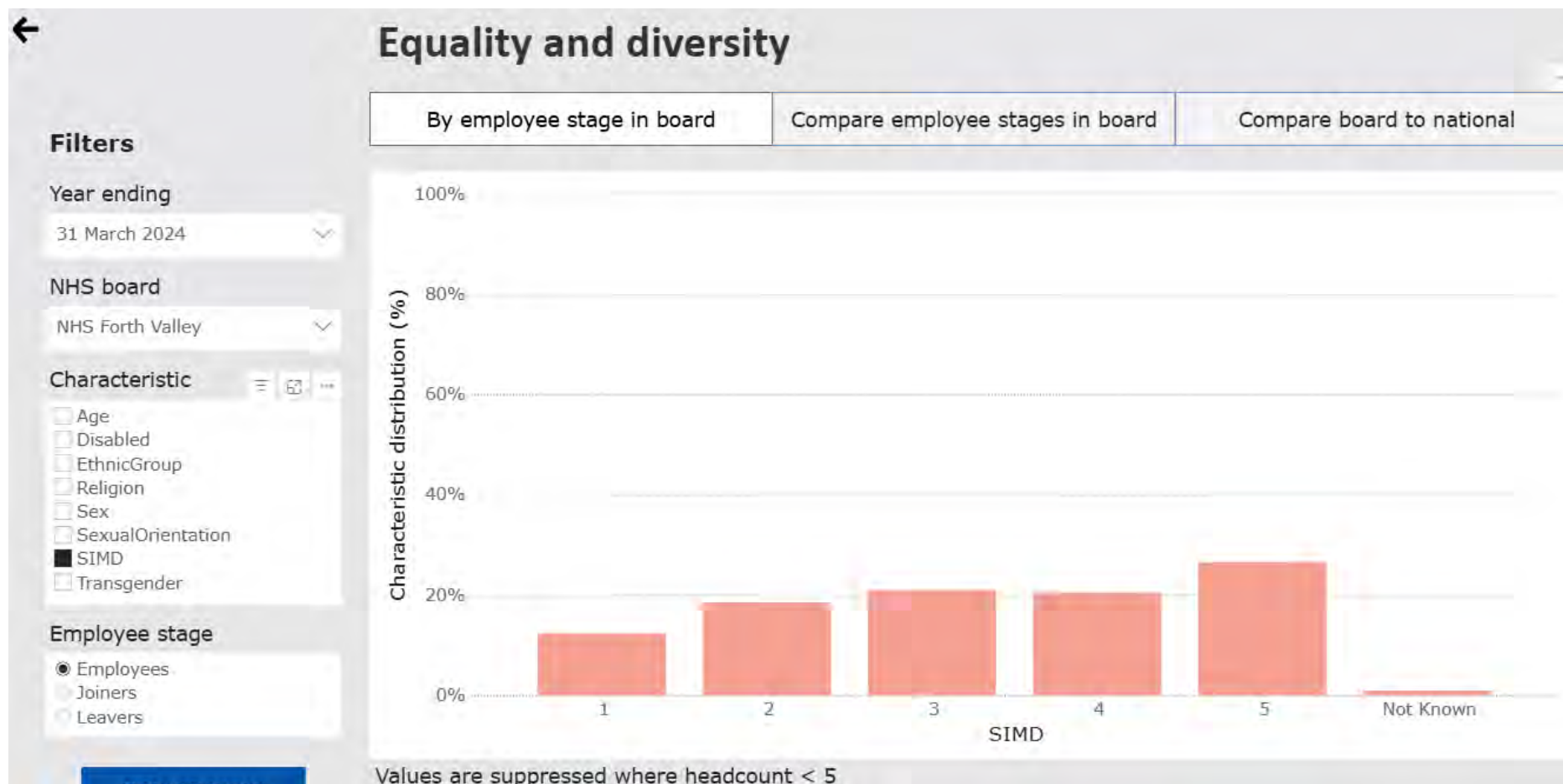
In-post Gender



In-post Sexuality



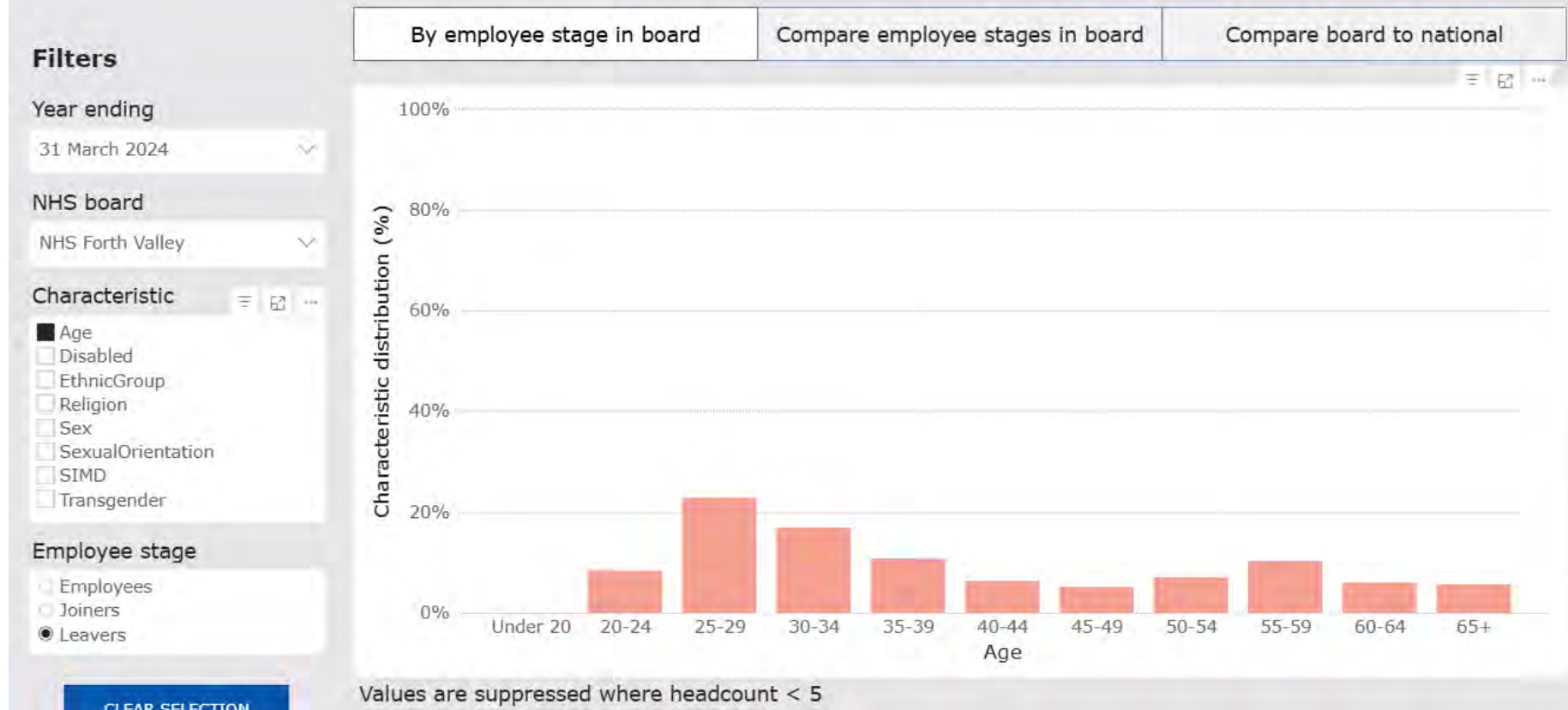
In-post Transgender



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](#)).

Equality and diversity



Leavers Age

Equality and diversity

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

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

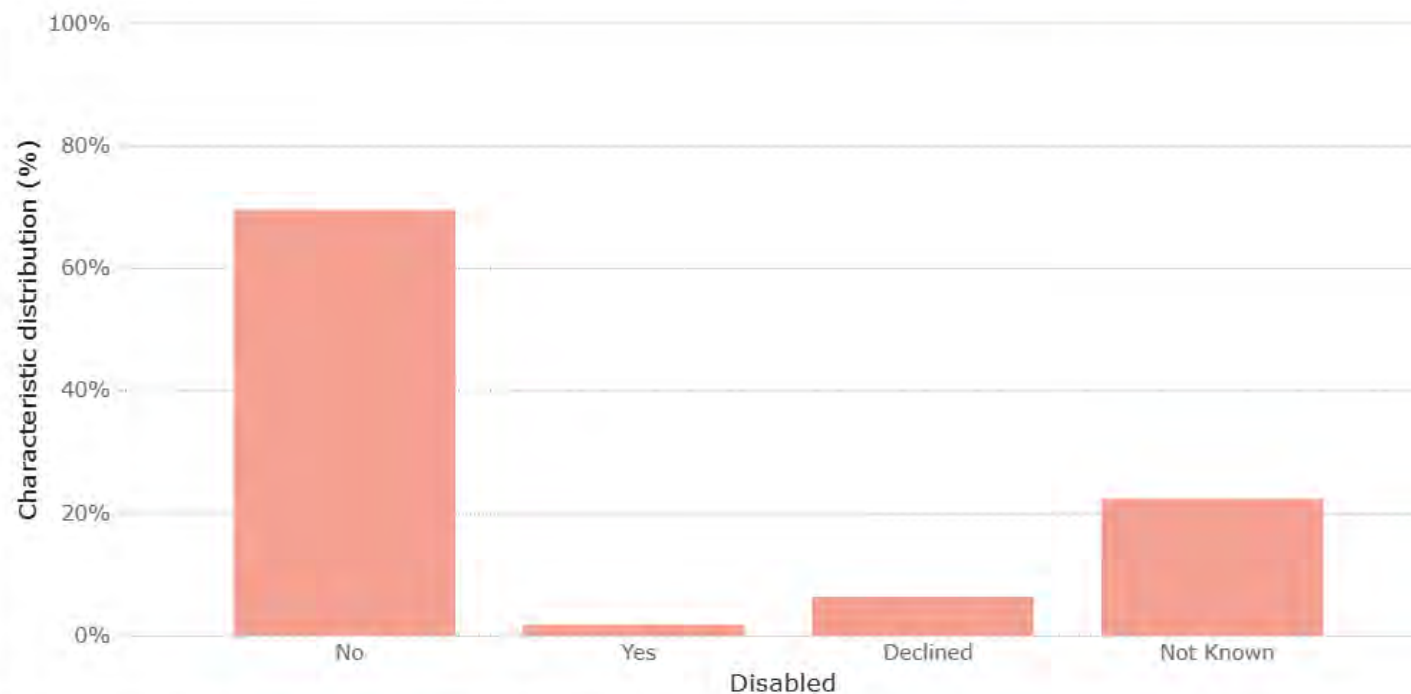
Employee stage

- ☐ Employees
- ☐ Joiners
- ☒ Leavers

By employee stage in board

Compare employee stages in board

Compare board to national



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

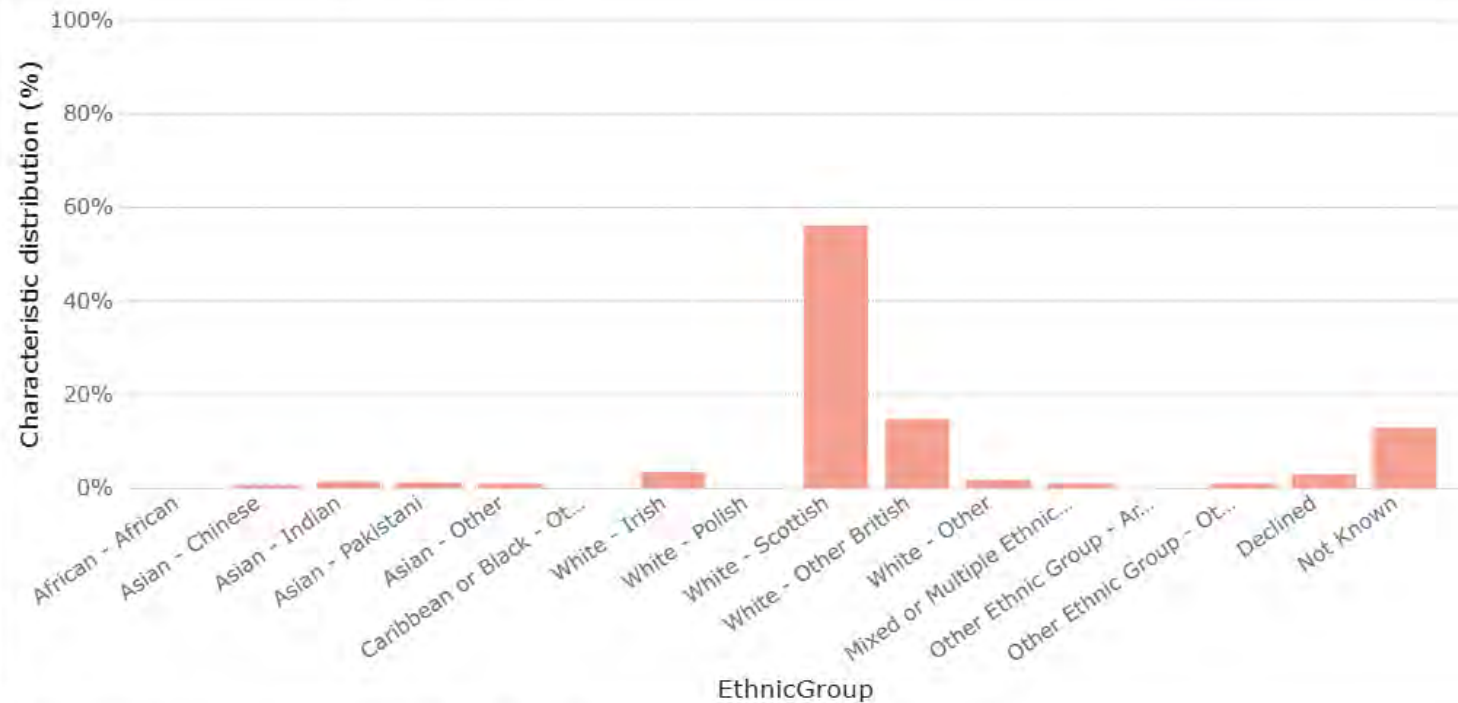
NHS Forth Valley

Characteristic

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

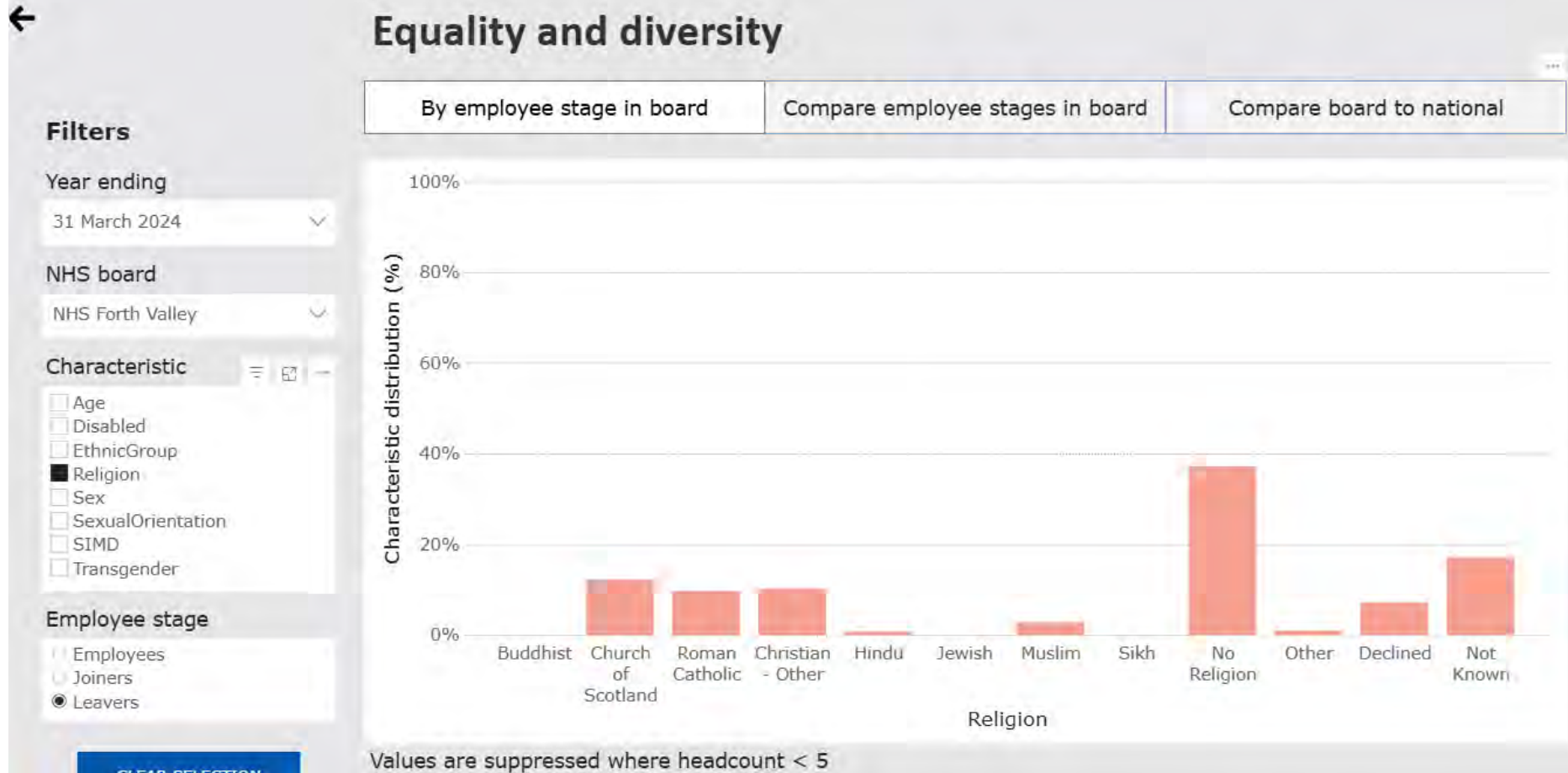
Employee stage

- ☐ Employees
- ☐ Joiners
- ☒ Leavers



Values are suppressed where headcount < 5

Leavers Ethnicity



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

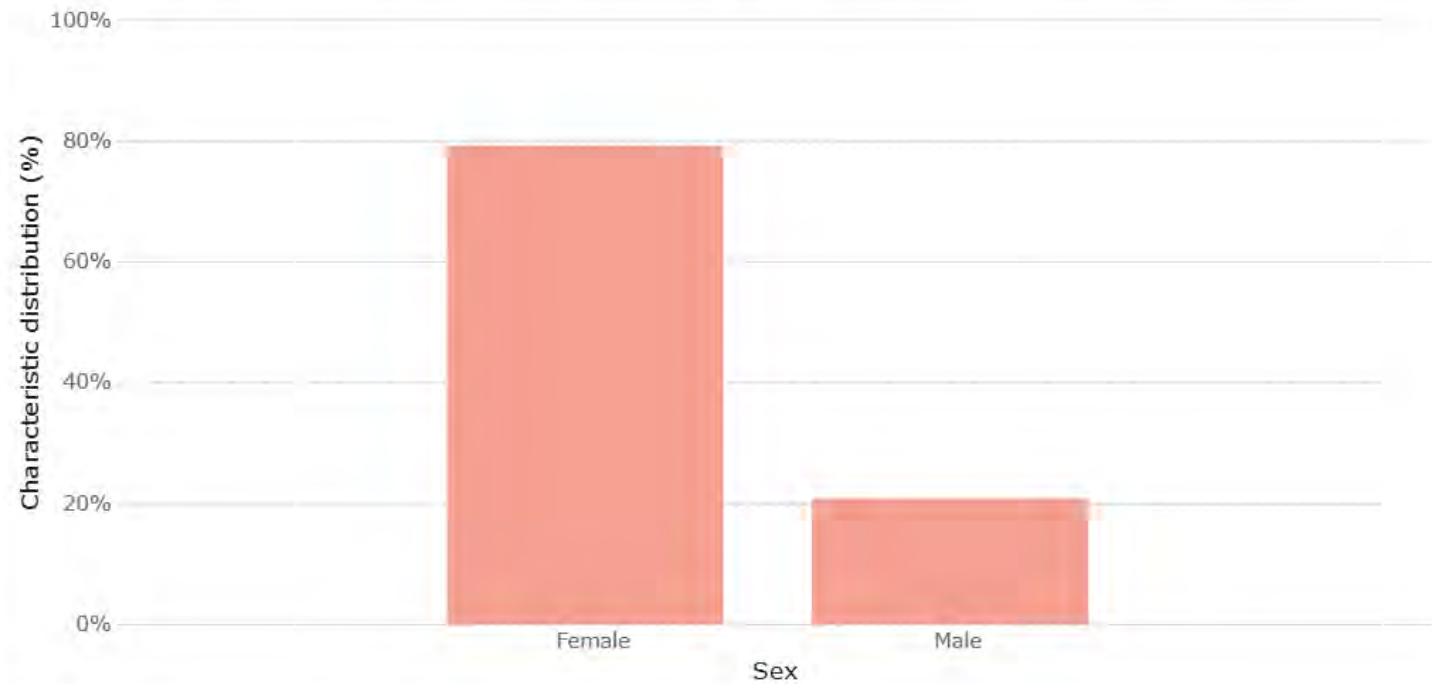
NHS Forth Valley

Characteristic

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

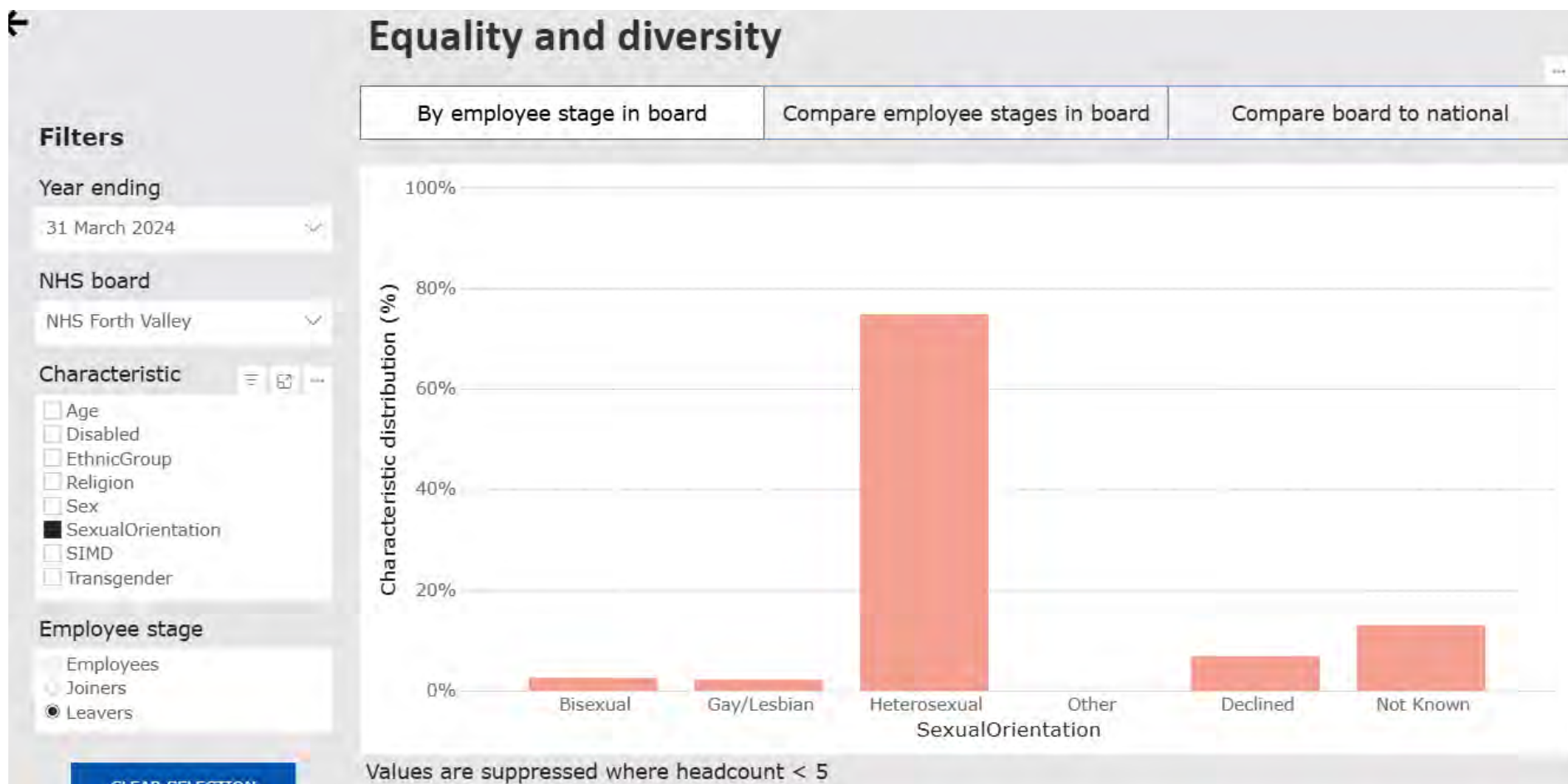
Employee stage

- ☐ Employees
- ☐ Joiners
- ☒ Leavers



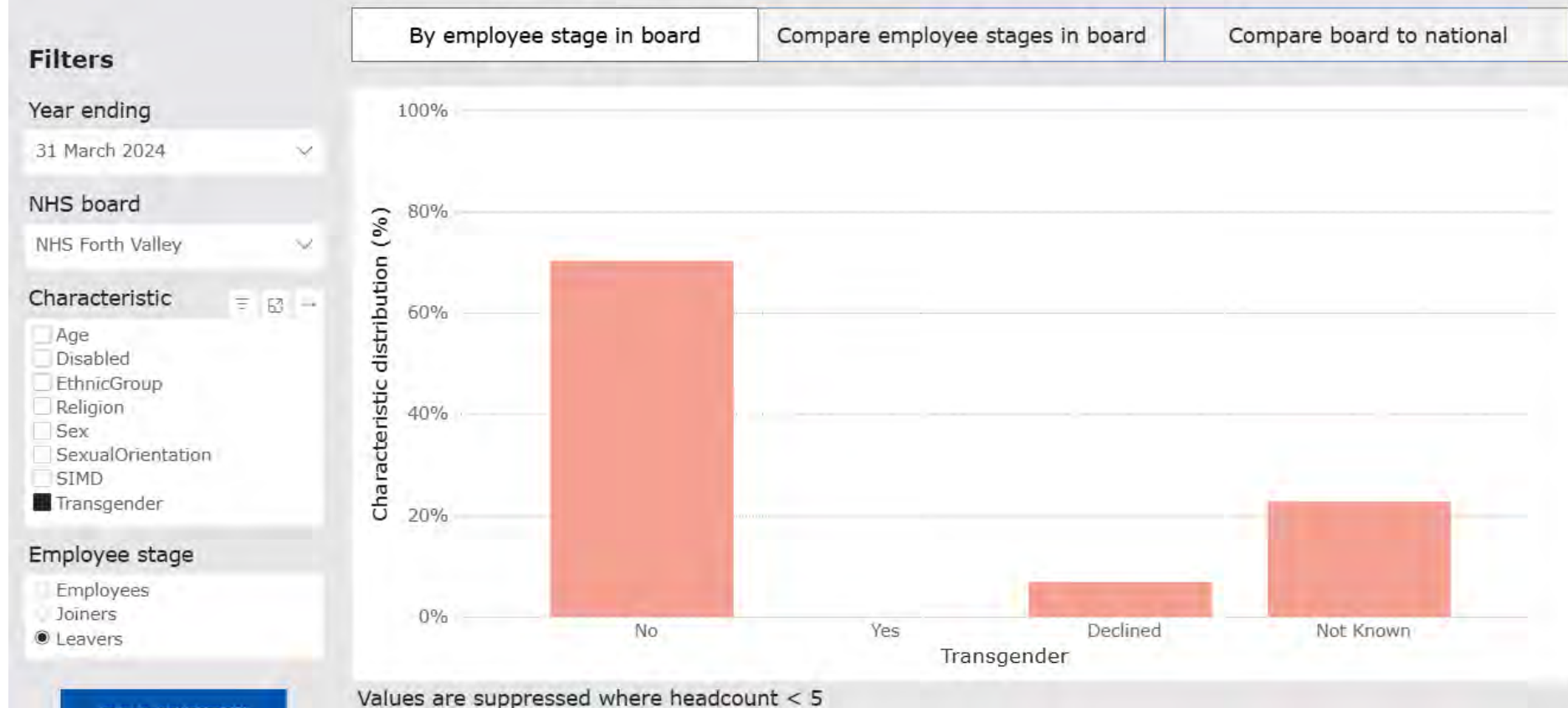
Values are suppressed where headcount < 5

Leavers Gender

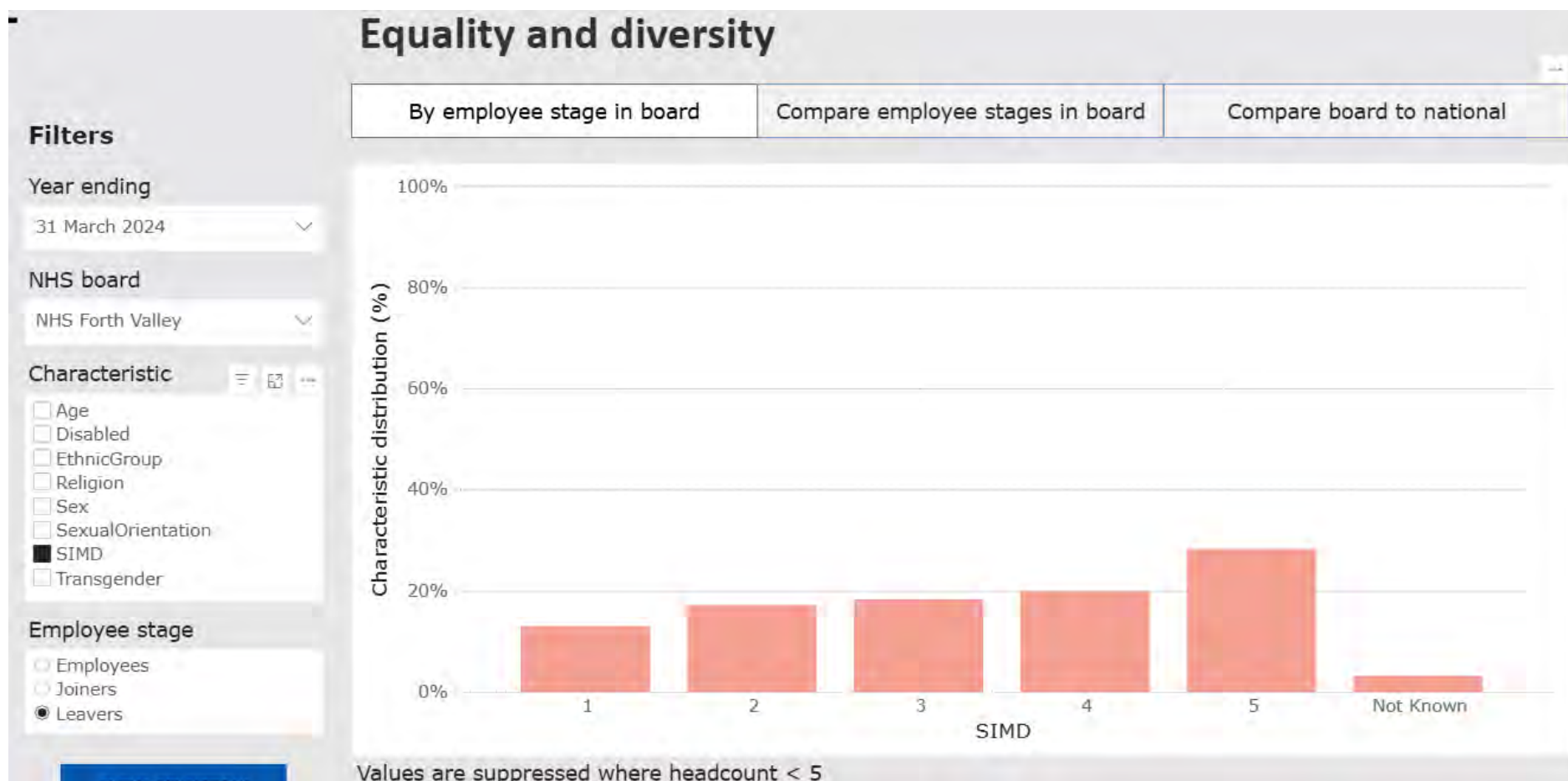


Leavers Sexual Orientation

Equality and diversity

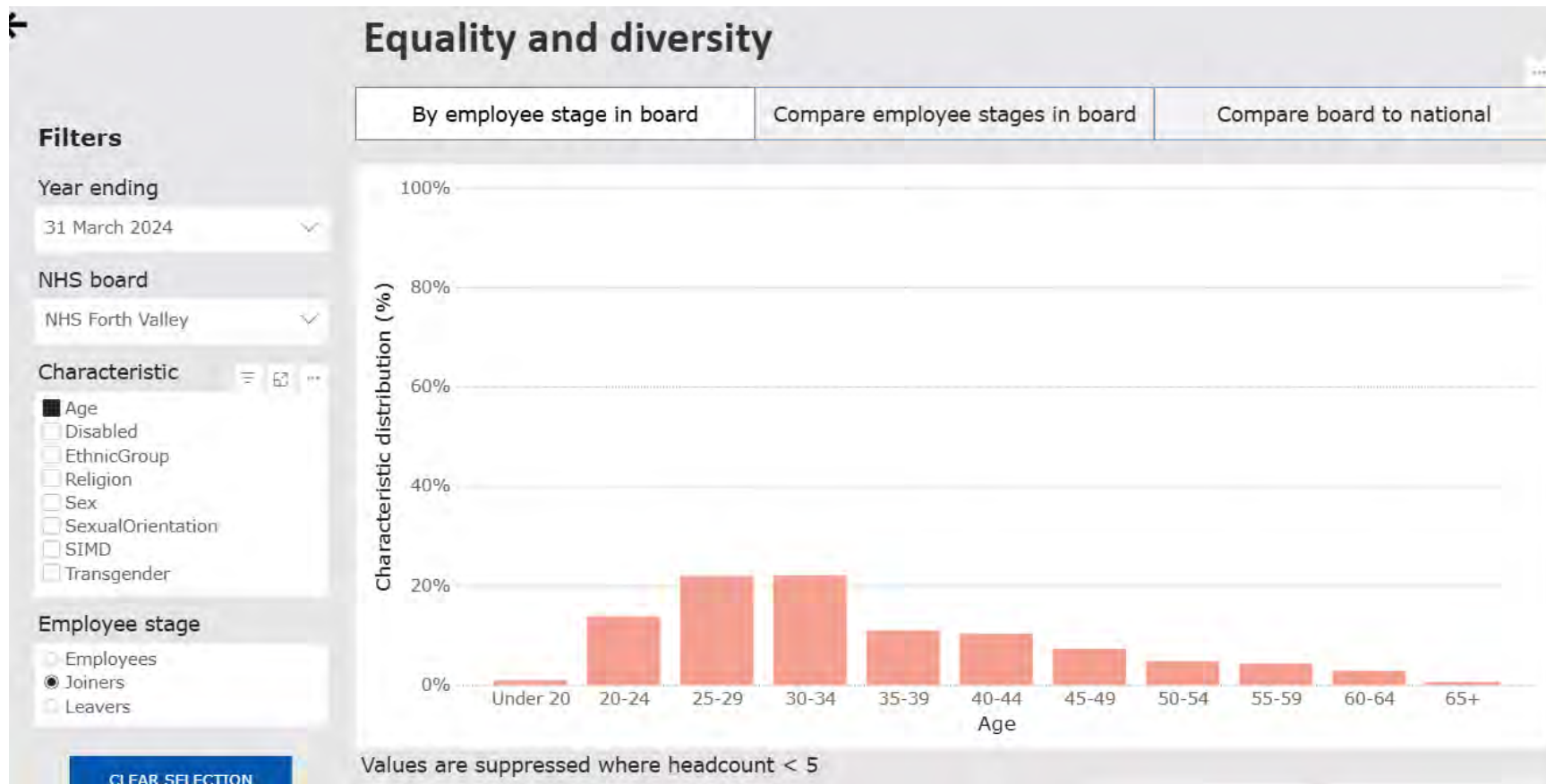


Leavers Transgender

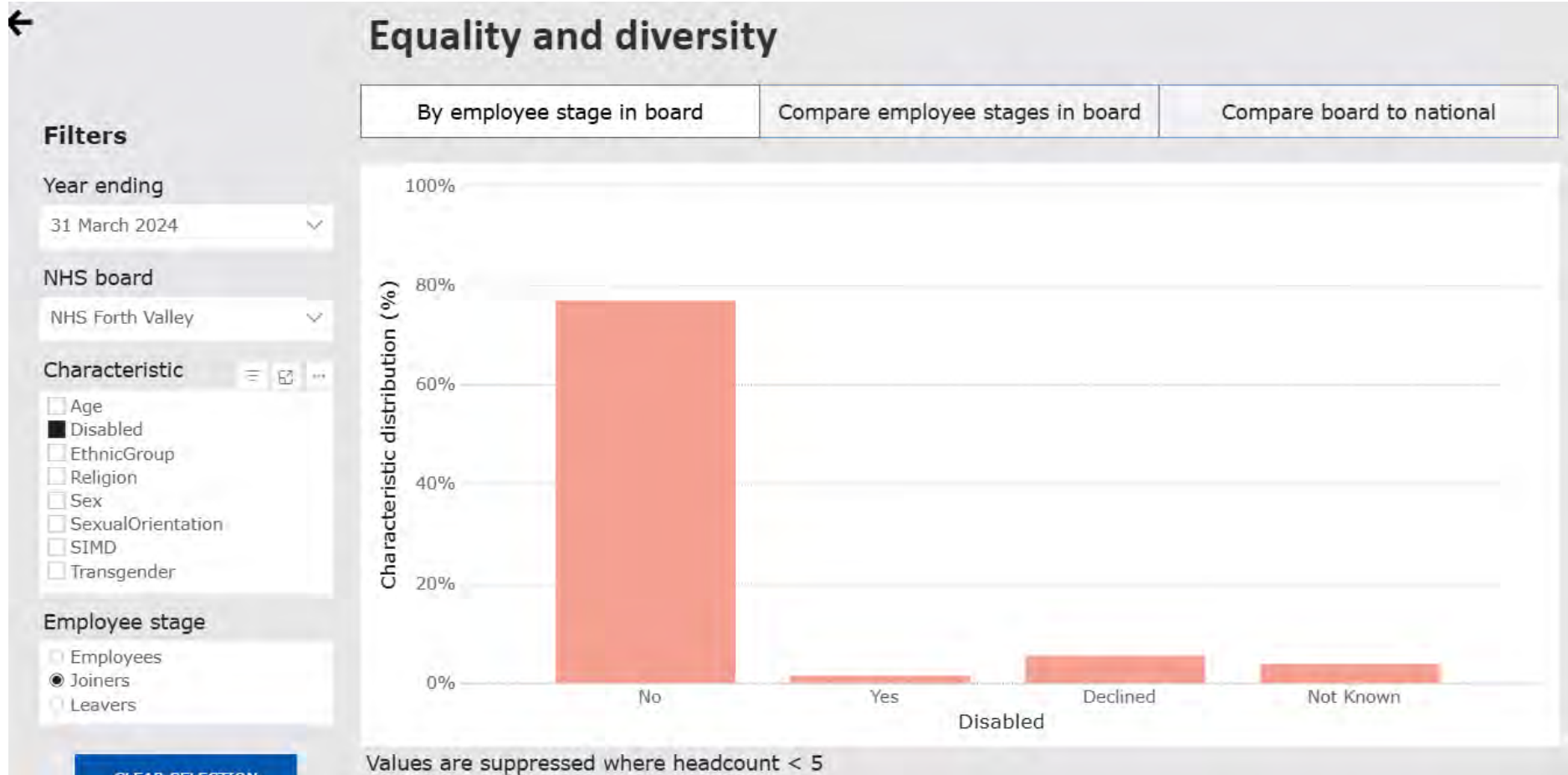


Leavers SIMD

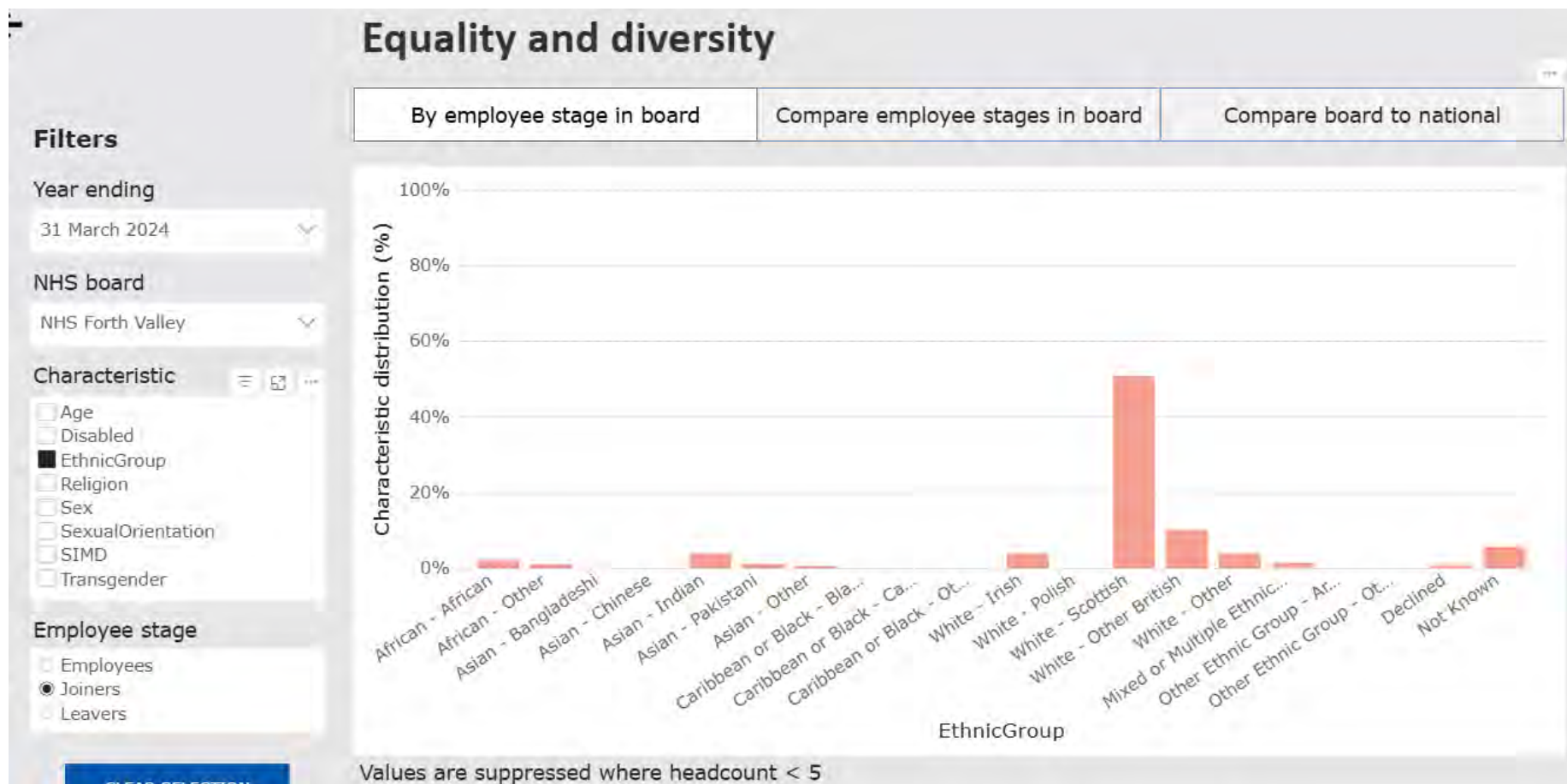
W14. What is the distribution of joiners by protected characteristics and SIMD in the reporting year? Please insert a screenshot of the charts for each protected characteristic and for SIMD from Turas Data Intelligence (refer to [guidance note](#)).



Joiners Age



Joiners Disability



Joiners Ethnicity

Equality and diversity

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

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

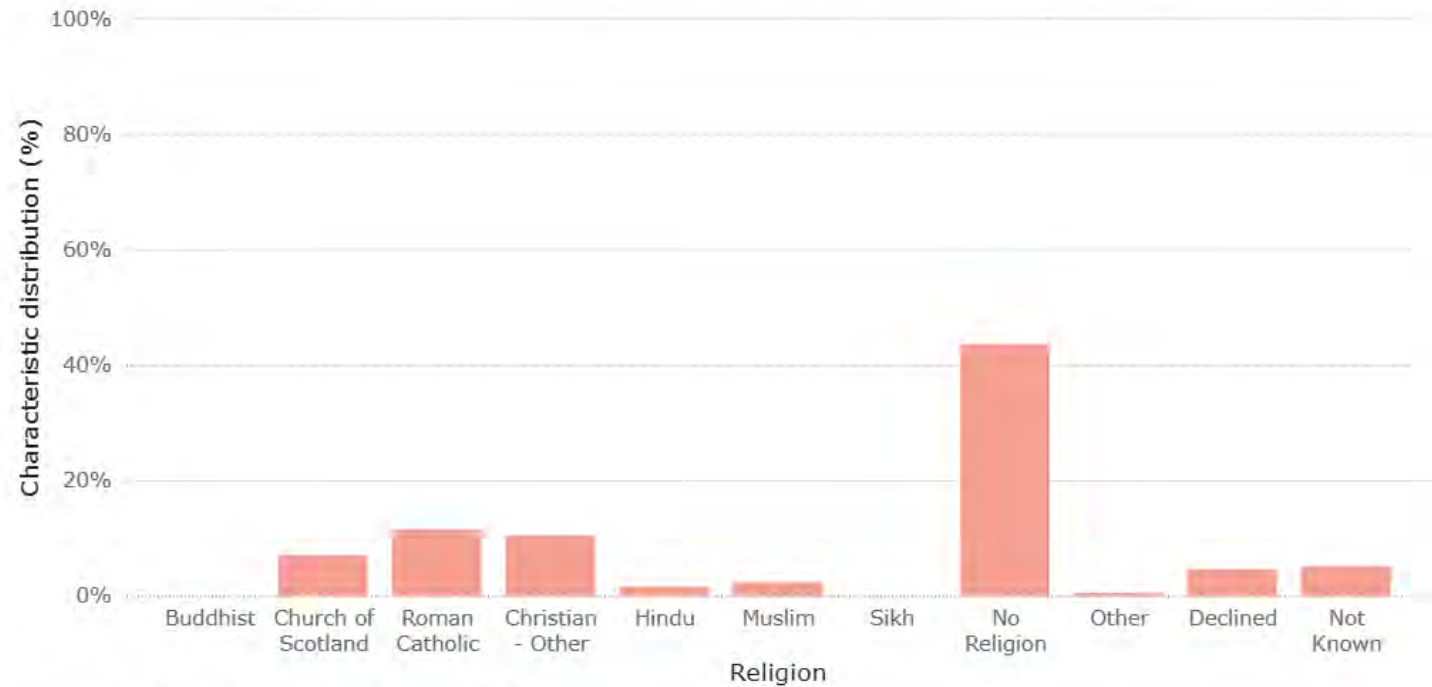
Employee stage

- ☐ Employees
- ☒ Joiners
- ☐ Leavers

By employee stage in board

Compare employee stages in board

Compare board to national



Values are suppressed where headcount < 5

Joiners Religion

Equality and diversity

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

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

Employee stage

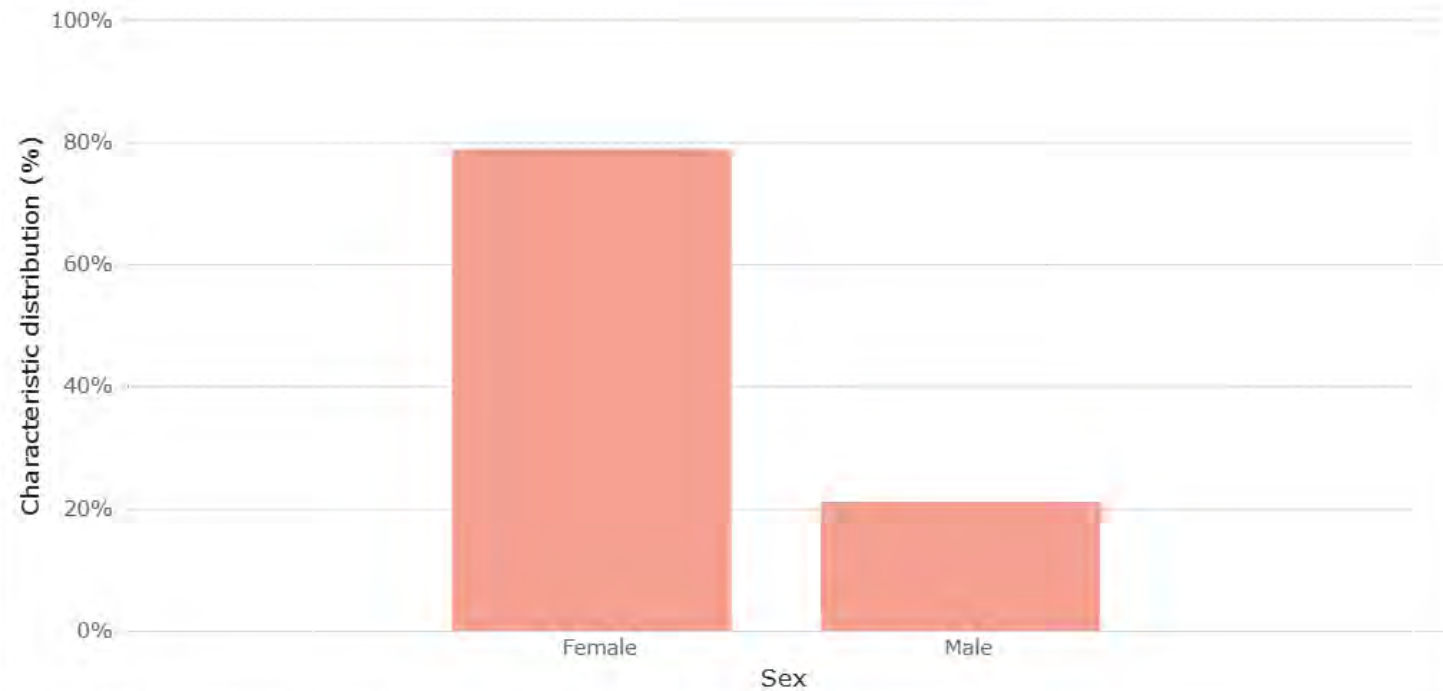
- ☐ Employees
- ☒ Joiners
- ☐ Leavers

CLEAR SELECTION

By employee stage in board

Compare employee stages in board

Compare board to national



Values are suppressed where headcount < 5

Joiners Gender

Equality and diversity

Filters

Year ending

31 March 2024

NHS board

NHS Forth Valley

Characteristic

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

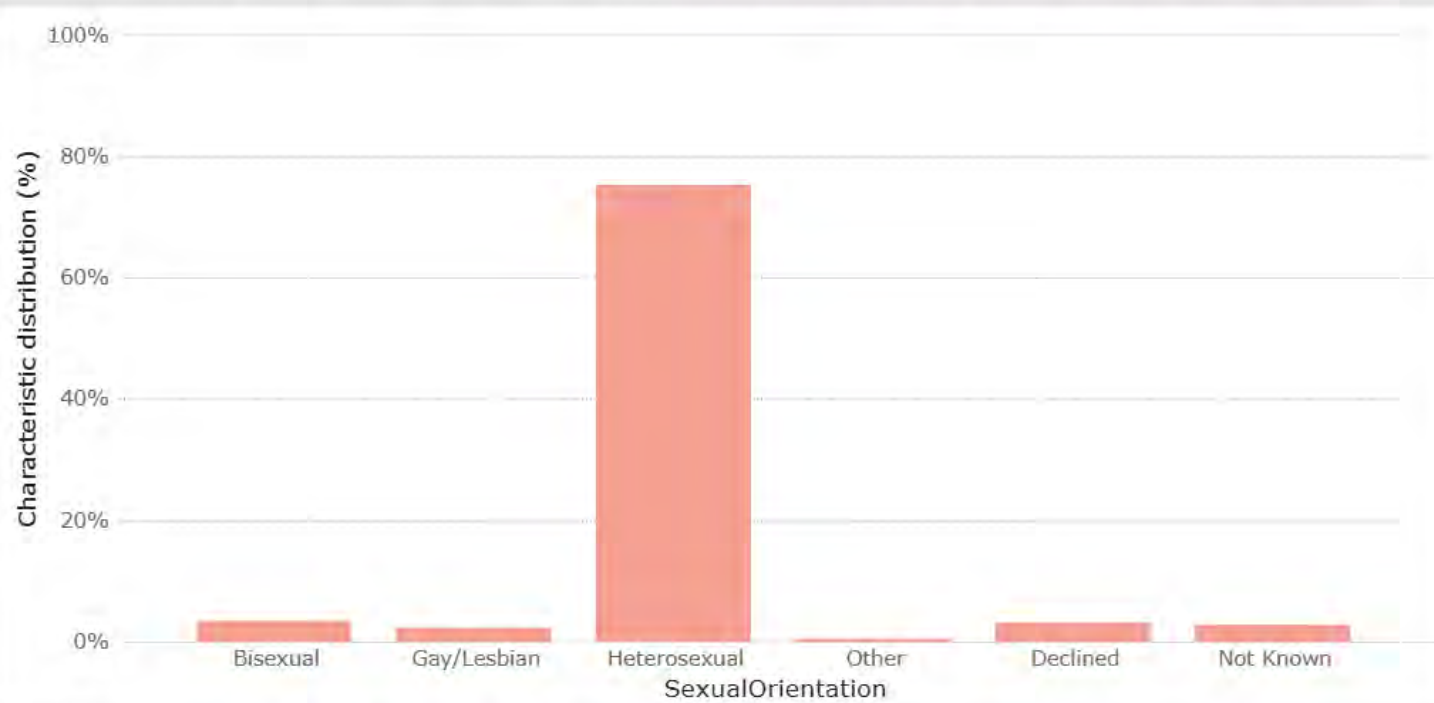
Employee stage

- ☐ Employees
- ☒ Joiners
- ☐ Leavers

By employee stage in board

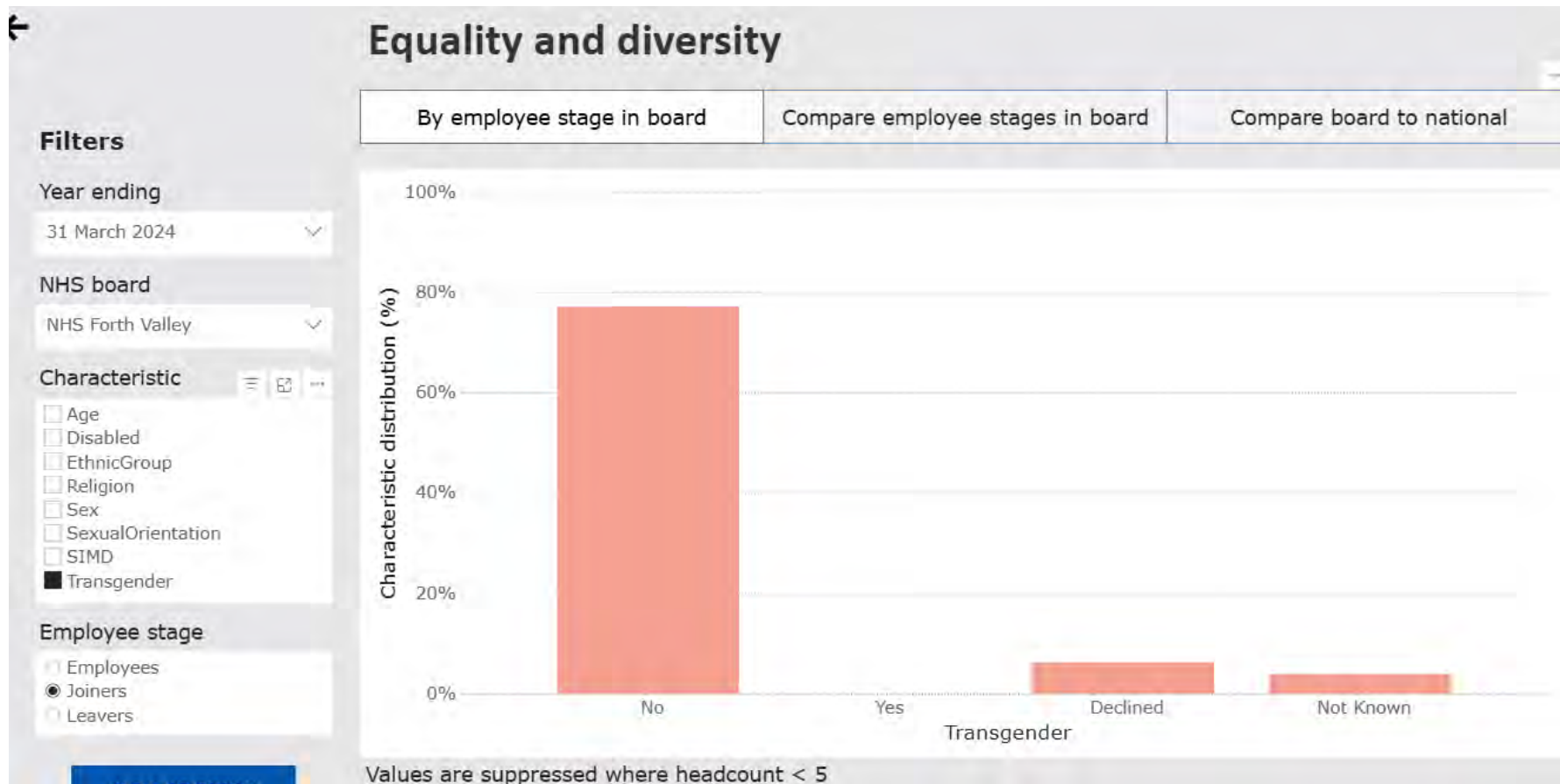
Compare employee stages in board

Compare board to national

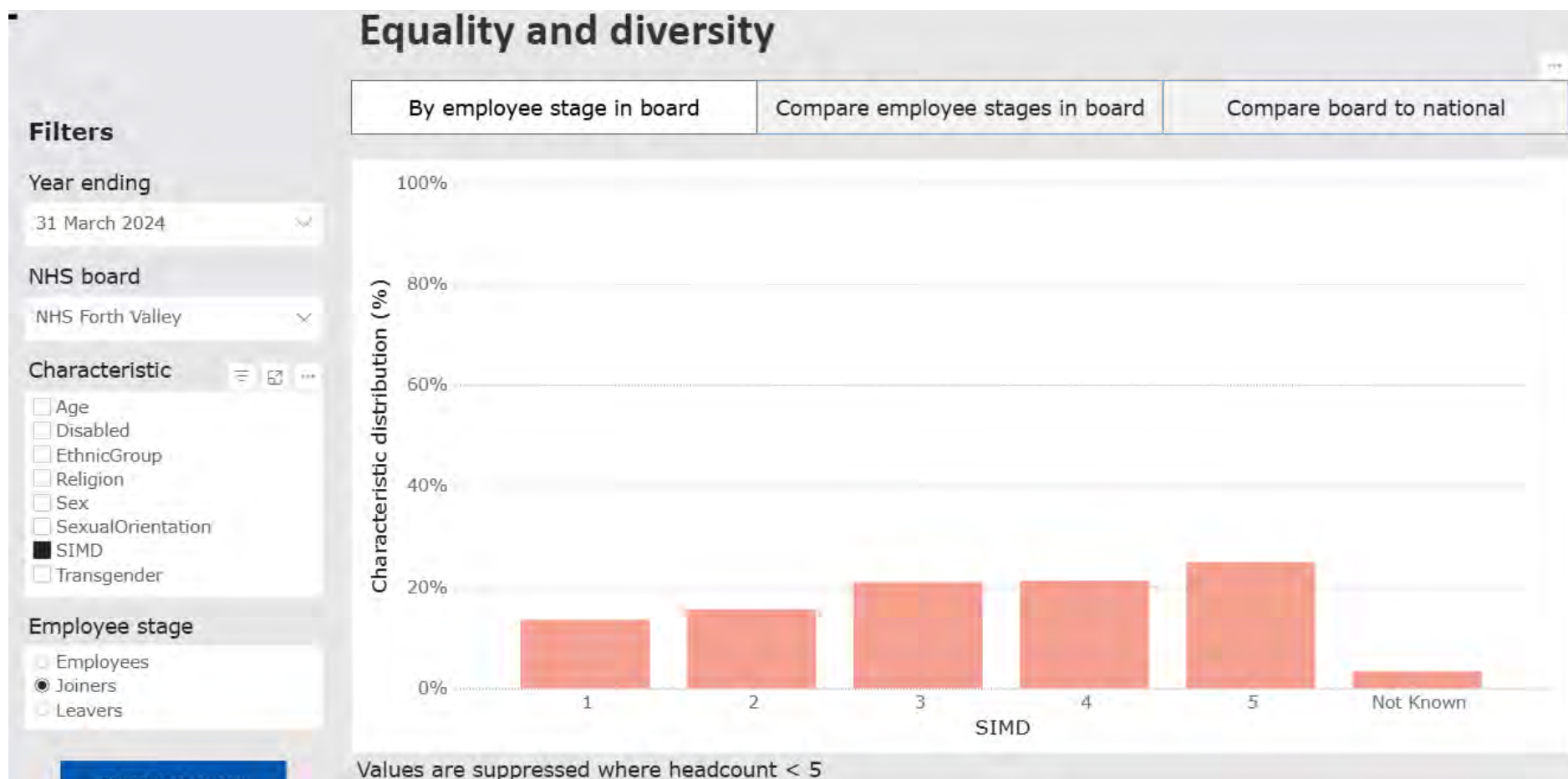


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Joiners Sexual Orientation



Joiners Transgender



Joiners SIMD metrics

Procurement 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 $\frac{3}{4}$ 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.

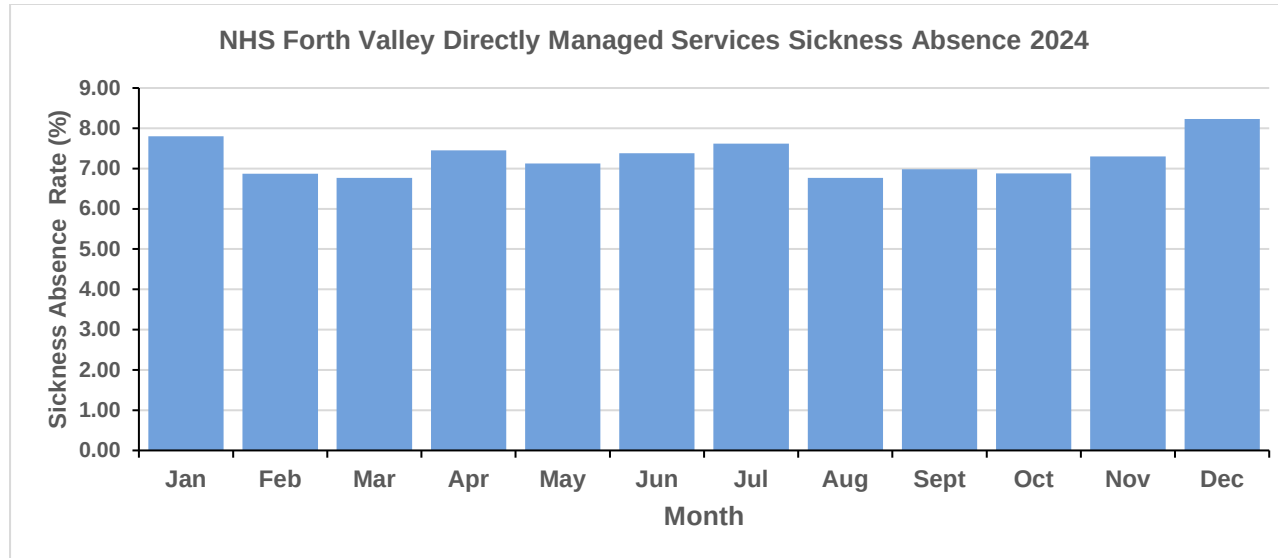
NHS Forth Valley over-recruited newly graduate nurses in 2024/25 which allowed, in part, a 100% reduction in Agency Nursing use by November. There is a further programme in place to reduce the overall Nursing supplementary staffing spend by spring of 2025 by 50%

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%.



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

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 extend+) 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 Health & 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.

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

13. Major Incident Plan

For: Approval

Executive Sponsor: Dr Jennifer Champion, Acting Director of Public Health

Author: Mrs Nicola Watt, Emergency Planning & Resilience Manager; Mrs Pauline Jones, Emergency Planning Officer

Executive Summary

The NHS Forth Valley (NHSFV) Major Incident Plan (MIP) and associated Action Cards have been through a thorough review and revision. This has reflected learning outcomes from exercises, training and changes from national guidance. Minimal changes have been required.

The Board version of the plan (this part) is a strategic, public facing document and does not include the individual action cards and detailed information about how the activation, response and recovery processes will be delivered during an incident. These details (Operational Section) were revised and approved at the NHSFV Emergency Planning & Resilience Group in March 2025. This involved a consultation process with key participants and stakeholders for comment before publication and implementation on 10th April 2025. As with previous MIP versions participants are signposted to an appropriate action card for the role they will be expected to deliver during a major incident. It was agreed that the MIP will be reviewed on a 3-yearly basis, with minor revisions being updated as and when required.

Recommendation

The NHS Forth Valley Board is asked to:

- **approve** the updated Major Incident Plan Version 4

Risk Assessment / Management

High level risks have been identified including:

- Staff in new roles and within the management structure will require on-going training in emergency and incident procedures and situation awareness raising of incident management and facilities.
- NHSFV requires to train and develop staff especially when taking on new roles and responsibilities both clinical and non-clinical.

Key Issues to be Considered

- Statutory requirement to deliver Major Incident Management arrangements
- Significant and anticipated turnover in staff, that previously held, or currently hold new leadership roles in Incident Management Teams and ongoing refresher awareness training.
- Minor updates - with a change to Scottish Government NHS Scotland National Incident Response Levels Publication Document April 2024 reflected on (Appendix 1, Page 6).

Financial Implications

The revision of the MIP, associated training and awareness and provision of Major Incident Room provision should be carried out within existing Emergency Planning and Response Team's financial budget.

Workforce Implications

Staff / new staff in post will require adequate time to become familiar with the roles within the Major Incident Management Team and other key emerging incident management roles / roles with an action card.

Infrastructure Implications including Digital

There are no direct Infrastructure implications.

Sustainability Implications

There are no direct sustainability implications.

Sustainability Declaration

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

☐ Yes

☒ N/A

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

Relevance to Strategic Priorities

- Continued delivery of NHSFV's statutory role under the Civil Contingencies Act as a 'Category 1 Responder' in emergency planning and resilience arrangements.
- Ensure services are in place to meet health service commitments in supporting response to major incidents
- Partnership working and delivery of a workforce trained and exercised for any future major incidents

Equality Declaration

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

☒ Paper is not relevant to Equality and Diversity

☐ Screening completed - no discrimination noted

☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

NHS FV Emergency Planning and Resilience Group

Working in partnership with multi-agency partners in the Forth Valley area

Appendices

- Appendix 1: Major Incident Plan, Version 4

NHS FORTH VALLEY MAJOR INCIDENT PLAN

**IF A MAJOR INCIDENT HAS BEEN DECLARED
DO NOT READ THIS PLAN NOW BUT
REFER TO YOUR ACTION CARD
APPENDICES IN THE OPERATIONAL SECTION**

Date of First Issue	Nov 2019
Approved	27 / 03 / 2025
Current Issue Date	31 / 03 / 2025
Review Date	31 / 03 / 2028
Version	4
EQIA	Y
Author / Contact	NHS Forth Valley Emergency Planning and Resilience Team
Group Committee –	NHS Forth Valley Emergency Planning & Resilience Group
Final Approval	NHS Board

CONSULTATION AND CHANGE RECORD

Contributing Authors:		Emergency Planning and Resilience Team	
Consultation Process:		Via Email	
Distribution:		NHS Forth Valley Emergency Planning & Resilience Group, Forth Valley LRP Category 1 Responders	
Change Record			
Date	Author	Change	Version
14 Aug 19	RLS	Renaming Major Incident Plan and including SG definitions on Incidence levels to reflect national guidance and Major Incident with Mass Casualties Guidance. Reorganised to reflect different levels of Incident Management Teams and expected role of Health and Social Care Partnerships and Primary Care, Mental and Prison Services Directorate in response arrangements. Incorporated issues in relation to Training, merging Business Continuity/Infrastructure Failure with Major Incident Response and Recovery requirements.	1.1
14 Aug 19	PJ	Revised tactical and operational activation and response procedures, adapted action cards to reflect new roles, organisational structures and physical layout of buildings, creation of Incident Management packs	1.2
Oct 2019	RS/PJ/JA	Changes incorporated following stakeholder process and exercise held on 31 October 2019 including education training requirements, Board risk and governance and emerging HSCP structures.	1.3
March 2021	PJ	Refresh & terminology Senior to Systems Leadership Team	2
March 2022	PJ	Annual refresh – including addition of Section 9: Equality, Diversity & Human Rights, Section 10: Vulnerable Groups (Adults & Children) following outcome from Internal Audit. SGHRU renamed to NHS Scottish Government - Emergency Preparedness, Resilience & Response Division (EPRR)	3
March 2025	EPRT	Refresh and learning from recent exercises etc.	4

Contents

Consultation and Change Record	1
Foreword.....	3
Section 1: Major Emergency Plan - Framework.....	4
Introduction	4
Aim	4
Purpose.....	4
Scope	4
Legislation, Statutory Requirements and Guidance	5
Definitions of a Major Incident.....	5
Section 2: Roles and Responsibilities	7
Command, Control and Coordination (C3).....	7
Incident Management Teams.....	9
Incident Management Team Roles	10
Major Incident with Mass Casualties	11
Section 3: Response Framework - Plan Activation	13
Declaring a Major Incident.....	13
Activation Procedures	13
Reception Phase	15
Clinical Care	15
Definitive Care Phase (In Patient Phase).....	16
Major Incident Information Centre	16
Standing Down a Major Incident	16
Section 4: Recovery Arrangements	18
Resumption of Business as Usual.....	18
Support & Welfare	18
Staff Debrief	19
Formal Investigations	19
Recovery Framework	19
Section 5: Communications	20
Responsibilities	20
Preparation.....	20
Response	21
Internal communications	21
Recovery	22
Section 6: Risk Management.....	23
Emergency Planning and Resilience Risk Process.....	24
Community Risk Register.....	24
Section 7: Business Continuity	25
Overview of Business Continuity Process	25
Section 8: Training and Exercise Requirements.....	27
Training and Exercises.....	28
Training Audit	28
Section 9: Equalities, Diversity and Human Rights	29
Section 10: Vulnerable Groups (Children and Adults)	30

Foreword

This Major Incident Plan (MIP) describes how NHS Forth Valley will respond to a Major Incident, outlining the arrangements and roles to be undertaken.

This Major Incident Plan and associated Action Cards (Operational Section) has been produced following the publication of national guidance and advice from NHS Scotland Resilience suite of documents. This Major Incident Plan to reflects the NHS Forth Valley management structures and the role of two Health and Social Care Partnerships (Falkirk, Stirling & Clackmannanshire).

Major incidents are rare, which does not mean that they will not happen. NHS FV need to ensure appropriate levels of preparedness are in place and that plans are kept updated and communicated to relevant staff, so that a suitable response is initiated.

Each individual who may be involved in the response to a major incident has an obligation to ensure they are aware of and understanding their role in NHS FV's response to a major incident.

This plan will be regularly monitored and reviewed to ensure that it is kept up to date and will be revised in the light of any legislative or organisational changes.

Dr Jennifer Champion
Acting Director of Public Health and Strategic Planning

Section 1: Major Incident Plan - Context

Introduction

NHS Forth Valley has the responsibility to meet the health care needs of the people of Forth Valley and this includes those needs which are not possible to predict in detail or which arise or change unexpectedly. A Major Incident does not remove this statutory duty, but its fulfilment may require sudden alterations as to how, where and when the diagnoses, treatment, comfort and care of patients is carried out.

It is not possible to predict the exact form and nature of a future emergency, nor the amount of time available to prepare for it. Any part of NHS Forth Valley might need to contribute to the activation, response, recovery elements of a Major Incident and therefore must prepare accordingly. Planning and managing the incident response must be regarded as integral to the organisational resilience of every care service provided in Forth Valley.

Emergency planning and resilience should enable organisations to respond, be proactive, relevant, organised and well managed from the outset of the incident to form a single integrated approach in dealing with an emergency situation from the onset of the incident to recovery.

Aim

The aim of this plan is to ensure that essential health and social care needs are met effectively when normal services become overloaded, restricted or non-operational for whatever reason.

Purpose

The purpose of this plan is to ensure sufficient staff and resources are coordinated and deployed for response and recovery to a Major Incident or to support other NHS Boards if required.

Scope

Regardless of the nature or circumstances of the emergency, NHS Forth Valley and local partners must be prepared to:

- deal with the influx of new patients whose number, condition and location precludes treatment under normal routine arrangements;
- take steps to safeguard the health of the population from the adverse effects of the emergency;
- continue to provide treatment and care for existing patients; and
- manage and co-ordinate the response for a Major Incident with Mass Casualties to a single or multi-site location in Scotland.

Legislation, Statutory Requirements and Guidance

Emergency planning and resilience requirements are set out in accordance with Scottish Government and UK Government legislation and guidelines, including the following:

- Civil Contingencies Act 2004 (Contingency Planning) (Scotland) 2005 ([Civil Contingencies Act \(ready.scot\) / https://www.legislation.gov.uk/ssi/2005/494/contents](https://www.legislation.gov.uk/ssi/2005/494/contents))
- Preparing Scotland – Suite of Guidance (<https://ready.scot/how-scotland-prepares/preparing-scotland-guidance>)
- Preparing for Emergencies – Guidance for Health Boards in Scotland (Nov 2023) (<https://www.gov.scot/publications/preparing-emergencies-guidance/>)
- NHS Scotland, Standards for Organisational Resilience (May 2018 under review)
- NHS Scotland, Major Incident with Mass Casualties (currently under review following EX Safe Hands 3 (April 2024)) (available from Emergency Planning and Resilience Team)

Definitions of a Major Incident

In Preparing for Emergencies, Guidance for Health Boards in Scotland (Nov 2023) a Major Incident is defined as:

“Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by one or more territorial and/or special health boards simultaneously or in support of each other. It requires considerable resources and strategic input as it potentially threatens the survival of an organisation.”

The definitions used to describe the different levels of an incident and expected response are summarised in Fig. 1 (overleaf) are based on the Scottish Government Guidance, Major Incident reporting requirements and are used to discriminate between what are considered “routine” emergencies and those which require special action.

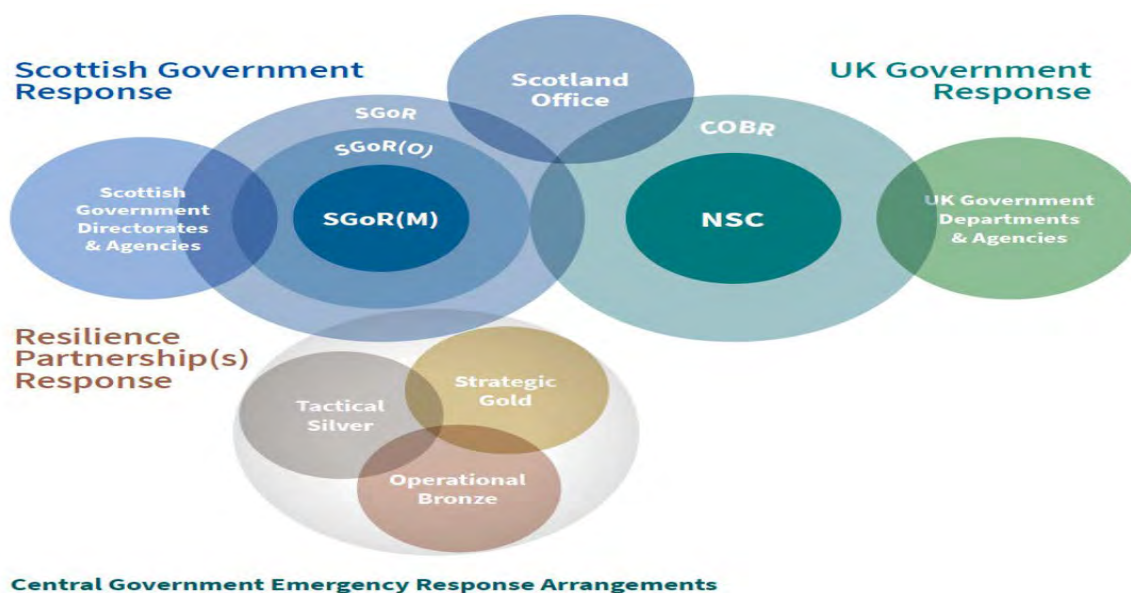
Fig. 1 Incident scale, impact, response and reporting action and timeframe for notifying Scottish Government

Incident Response Levels		Health Board Response	Multi-Agency Regional Response	NHS/SG National Response	Multi-Agency National Response	Reporting action and timeframe for notifying SG Health EPRR
Level 1	Can be responded to and managed locally within respective business as usual capabilities and business continuity / emergency plans of the affected Health Board.	Yes	Yes If part of BC plans	n/a	n/a	No reporting required
Level 2	Requires the response of more than one Territorial Board within a Resilience Partnership area or a local impact on a National Board and where support and coordination is at local / regional level.	Yes	Yes Dependent on incident type	n/a	n/a	Submit SitRep to SG Health EPRR within 3 hours.
Level 3	Requires a response from multiple Territorial Boards across regions and/or where there is sector impact from a National Board. Chief Operating Officer, NHSScotland is aware and may advise / support.	Yes	Yes	Aware / Liaison	Dependent on incident type	Immediate by phone followed by SitRep within 2 hours
Level 4	An incident that impacts the health sector across Scotland and requires national level command and control, provided by Chief Operating Officer NHSScotland and potentially national government.	Yes	Yes	Yes	Yes Dependent on incident type and impact on other sectors	Immediate by phone, followed by SitRep within 2 hours

NHS Scottish Government - Preparedness, Resilience & Response Division (EPRR)

Section 2: Roles and Responsibilities

Organisations in Forth Valley may be expected to participate in a number of different groups operating at Strategic (Gold), Tactical (Silver) and Operational (Bronze) levels. While the nature of the incident will determine the requirements of the response it may require that a number of groups are established covering these areas of activity. Again dependent on the type of incident these groups may also reflect the multiagency response and recovery activity required. The national and local framework is summarised in Fig. 2 below.



The different groups that may be required and summary of the requirements at Strategic, Tactical and Operational level are described in Fig. 3.

Command, Control and Coordination (C3)

Forth Valley NHS Board is responsible for the NHS Forth Valley response to Major Incidents, which may occur in its area.

The NHS Board, operational Directorates and the two Health and Social Care Partnerships (Falkirk, Clackmannanshire & Stirling) within Forth Valley are responsible for the operational delivery of health and social care services. They have a duty to plan to overcome the effects of any emergency, which might threaten the continuance or alteration of these services. IJBs are now Cat 1 responders under the CCA.

Whilst detailed operational emergency planning is delegated to individual services, Forth Valley NHS Board maintains this strategic plan in respect of the response to a Major Incident. These procedures outline the following:

- Roles, responsibilities and tasks to be undertaken by the Board and Forth Valley Royal Hospital as the designated receiving hospital, both generally and under specific circumstances during a Major Incident including the roles of the Major Incident Management Team based in Forth Valley Royal Hospital.

Fig. 3. Incident Management Levels, Groups and Role

Levels	Examples of Groups/Teams	Role (examples)
Operational (Bronze) Level	Forth Valley Royal Hospital (FVRH) i.e. Emergency Department, Surgical, X-ray etc. Community Nursing, Social Care Teams Primary Care Teams	This level is usually the first to be activated as they respond to events at the operational level as they unfold. The Operational (Bronze) level of command refers to those who provide the immediate “hands on – boots on the ground” response to the incident, carrying out specific operational tasks in delivering services.
Tactical (Silver) Level	Major Incident Management Team (including H&SCP /relevant community incident membership) Forth Valley Local Resilience Partnership (Multi Agency Coordination Centre) Scientific & Technical Advice Cell (STAC)	The Tactical (Silver) role are those who are in charge of managing the incident as part of the Hospital Major Incident Management Team. They are responsible for making tactical decisions to the Major Incident, determining operational priorities, allocating staff and physical resources and developing a tactical plan to implement the agreed strategy. This team will be established to oversee the overall clinical and management response to the Incident. This is essential to ensure a consistent and co-ordinated response within an ethical framework across the entire areas affected. They provide the pivotal link between Strategic (Gold) and Operational (Bronze) levels. Tactical command should oversee, but not be directly involved in, providing any operational response at the Operational (Bronze) level. Similarly, the Major Incident Team Manager will be pivotal to Strategic (Gold) level, as and when required.
Strategic (Gold) Level	Senior Leadership Team (if established) Strategic Health Group/ Health information Cell (Major Incident with Mass Casualties)	The Strategic (Gold) Command level is responsible for determining the overall management, policy and strategy for the incident whilst maintaining normal services at an appropriate level this would be a two-way communication between the tactical and strategic level. They should ensure appropriate resources are made available to enable and manage the response to a Major Incident with Mass Casualties i.e. Managing the delivery of the Strategic Health Group, Health Information Cell etc. Additionally, they will identify the longer term implications and determine plans for the return to normality once the incident is brought under control or is deemed to be complete.

Incident Management Teams

The roles of the Incident Management Teams that co-ordinate and deliver the response are summarised below:

- **Major Incident Management Team:** The Team is based in Forth Valley Royal Hospital has overall responsibility for co-ordinating the acute hospital Major Incident response arrangements and tactical response to a Major Incident. This may also include operational / tactical leads from within the community i.e. under the management responsibility of H&SCP, depending on the incident. Dependant on the nature of the incident this may involve additional support from the following Incident Teams:
- **Senior Leadership (Incident) Team:** The purpose of the Senior Leadership (Incident) Team is to provide a focus for the strategic leadership of the NHS Forth Valley response to a Major Incident. This would include the role and duties described in delivering the co-ordination and management of a 'Major Incident with Mass Casualties'. In this respect the role of the Senior Leadership Incident Team will include the following:
 - facilitate all external offers of assistance
 - provide a focal point for procuring whatever type of support may be required
 - maintain links with the Scottish Government, other NHS Boards, Emergency Services, Local Authorities, H&SCPs and other Agencies as required
 - advise on any Public Health issues which arise from the circumstances of the emergency
 - co-ordinate VIP visits in liaison with the Scottish Government
 - leadership roles for Major Incident with Mass Casualties (see below)
 - appropriate H&SCP Lead
- **Resilience Partnership (Multi Agency Group):** In the event of a multi agency Major Incident it is critical that NHS Forth Valley planning is co-ordinated on a multiagency basis with that of the Emergency Services, Local Authorities, voluntary services and other agencies at local level in order to maximise the effect of the response to the Major Incident. This includes ensuring that issues impacting on health and social care services are addressed and resources are adequately deployed to support the overall response. This will involve having the right partners round the table at the right time. This group is usually chaired by Police Scotland.
- **Strategic Health Group (Major Incidents – Mass Casualties):** NHS Forth Valley will be required to establish a Strategic Health Group if local capacity is exceeded or another Board Chief Executive asks for additional support when resources in their area cannot cope with the incident. This group would be expected to co-ordinate the response over a number of Board areas and potentially involve a number of different Chief Executives and services.

More detailed information and guidance is available in the Operational Section & other Emergency Planning & Resilience Plans. i.e. NHS FV MI-MC plan.

Incident Management Team Roles

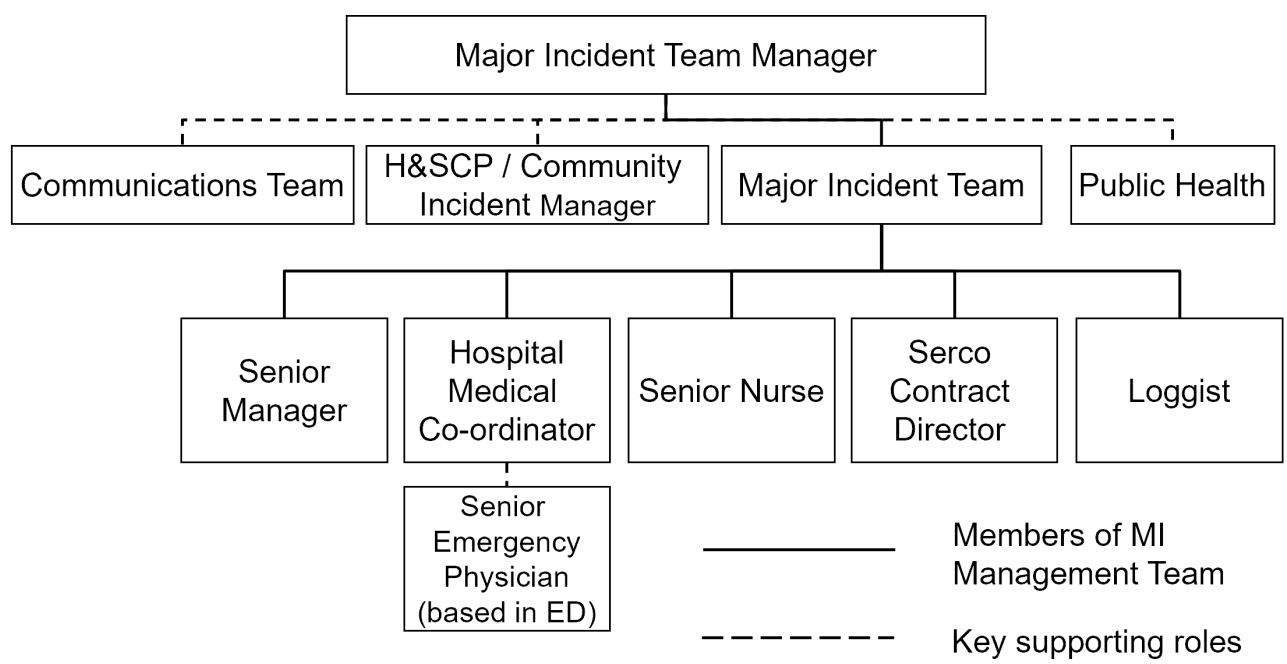
Dependent of the nature and scale of the incident there may be a requirement for direct liaison with the Teams identified above to participate or respond to requests from the Major Incident Management Team for additional resources or support to manage the incident.

There may also be a requirement to support requests for additional support from Boards or Health and Social Care Partnerships out with the Forth Valley area resulting in the need to either deploy staff to other Board or Local authority areas to receive patients in order to free up resources or create local capacity in other Board areas to cope with the incident.

In order to ensure a co-ordinated and appropriate response, a Major Incident Management Team will be formed, see Fig. 4 below. Dependant on the nature of the incident the most appropriate available member of staff will take up each role until relieved.

Communications with the Scottish Government, NHS Scotland Chief Operating Officer, NHS Scotland Emergency Preparedness, Resilience & Response Division (EPRR), other Boards, plus the overall co-ordination of the Major Incident Management Team will be led by the Major Incident Team Manager or their deputy.

Fig. 4 Major Incident Management Team Roles



Each of the Incident Management Teams has a core complement of staff that are required to deliver an effective response. In the case of the Major Incident Management Team the core team roles and responsibilities are summarised in Fig. 5. In the case of a Major Incident being declared, with FVRH designated as the receiving hospital, there are around 50 other roles who may be involved on co-ordinating different aspects of the response including delivery of clinical care.

Fig.5 Major Incident Management Team – Core Roles and Responsibilities

Action Card No	MI Role	Role Assigned to:	Responsibilities
1	Major Incident Management Team Manager	Executive On Call or Deputy	Overall leadership & control of incident response & management of Major Incident Management Team
2	Senior Manager	Duty Manager	Has responsibility, together with other members of the Major Incident Management Team for controlling and co-ordinating the hospital's response.
3	Hospital Medical Coordinator	AMDs or On Call Consultant Physician	Overall responsibility for clinical co-ordination of incident response
4	Senior Nurse	Executive Nurse Director or Deputy Nurse Director or Chief Nurse or Head of Nursing (Emergency & Inpatient Services)	Overall co-ordination of Nursing provision
5	Serco Contractor Director (Soft & Hard Facilities)	Serco Manager	Responsible for provision of Facilities / non-clinical Services
6	Loggist	On Call Loggist / Suitably trained member of staff	Recording of events and accurate notes of actions.

For full list of key roles for Major Incident management in Forth Valley Royal Hospital (see Operational Section).

Action Cards

Action Cards have been written for all key roles and are available on the Intranet. Hard (paper) copies will be available in some departments to be used by staff as an aide memoire or checklist of things that need to be done, all other action cards can be downloaded from the intranet. Although each incident will require a flexible response, the use of these cards helps to reduce the likelihood of something inadvertently being missed during the pressure of a Major Incident.

Major Incident with Mass Casualties

The characteristics that distinguish a Major Incident with Mass Casualties from a more typical Major Incident are scale, there may be multiple sites, casualty numbers that exceed a Health Boards capacity. Responding effectively to Mass Casualty Incident(s) requires an integrated approach to service delivery by one or more Health Board(s) working in tandem and in partnership.

By distributing casualties to suitable facilities across Scotland (and potentially the UK) it is possible to work within the capacity of each responding service and ensure that all casualties get the best possible care rather than attempting to manage a response through over stretched local staff and facilities.

The framework provides information to enable NHS Health Boards and Health & Social Care Partnerships, with other responders, to combine their capabilities while allowing each hospital's Major Incident Plan to address internal capacity, staffing and resources which is predicated on each Health Board having in place:

- a Major Incident Plan that is scalable and tested through periodic exercising;
- escalation plans;
- an up-to-date record of their capabilities;
- a mutual aid agreement with relevant partners; and
- Command, Control and Coordination (C3) at Board level and a coordination facility with major (receiving) acute hospitals.

Section 3: Response Framework - Plan Activation

The purpose of this section is to provide a summary of the steps which are set out in detail in the operational section and describes how Forth Valley will deploy staff and resources to manage a Major Incident. This may require support from other NHS Boards. The approach adopted in Forth Valley follows Integrated Emergency Management principles and provides a framework based on the following four phases:

- Declaration (pre-hospital)
- Reception
- Definitive Care (in-patients)
- Recovery

Declaring a Major Incident

Initial information about an occurrence that may constitute a Major Incident can originate from many sources; however, it is most likely that such information will be received from the Scottish Ambulance Service, Police Scotland, Scottish Fire and Rescue Service or through the Resilience Partnership activation process. This information is normally received direct from the Scottish Ambulance Service via the Emergency Department (Senior Emergency Physician / Senior Emergency Nurse), who will determine the level of the incident and initiate the activation process.

Following an at-the-scene assessment of the (casualty) impact of the incident, Scottish Ambulance Service may declare one of the following (bearing in mind it may not be known initially if there are multiple attack sites):

- A 'Major Incident **Standby**; or **Declared**'
- A 'Major Incident with Mass Casualties'

Activation Procedures

The Scottish Ambulance Service usually notifies the Senior Emergency Department Physician of a Major Incident (MI) (Standby, Declared or Major Incident with Mass Casualties) and provides a METHANE update (Fig. 6).

As soon as MI notification is received this will be assessed by the Senior Emergency Physician/ Senior Emergency Department Nurse who considers the hospitals current status and the number and type of casualties to be received and will instruct the Forth Valley Royal Hospital Switchboard Team to initiate the appropriate call out i.e. "standby", "declared" etc in discussion with the Duty Manager.

When an alert is raised, the Major Incident Plan will be activated for **Standby** or **Declared** depending on the decision made by the Emergency Department. Forth Valley Royal Hospital would become the designated receiving hospital, or be asked to receive casualties as part of a mass casualty response.

Fig. 6 METHANE Report

METHANE Report - Recording Sheet

M	Major Incident	Has a major incident or standby been declared? (Yes/No? If no, then complete ETHANE message
E	Exact Location	What is the exact location or geographical location of the incident?
T	Type of Incident	What type of incident is it?
H	Hazards	What hazards or potential hazards can be identified?
A	Access	What are the best routes for access and egress?
N	Number of Casualties	How many casualties are there, and what condition are they in?
E	Emergency Services	Which and how many, emergency responder assets/personnel are required or are already on-scene?

At this point the Major Incident Management Team should be established.

When information is received from an external agency declaring a Major Incident which requires the hospital to activate **Major Incident Declared** status, key personnel and departments at Forth Valley Royal Hospital (as the designated receiving hospital) will be fully mobilised in order to receive casualties from a Major Incident.

The Major Incident Management Team will decide if there is also a need for additional off duty staff to be contacted and asked to report to their usual base. Each person in the Team will access their Action Card and follow the **Standby** or **Declared** instructions as listed. The Major Incident Team Manager or deputy will lead the hospital response and agree the actions required.

Actions for Major Incident - Declared

The switchboard at Forth Valley Royal Hospital will play a key part in the plan activation. A formal Telephonist Log has been prepared for Declared, listing key personnel, and this list must be followed with identified staff or their deputies contacted to respond.

Following declaration of a Mass Casualty Incident, the affected NHS Board Chief Executive or nominated deputy will inform the NHS Scotland Chief Executive Officer in Scottish Government of their intention to convene a Strategic Health Group (SHG). This is to agree the NHS Scotland wide strategy for managing the response to the incident and formalise mutual aid arrangements. Action Cards and full mass casualty guidance are available from the Emergency Planning and Resilience Team.

Reception Phase

This is the period during which casualties arrive at the hospital and receive initial triage, assessment and emergency treatment.

The Emergency Department has predetermined areas already signposted for a Major Incident for the different triage categories of incoming patients. Before this happens, in order to clear space for the incoming casualties, nursing and medical staff must ensure that all 'non-incident' patients currently in the department are dealt with quickly and appropriately. Minor cases should be advised to see their GP, attend the Minor Injuries Unit at Stirling Health and Care Village or be given an appointment for example Out of Hours GP. More serious cases should be reviewed by a suitable senior clinical decision maker to limit unnecessary admissions.

Other key areas of the hospital such as Critical Care and Theatres will be alerted, prepared and the duty manager will make an assessment of their current status and capacity to respond to the incident. Where required, the options to create additional resources for example Intensive Care beds, should be considered at an early stage.

The number of available beds within the hospital should be assessed, taking into account the number of staffed beds and the number that could be opened if additional staff became available. Medical and Nursing staff should appraise the current workload and determine if there are any patients suitable for immediate discharge or transfer to less intensive clinical care areas. This information must be fed back through the reporting hierarchy to the Major Incident Management Team.

Clinical Care

The Senior Emergency Department Physician will co-ordinate clinical care during the incident's reception phase. Casualties will be triaged as they arrive in the Emergency Department, further assessed and provided with emergency treatment (as appropriate). Some patients will be admitted for further definitive care although many will be discharged directly from the Emergency Department (via discharge area).

A senior doctor or senior nurse with relevant triage experience will be designated as Triage Officer and charged with the medical supervision of casualty reception and assessment. They will retain close links with the Senior Emergency Department Physician.

On occasion casualties might well have left the site of the emergency prior to the establishment of fully organised site medical facilities. It is therefore important that every casualty is assessed on arrival at the hospital and given an individual triage priority category, even if they have been previously triaged at the scene. This assessment will also effectively update any priority classification given as a result of triage at the site or while on route to the hospital.

Triage categories will reflect the urgency for intervention, be it resuscitation, surgery or transfer.

In addition, patients not involved in the incident may present to the Emergency Department. Once the Major Incident Plan is activated, all patients will be treated as though they were part of the Major Incident. They will receive Major Incident documentation and follow the same casualty flow as if they were from the incident itself.

Definitive Care Phase (In Patient Phase)

This phase is where the casualties with minor injuries have been seen and discharged during the Reception Phase and only those requiring in-patient care remain. The critically ill will require admission for life saving surgery or intensive care immediately, while those with less severe injuries may need to wait and be prioritised for treatment.

The co-ordination of casualty flow is as important during this phase as during the reception phase.

Major Incident Information Centre

The hospital will hold a central register of patient details and locations. The Major Incident Information Centre will be established at the Main Reception Desk in the Foyer, (Forth Valley Royal Hospital). This will be operated by members of the Health and Corporate Record Services Staff who provide an initial point of contact for members of the public, especially relatives and friends, who have arrived at the hospital seeking information on possible casualties. Friends and Family Enquiry forms are stored in the Service Managers Office, Health and Corporate Record Services department, FVRH, to record information on possible casualties. (Additional copies are in the major incident management team cupboard in the Ops Centre)

Friends & Family area is located in x-ray waiting area.

It is very important that NHS Forth Valley does not release incorrect or unverified information. All media enquires must go through NHS Forth Valley Communications department.

Direct all enquiries about casualties known to have died to the Police Liaison Officer.

Standing Down a Major Incident

Not all Major Incident Standbys escalate to "Incident Declared" and may be stood down. It is easier to stand down resources / staff from a Major Incident 'Declared' than trying to escalate during an incident. Stand down at the **incident site** may be declared by:

- Scottish Ambulance Service
- Police Scotland
- Scottish Fire and Rescue Service

The Ambulance Service on scene, where applicable, determines the medical response stand down at the site and a message to the hospital will indicate 'scene has stood down', this indicates that no more casualties will be brought to hospital by Scottish Ambulance Service. However, self-presenters that left the scene may still present to the nearest hospital.

On receipt of a formal message, the person acting as the Major Incident Team Manager, in liaison with the Major Incident Management Team, will take the decision to 'Stand Down' the Hospital. It is only the Major Incident Team Manager who has the authority to stand down the hospital response.

Once stood down, each member of the Major Incident Management Team will ensure that the services they are responsible for are notified directly.

Some areas may be stood down before others once their part in the Major Incident is over for example the Emergency Department. Leads in each area should ensure all Major Incident paperwork is complete and correct. Health and Corporate Record Services will work in the recovery phase to collate and process all information from Major Incident paperwork.

Section 4: Recovery Arrangements

Resumption of Business as Usual

Major Incidents can lead to a period of significant protracted disruption of day-to-day workings within the hospital. It is very likely that the elective work of the hospital will be disrupted with admissions having to be rescheduled. Business Continuity Plans will be followed to resume normal activity within an agreed timeframe.

An estimate therefore should be made for the duration of the disruption. This may then be used to formulate a timetable to restore the hospital to normal activity. Clinicians and managers will meet to decide on the priorities for cancelled procedures. The plan should take account of:

- Staffing levels.
- The need for further surgical procedures.
- The number of beds occupied by Major Incident patients.
- The number of Intensive Care beds occupied by Major Incident patients.
- Equipment re-supply.
- Resource implications.

Once an appraisal has been completed, a recovery plan will be agreed by the Chief Executive and additional resources deployed if required.

If 'Business as Usual' is seriously disrupted formal procedures may have to be put in place to manage any capacity issues (until the situation is resolved) for example Mutual Aid from other Health Boards, suspension of Treatment Time Guarantees etc.

Good, effective communication is key to ensuring the public are aware of the situation and information about rearranging early admissions will help reduce complaints from patients.

Support & Welfare

During a Major Incident Senior Managers need to ensure staff have breaks to help ensure that they are not overly fatigued. After the incident, managers should remind staff that the Occupational Health service is available for support with any issues of stress or trauma, to ensure staff have access and are signposted to appropriate support services if required.

Following a Major Incident there may be a need to assess the need for post-traumatic counselling for casualties, relatives and staff. This will involve a wide range of agencies and Occupational Health Services within NHS Forth Valley.

Incident Debrief and Report Process

The NHS Forth Valley structured debrief process should be used after every Major Incident and the outcomes will be reported to the NHS Forth Valley Emergency Planning & Resilience Group for approval. This provides an opportunity to assess and improve future practice. The debrief process will involve all those services involved in the response.

Engaging with other agencies involved in the incident for example Scottish Ambulance Service will allow exchange of any learning points and lessons identified.

The debrief process should be 'blame free' and carried out in an open environment. Participants should identify any error or failures that could improve the response during future incidents. A reporting mechanism is in place for NHS Boards with the NHS Scottish Government Health Emergency Preparedness, Resilience & Response Division (EPRR) following significant incidents.

Staff Debrief

Staff debriefing is essential, with operational issues (especially at the end of each shift / end of incident), the plan itself, and the physical and emotional need of staff and patients being addressed where appropriate.

Formal Investigations

In the aftermath of any Major Incident, especially where large-scale casualties are involved, there will be a requirement for investigations to be carried out to determine the cause and examine the circumstances. Such investigations are likely to be conducted by the Police on behalf of the Procurator Fiscal, or another statutory body may be required to examine the facts and report the outcome.

It is possible that any investigation could result in a Fatal Accident Inquiry/Public Inquiry where evidence may be required from those involved in the response, or who have responsibility for planning a response, not least those with management and executive authority.

To assist in any subsequent inquiry NHS Forth Valley must be alert to the need for NHS personnel to give evidence and must ensure that all Personal and Incident Log sheets, records of decisions/events and other relevant material are preserved.

Recovery Framework

A Recovery Template has been developed to assist getting back to 'Business as Usual' and is available in the Operational Section or copy obtained from the Emergency Planning and Resilience Team.

Section 5: Communications

Liaising with the media during an emergency is a resource-intensive operation. It requires those involved to have the necessary skills and training to cope with a surge of repeated requests for information, especially in the early stages of a Major Incident. Effective handling of the media will affect how the emergency and the response to it are reported and that, in turn, can enhance the effectiveness of that response, both immediately and in the longer term.

Responsibilities

All media contact will be co-ordinated via the NHS Forth Valley Communications Team who will work with the Major Incident Management Team and relevant partner agencies to manage the media response.

NHS Forth Valley designates a Lead Communications Officer (LCO) who participates in the multi agency strategic Public Communications Group (PCG) formed to deal with the incident, if required.

If, the incident covers more than one NHS Board area or involves organisations in the East of Scotland Regional Resilience Partnership (RRP) or appropriate representatives from its Local Resilience Partnerships (LRPs) organisations in Fife, Forth Valley, Lothian and Borders would form a Public Communications Group (PCG), if required, to respond to a significant incident. In most Major Incidents or emergency situations the lead agency would be Police Scotland who would take responsibility for the overall co-ordination. However, there may also be emergency situations when local councils, health or veterinary officials or the Maritime and Coastguard Agency may assume the lead role.

The senior media officer of the lead responder organisation becomes the Lead Media Officer and will remain so until the RRP decides otherwise. The Lead Media Officer will alert the media officers of all RRP organisations as quickly as possible. A PCG can be called by any agency involved in the incident if they feel that multi agency support and co-ordination is required, however once set up the Lead Media Officer should take the role of the chair.

Under no circumstances should any other member of staff provide information or comments to the media without prior discussion with the Lead Communications Officer / NHS FV Communications Team.

Preparation

A number of key steps have been taken to ensure organisational capability is in place to support the response and recovery during a Major Incident including:

- Arrangements to share information and advice on social media to help maximise coverage and ensure a consistent approach to key information and messages across partner organisations (this could include the use of an incident-related #hashtag, if appropriate)
- On call NHS Forth Valley communications officer who would provide advice and support as part of Incident Management response mechanisms (they can be contacted via the switchboard at Forth Valley Royal Hospital on 01324 566000)

- Use of NHS 24 emergency helplines and its social media outlets, to keep the public informed, where appropriate
- Guidance on the actions to be taken during the various phases during and after an emergency has occurred which takes account of lessons learned from previous emergencies and exercises
- Access to suitably equipped space for use as a media centre in the event of an emergency

The ability to access social media 24/7 to release timely and accurate information for staff, patients and the general public during a large-scale emergency, the LCO is neither expected nor likely to be able to handle the volume of social media traffic in isolation. They should therefore make arrangements for effective partnership working.

Response

In relation to the response phase, the key communication priorities are to:

- Provide relevant information to warn, inform, advise and reassure the public
- Monitor media and social media coverage and public perception of the incident to address any concerns or inaccuracies
- Coordinate and manage all media requests for information – seeking assistance and support from communications leads in partner organisations, where appropriate in line with the East of Scotland RRP Public Communications Group Response Plan
- Organise media briefings, where required, providing advice and support to key spokespeople who are being interviewed
- Coordinate information for internal communications
- Brief and update partner organisations, including the Scottish Government Health Media Team - sharing key messages and statements to ensure a coordinated and consistent approach

Patient confidentiality and staff's right to privacy must be respected at all times during an emergency situation. No information about particular patients being treated should be released without first checking with the consultant responsible and interviews or photographs will not be permitted without the consent of the patient concerned.

Internal communications

Internal communications are also important during a Major Incident. Any Major Incident will have an impact on the local community in which staff live, and they will have an obvious need to be informed. While staff will get updates from external communications channels, including local and social media, it is good practice to disseminate regular updates, including key messages and reassurance, to staff through internal communications channels including the staff intranet and email.

VIP Visits

VIPs or other high-profile individuals and/or senior officials may request to visit the site of a Major Incident and hospitals involved in the response to it. NHS Forth Valley's Communications Department would liaise with other organisations, as required, to coordinate arrangements for any visits.

Recovery

It is likely that a Major Incident could run on for some weeks or months. While local authorities lead during the recovery phase, it may be necessary for further health information, advice and updates to be provided by NHS Boards as part of a process of public reassurance. This may have resource implications, however, NHS 24 may have a role in assisting the Health Board by acting as a point of contact for disseminating information or providing helpline support. Information and advice can also be provided on NHS and council websites to improve access.

NHS24 can be accessed through the Emergency Planning and Resilience Team.

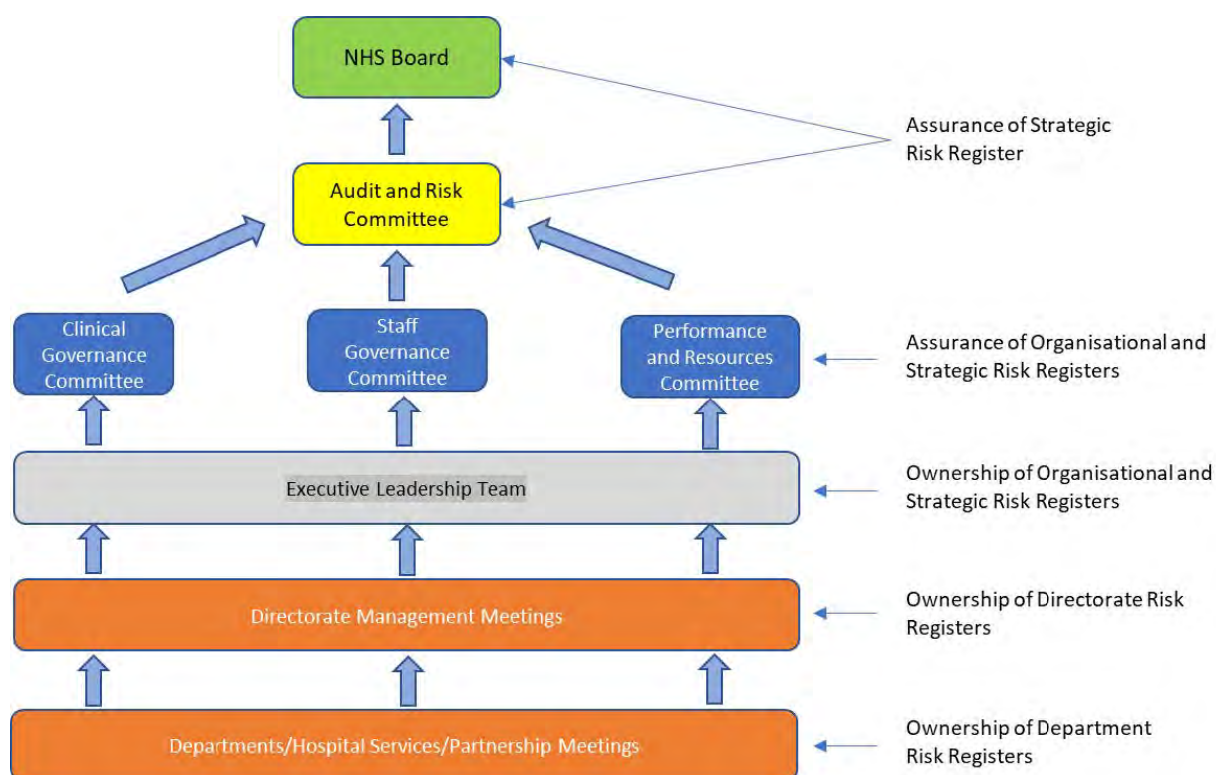
Section 6: Risk Management

Most Major Incidents may occur with little, or no warning and their nature and type are wide and varied. Forth Valley NHS Board has regard to all potential emergency situations, which may occur in its area and therefore plans accordingly.

Emergency Planning and Business Continuity are an integral part of the risk management strategy, Forth Valley NHS Board has in place this Major Incident Plan supported by a number of incident specific Emergency and Business Continuity Plans which cover responses to particular threats. In addition, all of our teams and services have business continuity plans and processes in place to reduce any disruption to services in the event of a major incident.

The Director of Public Health & Strategic Planning is the nominated Executive Director for managing the principal risks relating to business continuity, emergency planning and service recovery. However, all staff have a responsibility for identifying risks, mitigation actions and when to escalate if it impacts on the wider organisation. The overall framework for identifying and managing risk is summarized in Fig. 7 below.

Fig. 7 NHS Forth Valley Risk Management Framework



NB: Executive Leadership Team has now changed to Senior Leadership Team diagram will be updated in late 2025

This is a process that ensures significant risks identified that are deemed impossible or impractical to manage by a local team or function, are escalated appropriately following the Health Board's line management arrangements. Assessment and improvement/mitigation would then be monitored through inclusion on the most relevant risk register.

The natures of risks that may need to be escalated include:

- Significant threat to achievement of Government objectives and/or standards
- Assessed to be a substantial or intolerable risk, above the agreed risk appetite
- Widespread beyond local area span of control
- Significant cost of control beyond scope of budget holder
- Potential for significant adverse publicity

Emergency Planning and Resilience Risk Process

Emergency Planning and Resilience hold a local departmental risk register to ensure risks are monitored appropriately. This is reported into the NHS FV Emergency Planning and Resilience Group bi-annually.

Risks are also escalated when required to the appropriate group for consideration for example the Senior Leadership Team.

Community Risk Register

Assessments of national risks which may directly affect the Board's ability to maintain an effective healthcare service are reviewed on a regular basis through a multiagency Risk Assessment process led by the Scottish Fire & Rescue Service through the East of Scotland Regional Resilience Partnership. These risks are then incorporated into the National Scottish Risk Register.

Risks are also evaluated on a Forth Valley wide basis through the Forth Valley Local Resilience Partnership and incorporated in to the Emergency Planning and Resilience Annual Work Plan. In this respect the following list must not be considered definitive, but identifies the special risks, which may be associated with the Forth Valley area examples such as:

• major business continuity failures	• major prison incident
• severe weather incidents; including flooding	• chemical pollution to air or water supplies
• acts of terrorism	• incidents arising at mass gathering events
• major fires or explosions	• major hazardous industrial accident
• major motorway or road incident	• pipeline incident
• major rail incident	• an air crash
• major outbreak of a communicable disease	• maritime incident

The risks and actions, required to mitigate them are incorporated into the Emergency Planning and Resilience Annual Work Plan. Information about current risk registers in relation to emergency planning and business continuity are available from the Emergency Planning and Resilience Team.

Section 7: Business Continuity

Business Continuity Management (BCM) is an essential activity in establishing an organisation's resilience by enabling it to anticipate, prepare for, respond to and recover from disruptions and to have a clear understanding of dependencies with other organisations. Health Boards designated as category 1 and 2 responders must have robust up-to-date BCM plans to help maintain their key functions if there is a Major Incident or disruption.

Business Continuity Management Plans are documented procedures, which guide organisations to respond, recover, resume, and restore to a pre-determined level of operation following a disruption.

NHS Forth Valley will continue to work towards the NHS Standards for Organisational Resilience, specifically Standards 5, 6 and 7 relating to Business Continuity arrangements. This incorporates the statutory requirements placed on the Board from the Civil Contingencies Act 2004.

The NHS Forth Valley, Business Continuity Management process is a holistic approach utilising the steps summarised below.

Overview of Business Continuity Process

A Business Impact Assessment is required for all functions within NHS Forth Valley. A site based approach has been undertaken to ensure integrated models of care delivery are included within Business Continuity planning arrangements for responding to and resolving Business Continuity/Infrastructure Failure issues. The completion and review of Business Impact Assessments across NHS Forth Valley services is monitored through a central Control Log. The period within which Business Impact Assessments are reviewed can be either a one, two or three year cycle depending on the risk profile of the service.

The key elements of the site based approach are summarised below:

1. Complete a Business Impact Assessment for all NHS Forth Valley services to establish what services are essential.
2. Site specific Business Continuity Plan for each site, or if required relevant building. A Business Continuity Plan shall comprise of the following elements;
 - a. Site risk assessment
 - b. Key building information
 - c. Internal plan activation triggers
 - d. Plan activation & escalation
 - e. Plan activation key on call contacts
 - f. List of all services operating from the site
 - g. Identification of critical IT/servers on site
 - h. Space availability
 - i. Reporting & debriefing instructions
 - j. The site (allocated) single point of contact action card
 - k. Sign off by all site tenants
 - l. Annex Fire evacuation procedures
 - m. Annex Lockdown procedures
 - n. Annex Incident Impact Assessment forms
 - o. Site Incident Management meeting agenda

3. Each department will utilise information from the Business Impact Assessment, and action cards developed specifically for their department for instructing staff to perform priority actions with-in specified time period i.e. actions in the first 4 hours etc.
4. Activation procedures for incident escalation which is aligned to pre-determined Incident category levels as provided by NHS Scottish Government - Preparedness, Resilience & Response Division (EPRR).
5. Each hospital will be required to provide an Identified Incident Management Team to respond to infrastructure failure incidents.
6. Exercise the plans to ensure effectiveness of arrangements and provide staff BC awareness.
7. Audit & review process to include key suppliers BC arrangements to ensure lessons are learned and improvements to the BCMs are maintained.
8. The NHS Forth Valley Response Framework for Business Continuity/Infrastructure Failure is integrated into the Major Incident Response Framework with Level 3 triggering the Major Incident Management Team.

Section 8: Training and Exercise Requirements

NHS Forth Valley has a duty under the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that Category 1 Responders adequately train staff who are expected to take part in a response to an emergency, whether this occurs from an external source affecting the health organisation or from within the organisation itself.

A key duty of that role is to ensure that a suitable training programme is established and will ensure the organisation can meet its role in relation to Emergency Planning and Business Continuity as described in the NHS Scotland Resilience, Preparing for Emergencies, Guidance for Health Boards in Scotland.

Effective training of staff to prepare for their role in incidents covers a wide area and will consist of awareness training; familiarisation training; through to skills training, which will require a competence-based approach. Overall, organisations have to ensure that:

- Our staff possess the appropriate skills and knowledge to perform the tasks expected of them in an incident.
- All staff, particularly new members, are familiar with special equipment or systems employed in their response work area.
- The level of staff training and preparedness is evaluated through an appropriate mechanism, for example exercises
- Assessing training needs as part of an ongoing cycle of audit of emergency preparedness and response.
- Identify training needs, organisational strengths and weaknesses and equipment deficiencies.
- Exercise new additions or alterations to the emergency plan.
- Demonstrate, both internally and externally, commitment of the organisation to quality assurance of its emergency preparedness.

For example:

- Understand their individual roles plus those of colleagues, and how they relate to each other in emergency situations.
- Understand their organisation's emergency plans, systems and procedures.
- With regard to incident management, be aware of their operational working environment.
- Be competent in the use of equipment and of its location.
- Be aware of preparatory actions to be carried out in line with action cards.
- Utilise lessons identified and cases of best practice from previous incident debriefs and exercise reports.

Training and Exercises

NHS Forth Valley should ensure that emergency and resilience plans are exercised regularly. This includes some aspects of the plans more frequently should staff, organisational or other changes make it necessary, and to validate major changes they make to their emergency plans. Liaison between NHS and other authorities on exercise planning should be maintained, and opportunities taken to meet NHS exercise requirements through participation in multi agency exercises, such as Local Authorities, H&SCPs, Scottish Ambulance Service and Resilience Partnerships.

Staff involved in Major Incident exercises should have received adequate training before taking part to ensure that maximum benefit is obtained from such an event.

As with major emergencies, major Incident exercises should be subjected to formal debriefing with lessons learned being identified, and appropriate amendments to plans made.

Regular reports will be provided to the NHS FV Emergency Planning and Resilience Group on training and exercises undertaken and planned.

Training / Exercise Audit

A training / exercise report is carried out identifying training that has been undertaken, including their evaluation of the training/exercise provided for the purpose of monitoring the effectiveness of the training/exercise packages and their delivery. The evaluations will be reviewed by the NHS FV Emergency Planning and Resilience Group and incorporated in the annual report and workplan.

Section 9: Equalities, Diversity and Human Rights

It is important that NHSFV understand how different people will be affected by their activities when responding to major incidents so that services are appropriate to meet the needs of different people.

The public sector equality duty (known as the 'General Duty') covers protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation and marriage and civil partnerships. It requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The Human Rights Act 1998 applies in its entirety, but some rights can be derogated in exceptional circumstances including in cases of public emergency. This is defined as, '*an exceptional situation of crisis or emergency which afflicts the whole population and constitutes a threat to the organised life of the community of which the community is composed*'.

A public emergency must be actual or imminent, potentially affect the whole nation and threaten the continuance of the organised life of the community.

There may be a range of situations where human rights issues are engaged in times of an emergency, be it a pandemic outbreak such as Covid-19 / Norovirus or a Natural Disaster / Major Terrorist Attack. It is important that all measures taken by Government enables services to cope with significant staff shortages and other impacts of emergencies to respect human rights, including the avoidance of arbitrary limitation of rights, and discriminatory treatment, and it is vital that individuals are protected from ill-treatment and detention.

If for any reason, there is a necessity to restrict any Human Right in an emergency situation, such as freedom of movement or freedom of assembly, this should be proportionate and only for the minimum duration possible. The reason for such a decision being taken should be communicated to the people affected by it and accurately recorded.

NHSFV have considered the Equality, Health & Human Rights – Impact Assessment Checklist which was published by Scottish Government Guidance for Health Boards in Scotland – (*Annex: Equalities, Human Rights and Resilience Planning*). This is also supported by existing NHSFV policies and procedures to ensure that they do not negatively affect particular populations, thus perpetuating existing inequalities.

This plan has been reviewed in line with the Human Rights Act 1988, where possible (given the nature of this plan) all reasonable support will be offered to those who require to promote the Fairness, Respect, Equality, Dignity and Autonomy principles.

Section 10: Vulnerable Groups (Children and Adults)

NHSFV are partners with the Care for People Group under the FV Local Resilience Partnership which also has sub-groups with the Voluntary and Third Sector, these groups provide access to resources and support during a major incident.

NHSFV may also be asked to provide support and assistance from Primary Care colleagues in the event of the activation to rest centres / humanitarian assistance centres through the appropriate local authority and H&SCP.

The Person's At Risk Database (PARD), is hosted with the Local Authorities which shares NHS data (SPARRA & LA systems) of vulnerable individuals known in the community. This was done in consultation with the Caldicott Guardian and appropriate Information Sharing Protocols were put in place. This allows NHSFV and Local Authorities (Falkirk, Stirling and Clackmannanshire Councils) to hold joint lists of individuals which enables a quick response in the interests of vulnerable people being identified quickly during emergency situations. This may be vulnerable individuals requiring priority assistance, support and visits etc.

NHSFV has access to interpreter facilities / faith groups to support vulnerable people from minority ethnic communities who are casualties of or caught up in/affected by a major incident or special assistance to people with disabilities, in support of the emergency services effort. Appropriate signposting can be put in place for Psychological First Aid and support post incident.

Detailed Incident Management Team Packs, Operational Response Arrangements, Action Cards and Supplementary Information is provided in the Operational Section – Contact the Emergency Planning and Resilience Team for access.

14. Governance Update: Committee Membership and Changes to Terms of Reference

For: Approval

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

Author: Jack Frawley, Board Secretary

Executive Summary

This report is presented for approval following changes to the Board membership and in light of revised Terms of Reference for the Remuneration and Audit & Risk Committees which have been referred to Board.

Recommendations

The Forth Valley NHS Board is asked to:

- **approve** the appointment of Cllr Fiona Law as a member of the Clinical Governance Committee.
- **approve** the appointment of Cllr Fiona Law as the Board's Sustainability Champion.
- **approve** the revised Terms of Reference for the Audit & Risk Committee and the Remuneration Committee as appended to this report and agree that these revised Terms of Reference are updated within the Corporate Code of Governance.

Risk Assessment / Management

To ensure good governance / mitigate the risk of failures in governance, it is important to have appropriate representation of Non-Executives and skillsets on governance committees.

Key Issues to be Considered

1. Having reviewed Committee memberships and Non-Executive skillsets and discussed the matter with Cllr Law, the Board Chair recommends that the membership of the Clinical Governance Committee is expanded to 6 Non-Executives and that Cllr Law is appointed to the additional position created.
2. As set out in the Policy for NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38 each NHS Scotland body must appoint a member of its board to act as champion for its climate emergency response and sustainability at a strategic level to assist in articulating and promoting its sustainability priorities.

At its meeting of 24 September 2024, the Board appointed Cllr Hamilton as Sustainability Champion. Following Cllr Hamilton's resignation from the Board, the role of Champion requires to be filled. The Board Chair has discussed the vacancy with interested parties and it is recommended that Cllr Fiona Law is appointed as the Board's Sustainability Champion.

- 3.1 The Staff Governance Committee considered a revised Terms of Reference (appendix 1) for the Remuneration Committee at its meeting of 13 May 2025 to incorporate a suggested change from internal audit in relation to the appointment process of Committee members. The revised Terms of Reference is commended to the Board by the Staff Governance Committee for approval.
- 3.2 The Audit & Risk Committee considered a revised Terms of Reference (appendix 2) at its meeting of 17 June 2025 which incorporated changes suggested by internal audit to align with the requirements of the new Global Internal Audit Standards. The revised Terms of Reference is commended to the Board by the Audit and Risk Committee for approval.

- 3.3 The Board is asked to agree that the Corporate Code of Governance is updated to reflect the changes in the Terms of Reference for these Committees.

Financial Implications

There are no financial implications arising from the report recommendations.

Workforce Implications

There are no workforce implications arising from the report recommendations.

Infrastructure Implications including Digital

There are no infrastructure implications arising from the report recommendations.

Sustainability Implications

There are no direct sustainability implications arising from the report recommendations; however, appointment of a Board Sustainability Champion will assist the Board in articulating and promoting sustainability.

Sustainability Declaration

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

☒ Yes

☐ N/A

Quality / Patient Care Implications

There are no direct quality / patient care implications arising from the recommendations of this report, however strengthening the membership of the Clinical Governance Committee will enhance the level of scrutiny and challenge relating to quality and patient care.

Information Governance Implications

There are no information governance implications arising from this report.

Relevance to Strategic Priorities

The recommendations of this report assist in the delivery of the Outcomes Corporate Objective through enhanced oversight of governance matters and promotion of sustainability.

Equality Declaration

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

Further to an evaluation it is noted that: (please tick relevant box)

☒ Paper is not relevant to Equality and Diversity

☐ Screening completed - no discrimination noted

☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

Engagement has taken place with relevant parties including Committees, Chairs and Lead Executives.

Appendices

Appendix 1 – Remuneration Committee Terms of Reference

Appendix 2 – Audit & Risk Committee Terms of Reference

REMUNERATION COMMITTEE

2025 TERMS OF REFERENCE

1. Purpose

- 1.1 The Remuneration Committee is a sub-committee of the Staff Governance Committee. It provides assurance to the NHS Forth Valley Board that appropriate arrangements are in place to meet the statutory requirements as laid out in the Staff Governance Standard, in respect of the application and implementation of fair and equitable pay and performance management systems as determined by Ministers and Scottish Government.

2. Duties & Responsibilities

- 2.1 In relation to Executive Directors and Senior Managers on Executive pay grades, to:

- 2.1.1 review and approve the place on the grade scale for new post holders.
- 2.1.2 seek assurance that remuneration, benefits and employment related terms and conditions are in line with and fair, (whether on an individual or collective basis), in relation to the national system and the arrangements for determining those matters and to seek redress if this is determined to not be the case.
- 2.1.3 seek assurance that individual annual SMART performance objectives in place are aligned to the organisation's corporate vision, goals, purpose and values
- 2.1.4 review and approve individual annual SMART performance objectives, including overseeing the review of performance against these objectives at the mid-year point and agreeing any revisions to the objectives during the course of the year.
- 2.1.5 consider and approve proposals on the assessment of performance at the year-end (taking into account any factors which the Committee consider to be relevant and which may not have been known by the relevant parties at the time when objectives, including their weighting were agreed or at the mid-year point) and any changes to the remuneration or the Terms and Conditions of Employment arising from this assessment of performance during the review period. The Remuneration Committee will sign off the final versions, following discussion, which will then be sent to the National Performance Management Committee (NPMC). Following the initial assessment by the NPMC, the Remuneration Committee will sign off any documents which have been returned for amendment.

- 2.2. Review and approve annually the points awarded by the Discretionary Management Group on Consultants' Discretionary Points and provide confirmation of the process followed in the allocation of points.

- 2.2.1 The Remuneration Committee must be satisfied that there is equity and transparency in the process which approves performance related increases in salaries for Consultants.
- 2.2.2 The outcomes of the Panel convened to consider discretionary points should be in the form of a paper brought to a Remuneration Committee meeting for assurance and final approval. The purpose of this is for assurance that the Panel has reached a fair and equitable decision, and to enable final approval to be given for the remuneration award. The Remuneration Committee should also consider equality monitoring of the awarding of discretionary points to ensure equity.

2.3 In general, to:

- 2.3.1 Comply with any Scottish Government Health Directorates directions and take into consideration any relevant guidance on remuneration, benefits or terms and conditions of employment, including the guidance contained in the [Remuneration Committee Self-Assessment Pack](#) published by the Scottish Government and Audit Scotland in 2007.
- 2.3.2 Provide assurance to the Board, through the Staff Governance Committee, that systems and procedures are in place to manage the issues set out in Scottish Government guidance so that overarching staff governance responsibilities can be discharged. The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee.
- 2.3.3 Review and approve submissions from the Chief Executive for the terms of any Settlement Agreement, including early retiral, where there are additional costs to be borne by the Board. Such agreements may also require the approval of the Scottish Government, in accordance with procedures applicable across the public sector.
- 2.3.4 Seek assurance on succession planning arrangements for Executives and Senior Managers, with consideration to the skills and expertise required to meet the needs of the organisation.
- 2.3.5 Agree processes for Executive Level Director recruitment, including representation on recruitment panels for Chief Executive and other Executive Director appointments.

3. Composition

- 3.1 The membership of the Committee shall comprise of five Non-Executive Directors of the Forth Valley NHS Board, including:
 - the Employee Director
 - the NHS Board Chair
- 3.2 The Chair of the Committee will be nominated at the discretion of the Board Chair. The Chair of the Staff Governance Committee and the NHS Forth Valley Board Chair should be precluded from being appointed as the Chair of the Committee to avoid any potential conflicts of interest as the Remuneration Committee reports to the Staff Governance Committee and the Board Chair has a role in the appraisal of the Chief Executive and is the grandparent reviewer for other Executive Directors.
- 3.3 The Membership of the Committee will be ~~approved~~ recommended by Staff Governance Committee, for final approval by the NHS Forth Valley Board, taking into account the views of the Board Chair and the respective portfolio assignments of Non-Executive Members.
- 3.4 The Director of People shall serve as the Lead Executive Officer to the Committee.
- 3.5 The Executive Lead will oversee the development of an annual workplan for the Committee which reflects its remit and the need to provide appropriate assurance at the year-end for both the Committee and the Forth Valley NHS Board.

4. Quorum

- 4.1 No business shall be transacted unless a minimum of three Non-Executive Board Members are present.

5. Attendees

- 5.1 The Chief Executive and Director of People will be in attendance throughout to provide support and advice (apart from during their own reviews). A senior member of HR will deputise for the Director of People in their absence as appropriate, to ensure specialist HR advice is always available to the Committee.
- 5.2 The Chief Executive and Director of People will leave the meeting when their own remuneration and terms and conditions are to be discussed and at other times, at the discretion of the Chair.

6. Frequency

- 6.1 The Committee will be scheduled to meet as a minimum four times per annum, and at the Chair's discretion, conduct business by correspondence on occasions where this provides a more timely or effective mechanism.
- 6.2 Remuneration issues may arise between meetings and will be brought to the attention of the Committee Chair by the Chief Executive or the Director of People. The Chair may call a special meeting of the Remuneration Committee to address the issue.

7 Agenda & Papers

- 7.1 Due to the confidential nature of the Remuneration Committee business, and the identifiable confidential personal data included in Committee papers, in line with General Data Protection Regulations and the [Data Protection Act 2018](#), meeting papers will only be accessible to Committee members and the agreed regular attendees.
- 7.2 The agenda and supporting papers will be sent out at least five working days in advance of the meetings.
- 7.3 All papers will clearly state the agenda reference, the author, the purpose of the paper and the key issues that the Committee is asked to consider using the agreed Board paper template.

8 Minutes

- 8.1 Formal Minutes will be kept of the proceedings. Draft minutes shall be distributed for consideration and review to the Chair of the Committee within 2 weeks of the meeting, except in exceptional circumstances. The minutes should be marked confidential.
- 8.2 The draft minutes will be circulated electronically to Committee Members for approval following sign off by the Committee Chair. These minutes will then be presented to the next meeting of the Committee for ratification.

9 Authority

- 9.1 The Committee is authorised to:
 - Ensure compliance with due process relating to any investigation of activities which are within the terms of its responsibility and duties. In doing so, is authorised to seek information it requires from any Board member or employee, paying due regard to professional responsibilities and personal data rights. All members and employees are expected to co-operate with reasonable requests made by the Committee;

- Approve matters as described within its responsibility and duties;
- obtain whatever professional advice it requires and invite external experts to meetings.
- Request the attendance of any employee, contractor of the Board (as/if agreed on their engagement), or seek professional advice as may be required.

9.2 No Director or senior manager shall be involved in any decisions as to their own remuneration outcome.

10 Reporting Arrangements

- 10.1 A summary of the key items of business considered by the Committee will be presented to the Staff Governance Committee.
- 10.2 The Staff Governance Committee will not be given the detail of confidential employment issues considered by the Remuneration Committee.
- 10.3 The Remuneration Committee will submit their annual report through the Staff Governance Committee for review and the Staff Governance Committee will recommend approval to the Board. This will give relevant assurance to the Board and Accountable Officer relating to the Governance Statement.
- 10.4 The Committee will undertake ongoing assessment of its performance, highlighting any steps for further improvement to the way it conducts business.
- 10.5 The Audit Scotland Remuneration Committee Self-Assessment Framework will be used as the basis on which the business of the committee is reviewed.

11 Review of Terms of Reference

- 11.1 The Committee will review its Terms of Reference annually and submit them to the Staff Governance Committee for review and recommended approval to the Board.

12 Conduct of Business

- 12.1 Business will be conducted in accordance with the Board's Standing Orders.
- 12.2 All business of the Committee will be conducted in strict confidence.

Version Number	V0.1
Author	Allan Rennie and Neena Mahal
Responsible Exec Lead	Kevin Reith
Date of Committee Approval	
Date of Board Approval	
Review Date	

AUDIT AND RISK COMMITTEE - TERMS OF REFERENCE

1. Purpose

- 1.1 The purpose of the Audit and Risk Committee is to ensure that NHS Board activities including Patients' Private Funds are:
- within the law and regulations governing the NHS.
 - that an effective system of internal control is maintained to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided, and reliable financial information produced and that value for money is continuously sought.

2. Duties & Responsibilities

2.1 Objectives

The main objectives of the Audit and Risk Committee are to ensure that NHS Forth Valley acts within the law, regulations, and code of conduct applicable to it and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee are in accordance with the Public Sector Internal Audit Standards and the Scottish Government Audit and Assurance Committee Handbook. The Audit and Risk Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

2.2 Internal Control and Corporate Governance

The Committee will, in respect of the framework of internal control and corporate governance:

- evaluate the Control environment.
- evaluate the adequacy and effectiveness of the organisation's risk management arrangements, systems, and processes.
- approve the annual risk management reports on effectiveness, adequacy, and robustness of the risk management system.
- evaluate the adequacy of the Decisiondecision-making processes.
- evaluate Informationreliability of information and communication.
- be responsible for Monitoringmonitoring and corrective action.
- review the effectiveness of the Anti-fraud policies, ~~whistle-blowing processes~~, and arrangements for special investigations.
- review the system of internal finance control, including:
 - (i) the safeguarding of assets against unauthorised use and disposition.
 - (ii) maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.
- ensure the NHS Board's activities are within the law and regulations governing the NHS.
- Review, and thereafter, recommend approval to the NHS Board of the Risk Management Strategy.
- present an annual assurance statement on the above to the NHS Board to support the Governance Statement.
- take account of the implications of publications detailing best audit practice.
- take account of recommendations contained in the relevant reports of the Auditor General and the Scottish Parliament.
- Review the Standing Committee annual reports prior to presentation to Board.
- provide an Annual Report of the Committee's activities to the Forth Valley NHS Board, to inform the preparation and review of the Board's Governance Statement.

- Review the draft Governance Statement.
- scrutinise the Strategic Risks aligned to the Committee.

2.3 Internal Audit

The Committee will:

- influence, review and approve the Internal Audit Strategic and Annual Plan, and resource plan.
- Approve the Internal Audit Strategy and Charter, including the mandate
 - monitor audit progress, governance, management and reporting arrangements to obtain assurance that the internal audit service is fulfilling its mandate and review audit reports.
 - monitor the management action taken in response to audit recommendations.
 - consider the Chief Internal Auditor's annual report and assurance statement.
 - review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency, and performance measures.
 - maintain direct contact with Internal Audit and ~~provide the opportunity for discussions~~ meet periodically with the Chief Internal Auditor as required without the presence of the Executive Directors.
 - review the terms of reference and appointment of the Internal Auditors.
 - champion and demonstrate support for Internal Audit
 - collaborate with senior management to provide the internal audit function with sufficient resources to fulfil the Mandate and achieve the plan
 - assist with setting audit priorities and approve the internal audit functions performance objectives, at least annually
 - consider the results of the internal audit function's quality assurance and improvement programme
 - review and approve arrangements for the internal audit external assessment.

2.4 External Audit

The Committee will:

- review the Audit ~~Strategy and Plan, including the Performance Audit Programme.~~
- consider all statutory audit material, in particular:
 - Audit Reports (including Performance Audit Studies)
 - Annual Reports
 - Management Letters relating to the certification of the NHS Board.
- monitor management action taken in response to all External Audit recommendations including Performance Audit Studies following consideration by the relevant Governance Committee.
- hold meetings with the External Auditors at least once per year without the presence of the Executive Directors.
- review the extent of co-operation between External and Internal Audit.
- Annually appraise the performance of the External Auditors.
- note the appointment and remuneration of External Auditors and to examine any reason for the resignation or dismissal of the Auditors.

2.5 Standing Orders and Standing Financial Instructions

The Committee will:

- conduct an annual review of the Code of Corporate Governance and recommend

- approval to the Forth Valley NHS Board.
- examine the circumstances associated with each occasion when Standing Orders are waived or suspended.

2.6 Annual Accounts

The Committee will:

- review, and approve, annually any changes in accounting policy.
- Review Service Audit reports.
- review a schedule of losses and compensation payments.
- review and recommend approval to the NHS Board of the Annual Accounts.
- report in the Directors Report on the roles and responsibilities of the Audit Committee and actions taken to discharge those.
- review and recommend approval to the NHS Board of the Patients Funds Annual Accounts.
- ~~receive reports from the FHS (Family Health Service) Performance Review/- Reference Group which is responsible for dealing with Primary Care contractor issues and alleged breaches of terms of reference.~~

Other Matters

- The Committee has a duty to keep up to date by having a mechanism to ensure topical legal and regulatory requirements are brought to Members' attention
- The Committee shall monitor how the Board controls risk and possible litigation
- The Committee shall agree the level of detail it wishes to receive from the Internal and External Auditors.

3. Composition

3.1 Membership of the Audit & Risk Committee shall comprise:

- five Non-Executive Members of the Forth Valley NHS Board.

3.2 The Chair of Forth Valley NHS Board and Executive Forth Valley NHS Board Members are not eligible for Membership but may attend meetings of the Committee.

3.3 The Committee Chair shall be appointed at a meeting of Forth Valley NHS Board in accordance with the Standing Orders. The Chair shall preside at every meeting of the Committee. In the event that the Chair of the Committee is unable to attend, another Non-Executive Member will be designated as Chair for the meeting.

3.4 The Director of Finance shall serve as the Lead Executive Officer to the Committee.

The Executive Lead will oversee the development of an annual workplan for the Committee which reflects its remit and the need to provide appropriate assurance at the year-end for both the Committee and the Forth Valley NHS Board.

4. Quorum

4.1 No business shall be transacted unless a minimum of three Non-Executive Board Members are present.

5. Attendees

5.1 The Chief Executive, Director of Finance, the Chief Internal Auditor and the Statutory External Auditor shall normally attend meetings. The Committee can request the

attendance of any officer of NHS Forth Valley at its meetings.

- 5.2 All NHS Board Members shall have the right of attendance and have access to papers, except where the Committee resolves otherwise.

6. Frequency

- 6.1 To fulfil its remit the Audit & Risk Committee will meet no fewer than four times in a year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in accordance with the Standing Orders.
- 6.2 If necessary, meetings of the Committee shall be convened and attended exclusively by Members of the Committee and/or the External Auditor or Internal Auditor.

7. Agenda & Papers

- 7.1 The agenda and supporting papers will normally be sent out at least five working days in advance of the meetings.
- 7.2 All papers will be completed on the approved NHS Forth Valley template and clearly state the agenda reference, the author and the purpose of the paper together with the action the Committee are asked to consider.

8. Minutes

- 8.1 Formal Minutes will be kept of the proceedings. Draft minutes shall be distributed for consideration and review to the Chair of the Committee within 2 weeks of the meeting, except in exceptional circumstances.
- 8.2 The draft minutes will be circulated electronically to Committee Members for approval following sign off by the Committee Chair. These minutes will then be presented to the next meeting of the Committee for ratification.
- 8.3 Minutes will be included for noting in subsequent Board Meeting papers following ratification by Committee.

9. Authority

- 9.1 The Committee is authorised to:
- ensure compliance with due process relating to any investigation of activities which are within the terms of its responsibility and duties. In doing so the Committee is authorised to seek information it requires from any Board member or employee, paying due regard to professional responsibilities and personal data rights. All members and employees are expected to co-operate with reasonable requests made by the Committee.
 - approve matters as described within its responsibility and duties.
- 9.2 The Committee may establish sub-committees or sub-groups to support its functions.

9.3 The Committee may co-opt additional members for a period not exceeding a year to provide specialist skills, knowledge and experience.

10. Reporting Arrangements

- 10.1 The Committee will report to the Board through submission of its approved minutes.

- 10.2 The Chair of the Committee has a standing invitation to report verbally on key issues which the committee considered should be brought to the Board's attention.
- 10.3 The Committee will provide an Annual Report on the Committee's activities to the Forth Valley NHS Board, to inform the preparation and review of the Board's Governance Statement. The report shall include: attendees; frequency and dates of meetings; Committee activities, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference; improvements overseen; matters of concern and emerging issues.
- 11. Review of Terms of Reference**
- 11.1 The Terms of Reference will be reviewed annually by the Committee and recommended to the Board for approval.
- 12. Conduct of Business**
- 12.1 Business will be conducted in accordance with the Board's Standing Orders.

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

15. Performance Report

For: Assurance

Executive Sponsor: Mr Ross McGuffie, Chief Executive

Author: Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Ms Claire Giddings, Corporate Performance Manager; Ms Fiona Murray, Head of Emergency Care & Inpatients; Ms Deborah Lynch, Unscheduled Care, Programme Manager; Mr Garry Fraser, Director of Acute Services

1. Executive Summary

- 1.1. The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.
- 1.2. NHS Forth Valley routinely reports on our performance against a range of non-financial performance metrics. The Performance Report is presented to update the Strategic Planning, Performance and Resources Committee in respect of NHS Forth Valley's performance against a range of national and local measures with information provided to support effective monitoring and management of system-wide performance.
- 1.3. The scorecard provides a comprehensive 'at a glance' view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

2. Recommendation

2.1. The NHS Board is asked to:

- **note** the revised Performance Report format.
- **consider** the latest performance data within the Performance Report noting areas of positive performance.
- **consider** the Area of Focus – urgent & unscheduled care, and Priority Areas of Performance and the actions in place to improve performance.
- **consider** the progress made in reducing the number of patients waiting over 52 weeks for a new inpatient appointment and for an inpatient/daycase procedure.

3. Risk Assessment / Management

- 3.1. Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

3.2. SRR.002 Urgent & Unscheduled Care

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

3.2 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.

3.3 SRR.016 Out of Hours

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

3.4 In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – Psychological Therapies and CAMHS and the 62-day cancer target.

3.5 These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

4. Key Issues to be considered

The Strategic Planning, Performance & Resources Committee discussed key issues in relation to performance at its meeting on 24 June.

Discussions focussed around Urgent and Unscheduled Care and Priority areas of performance. The new format of the paper was noted and feedback invited.

4.1. Area of Focus – Urgent and Unscheduled Care

4.1.1. Improving Flow Commission

An improvement plan has been developed which sets out how additional Scottish Government funding will be utilised for urgent and unscheduled care services to improve capacity across the system. In Forth Valley, funding has been requested to support the delivery of the new National DWD Collaborative, Discharge to Assess model, dedicated Frailty at the Front Door Service, and to increase Hospital at Home capacity.

4.1.2. Increasing Hospital at Home Capacity

To support the Scottish Government ambition to expand Hospital at Home capacity to 2000 beds across Scotland, by December 2026. The expectation is that Forth Valley will increase current Hospital at Home capacity to 110 virtual beds. In Forth Valley funding has been requested to increase capacity across older adults Hospital at Home, OPAT, Community Heart Failure Services and Community Respiratory Services, and to provide a new Hospital at Home Service for Paediatrics.

4.1.3. Whole System Frailty

Our whole system approach to frailty will focus on coordinating care across acute, HSCPs, Primary Care and third sector to address the needs of older adults living with frailty. This involves early identification, comprehensive assessment, care planning and integrated services. The work is being supported by HIS Focus on Frailty Collaborative. A Community Frailty Pathways SLWG will work alongside the Dedicated Frailty Unit SLWG, and DWD Frailty at the Front Door SLWG, overseen by the existing Frailty Delivery Group to deliver this work.

4.1.4. Shifting the Balance of Care

The 'shifting the balance of care' programme commenced at the start of June. The primary aim of the work is to shift from acute to community-based resources. This will allow for the closure of a 32 bedded contingency ward on the FV acute site and support ongoing flow through the system with a transfer of resource to support. Phase 1 of the programme is focused on transferring existing delayed discharge to alternative pathways in community. This will enable the closure of a 32 bedded ward. Phase 2 of the work will commence in July 2025 with the aim of maintaining an increased discharge profile to community to support whole system flow. This links with the current review of Integrated Discharge Service model.

4.1.5. Specific to ED

As part of the performance improvement plan, this focused around the CFSD leverage points that board member will recall. For example, these were areas like capacity at 8am in the ED which is relevant to the performance that day. CFSD have produced refreshed leverage points and should be issuing these to boards anytime soon. In addition to this CFSD have committed to undertaking a medical staff assessment, comparing other ED departments across Scotland. This will help to advise us of any staff gaps by time of day and clinical role. Both of these areas will specifically aim to improve ED efficiency.

4.2. Priority Areas of Performance

4.2.1. Unscheduled Care

Overall compliance with the 4-hour emergency access standard (EAS) in May 2025 was 60.1%; Minor Injuries Unit 99.4%, Emergency Department 45.7%. A total of 3,079 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,328 waits longer than eight hours, 466 waits longer than 12 hours and 7 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,969 patients, noting this was 1,533 in May 2024. Wait for a bed accounted for 588 patients waiting beyond 4 hours with Clinical reasons accounting for 196 breaches. In May 2025 there were 533 new attendances to Rapid Assessment and Care Unit (RACU), 119 of which were via ED.

4.2.2. Delayed Discharges

The May 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 82 delays; this is compared to 79 in May 2024. There was a total of 42 code 9 and guardianship delays, with the total number of delayed discharges noted as 124. The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the May 2025 census was 3,538, this is a slight reduction from 3,584 in May 2024.

4.2.3. **Scheduled Care**

At the end of May 2025, the number of patients on the waiting list for a first outpatient appointment was 14,402 (14,310 excluding mutual aid) compared with 14,547 in May 2024 with the number waiting beyond 12 weeks 3,609 (3,547 excluding mutual aid) compared to 4,756 in May 2024.

The number of inpatients/daycases waiting reduced to 6,920 (6,786 excluding mutual aid and NTC) from 6,802 (6,607 excluding mutual aid and NTC) the previous month and increased from 5,449 in May 2025. An increase from the previous year in those waiting beyond 12 weeks from 3,025 to 4,195 was also noted.

At the end of May 2025, 2,124 patients were waiting beyond the 6-week standard for imaging with 105 patients were waiting beyond 6 weeks for endoscopy. Cancer target compliance in April 2025:

- o 62-day target – 63.4% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the April 2024 position of 85.4%.
- o 31-day target – 99.0%

The position for the January to March 2025 quarter is that 71.0% of patients were treated within 62 days of referral with a suspicion of cancer. This is a reduction from 79.2% the previous quarter. During the same period, 99.3% of patients were treated within 31 days of the decision to treat.

Positive progress being made in reducing the number of patients waiting beyond 52 weeks for a first outpatient appointment and an inpatient/daycase procedure.

- o Outpatients - in line with the overall all specialty trajectory
- o Inpatient/daycase – slight deviation from the overall all specialty trajectory

4.2.4. **Psychological Therapies**

In May 2025 68.4% of patients started treatment within 18 weeks of referral.

5. **Implications**

5.1. **Financial Implications**

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- SRR.005: Financial Breakeven

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

5.2. **Workforce Implications**

Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

5.3. Infrastructure Implications including Digital

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

5.4. Sustainability Implications

There are no specific sustainability implications in respect of this paper.

Sustainability Declaration

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

☐ Yes

☒ N/A

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

5.5. Quality / Patient Care Implications

There are no specific quality or patient care implications in respect of this paper.

5.6. Information Governance Implications

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

5.7. Relevance to Strategic Priorities

The NHS Board is accountable for the scrutiny and performance of NHS Forth Valley as a whole and to ensure that best value principles are adhered to in delivery and commissioning of services.

5.8. Equality Declaration

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

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

5.9. Communication, involvement, engagement and consultation

Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

6. Appendices

Appendix 1: Performance Report June 2025

- o Section 1: Area of Focus – UUSC and Delayed Discharge
- o Section 2: Performance Report
- o Section 3: Performance Scorecard

Performance Report

June 2025

Report format

- The report is split into 3 sections
 - o Section 1 Area of Focus
 - o Section 2 Performance Report
 - Priority Areas of Performance
 - Other Areas of Performance
 - o Section 3 Performance Scorecard
- Section 1 Area of Focus
 - o Section 1 will focus on a particular area of performance with a detailed discussion in respect of areas of challenge and key areas of improvement.
- Section 2 Performance Report
 - o This section details key performance issues, measures, and graphs.
 - o Measures, graphs and key performance issues narrative are linked and should be viewed collectively.
 - o The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections. Note that the Scotland figures are typically a month or quarter behind.
- Section 3 Performance Scorecard
 - o The Performance Scorecard details the measure, target, current position (monthly or quarterly), previous reported position, previous year position and the Scotland position (where available).
 - o The notes section provides a definition and detail in relation to the indicators and targets.

Performance data and graphs continue to be developed within the Pentana Performance and Risk Management System with graph and table detail from Pentana informing the report.

Section 1: Area of Focus

Urgent & Unscheduled Care

Urgent & Unscheduled Care Programme Key Accomplishments - May 2025

Current period	Planned for next period
The implementation of Criteria to Admit audits across front door areas to help identify patients who would not benefit from admission and identify suitable alternatives. It minimises variation in decisions to admit and helps ensure only patients who need acute hospital beds are admitted and therefore reduces delays and waste.	To continue with monthly Criteria to Admit audits to identify missed opportunity for alternative pathways to hospital admission. Support from eHealth to develop electronic virtual wards for all hospital at home services to support alternative pathways to admission and facilitate timely discharge from hospital.
A high performing minor injury pathway is in place which has a positive impact on performance. There has been an increase in booked appointments to MIU over the last 6 weeks. Recent work includes education with staff to identify patients who meet the criteria for MIU.	Work to increase the number of booked appointments continues. A new streamlined process which allows ED patients who meet the criteria for MIU to book an appointment while in the department rather than having to call NHS 111 is planned for early June.
The scale up and spread of consultant connect continues. There has been an increase in consultant connect calls during May. As a result, there has been an increase in RACU activity during May. There has also been a sustained reduction in the number of SAS conveyances to hospital since February 2025.	Pathways in development include SAS to COPD and Primary Care, Out of Hours and SAS to Frailty pathways. Work is ongoing to access electronic data to understand how well our RACU pathways are working / utilised. SAS conveyance to ED data will be reviewed to understand impact of SAS to ED prof to prof pathway.
Early effective triage is a key aim of the new CAU triage process. A dedicated triage space has been ringfenced to streamline the patient pathway, allowing for quick decision-making regarding treatment, referral to specialty teams, or discharge.	Testing to refine processes and interventions will continue. Measures of success will include time to triage, time to first assessment, length of stay and improved flow through the department. Feedback from staff and patients is currently being collected.
The dedicated Frailty at the Front Door Unit went live on Monday 19 th May. The previous frailty model prioritised early identification and assessment and outcomes for patients. A key focus of the dedicated unit is on improved patient flow and early discharge for people identified as frail. An SOP has been developed to improve access (within 4-hours of acceptance) to the frailty unit.	Access to data for improvement to evidence the impact of the unit on key measures. Prioritising the identification of frailty in the ED. Dedicated unit-based Discharge Coordinator to provide a connection to community services, care homes and the community hospital bed base to facilitate priority discharge. Workforce planning to support 7-day model.
The roll out of Planned Date of Discharge (PDD) across the acute started on Monday 19 th May. Triumvirate support to Daily Dynamic Discharge (DDD) and Check, Chase, Challenge (CCC) board rounds has been established to provide support at a ward level to embed new ways of working. Balanced Scorecards to track and improve performance related to discharges and ward LoS have been developed for each ward area.	The roll out of a ward level DWD dashboards to support balanced scorecards and PDD accuracy. The development of ward-level improvement plans to improve discharge planning processes and activities at the ward level. Ward-based discharge co-ordinators to improve discharge planning processes to ensure timely discharges, and address potential delays, leading to a smoother transition home.

Urgent & Unscheduled Care Performance Data - May 2025

The performance data in this section of the report is associated with key accomplishments and challenges for the period.

Urgent and unscheduled care services remain under significant pressure from over occupancy and difficulty discharging patients (such as delayed discharges and poor discharge planning processes).

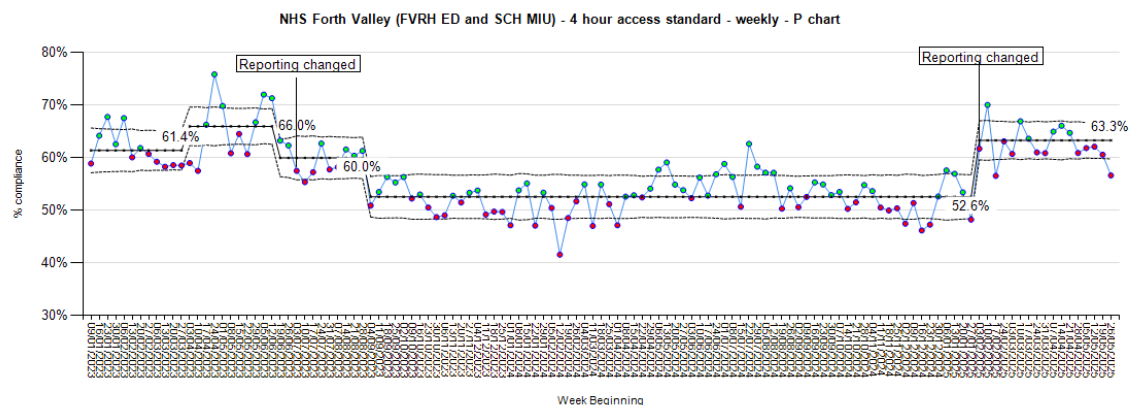
Despite recent improvements made in some Urgent and Unscheduled Care data, these have not been sustained: 4-hour EAS (chart 1), Flow 1 EAS (chart 2) and ED Occupancy at 8am (chart 3).

The recent drop in performance aligns to the closure of contingency beds. 14 contingency beds in B12 were closed at the beginning of May to support increasing National Treatment Centre capacity and the ongoing efforts to stay out of contingency beds in all ward areas to support the upcoming Shifting the Balance of Care work. There was also had an increase in ED/MIU attendances during May.

ED Occupancy at 8am (chart 3, page 10) and LoS > 14 days (chart 4, page 3) are measures which have a statistically significant (negative) correlation with performance and both remain high. There has been a rise in delayed discharges on the acute site over the last seven weeks (chart 5, page 3).

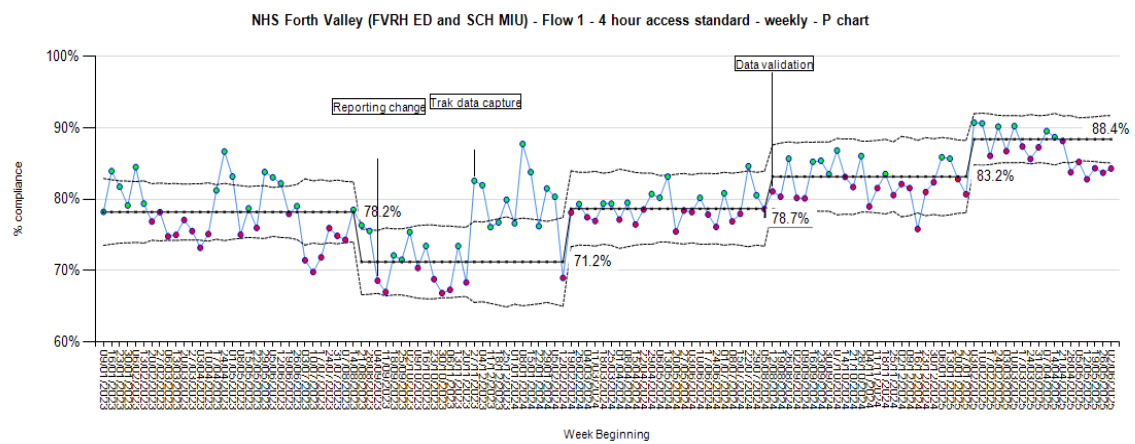
There has however seen a sustained reduction in the use of contingency beds and patients boarded to other areas (chart 6, page 11) following the closure of contingency beds in ward areas. The closure of additional beds, which had been opened to deal with demand, is fundamental to improving patient care, safety and experience.

Chart 1: Emergency Access Standard



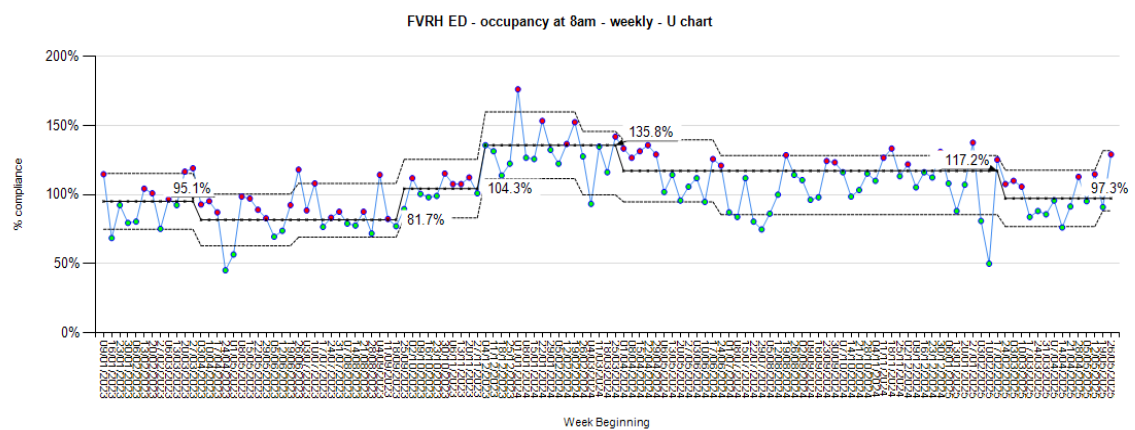
There was a sustained improvement in the 4-hour EAS since PHS guidance changed to include new planned attendances in the performance data. The mean has recently improved from 52.6% to 63.3%.

Chart 2: Flow 1 Emergency Access Standard



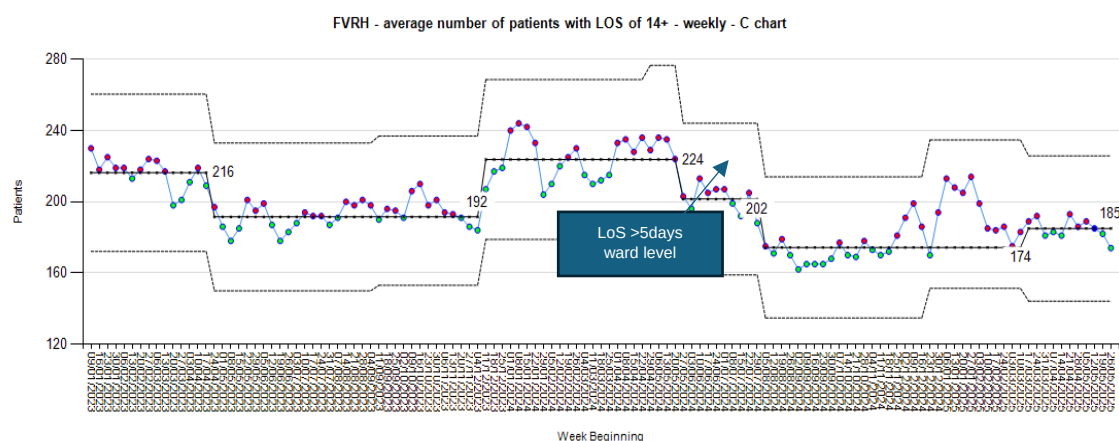
There was a sustained improvement in the Flow 1 4-hour EAS since PHS guidance changed to include new planned attendances in the performance data. The mean has recently improved from 83.2% to 88.4%.

Chart 3: ED Occupancy at 8am



Discovery data shows that ED occupancy at 8am has a statistically significant correlation with performance. A recent sustained improvement to ED occupancy at 8am has seen the mean rebased from 117.2% to 97.3%; lowest since September 2023.

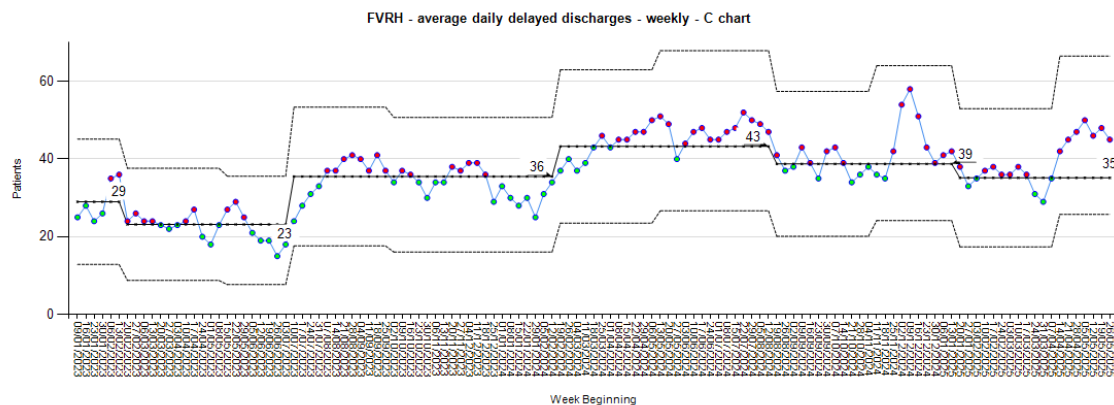
Chart 4: Length of Stay (LoS) >14 days



LoS > 14 days is another key measure that has a statistically significant correlation with ED performance. A marked improvement in average LoS >14 days was seen when the focus of daily whole system ward level meetings changed to review all patients with a LoS > 5 days back in May 2024.

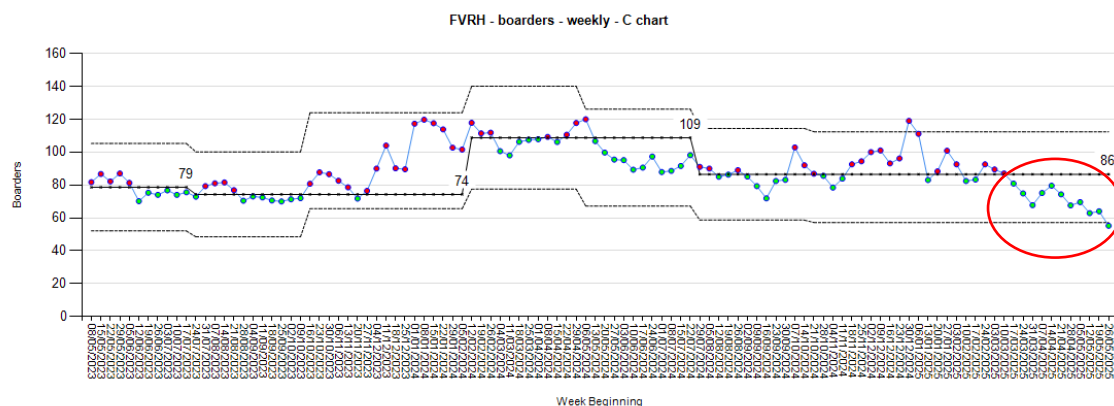
The last Day of Care Survey (DoCS) showed that 41.6% of patients did not meet DoCS criteria for an acute hospital stay. 44.4% of all patients surveyed had a LoS>14 days. AHP pathways, social work pathways, care home pathways, home care support and availability, and awaiting and health or social care bed continue to be the most frequently recorded reasons why patients were not discharged.

Chart 5: FVRH Delayed Discharges



There has been an increase in the number of delayed discharges on the acute site over the last seven weeks.

Chart 6: Patients boarded to other areas



Flow Navigation Centre (FNC) Workstream

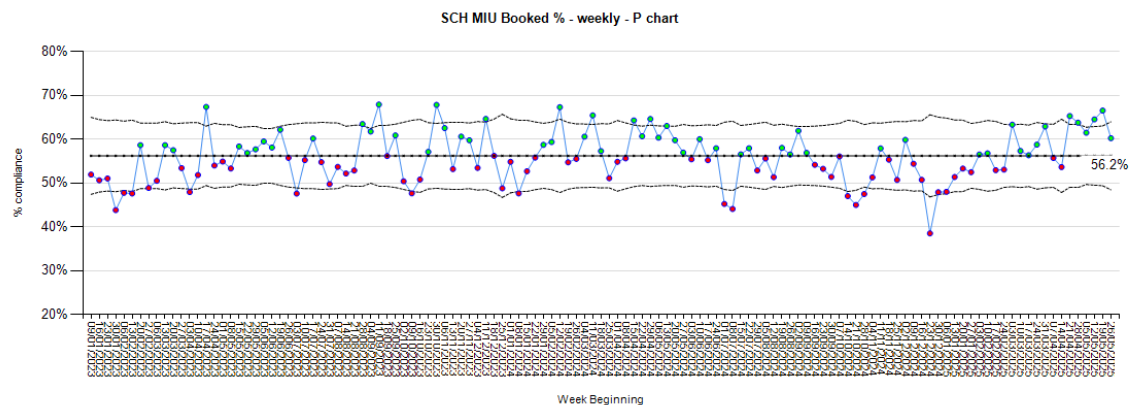
In May, other notable improvements to Urgent and Unscheduled Care data were within the FNC workstream.

A key aim of this workstream is to improve the flow of patients through urgent and unscheduled care services, potentially avoiding unnecessary Emergency Department attendances.

Minor Injury Pathway

There is a high performing minor injury pathway in place which has a positive impact on performance, and there has been a recent increase in the number of patients on this pathway.

Chart 7: Percentage of MIU booked appointments

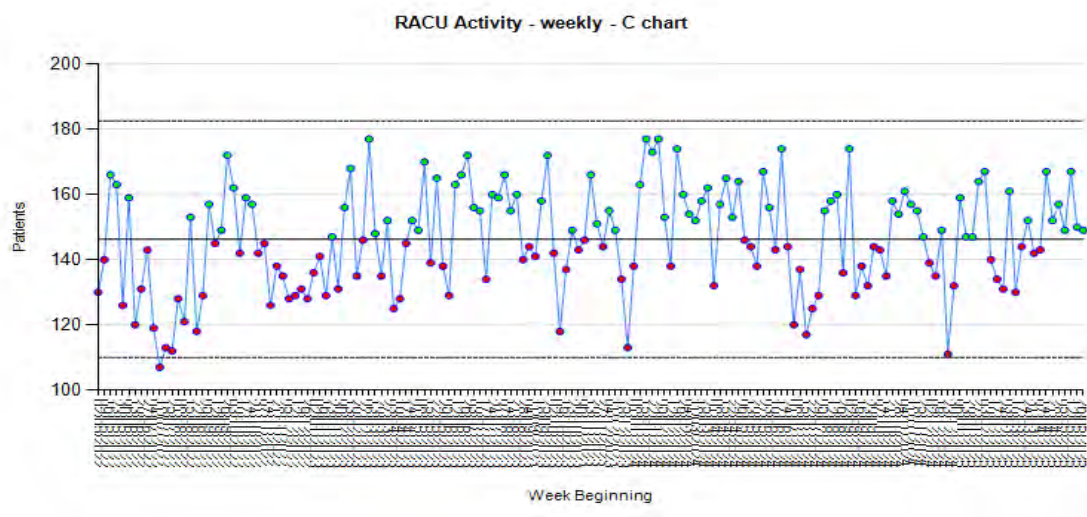


This is supported by recent work to increase the number of patients on an MIU pathway including educating staff to identify patients who meet the criteria for MIU.

Urgent Care Centre (RACU)

Discovery data shows that there is a greater proportion of GP admissions directly to RACU than other boards which impacts positively on ED attendances.

Chart 8: RACU activity



The increase in RACU activity during May is likely due to an increase in the use of consultant connect RACU pathways (Atrial Fibrillation (AF), Deep Venous Thrombosis (DVT), and low risk chest pain pathways). The pathways are available for use by GPs and SAS who would otherwise have referred a patient to hospital.

Section 2: Performance Report - Priority Areas of Performance

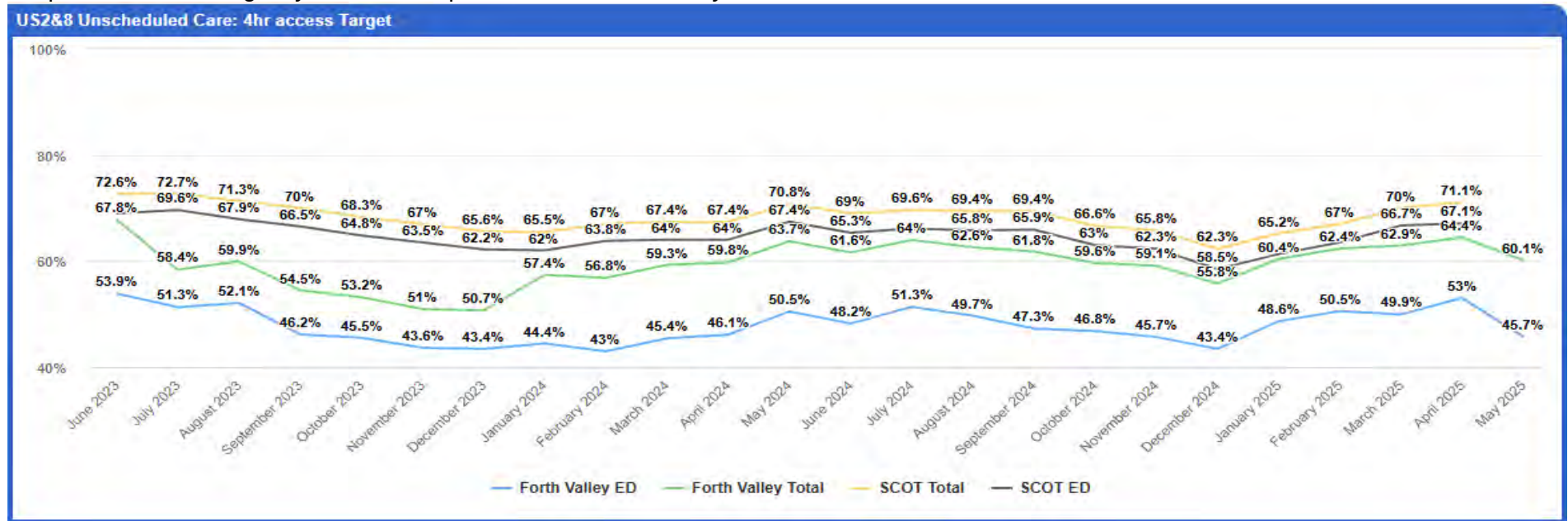
Unscheduled Care

4-hour Access Standard

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Emergency Department % compliance against 4 hour access target	31-May-25	95%	45.7%	53.0%	49.1%	▼	67.1%	30-Apr-25
Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-May-25	95%	60.1%	64.4%	56.1%	▲	71.1%	30-Apr-25

Graph 1: 4-hour Emergency Access Compliance June 2023 to May 2025

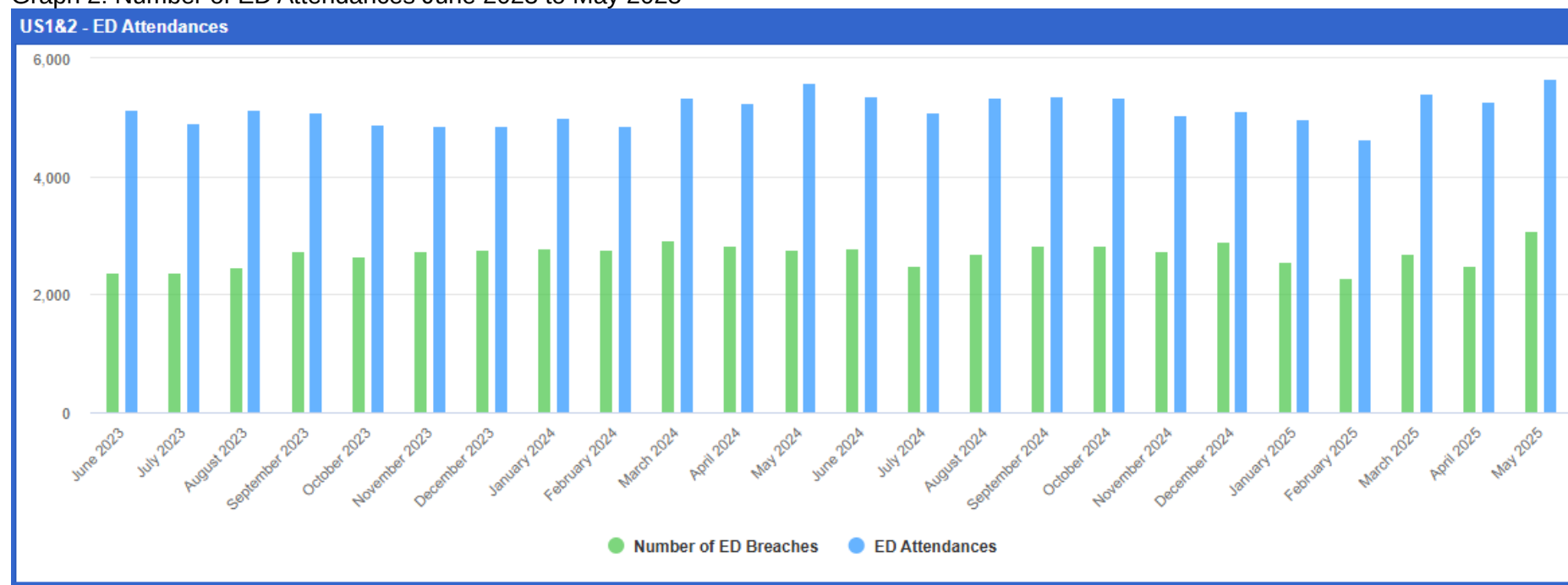


Overall compliance with the 4-hour emergency access standard (EAS) in May 2025 was 60.1%; Minor Injuries Unit 99.4%, Emergency Department 45.7%. A total of 3,079 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,328 waits longer than eight hours, 466 waits longer than 12 hours and 7 waits longer than 23 hours.

Emergency Department

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total Number of ED Attendances	31-May-25	Reduction	5,665	5,271	5,593	▼	-	-
Monthly	Number that waited >4 hours in ED	31-May-25	Reduction	3,074	2,476	2,753	▼	-	-

Graph 2: Number of ED Attendances June 2023 to May 2025



The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,969 patients, noting this was 1,533 in May 2024. Wait for a bed accounted for 588 patients waiting beyond 4 hours with Clinical reasons accounting for 196 breaches.

Work continues to support delivery of actions aligned to the various workstreams and projects underway system wide to support ongoing improvements in performance. In addition, NHS Forth Valley has joined the Discharge without Delay Collaborative which will influence the structure of how we align the ongoing actions in, and reporting through, one consolidated Urgent and Unscheduled Care/Delayed Discharge plan.

The Discharge without Delay programme underpins the work already underway in Forth Valley and focusses on four integrated delivery workstreams.

- Planned Date of Discharge and Integrated Discharge Hubs
- Discharge to assess / Home First
- Frailty at the Front Door
- Community Hospital and Step-Down Rehabilitation Units

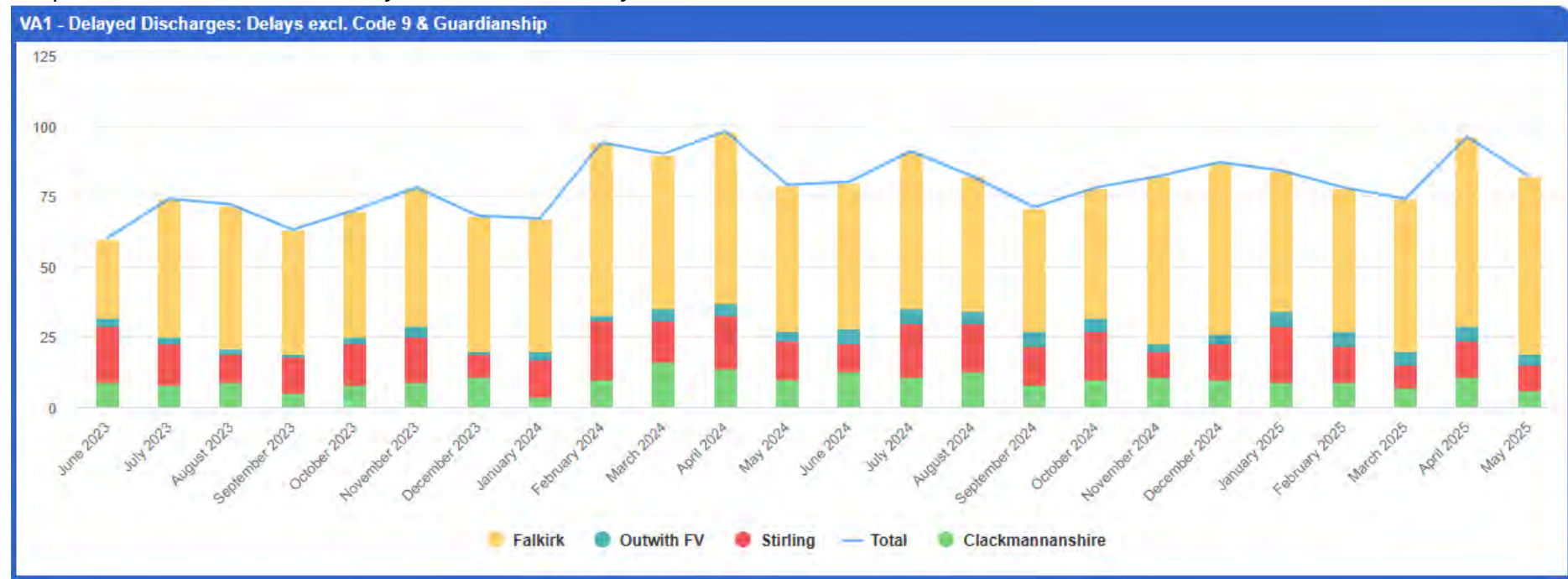
The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. This in turn will reduce patient length of stay and support a reduction in the financial burden.

In May 2025 there were 533 new attendances to Rapid Assessment and Care Unit (RACU), 119 of which were via ED. This is compared to 562 new attendances in May 2024, 124 of which presented via ED. There were 145 scheduled returns in May 2025 compared with 121 in May 2024. 605 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 10.7% of all ED attendances in May.

Delayed Discharge

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-May-25	Reduction	82	96	79	▼	-	-
Monthly	Code 9 & Guardianship Delays	31-May-25	Reduction	42	42	55	▲	-	-
Monthly	Total Bed Days Occupied by Delayed Discharges	31-May-25	Reduction	3,538	4,018	3,584	▲	-	-

Graph 3: Number of standard delays – June 2023 to May 2025



The May 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 82 delays; this is compared to 79 in May 2024.

There was a total of 42 code 9 and guardianship delays, with the total number of delayed discharges noted as 124.

In addition, there were 2 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the May 2025 census was 3,538, this is a slight reduction from 3,584 in May 2024. Local authority breakdown is noted as Clackmannanshire 82, Falkirk 2,763, and Stirling 304. There were a further 389 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Delayed Discharges have become a particular focus of attention at Scottish Government and COSLA due to the unprecedented levels for Scotland as a whole. Weekly meetings have been put in place chaired by the Cabinet Secretary and Councillor Paul Kelly, COSLA Health and Social Care lead, with expected attendance by all 31 Chief Officers or their substitute.

The issue of delayed discharges is receiving considerable daily focus and attention by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site. There is a continued focus on refining processes across our whole system discharge and flow activity. This includes process improvements around assessment and for adults with incapacity. Colleagues are visiting other board areas to learn from what is working well elsewhere and developing tests of change locally.

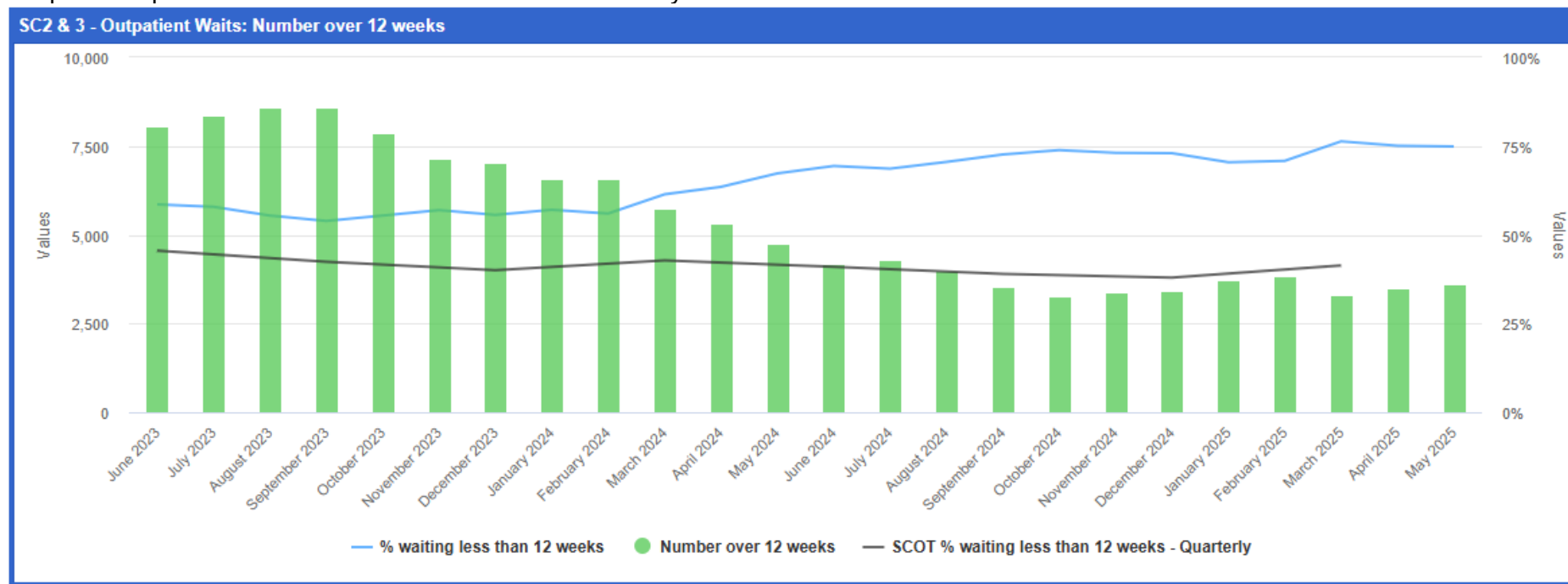
Scheduled Care

Outpatients

The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total Number of New Outpatients Waiting	31-May-25	Reduction	14,402	14,104	14,547	▲	-	-
Monthly	Number of New Outpatients waiting over 12 weeks	31-May-25	Reduction	3,609	3,511	4,756	▲	-	-
Monthly	Number of New Outpatients waiting over 52 weeks	31-May-25	0	49	151	219	▲	-	-
Monthly	New Outpatients waiting under 12 weeks %	31-May-25	95%	74.9%	75.1%	67.3%	▲	41.4%	31-Mar-25

Graph 4: Outpatient waits over 12 weeks – June 2023 to May 2025



NHS Forth Valley concurrently treat patients that require urgent clinical care as well as those waiting for long periods, in line with associated Scottish Government guidance and targets.

At the end of May 2025, the number of patients on the waiting list for a first outpatient appointment was 14,402 (14,310 excluding mutual aid) compared with 14,547 in May 2024 with the number waiting beyond 12 weeks 3,609 (3,547 excluding mutual aid) compared to 4,756 in May 2024. Note 74.9% (75.2% excluding mutual aid) of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 67.3% the same period the previous year.

The Scottish Government target for 2025/26 that 0 patients waiting over 52 weeks for a New Outpatient appointment. The graph and table below show the numbers and breakdown by specialty. As at May most specialties have no waits over 52 weeks and those that do are minimal however in recent weeks Urology outpatient waits over 52 weeks have increased.

Graph 5: Number waiting over 52 weeks for new outpatient appointment - June 2023 to May 2025

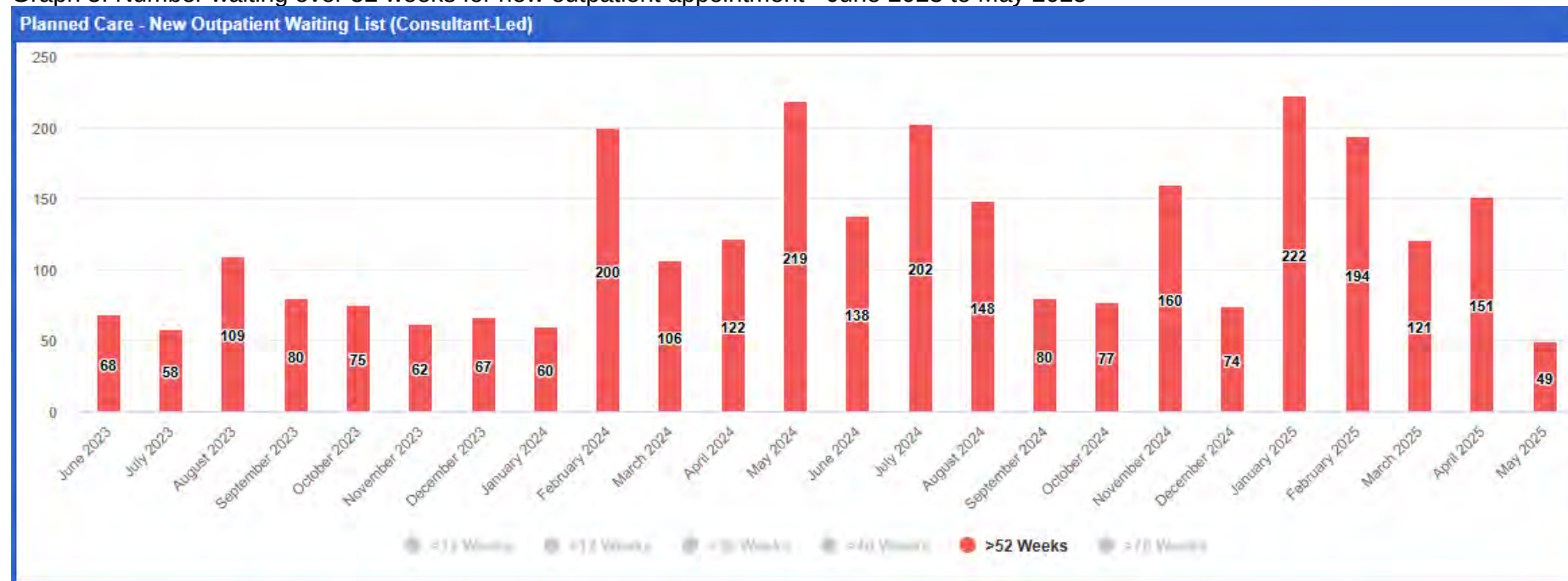
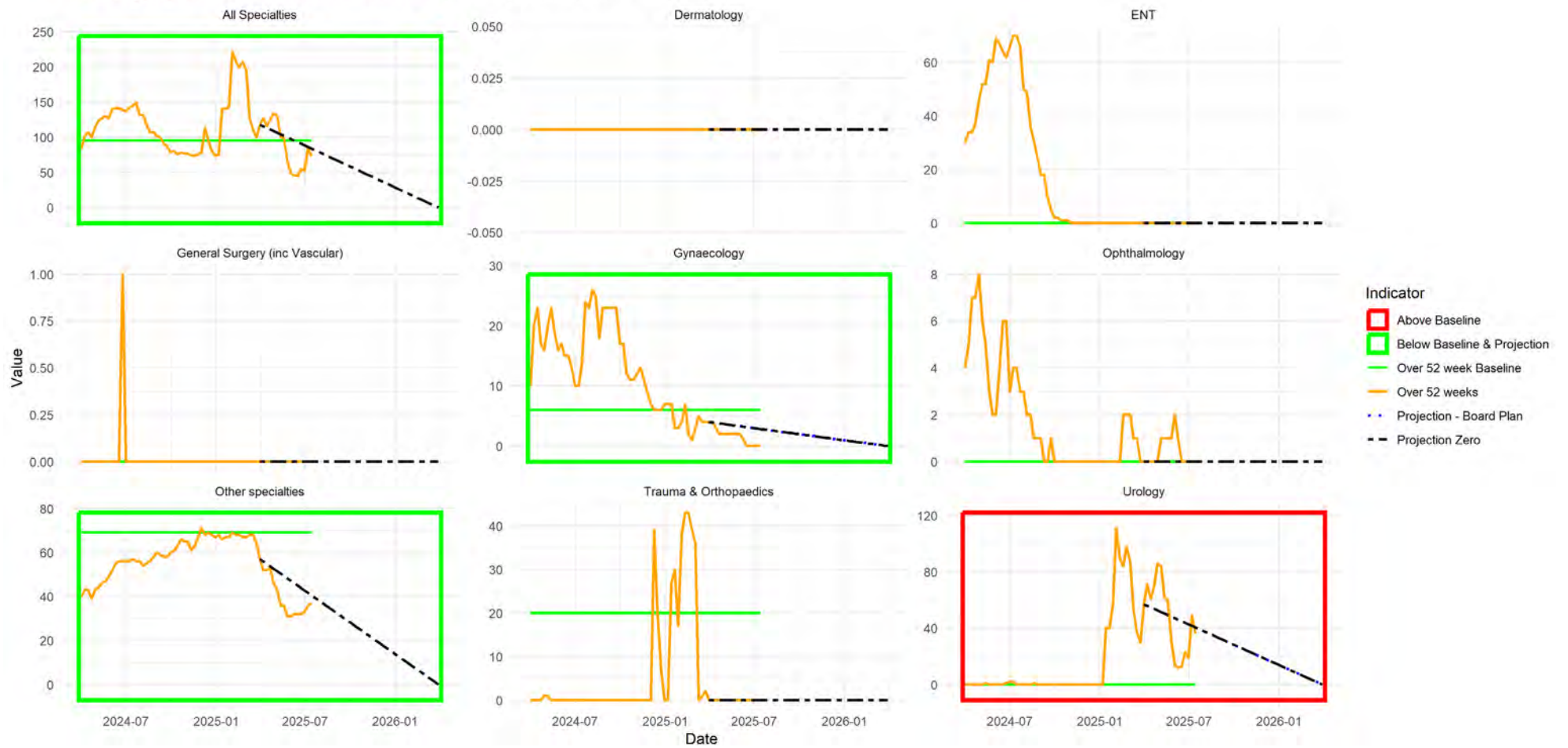


Table 1: Number waiting over 52 weeks for New Outpatient appointment by Specialty – May 2025

Planned Care - New outpatient >52 Week waits			
LG Service Area	Value	Numerator ▼	Denominator
Rehabilitation Medicine	100.0%	31	31
Urology	2.8%	14	494
Ophthalmology	.1%	2	1,683
Gynaecology	.2%	2	1,297
General Medicine	.0%	0	200

← 1 of 6 →

NOP Ongoing Waits & Trajectories - Board: Forth Valley - Latest date: 14/07/2025

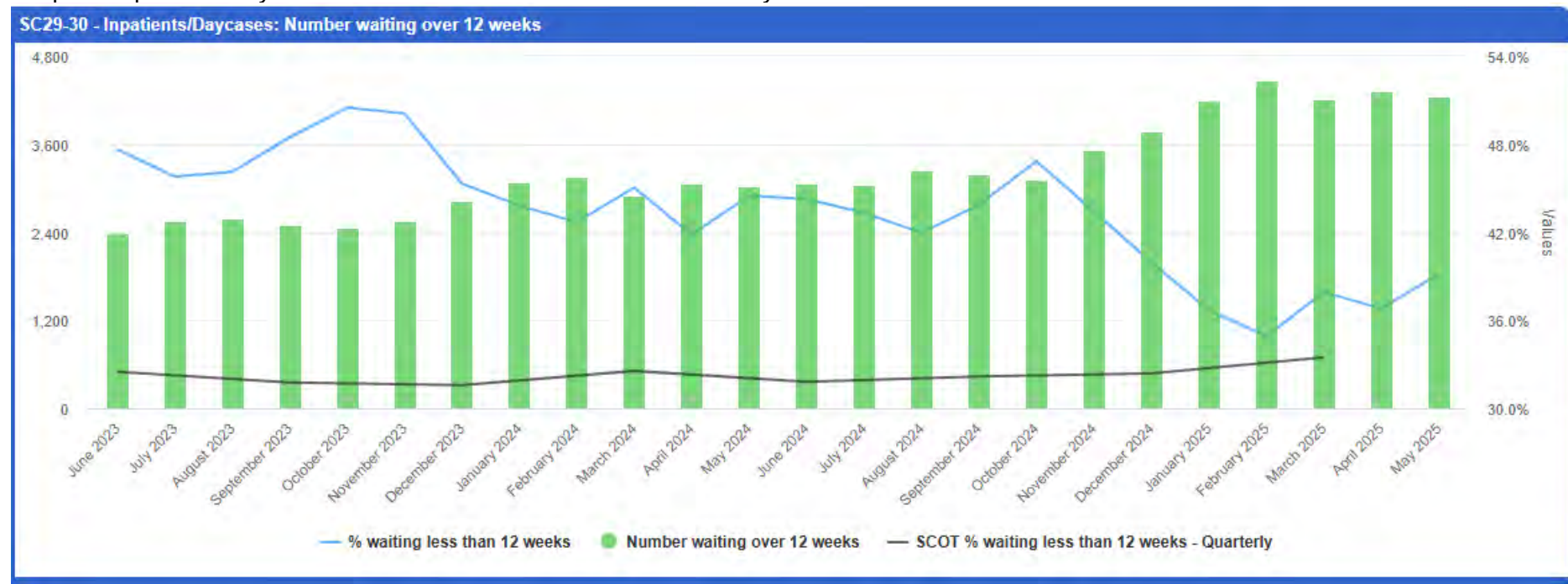


Inpatients

Treatment Time Guarantee (TTG) - Eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat – 100% Target.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Mar-25	0	1,533	1,386	1,429	-	-	-
Quarterly	% Compliance with 12 week TTG Standard	31-Mar-25	100%	44.3%	44.6%	47.0%	▼	56.7%	31-Mar-25
Monthly	Total Number of Inpatients/Day cases Waiting	31-May-25	Reduction	6,920	6,802	5,449	▼	-	-
Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-May-25	Reduction	4,195	4,290	3,025	▼	-	-
Monthly	Number of Inpatients/Day cases waiting over 52 weeks	31-May-25	0	448	516	394	▼	-	-
Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-May-25	100%	39.4%	36.9%	44.5%	▼	33.5%	31-Mar-25

Graph 6: Inpatients/Daycase waits over 12 weeks – June 2023 to May 2025



In May 2025, the number of inpatients/daycases waiting reduced to 6,920 (6,786 excluding mutual aid and NTC) from 6,802 (6,607 excluding mutual aid and NTC) the previous month and increased from 5,449 in May 2025. An increase from the previous year in those waiting beyond 12 weeks from 3,025 to 4,195 was also noted.

The Scottish Government target for 2025/26 that 0 patients waiting over 52 weeks for Inpatient / Daycase treatment. Graph 15 and table 2 below show the numbers and breakdown by specialty respectively as at end of May. Weekly monitoring of the specialties with the largest numbers waiting over 52 weeks would suggest, based on progress so far, that we are on track to meet the target for end of March 2026. Details are included in the specialty sections below.

Graph 7: Number waiting over 52 weeks for Inpatient/Daycase – June 2023 to May 2025

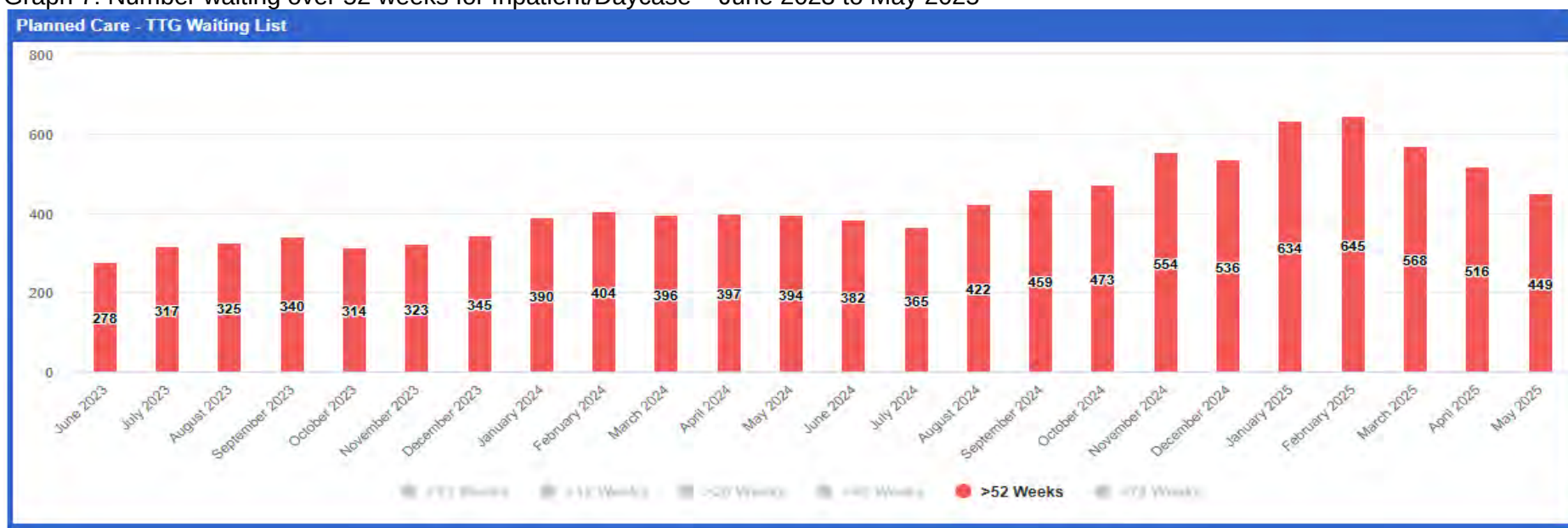
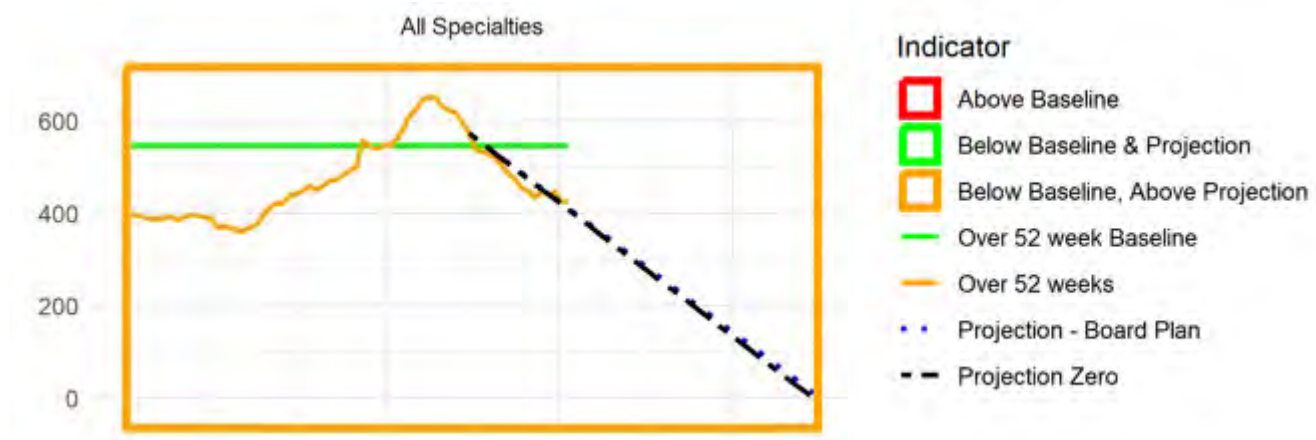


Table 2: Number waiting over 52 weeks for Inpatient/Daycase by Specialty – May 2025

Planned Care - TTG >52 Week waits			
LG Service Area	Value	Numerator ▼	Denominator
Trauma and Orthopaedic Surgery	6.6%	153	2,321
Ear, Nose and Throat (ENT)	12.3%	107	870
Urology	17.1%	79	461
Gynaecology	8.7%	52	599
General Surgery	5.0%	51	1,014
Ophthalmology	.3%	4	1,222
Vascular Surgery	2.1%	2	97
Pain Management	3.1%	1	32

IPDC Ongoing Waits & Trajectories – Board Forth Valley – Latest date: 11/07/2025



The following specialty level sections detail the weekly position of the waiting lists with the largest numbers waiting over 52 weeks, these show the numbers waiting in total and the numbers dated To Come In (TCI). Further breakdowns show the numbers waiting over 52 weeks and the numbers and percentages of these which are dated to come in and of which are currently unavailable.

Trauma and Orthopaedic Surgery

CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.26	Patients without TCI date prior to 31.3.26	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
01/04/2025	Trauma and Orthopaedic Surgery	151	2130	2281	196	24	110	32	33	16	16
08/04/2025	Trauma and Orthopaedic Surgery	166	1987	2153	183	23	110	40	35	21	19
15/04/2025	Trauma and Orthopaedic Surgery	180	1991	2171	171	21	107	38	30	22	17
22/04/2025	Trauma and Orthopaedic Surgery	173	1925	2098	173	24	108	44	28	25	16
29/04/2025	Trauma and Orthopaedic Surgery	220	1787	2007	165	25	109	37	26	22	15
06/05/2025	Trauma and Orthopaedic Surgery	221	1725	1946	155	24	110	38	21	24	13
13/05/2025	Trauma and Orthopaedic Surgery	193	1669	1862	147	25	111	37	21	25	14
20/05/2025	Trauma and Orthopaedic Surgery	185	1586	1771	139	24	112	36	23	25	16
27/05/2025	Trauma and Orthopaedic Surgery	187	1525	1712	145	23	113	36	26	24	17
03/06/2025	Trauma and Orthopaedic Surgery	150	1510	1660	142	22	103	30	25	21	17
10/06/2025	Trauma and Orthopaedic Surgery	181	1432	1613	143	21	104	33	26	23	18
17/06/2025	Trauma and Orthopaedic Surgery	192	1355	1547	140	23	105	32	31	22	22
24/06/2025	Trauma and Orthopaedic Surgery	147	1330	1477	135	19	99	23	31	17	22
01/07/2025	Trauma and Orthopaedic Surgery	131	1285	1416	133	17	100	27	32	20	24
08/07/2025	Trauma and Orthopaedic Surgery	195	1213	1408	128	18	100	26	31	20	24
15/07/2025	Trauma and Orthopaedic Surgery	158	1189	1347	123	17	95	18	28	14	22

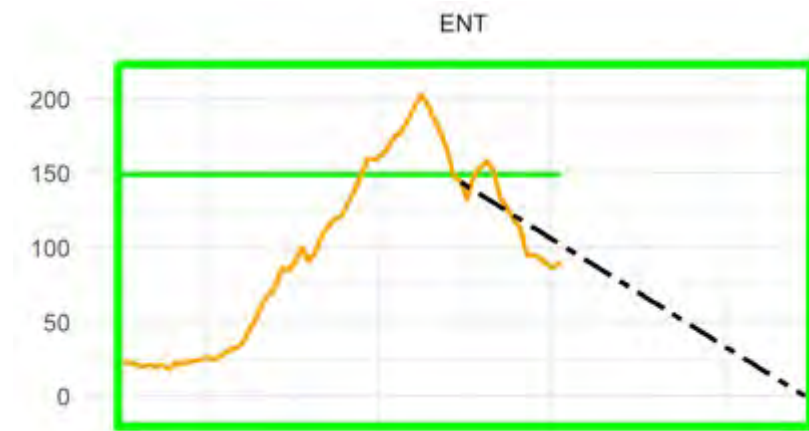
Graph 7a Trauma and Orthopaedic Surgery



Ear, Nose and Throat

Point	SpecialtyName	Patients with TCI date prior to 31.3.26	Patients without TCI date prior to 31.3.26	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
01/04/2025	Ear, Nose and Throat (ENT)	30	861	891	132	22	89	0	10	0	7
08/04/2025	Ear, Nose and Throat (ENT)	37	822	859	130	21	89	3	11	2	8
15/04/2025	Ear, Nose and Throat (ENT)	56	815	871	152	27	91	22	11	14	7
22/04/2025	Ear, Nose and Throat (ENT)	45	810	855	157	28	92	21	11	13	7
29/04/2025	Ear, Nose and Throat (ENT)	37	788	825	148	27	93	13	9	8	6
06/05/2025	Ear, Nose and Throat (ENT)	34	747	781	134	27	94	17	9	12	6
13/05/2025	Ear, Nose and Throat (ENT)	34	723	757	122	28	95	15	11	12	9
20/05/2025	Ear, Nose and Throat (ENT)	25	700	725	118	30	96	12	8	10	6
27/05/2025	Ear, Nose and Throat (ENT)	52	656	708	115	28	97	20	8	17	6
03/06/2025	Ear, Nose and Throat (ENT)	36	643	679	104	26	98	13	12	12	11
10/06/2025	Ear, Nose and Throat (ENT)	51	595	646	92	21	99	14	13	15	14
17/06/2025	Ear, Nose and Throat (ENT)	23	591	614	92	19	97	7	15	7	16
24/06/2025	Ear, Nose and Throat (ENT)	27	558	585	86	17	98	9	13	10	15
01/07/2025	Ear, Nose and Throat (ENT)	25	532	557	84	15	97	6	16	7	19
08/07/2025	Ear, Nose and Throat (ENT)	21	522	543	86	18	94	5	15	5	17
15/07/2025	Ear, Nose and Throat (ENT)	19	507	526	87	16	95	3	12	3	13

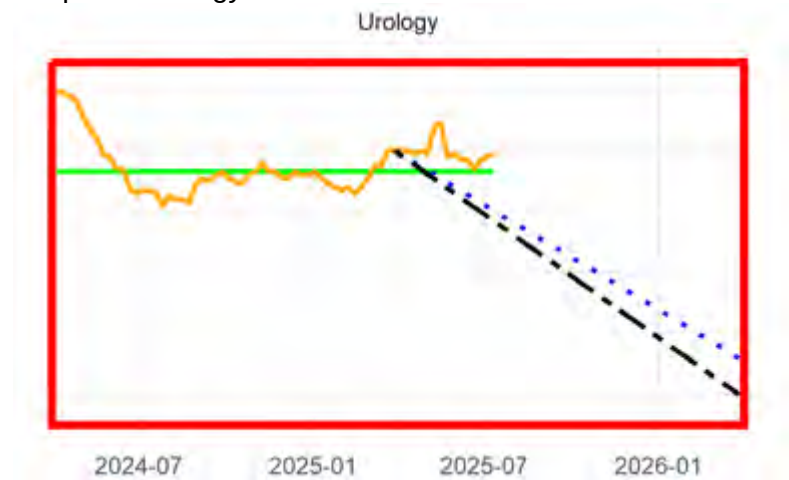
Graph 7b Ear, Nose and Throat



Urology

CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.26	Patients without TCI date prior to 31.3.26	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
01/04/2025	Urology	59	389	448	80	37	108	1	1	1	1
08/04/2025	Urology	46	381	427	80	37	108	1	1	1	1
15/04/2025	Urology	38	375	413	79	38	110	0	3	0	3
22/04/2025	Urology	40	353	393	80	42	111	1	3	1	3
29/04/2025	Urology	47	333	380	80	45	112	5	2	6	2
06/05/2025	Urology	36	323	359	81	46	113	6	1	7	1
13/05/2025	Urology	26	316	342	89	47	114	7	2	7	2
20/05/2025	Urology	30	292	322	82	42	112	7	2	8	2
27/05/2025	Urology	31	280	311	78	40	109	5	2	6	2
03/06/2025	Urology	25	272	297	79	41	110	5	5	6	6
10/06/2025	Urology	19	267	286	77	39	111	5	6	6	7
17/06/2025	Urology	12	265	277	77	39	112	5	3	6	3
24/06/2025	Urology	6	264	270	75	38	109	2	3	2	4
01/07/2025	Urology	9	258	267	77	37	110	4	4	5	5
08/07/2025	Urology	7	257	264	78	38	111	5	5	6	6
15/07/2025	Urology	16	246	262	78	41	112	7	5	8	6

Graph 7c Urology



Staffing challenges have been present in the Urology specialty however there is a plan in place to meet the board projection.

Gynaecology

CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.26	Patients without TCI date prior to 31.3.26	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
01/04/2025	Gynaecology	54	497	551	70	7	91	21	5	30	7
08/04/2025	Gynaecology	40	473	513	55	7	91	8	8	14	14
15/04/2025	Gynaecology	43	471	514	63	6	93	14	7	22	11
22/04/2025	Gynaecology	32	448	480	48	7	94	12	8	25	16
29/04/2025	Gynaecology	41	425	466	50	7	95	13	7	26	14
06/05/2025	Gynaecology	43	412	455	50	6	96	12	5	24	10
13/05/2025	Gynaecology	15	414	429	51	6	97	9	4	17	7
20/05/2025	Gynaecology	32	393	425	48	5	98	8	6	16	12
27/05/2025	Gynaecology	44	374	418	47	5	99	10	4	21	8
03/06/2025	Gynaecology	39	364	403	51	5	100	9	8	17	15
10/06/2025	Gynaecology	28	354	382	53	6	101	10	8	18	15
17/06/2025	Gynaecology	24	350	374	49	5	102	5	8	10	16
24/06/2025	Gynaecology	10	345	355	49	5	103	1	7	2	14
01/07/2025	Gynaecology	13	339	352	55	4	104	4	4	7	7
08/07/2025	Gynaecology	28	312	340	51	4	105	5	4	9	7
15/07/2025	Gynaecology	32	303	335	55	5	106	6	4	10	7

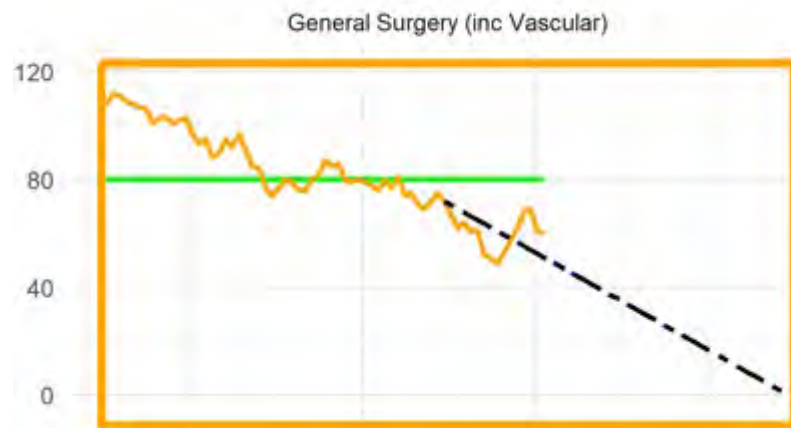
Graph 7d Gynaecology



General Surgery

CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.26	Patients without TCI date prior to 31.3.26	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
01/04/2025	General Surgery	103	921	1024	70	7	93	8	8	11	11
08/04/2025	General Surgery	95	854	949	63	7	93	7	9	11	14
15/04/2025	General Surgery	79	853	932	62	8	87	11	8	17	12
22/04/2025	General Surgery	74	824	898	60	8	88	12	12	20	20
29/04/2025	General Surgery	80	783	863	57	8	89	14	12	24	21
06/05/2025	General Surgery	61	764	825	57	9	90	13	10	22	17
13/05/2025	General Surgery	67	722	789	50	10	91	6	11	12	22
20/05/2025	General Surgery	69	678	747	48	10	92	10	11	20	22
27/05/2025	General Surgery	72	646	718	49	10	93	7	11	14	22
03/06/2025	General Surgery	59	632	691	50	10	94	7	13	14	26
10/06/2025	General Surgery	57	602	659	53	8	95	8	16	15	30
17/06/2025	General Surgery	69	567	636	60	10	96	13	14	21	23
24/06/2025	General Surgery	55	550	605	64	10	97	12	15	18	23
01/07/2025	General Surgery	51	515	566	57	5	95	4	15	7	26
08/07/2025	General Surgery	43	502	545	56	4	96	3	14	5	25
15/07/2025	General Surgery	37	480	517	56	6	97	4	14	7	25

Graph 7e General Surgery



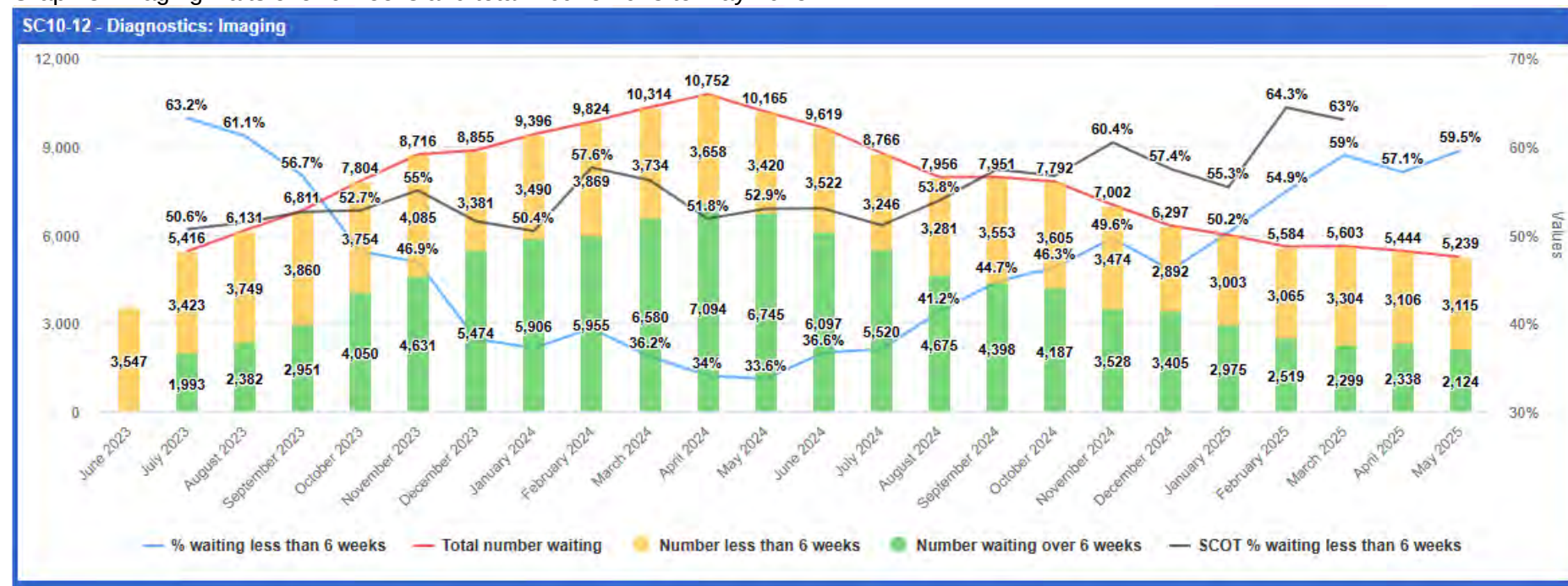
Diagnostics

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

Imaging

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total number waiting - Imaging	31-May-25	Reduction	5,239	5,444	10,165	▲	-	-
Monthly	Number waiting beyond 42 days - Imaging	31-May-25	0	2,124	2,338	6,745	▲	-	-
Monthly	Percentage waiting less than 42 days - Imaging	31-May-25	100%	59.5%	57.1%	33.6%	▲	63.0%	31-Mar-25

Graph 8: Imaging waits over 6 weeks and total – June 2023 to May 2025



At the end of May 2025, 2,124 patients were waiting beyond the 6-week standard for imaging, a reduction from 6,745 in May 2024. 59.5% of patients were waiting less than the standard noting sustained improvement since April 2024.

Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in May 2025 was 5,239; compared with 10,165 in May 2024 with a continuing reduction been seen since April 2024. Note that scan requests for urgent suspicion of cancer are prioritised.

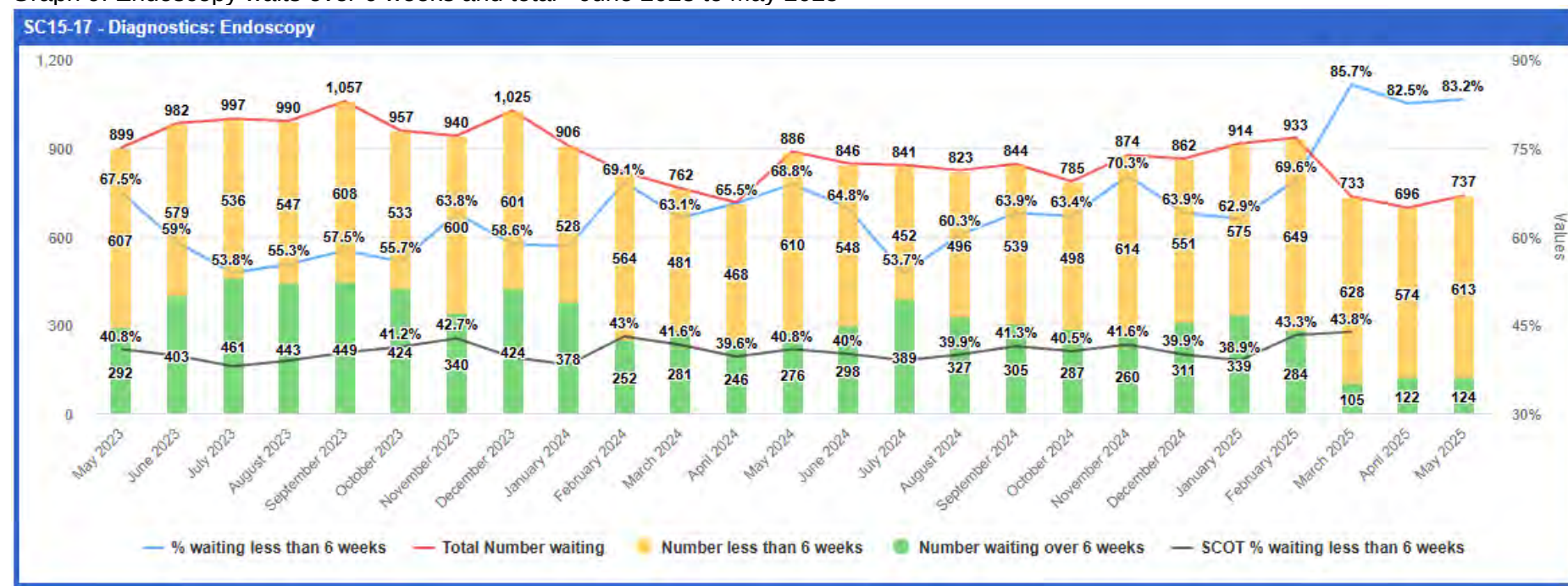
Due to further investment from Scottish Government over the past fiscal year, Ultrasound and MRI have benefitted from additional non-recurring investment. This has supported a reduction in the ultrasound waiting list. All patients are now scanned within 12-weeks, in comparison to 39-52 week waits 12-months ago. MRI patient waits have also reduced due to additional investment in a short-term agency Radiographer. Agreement of waiting times allocations from Centre for Sustainability Delivery (CfSD) has also ensured NHS Forth Valley has an additional 5000 MRI appointments at GJNG in 2025/26. This equals the entirety of current waits and will support local internal scanning to bring the waiting times back below 6-weeks from referral to report (RTR).

A more positive than the in previous 2-years is anticipated with an achievable 6-week RTR for 95% of all NHS Forth Valley Diagnostic Imaging patients covered by the waiting times standards.

Endoscopy

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total number waiting - Endoscopy	31-May-25	Reduction	737	696	886	▲	-	-
Monthly	Number waiting beyond 42 days - Endoscopy	31-May-25	0	124	122	276	▲	-	-
Monthly	Percentage waiting less than 42 days - Endoscopy	31-May-25	100%	83.2%	82.5%	68.8%	▲	43.8%	31-Mar-25

Graph 9: Endoscopy waits over 6 weeks and total - June 2023 to May 2025



At the end of May 2025, 105 patients were waiting beyond 6 weeks for endoscopy compared to 276 in May 2024. 83.2% of patients waiting less than the 6-week standard. The total number of patients waiting for endoscopy is 737 patients in May 2025 compared to 886 in May 2024.

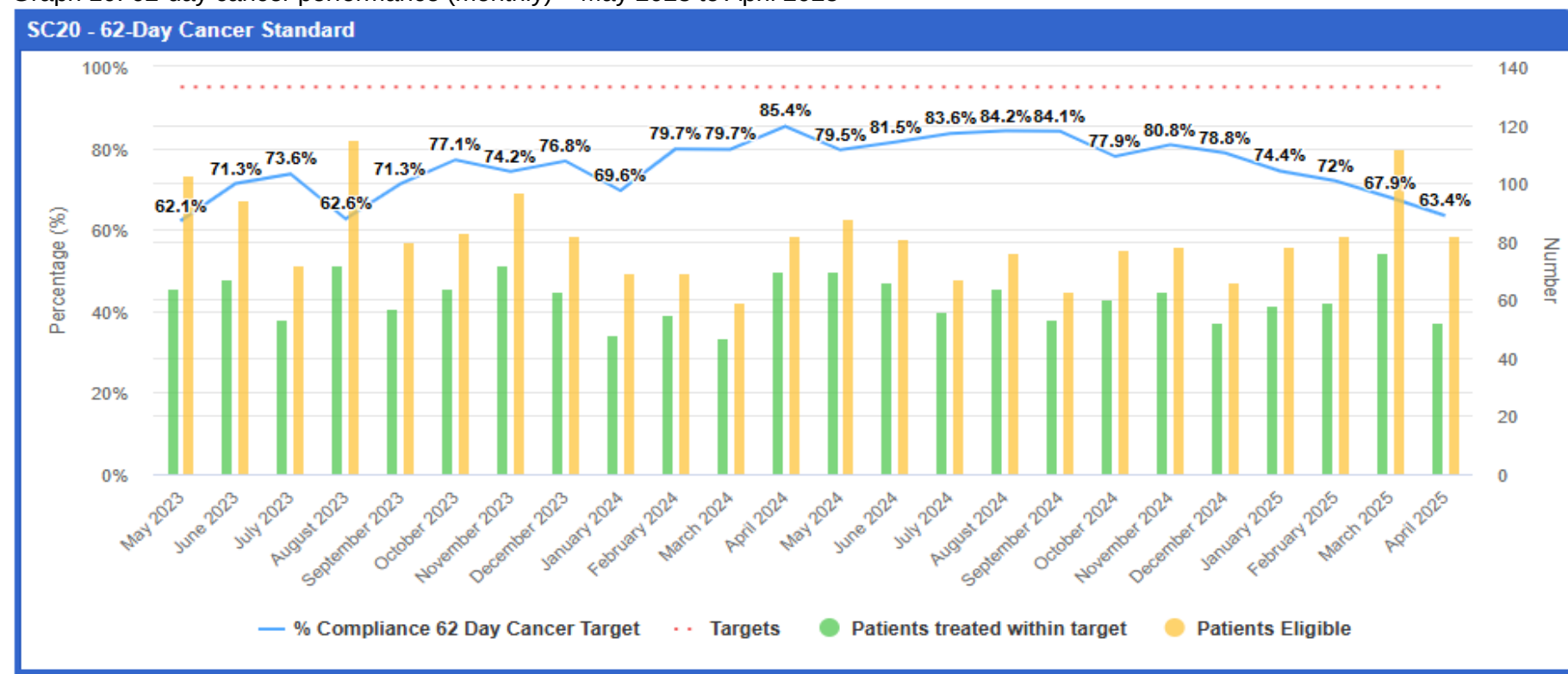
The Endoscopy team continues to work closely with the Quality Improvement Team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible. Both the total numbers waiting and the numbers waiting over have significantly reduced in the last 3 months.

62-day Cancer Standard

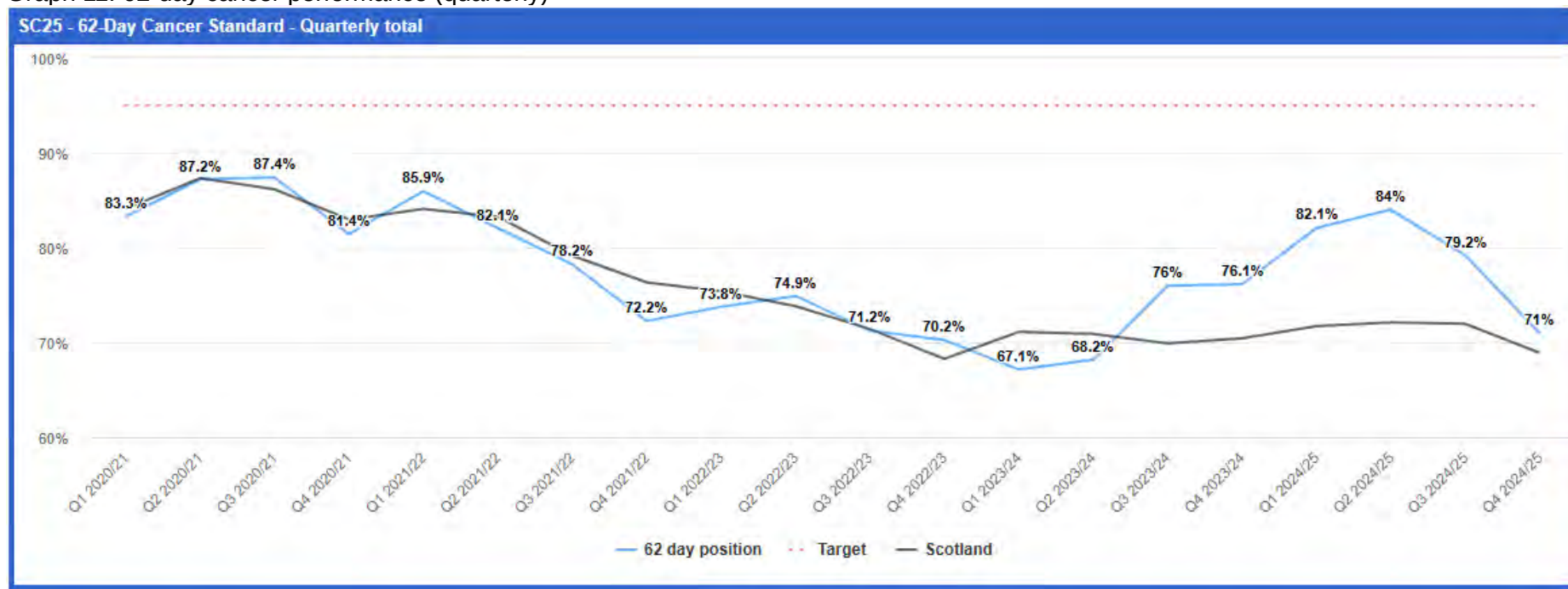
The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	62 Day Cancer Target - Percentage compliance against target	30-Apr-25	95%	63.4%	67.9%	85.4%	▼	68.1%	30-Apr-25
Monthly	62 Day Cancer - Number seen within target against total	30-Apr-25	-	52/82	76/112	70/82	-	-	-
Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-25	95%	71.0%	79.2%	76.1%	▼	67.3%	31-Mar-25

Graph 10: 62-day cancer performance (monthly) – May 2023 to April 2025



Graph 11: 62-day cancer performance (quarterly)



Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 941 of which 18% are confirmed cancer patients.

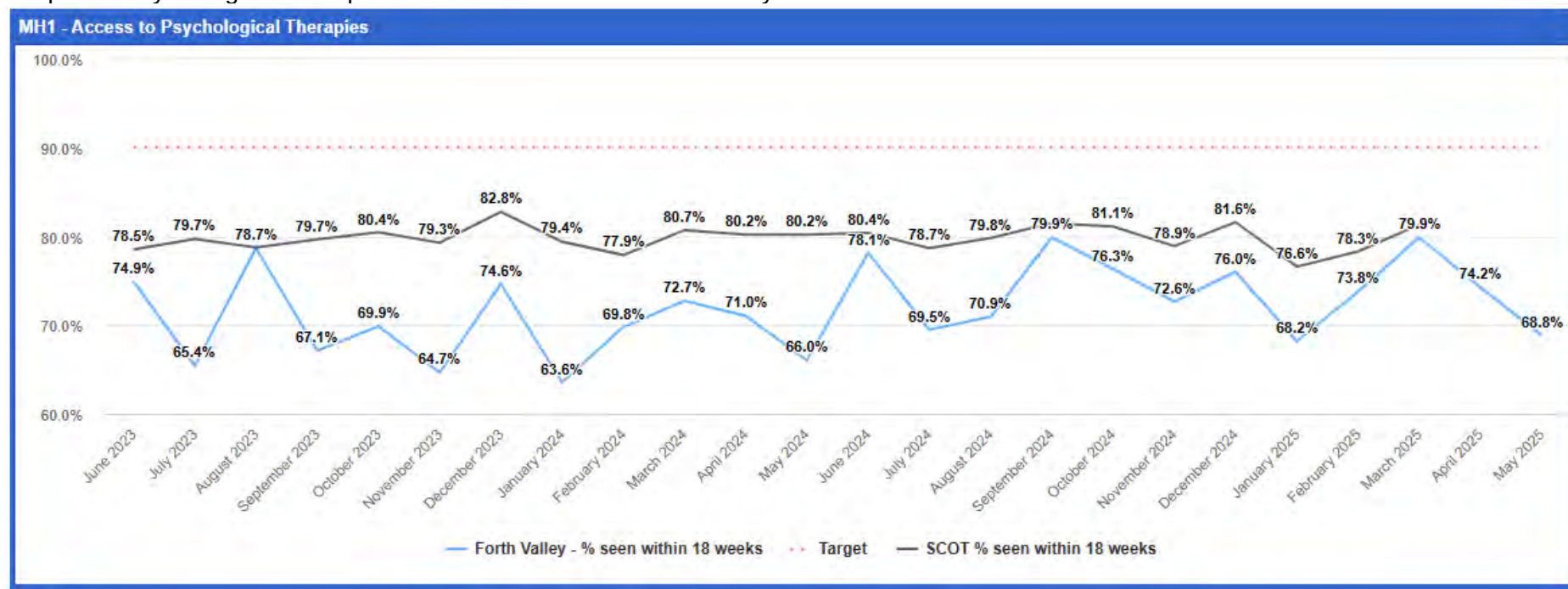
Five of the 10 cancer pathways achieved 100% with head & neck 88.9% (8/9), lung 80.0% (8/10), melanoma 80.0% (4/5), colorectal 62.5% (10/18) and urology 25.9% (0/1). The highest number of breaches are within the urology pathway with 20 out of 27 patients not meeting the standard.

Psychological Therapies

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Psychological Therapies - 18 week RTT compliance	31-May-25	90%	68.8%	74.8%	66.0%	▲	79.9%	31-Mar-25
Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-May-25	Reduction	1083	1092	753	▼	-	-
Quarterly	Psychological Therapies - 18 week RTT compliance	31-Mar-25	90%	73.8%	74.8%	68.9%	▲	78.6%	31-Mar-25

Graph 12: Psychological Therapies 18-week RTT – June 2023 to May 2025



In May 2025, draft data indicates that 68.4% of patients started treatment within 18 weeks of referral. This is a reduction in performance from the previous month position of 74.2% however an improvement from 66.0% in May 2024. Variance in the RTT is as a result of seasonal trends; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and, group therapy starting for some cohorts of patients who had been waiting a long time.

The number of people awaiting assessment has generally been increasing since quarter 1 of 2023/2024 with 1087 people awaiting assessment in March 2025. This is largely explained by the increase in referrals to the service over the same time period, with these now impacting the numbers waiting over 18 weeks for assessment.

A Psychological Therapies improvement plan plans to address services with large waiting lists, long waits, recruitment and retention of psychological staff to meet the waiting time standard and barriers to improvement was submitted to Scottish Government in early June. Feedback is awaited.

Analysis shows the longest treatment waits within the Adult Psychological Therapies are for two therapy lists (Trauma Reprocessing and Multi-Model Therapy) which represent the highest cost and lowest availability therapies. The improvement plan intends to address the elevated demand and Trauma Reprocessing and Multi-Model Therapy lists by improved referral screening and introduction of triage feedback forms to improve matching to therapy type. It is important to note that these improvements focus on changing the pathways for people referred now rather than those people already on the waiting list, and so it will take some time to see impact of these actions on the length of waits.

Further improvement work is focussing on short-term actions to address the longest waits over 104 weeks. Analysis of the waiting list has indicated that a significant barrier to progressing improvement to date has been the high demand for prioritisation of referrals, which competes directly with the longest routine waits. Work to address pathways where cases can be 'stepped up' to a higher intensity therapy, following an initial period of treatment is being undertaken. Case analysis has indicated that this is currently occurring more often than may be required, and closer scrutiny of this should release treatment capacity for the two areas of longest wait.

A Waiting Well project has been piloted with a small number of people focussing on the over 104-week group. Some resource will require to be established to ensure the continuation and evaluation of this, and the intention is to utilise capacity from Psychological Interventions Assistants (PIAs) for this work. This project has the potential to reduce the 104-week waiting group in the shortest timeframe, once the PIAs are available.

Given the scale of waits over 104 weeks, the Psychological Services Management Group is currently considering the implications of a proposal to draw on all Psychological Services, as clinically appropriate, to reduce the APTS longest waits. This would be achieved by distributing some appropriate cases to other specialties, to reduce the inequity of waits and deliver a reduction in the number of people waiting over 2 years. There are also planned improvements to the process of referral management into Secondary Care Psychology and to support psychological services more widely, with the aim of contributing to addressing service pressures beyond the team.

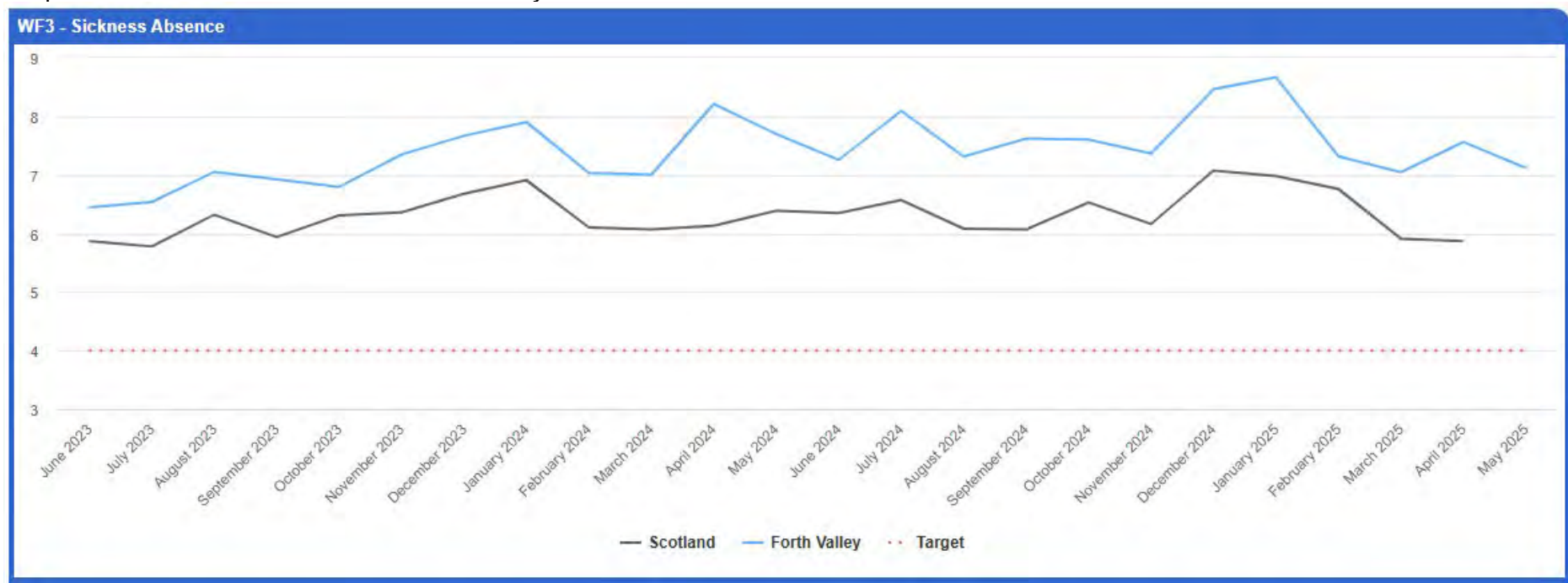
Section 2: Performance Report - Other Areas of Performance

Workforce

To reduce sickness absence to 4%

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Overall Absence	31-May-25	4.0%	7.12%	7.56%	7.70%	▲	5.87%	30-Apr-25
Rolling 12 mth	Overall Absence	31-May-25	-	7.62%	7.67%	7.41%	▼	6.45%	30-Apr-25

Graph 13: Sickness Absence – June 2023 to May 2025



The sickness absence target is 4.0%. Absence remains above the target at 7.12% in May 2025 noting an increase from 7.70% in May 2024. The 12-month rolling average June 2024 to May 2025 is noted as, NHS Forth Valley 7.62%; Scotland (May 2024 – April 2025) 6.45%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. This issue is being addressed through Directorate reviews with the expectation that targeted trajectories will be agreed for 2025/2026.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health and Staff Wellbeing. An Attendance Management Plan has been developed in partnership with staff side colleagues and an audit of the implementation of the NHS Once for Scotland Attendance Policy had been undertaken to review adherence and to understand any barriers.

A range of Occupational Health clinical services are providing staff with pathways to counselling, psychology, physiotherapy, management and self-referrals to align with Once for Scotland Policies. Awareness sessions, aimed at improving managers ability to make more accurate referrals to OH clinical pathways are delivered regularly to educate managers through a Management Referral training package. A proactive Occupational Health consultation advice line is established and increases a person-centred approach to enable individuals with access the right care at the right time.

With research evidence highlighting the link between the health and wellbeing of the workforce, and the ability to deliver high-quality patient care, work to support employee wellbeing continues supported by the Staff Support and Wellbeing Programme Group.

Issues in relation to sickness absence and workforce continue to be examined and discussed at the bi-monthly Staff Governance Committee.

Unavailability

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Outpatient Unavailability	31-May-25	Monitor	0.7%	0.6%	1.0%	▲	0.7%	31-Mar-25
Monthly	Inpatient/Day case Unavailability	31-May-25	Monitor	4.8%	3.9%	7.4%	▲	3.0%	31-Mar-25

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in May 2025 was 0.7% of the total waiting list.
- Inpatient/daycase unavailability in May 2025 was 4.8% a reduction from 7.4% in May 2024. The unavailability rate is less than 7% for all specialties except Oral and Maxillofacial Surgery (12.3%) and General Surgery Plastics (8.7%). The highest in terms of numbers are Orthopaedics with 144 patients unavailable (6.3%) and General Surgery with 63 patients unavailable (6.2%). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	New Acute Services Outpatient % DNA	31-May-25	5%	4.3%	4.7%	5.9%	▲	6.0%	31-Mar-25
Monthly	Return Acute Services Outpatient % DNA	31-May-25	5%	5.4%	5.2%	6.7%	▲	-	-

The new outpatient DNA rate across acute services in May 2025 is noted as 4.3% which is an improvement from the position in May 2024 of 5.9%. Variation across specialties continues with rates ranging from 33.3% to 1.53%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 5.8% (67 patients) and Orthopaedics 1.8% (21 patients). New acute outpatient DNAs are detailed in table 1.

The return outpatient DNA rate across acute services in May 2025 was 5.4%. There continues to be a high number of DNAs in Ophthalmology with 263 patients (4.4%), Diabetes 175 patients (13.1%), Orthopaedics 119 patients (4.4%), Dermatology 116 patients (5.2%) and Orthodontics 105 patients (5.5%). Return acute outpatient DNAs are detailed in table 2.

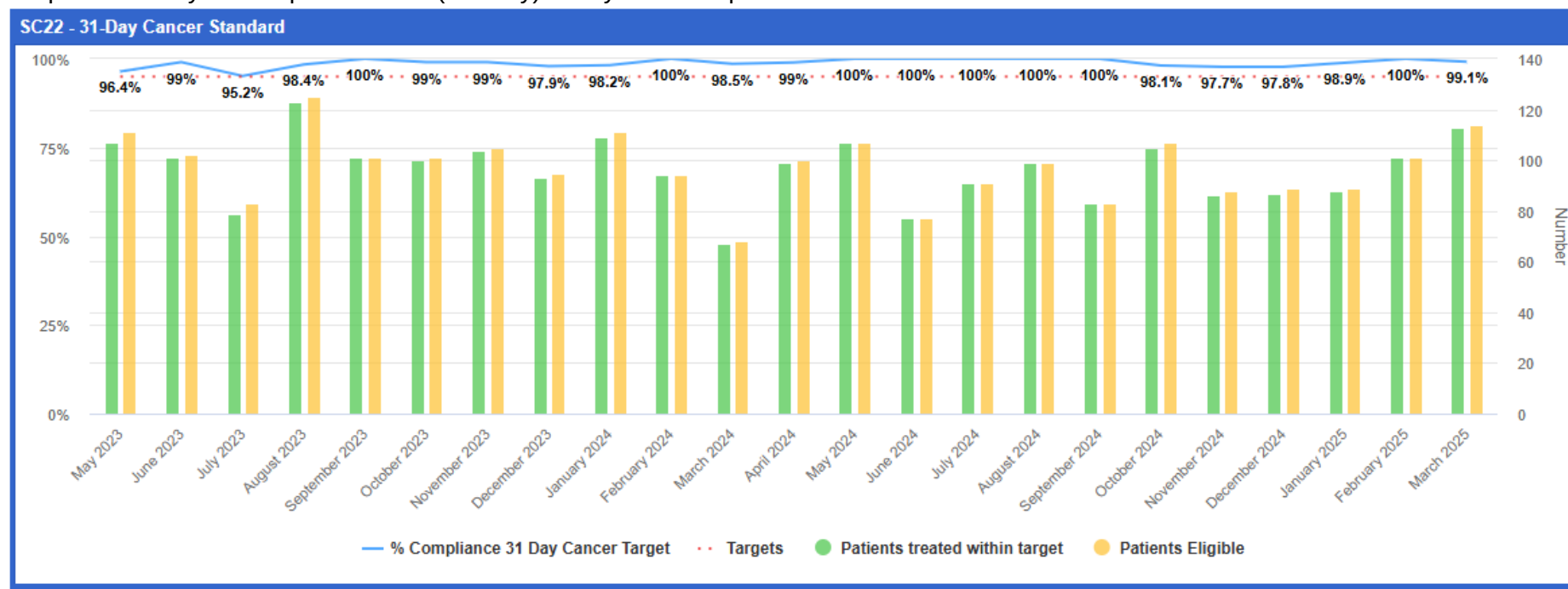
A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. Application of the Access Policy is actively endorsed and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process to cancel or change an appointment with the relevant contact information

31-day Cancer Standard

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	31 Day Cancer Target - Percentage compliance against target	30-Apr-25	95%	99.0%	99.1%	99.0%	◀▶	94.4%	30-Apr-25
Monthly	31 Day Cancer Target - Number seen within target against total	30-Apr-25	-	99/100	113/114	103/104	-	-	-
Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-25	95%	99.3%	97.9%	98.3%	▲	93.7%	31-Mar-25

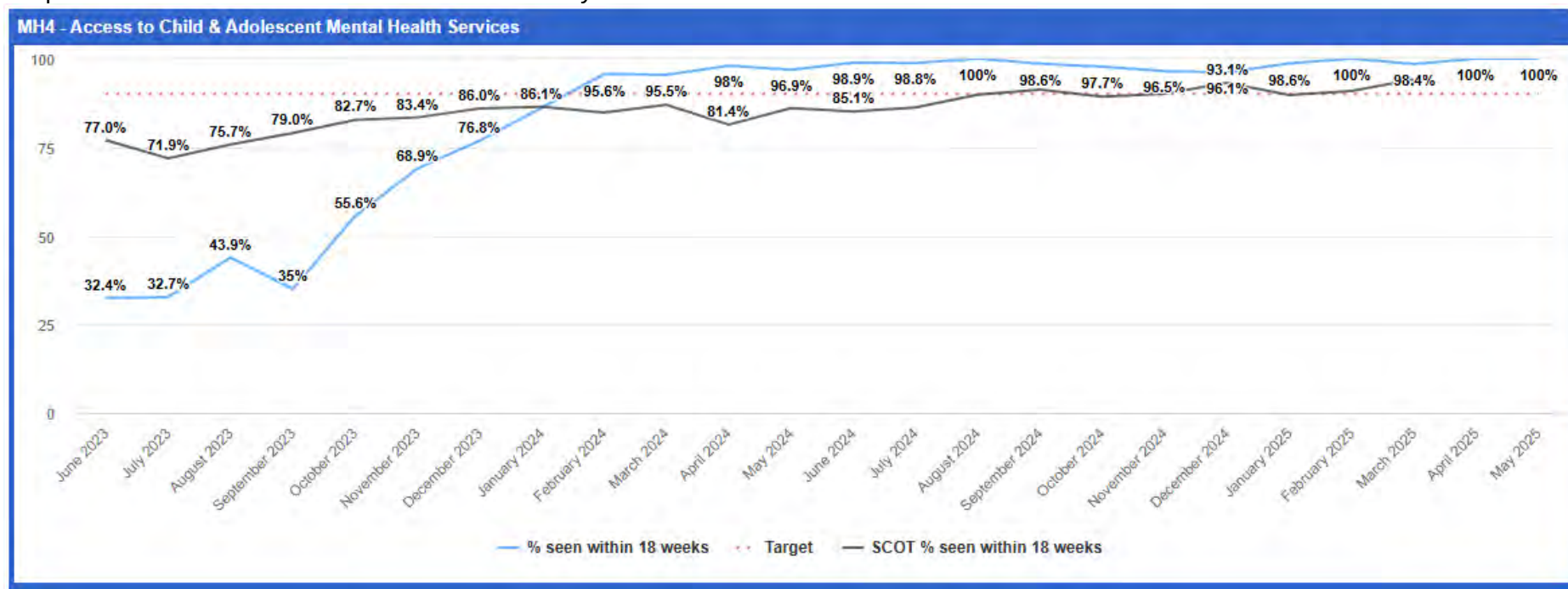
Graph 14: 31-day cancer performance (monthly) – May 2023 to April 2025



Child & Adolescent Mental Health Services (CAMHS)

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-May-25	90%	100.0%	100.0%	96.9%	▲	94.1%	31-Mar-25
Monthly	Total Number Waiting for CAMHS Initial Assessment	31-May-25	Reduction	81	71	113	▲	-	-
Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-25	90%	99.1%	96.8%	92.8%	▲	91.6%	31-Mar-25

Graph 15: CAMHS 18-week RTT – June 2023 to May 2025



May 2025 figures show we are continuing to perform above target with 100% of patients starting treatment within 18 weeks of referral.

Section 3: Performance Scorecard

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	RUN CHART	NOTES
HOSPITAL STANDARDISED MORTALITY RATE													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	31-Dec-24	<= 1.00	0.98	0.98	0.89	▼	1.00	31-Dec-24	-	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE													
	FV	Monthly	Total Number of ED Attendances	31-May-25	Reduction	5,665	5,271	5,593	▼	-	-	-	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned and new planned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-May-25	Reduction	5,665	5,271	5,406	▼	-	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-May-25	95%	45.7%	53.0%	49.1%	▼	67.1%	30-Apr-25	✓	
US3	S5	Monthly	Number that waited >4 hours in ED	31-May-25	Reduction	3,074	2,476	2,753	▼	-	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-May-25	Reduction	1,328	998	1,208	▼	-	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-May-25	Reduction	466	411	597	▲	-	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-May-25	Reduction	7	5	43	▲	-	-	-	
	FV	Monthly	Total Number of MIU Attendances	31-May-25	Reduction	2,074	1,705	2,069	▼	-	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-May-25	Reduction	2,074	1,705	889	▼	-	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-May-25	95%	99.4%	99.7%	98.5%	▼	-	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-May-25	95%	60.1%	64.4%	56.1%	▲	71.1%	30-Apr-25	✓	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-May-25	-	533	516	562	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-May-25	-	144	149	119	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-May-25	-	605	519	582	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	31-May-25	-	10.7%	9.9%	10.4%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-May-25	Reduction	3,204	3,198	3,360	▲	-	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-May-25	Reduction	4,779	4,958	5,148	▲	-	-	-	
	FV	Monthly	Advice	31-May-25	-	3,242	3,438	3,543	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-May-25	-	1,262	1,209	1,326	-	-	-	-	
	FV	Monthly	Home Visit	31-May-25	-	174	209	166	-	-	-	-	
	FV	Monthly	Mental Health	31-May-25	-	31	34	31	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-May-25	-	69	65	74	-	-	-	-	
	FV	Monthly	Remote Consultation	31-May-25	-	1	3	8	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-May-25	-	97%	98%	94%	▲	-	-	-	

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	RUN CHART	NOTES
SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-May-25	Reduction	14,402	14,104	14,547	▲	-	-	✓	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
			Forth Valley	31-May-25	Reduction	14,310	13,936			-	-	-	
			Mutual Aid	31-May-25	Reduction	92	168			-	-	-	
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-May-25	Reduction	3,609	3,511	4,756	▲	-	-	✓	
			Forth Valley	31-May-25	Reduction	3,547	3,368			-	-	-	
			Mutual Aid	31-May-25	Reduction	62	143			-	-	-	
			Number of New Outpatients waiting over 52 weeks	31-May-25	0	49	151	219	▲	-	-	✓	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-May-25	95%	74.9%	75.1%	67.3%	▲	41.4%	31-Mar-25	✓	
			Forth Valley	31-May-25	95%	75.2%	75.8%			-	-	-	
			Mutual Aid	31-May-25	95%	32.6%	14.9%			-	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	31-May-25	Monitor	0.7%	0.6%	1.0%	▲	0.7%	31-Mar-25	✓	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC7	FV	Monthly	New Acute Services Outpatient % DNA	31-May-25	5%	4.3%	4.7%	5.9%	▲	6.0%	31-Mar-25	-	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-May-25	5%	5.4%	5.2%	6.7%	▲	-	-	-	
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	31-May-25	Reduction	5,239	5,444	10,165	▲	-	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-May-25	0	2,124	2,338	6,745	▲	-	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-May-25	100%	59.5%	57.1%	33.6%	▲	63.0%	31-Mar-25	✓	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	31-May-25	Reduction	737	696	886	▲	-	-	-	Scotland position monthly, available quarterly
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-May-25	0	124	122	276	▲	-	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-May-25	100%	83.2%	82.5%	68.8%	▲	43.8%	31-Mar-25	✓	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	30-Apr-25	95%	63.4%	67.9%	85.4%	▼	68.1%	30-Apr-25	✓	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	30-Apr-25	-	52/82	76/112	70/82	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	30-Apr-25	95%	100.0%	100.0%	100.0%	▲	89.2%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Breast - Number seen within target against total	30-Apr-25	-	7/7	23/23	16/16	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	30-Apr-25	95%	62.5%	72.7%	100.0%	▼	64.6%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	30-Apr-25	-	10/18	8/11	18/18	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	30-Apr-25	95%	100.0%	-	-	▲	46.7%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	30-Apr-25	-	1/1	0/0	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	30-Apr-25	95%	88.9%	16.7%	60.0%	▲	76.6%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	30-Apr-25	-	8/9	1/6	3/5	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	30-Apr-25	95%	80.0%	94.4%	86.7%	▼	78.5%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Lung - Number seen within target against total	30-Apr-25	-	8/10	17/18	13/15	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	30-Apr-25	95%	100.0%	50.0%	100.0%	▲	89.7%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	30-Apr-25	-	4/4	2/4	3/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	30-Apr-25	95%	80.0%	100.0%	100.0%	▲	86.7%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	30-Apr-25	-	4/5	4/4	5/5	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	30-Apr-25	95%	-	100.0%	-	◀▶	90.5%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	30-Apr-25	-	0/0	1/1	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	30-Apr-25	95%	100.0%	76.9%	75.0%	▲	78.0%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	30-Apr-25	-	3/3	10/13	3/4	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	30-Apr-25	95%	25.9%	31.3%	56.3%	▼	35.9%	30-Apr-25	-	
	SG	Monthly	62 Day Cancer - Urology - Number seen within target against total	30-Apr-25	-	7/27	10/32	9/16	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	30-Apr-25	95%	99.0%	99.1%	99.0%	◀▶	94.4%	30-Apr-25	✓	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	30-Apr-25	-	99/100	113/114	103/104	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-25	95%	71.0%	79.2%	76.1%	▼	67.3%	31-Mar-25	✓	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-25	95%	99.3%	97.9%	98.3%	▲	93.7%	31-Mar-25	✓	

BETTER CARE														
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	RUN CHART	NOTES	
INPATIENTS & DAYCASES														
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Mar-25	0	1,533	1,386	1,429	-	-	-	-	Treatment Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly	
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Mar-25	100%	44.3%	44.6%	47.0%	▼	56.7%	31-Mar-25	-		
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-May-25	Reduction	6,920	6,802	5,449	▼	-	-	✓		
			Forth Valley	31-May-25	Reduction	6,786	6,607		-	-	-	-		
			Mutual Aid	31-May-25	Reduction	28	43		-	-	-	-		
			NTC	31-May-25	Reduction	106	152		-	-	-	-		
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-May-25	Reduction	4,195	4,290	3,025	▼	-	-	✓		
			Forth Valley	31-May-25	Reduction	4,080	4,148		-	-	-	-		
			Mutual Aid	31-May-25	Reduction	20	13		-	-	-	-		
			NTC	31-May-25	Reduction	95	129		-	-	-	-		
		Monthly	Number of Inpatients/Day cases waiting over 52 weeks	31-May-25	0	448	516	394	▼	-	-	✓		
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-May-25	100%	39.4%	36.9%	44.5%	▼	33.5%	31-Mar-25	✓		
			Forth Valley	31-May-25	100%	39.9%	37.2%		-	-	-	-		
			Mutual Aid	31-May-25	100%	28.6%	69.8%		-	-	-	-		
			NTC	31-May-25	100%	10.4%	15.1%		-	-	-	-		
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-May-25	Monitor	4.8%	3.9%	7.4%	▲	3.0%	31-Mar-25	✓	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly. (for 31/12/2024 excludes Ayrshire and Arran)	
READMISSIONS														
R1	FV	Monthly	Readmissions - Surgical 7 day	31-May-25	Reduction	2.0%	3.6%	2.4%	▲	-	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.	
R2	FV	Monthly	Readmissions - Surgical 28 day	31-May-25	Reduction	5.2%	7.0%	4.9%	▼	-	-	-		
R3	FV	Monthly	Readmissions - Medical 7 day	31-May-25	Reduction	1.3%	1.4%	1.3%	▲	-	-	-		
R4	FV	Monthly	Readmissions - Medical 28 day	31-May-25	Reduction	3.5%	4.6%	4.2%	▲	-	-	-		
MENTAL HEALTH														
PSYCHOLOGICAL THERAPIES														
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-May-25	90%	68.8%	74.8%	66.0%	▲	79.9%	31-Mar-25	✓	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.	
MH2	FV	Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	31-May-25	Reduction	1083	1092	753	▼	-	-	-		
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Mar-25	90%	73.8%	74.8%	68.9%	▲	78.6%	31-Mar-25	✓		
CHILD & ADOLESCENT MENTAL HEALTH SERVICES														
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-May-25	90%	100.0%	100.0%	96.9%	▲	94.1%	31-Mar-25	✓		
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-May-25	Reduction	81	71	113	▲	-	-	-		
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-25	90%	99.1%	96.8%	92.8%	▲	91.6%	31-Mar-25	✓		
SUBSTANCE USE														
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Dec-24	90%	98.1%	99.5%	59.7%	▲	95.5%	31-Dec-24	✓	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.	
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	31-Dec-24	90%	100.0%	93.5%	100.0%	◀▶	92.1%	31-Dec-24	✓		
COMPLAINTS														
C1		Monthly	% Compliance Forth Valley (inc. prisons)	30-Apr-25	100%	70.2%	64.1%	68.6%	▲	-	-	✓	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda	
C2		Monthly	% Compliance Stage 1 (inc. prisons)	30-Apr-25	100%	68.1%	43.0%	89.2%	▼	-	-	✓		
C3		Monthly	% Compliance Stage 2 (inc. prisons)	30-Apr-25	100%	2.2%	4.3%	4.7%	▼	-	-	✓		

BETTER WORKFORCE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	RUN CHART
WF3	SG	Monthly	Overall Absence	31-May-25	4.0%	7.12%	7.56%	7.70%	▲	5.87%	30-Apr-25	✓
WF4	FV	Monthly	Short Term Absence	31-May-25	-	2.40%	2.43%	2.52%	▲	-	-	-
WF5	FV	Monthly	Long Term Absence	31-May-25	-	4.72%	5.13%	5.18%	▲	-	-	-
WF6	FV	Rolling 12 mth	Overall Absence	31-May-25	-	7.62%	7.67%	7.41%	▼	6.45%	30-Apr-25	-
From 1st April 2024 all coronavirus absences are included within the sickness absence totals.												
Hours lost due to sickness absence / total hours available (%).												
Short Term Absence - a period of sickness absence of 28 days or less												
Long Term Absence - a period of sickness absence lasting over 28 days												
Absence Management is a standing item on the Staff Governance												
BETTER VALUE												
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	RUN CHART
DELATED DISCHARGES												
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-May-25	Reduction	82	96	79	▼	-	-	✓
			Falkirk	31-May-25	Reduction	63	67	52	▼	-	-	✓
			Clackmannanshire	31-May-25	Reduction	6	11	10	▲	-	-	✓
			Stirling	31-May-25	Reduction	9	13	14	▲	-	-	✓
			Outwith Forth Valley	31-May-25	Reduction	4	5	3	▼	-	-	✓
VA2	FV		Code 9 & Guardianship Delays	31-May-25	Reduction	42	42	55	▲	-	-	✓
			Falkirk	31-May-25	Reduction	22	20	26	▲	-	-	✓
			Clackmannanshire	31-May-25	Reduction	9	11	6	▼	-	-	✓
			Stirling	31-May-25	Reduction	9	8	20	▲	-	-	✓
			Outwith Forth Valley	31-May-25	Reduction	2	3	3	▲	-	-	✓
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-May-25	Reduction	3,538	4,018	3,584	▲	-	-	✓
			Falkirk	31-May-25	Reduction	2,763	3,123	2,591	▼	-	-	✓
			Clackmannanshire	31-May-25	Reduction	82	404	294	▲	-	-	✓
			Stirling	31-May-25	Reduction	304	179	486	▲	-	-	✓
			Outwith Forth Valley	31-May-25	Reduction	389	312	213	▼	-	-	✓
VA4	FV	Daily	Number waiting for a Community Bed	31-May-25	Reduction	47	43	73	▲	-	-	-
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-May-25	Reduction	7.44	7.57	7.36	▼	-	-	-
This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C.												
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-May-25	Reduction	1,871	1,741	1,786	▼	-	-	-
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-May-25	Reduction	722	812	871	▲	-	-	-
E3	FV	Monthly	% Bed Occupancy - FVRH	31-May-25	Reduction	107.1%	110.9%	113.6%	▲	-	-	-
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-May-25	Reduction	96.4%	106.7%	110.5%	▲	-	-	-
E5	FV	Monthly	% Bed Occupancy - ICU	31-May-25	Reduction	75.6%	82.6%	84.2%	▲	-	-	-
The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow												
EQUITABLE												
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	74.4%	▲	75.9%	2020/23	-
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	▼	68.7%	2021/22	-
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2022/23	60%	66.2%	66.6%	66.6%	▼	65.7%	2022/23	-
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2023/24	75%	77.2%	17.2%	17.2%	▲	85.0%	2023/24	-
		Annually	Surveillance AAA scan (quarterly)	2023/24	90%	100.0%	84.4%	84.4%	▲	94.3%	2023/24	-
		Annually	Surveillance AAA scan (annually)	2023/24	90%	91.8%	84.4%	84.4%	▲	94.4%	2023/24	-
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	30-Sep-24	87	51	52	68	▼	-	-	-
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	30-Sep-24	100%	58.8%	59.8%	78.2%	▼	71.5%	30-Sep-24	-
The LDP Standard for NHS Scotland in 2024/25 is to achieve at least 7,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas												
FINANCE												
F1	SG	FYTD	Year to date revenue position	30-Apr-25	Breakeven	-£2.197m	£0.239m	-£2.107m	▲	-	-	-

Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target ▼ - Deterioration in period or below target ◄► - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

16. Finance Report

For: Assurance

Executive Sponsor: Mr Ross McGuffie, Chief Executive

Author: Mr Scott Urquhart, Director of Finance/Mrs Jillian Thomson, Deputy Director of Finance

Executive Summary

This report provides a high-level summary of the financial results for the first quarter of 2025/26 together with an updated projection for the year. A breakeven position was initially forecast as part of our 2025/26 financial plan however early indications suggest that there is a risk that an overspend in the region of £10m could materialise unless corrective action is taken at an early stage.

The Scottish Government has reiterated the expectation that all NHS Boards must deliver an outturn in line with their approved financial plans or discuss with them in advance of making any changes to the planned outturn position. Further measures to accelerate the pace of savings delivery and reduce costs are therefore required if we are to achieve breakeven in accordance with our 2025/26 approved financial plan.

Recommendations

The NHS Board is asked to:

- **note** the level of financial risk and challenge forecast for 2025/26, with an overspend of £5.5m reported for the first three months of the financial year
- **note** that following discussions with Scottish Government, a forecast overspend in the region of £10m is projected for 2025/26, reflecting a range of early cost pressures and risks.
- **note** that in order to mitigate the in-year financial risks as far as possible, additional actions are being put in place with immediate effect to restore financial balance, including development of further targeted cost improvement plans equivalent to 2% of Directorate operational budgets with a focus on waste reduction.

Risk Assessment / Management

Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the financial impact of ongoing operational service and capacity pressures.

Key Issues to be considered

2025/26 Financial Position

Based on the financial planning assumptions presented to the NHS Board in March 2025, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2024/25, a net funding gap of £38.0m (4.9% of our recurring baseline budget) was identified for 2025/26.

A range of cost improvement plans and efficiency initiatives were developed to mitigate the £38.0m gap with an aim to achieve breakeven. Following an in-depth review of the financial results for the first quarter of the year, a projected deficit of approx £10m is forecast at 31 March 2026 based on current expenditure trends, expected savings delivery and risk. Note that a £5.5m revenue overspend is reported for the quarter which is a key concern at this early stage in the financial year.

The Scottish Government approved our financial plan for 2025/26 and acknowledged the level of savings required to deliver a breakeven position. We will continue to work closely with Scottish

Government colleagues as part of the Service Renewal Framework to prioritise, innovate and reform our services going forward, including shift resources towards prevention and accelerate digital enablement to support a more financially sustainable system. However it is clear that immediate action is required now to accelerate the pace of savings delivery, together with further measures to reduce costs in year as far as possible. To this end, all Directorates will be tasked with identifying further savings plans equivalent to 2% of operational budgets.

Implications

Financial Implications

Financial implications are considered in the main body of the report.

Workforce Implications

There are no immediate workforce implications associated with this report. However it is recognised that Workforce accounts for a significant proportion of total operating expenditure and is therefore a key financial risk area.

Infrastructure Implications including Digital

There are no immediate infrastructure or digital implications associated with this report. However it is clear that digital opportunities are key element of the financial sustainability action plan.

Sustainability Implications

There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our cost improvement programme.

Sustainability Declaration

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

☐ Yes
☒ N/A

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

Quality / Patient Care Implications

It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy underpinned by the principles of Value Based Health and Care.

Information Governance Implications

There are no direct information governance implications arising from this report.

Relevance to Strategic Priorities

There is a statutory requirement for NHS Boards to operate within the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement set by the Scottish Government.

Equality Declaration

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

Further to an evaluation it is noted that this paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

This report was prepared in consultation with Senior Finance colleagues.

Additional Information

N/A

Appendices:

Appendix 1: Overview of month 3 financial results NHS board level

APPENDIX 1 - OVERVIEW OF MONTH 3 FINANCIAL RESULTS

1. Revenue year to date results – month 3

An overspend of £5.5m is reported for the first quarter of the financial year as summarised in table 1 below:

TABLE 1: NHS Forth Valley 2025/26 Financial performance	Annual Budget	April - June Budget	April - June Expenditure	Underspend/ (Overspend)
£m	£m	£m	£m	£m
<u>Set Aside & Non-Delegated Functions*</u>				
Acute Services	251.531	61.616	69.074	(7.458)
Women & Children's	63.163	15.504	16.578	(1.074)
Cross Boundary Flow/External SLAs	69.760	17.390	18.095	(0.705)
Non-delegated Community Services	41.619	10.282	10.480	(0.197)
Facilities	113.632	28.084	28.676	(0.592)
Digital	26.611	6.450	6.373	0.077
Corporate Functions	42.840	8.332	8.296	0.036
Ringfenced and Contingency Budgets	54.821	4.500	0.000	4.500
Income	(34.572)	(8.715)	(8.651)	(0.064)
Sub total	629.405	143.443	148.921	(5.478)
<u>Delegated Functions</u>				
Operational Services	149.925	38.972	36.602	2.370
Universal Services	170.846	46.687	48.896	(2.208)
IJB reserves	15.611	(0.161)	0.000	(0.161)
Sub total	336.383	85.497	85.497	0.000
<u>Reserve transfers (to)/from IJB</u>				
Clackmannanshire & Stirling IJB	0.000	0.000	0.000	0.000
Falkirk IJB	0.000	0.000	0.000	0.000
Sub total	0.000	0.000	0.000	0.000
TOTAL	965.787	228.941	234.419	(5.478)

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £629.405m above is £86.1543m. An overspend of £3.037m is reported at month 3.

In arriving at this position, a number of outstanding revenue allocations have been anticipated and included in the month 3 budgets pending confirmation from the Scottish Government. Note that funding allocations in respect of the increase in employers National Insurance Contributions (60%) and the national sustainability fund have recently been confirmed and are lower than originally planned. Clearly, there is a degree of risk attached to all anticipated allocations until such time as they are formally agreed by the Scottish Government.

As outlined, in table 1 above, an overspend of £5.5m is reported for the 3 month period ended 30 June 2025. As previously reported, the vast majority of the overspend relates to ongoing pressures in the Acute Services Directorate, particularly in relation to medical pay costs which are overspent by £2.6m and nurse pay costs (primarily relating to unregistered nursing staff) which are overspent by £1.0m to date. Pressures are also reported against drug costs (£1.8m overspent), unachieved historic savings targets from prior years (£1.8m) and overspends in surgical sundry budgets (£0.5m). An options appraisal is currently underway in relation to all unfunded service areas within the Acute Services Directorate to bring these areas within budget or agree exit strategies where clinically

appropriate. In addition, a demand and capacity exercise is also in progress in a bid to inform medical workforce planning and agree baseline medical staffing profiles. Similar issues are also reported in relation to Women and Children's services in terms of medical and psychology pay costs, historic unachieved savings targets and surgical sundries.

With respect to overall supplementary pay costs, expenditure is £2.6m lower than the same period in the previous year, largely driven by the continued cessation of nurse agency usage. Nurse bank costs are also now starting to reduce as outlined in table 2 below with a 15.9% reduction reported in the first quarter, albeit overall nurse bank costs remain higher than the planned level. This will be considered by the nursing workforce governance group to ensure that bank usage is appropriately authorised and cross referenced against sickness absence, vacancies and backfill requirements.

Table 2: Non-Core Staffing Costs	Apr 24 to Jun 24 £	Apr 25 to Jun 25 £	Better/ (Worse) £	% Change
Admin agency	42,172	6,604	35,568	84.3%
Admin bank	375,922	251,257	124,665	33.2%
Medical agency	1,023,449	1,466,505	(443,056)	(43.3%)
Medical bank	594,118	816,705	(222,587)	(37.5%)
Medical locum	593,501	300,729	292,771	49.3%
Nurse agency	1,732,799	(54,379)	1,787,178	103.1%
Nurse bank	5,159,466	4,338,424	821,042	15.9%
Other agency	31,702	75,045	(43,343)	(136.7%)
Other bank	345,086	333,363	11,722	3.4%
Overtime	576,276	340,862	235,414	40.9%
Total	10,474,491	7,875,116	2,599,375	24.8%

2. Efficiency Savings

The Financial Sustainability Action Plan has been updated for 2025/26 which sets out the broad range of local and national cost improvement initiatives and efficiency schemes designed to mitigate the £38.0m funding gap identified as part of our 2025/26 financial plan.

The plan includes savings schemes across 4 workstreams which are aligned to the refreshed national "15-point grid" and the 3% recurring savings target set by the Scottish Government. To date total savings of £5.6m have been delivered however it is recognised that the pace of savings delivery is behind the planned trajectory by £5.7m as at 30 June. Whilst this is not uncommon at this early stage in the financial year, further targeted action will be required to accelerate the pace of savings delivery.

All areas are behind plan to varying degrees with the notable exception of prescribing where excellent progress has been made in relation to the review of stock management, ordering processes and off-contract spend. This has generated significant savings to date by ensuring that the relevant contracted brand is used for the formulation of chemotherapy injectable drugs prepared on site by our aseptic unit.

Key areas of concern at this stage include the workforce optimisation savings category in terms of the ongoing risk around non-compliant rotas and high sickness absence levels. The service optimisation category is also under review, particularly in relation to the saving attached to remote outpatient appointments which is considered high risk. In terms of the other local savings category, service redesign and reform through our Value Based Health and Care programme is now underway, however savings have not been quantified as yet.

Annual plan £m	TABLE 3: 2025/26 Financial Sustainability Action Plan - YTD saving delivery	Apr - Jun plan £m	Apr - Jun actual £m	Variance £m
	15 Box Grid: Innovation & Value-Based Healthcare			
0.035	Clinical Variation Review	0.000	0.000	0.000
0.392	Digital savings	0.098	0.052	(0.046)
1.965	Energy Efficiency Schemes	0.491	0.000	(0.491)
3.691	Prescribing savings	0.811	1.075	0.264
6.083	Sub total: Innovation & Value-Based Healthcare	1.401	1.127	(0.274)
	15 Box Grid: Workforce Optimisation			
0.999	Agency Reduction	0.000	0.000	0.000
4.949	Sustainable staff bank usage	1.237	0.516	(0.721)
0.500	Sickness absence reduction	0.125	0.000	(0.125)
1.044	Non-compliant rotas review	0.261	0.000	(0.261)
0.000	Central functions job family review	0.000	0.000	0.000
7.492	sub total: Workforce Optimisation	1.623	0.516	(1.107)
	15 Box Grid: Service Optimisation			
0.500	Theatres optimisation	0.125	0.000	(0.125)
1.909	Remote outpatient appointments	0.477	0.000	(0.477)
0.200	PLICS roll out	0.000	0.000	0.000
0.000	Length of stay reductions	0.000	0.000	0.000
0.221	Non-pay spend review	0.056	0.001	(0.055)
2.830	sub total: Service Optimisation	0.658	0.001	(0.657)
	Other local savings plans			
2.482	Estates & Infrastructure	1.436	1.194	(0.241)
8.603	Service redesign & reform	2.151	0.000	(2.151)
10.409	Non-pay & other measures	4.052	2.795	(1.257)
0.163	Savings under development	0.041	0.000	(0.041)
21.657	sub total: Other local savings plans	7.680	3.989	(3.690)
38.062	TOTAL	11.362	5.633	(5.728)
21.899	Recurring	6.775	4.127	(2.647)
16.163	Non-recurring	4.587	1.506	(3.081)
38.062	TOTAL	11.362	5.633	(5.728)

3. Capital year to date results – month 3

The total net capital budget for 2025/26 is currently estimated at £11.7m as summarised in table 4 below. This reflects the core formula allocation of £6.7m as advised by the Scottish Government, together with £6.0m of net anticipated allocations (including £4.8m of approved funding through the Business Continuity Plan submission and other adjustments).

A balanced position is reported against the Capital Resource Limit (CRL) for the first quarter of the year, with total expenditure of £0.6m reported to date leaving a net balance of £11.0m to be spent over the remainder of the financial year.

Annual Budget £m	TABLE 4: 2025/26 NHS Forth Valley Capital Position	April - June Budget £m	April - June Expenditure £m	Underspend/ (Overspend) £m
0.000	Elective Care	0.091	0.091	0.000
5.761	Information Management & Technology	0.237	0.237	0.000
2.945	Medical Equipment	0.024	0.024	0.000
4.793	Facilities & Infrastructure	0.199	0.199	0.000
(0.908)	NHS Board corporate projects	0.000	0.000	0.000
0.100	Right of Use Assets IFRS16	0.000	0.000	0.000
12.691	Total Available Capital Funding	0.552	0.552	0.000
(0.992)	Indirect Capital Charged to Revenue	0.000	0.000	0.000
11.699	Forecast NET Capital Resource Limit	0.552	0.552	0.000

Elective Care – expenditure to date reflects advisor and professional fees due to ongoing delays associated with the new National Treatment Centre Inpatient Ward as a result of outstanding technical issues relating to the pipework and fire compliance regulations. A potential solution has been submitted to building control for review and we are currently awaiting feedback.

Information Management & Technology – to date the sum of £0.2m has been spent on a range of infrastructure refresh projects (including associated staff costs charged to capital).

Medical Equipment – a small level of expenditure has been incurred to date in relation to new Ultrasound Probes. Procurement of other medical equipment, in line with the planned replacement plan, is scheduled for later in the year.

Facilities & Infrastructure – to date the sum of £0.2m has been spent on improvements works at Dunblane Health Centre, professional fees in relation to the proposed ASDU extension and staff costs charged to Capital.

NHS Board Corporate Projects and Property Sales – the budget includes planned capital to revenue grants (reported as a negative budget). Note that there are currently no anticipated capital receipts linked to property sales during 2025/26. Discussions with property developers are ongoing in relation to sale of land at Stirling Care Village however this is not expected to conclude until late 2026/27.

FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

17(a). Quality Assurance and Improvement Report

For: Assurance

Executive Sponsors: Mr Andrew Murray, Medical Director. Professor Karen Goudie, Executive Nurse Director.

Authors: Mrs Wendy Nimmo, Interim Head of Efficiency, Improvement, and Innovation. Mr Ashley Calvert, Head of Clinical Governance, Mrs Lucy Atalla Quality Improvement and Patient safety lead, Mrs Eilidh Gallagher Head of Person-Centred care, Mr Douglas High Lead Nurse Professional Development Unit.

Executive Summary

This paper provides an overview of NHS Forth Valley's current quality assurance position and outlines progress in key areas of quality improvement and how data and evidence and best practice are being used to plan and manage quality across the organisation.

Forth Valley Quality Strategy (2021–2026), has a particular focus on continued advancement across the five strategic priorities:

- Involving patients, service users, and carers
- Working as a system
- Focusing on relationships and culture
- Taking a consistent and coherent approach to improving quality
- Using data effectively

Recommendations

The NHS Forth Valley Board is asked to:

For discussion the ongoing delivery of quality assurance, improvement activities, and evidence-informed quality planning

For discussion the current quality position and improvement work aligned with national targets and standards

Assurance

There is strong evidence that the effective implementation of an organisational quality strategy underpinned by a robust quality management system and a consistent approach to improvement enhances overall performance.

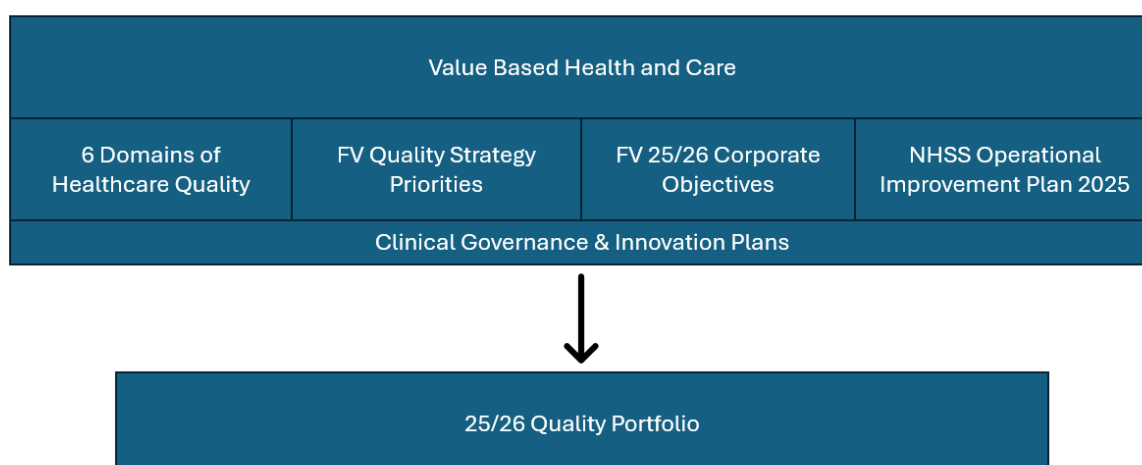
1. Introduction

The purpose of this paper is to provide NHS Forth Valley Board with an update on the NHS Forth Valley Quality Approach and on progress with quality initiatives and key patient safety work streams and key performance indicators (KPI) across NHS Forth Valley.

NHS Forth Valley is committed to delivering world-leading, high-quality, innovative health and social care that is person-centred. Our ambition is to be a quality-driven organisation that cares about people (patients, their relatives and carers, and our staff) and is focused on achieving a healthier life for all.

Our vision for quality as outlined in NHSFV Quality Strategy is 'To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful.'

Quality Strategy Alignment



The 25/26 FV Quality portfolio objectives focus on alignment to the wider Value Based Health Care (VBHC) programme, the six dimensions of healthcare quality, and NHS Forth Valleys Quality Strategy.

Operationally this encompasses delivery and management of the Scottish Patient Safety Programme (SPSP), Excellence in care (EIC), NHS Forth Valley's Safer Together Collaborative, Person-Centred Care Portfolio as well as the delivery of the strategic implementation plans for Clinical Governance, Innovation and Research and Development.

STRATEGIC ALIGNMENT SCORECARD

Strategic Goal	Status	Comments
Delivery of NHSFV Quality Strategy (QS)		Considerable progress has been made in delivering the priorities outlined in the Quality Strategy. Work is ongoing to ensure that implementation can be clearly evidenced and demonstrated.
Delivery of Scottish Patient Safety Programs (SPSP)		SPSP programs aligned to data, quality assurance processes with ongoing work with SPSP and HIS to understand priorities for new, revised programs.
Delivery of Excellence in Care (EiC)		Significant improvements in national EiC data submission rates from across the organisation areas including workforce and infection control measures. National recognition for implementation of EiC strategic objectives.
Delivery of Clinical Governance strategic implementation plan (CGSIP)		Ongoing challenges related to the management of the SAER process, as well as the oversight and implementation of clinical policies and guidelines.
Delivery of the Safer Together Collaborative		Improvements have been noted since the launch in August 2024 against the high-level improvement aims.
Delivery of the Innovation plan 2022-2027		The Innovation Plan has successfully delivered on its short- and is on target to meet the medium-term outcomes, as outlined in the Logic Model.
Delivery of Research and Development portfolio		The Research & Development team is successfully delivering the current portfolio of 164 research projects. An NHS Forth Valley Research Strategy is in the initial stages of development, and a working group has been established.
Delivery of Person-Centered Care Portfolio including complaints		Progress has been made in relation to the outstanding complaints backlog although considerable improvement remains essential. Work is ongoing to deliver the 9 KPIs as outlined by the SPSO. The patient relations workforce was enhanced in June 2025, and internal drafting support is also in place to drive improvements in performance. The volunteering framework is progressing through necessary governance forums with plans being considered regarding longer term organisational structure.

Strategic performance key:

	On Schedule to meet standard delivery trajectory
	Behind standard delivery trajectory
	Significantly behind delivery trajectory

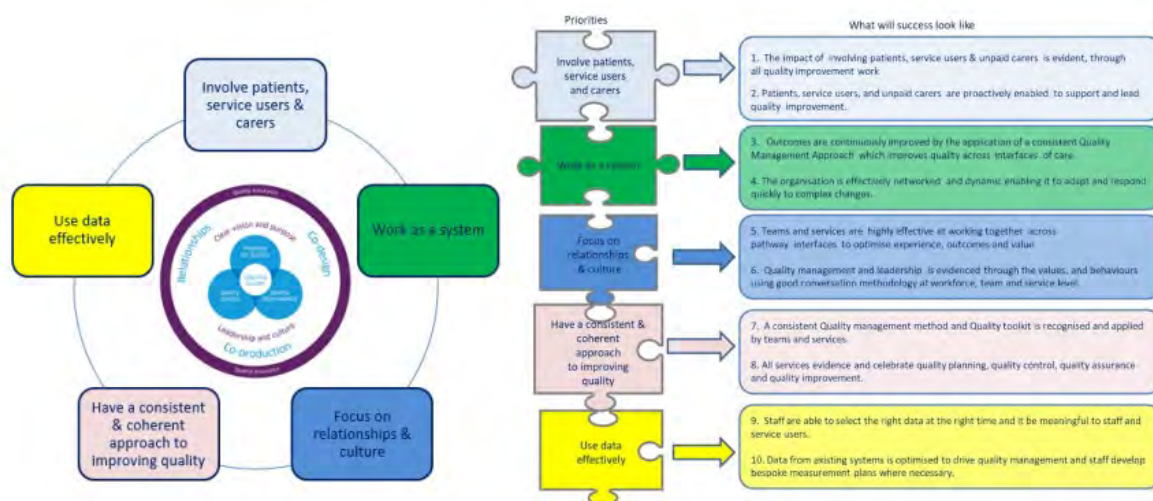
Quality Performance Metrics

Delivery of NHSFV Quality Strategy (QS)

Quality Strategy	Status for delivery
Involving patients, service users, and carers	
Working as a system	
Focusing on relationships and culture	
Consistent and coherent approach to improving quality	
Using data effectively	

Performance key:

	On Schedule to meet standard delivery trajectory
	Behind standard delivery trajectory
	Significantly behind delivery trajectory



To accelerate delivery of the Quality Strategy in year 5, priority teams will be re-established and reinvigorated to drive focused, coordinated action across all strategic domains.

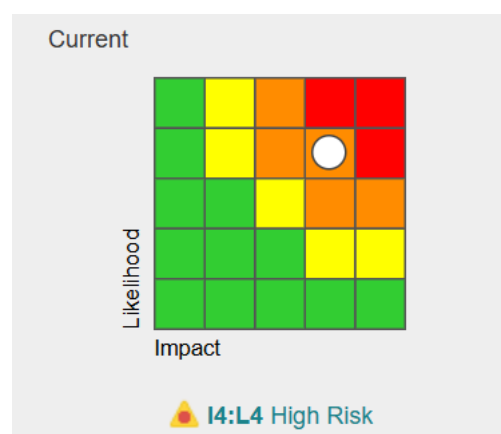
Previously paused workstreams will be re-engaged, with relationships and agreed ways of working reinstated to ensure their contributions are effectively integrated. A project delivery tool will be developed and implemented to support robust project management and enable transparent tracking of progress. Each priority area will have clearly defined objectives and measurable outcomes, underpinned by comprehensive measurement plans to support data-

driven decisions. Significant progress has been achieved, in partnership with SSRS and Pentana colleagues, to develop interactive dashboards and visual tools that enhance the accessibility and interpretability of key data for frontline teams. These tools are designed to support informed decision-making and drive continuous improvement in care delivery. However, there remains a risk to the successful implementation and sustainability of improvement efforts if data is not consistently accessible, timely, and easy to understand. Work is ongoing to address this risk, both to ensure that frontline teams are equipped with the data they need to identify trends, respond to emerging issues, and evaluate the impact of changes effectively, and to support NHS Forth Valley's ability to meet national reporting requirements and maintain data accuracy.

Long-term sustainability planning will be embedded to ensure continuity of initiatives beyond the Strategy's 2026 horizon.

Current risk status

If we do not have robust processes in place to manage safety and quality data, there is a risk that the organisation is not aware of data quality issues and does not make effective use of safety and quality data throughout the decision-making process, resulting in the wrong prioritisation of improvement actions and inability to provide assurance on the delivery of safe care.



Delivery of the Safer Together Collaborative

Over the reporting period, all workstreams have demonstrated measurable and sustained improvements, reflecting the effectiveness of coordinated improvement efforts and targeted interventions. Each workstream continues to see an impact on statistical progress against its outcome and process measures. In parallel, we have seen a marked increase in QI confidence across teams, which will impact on the sustainability of these improvements by embedding a culture of continuous improvement throughout the organisation. The results below not only provide assurance of our current approach but also position us strongly for continued success in the next phase of delivery.

Plans for service transition will be presented to the Board following approval by the Clinical Governance Committee.

Safety Topic	Period/s	Value (data source SSRS)
<u>Deteriorating Patient & Cardiac Arrest-</u>	<i>Current (June)</i>	0.96 rate per 1000 discharges
	<i>Previous(May)</i>	1.22 rate per 1000 discharges
Pressure area damage (rate) for Grades 2-4	<i>Current (June)</i>	1.08 per 1000 occupied bed days
	<i>Previous (May)</i>	1.05 per 1000 occupied bed days
Falls with harm (rate)	<i>Current (June)</i>	0.52 per 1000 occupied bed days
	<i>Previous (May)</i>	0.87 per 1000 occupied bed days
All Falls (rate)	<i>Current (June)</i>	9.32 per 1000 occupied bed days
	<i>Previous (May)</i>	13.02 per 1000 occupied bed days

Key successes

Cardiac Arrest : We have observed an improvement from the highest 10% percentile in the National Cardiac Arrest Audit (NCCA) to the 75th – 95th Percentile.

Electronic Observations: Implementation due to commence within Cardiology July 2025

Policy Development /Approval :

2 key clinical policies have been approved relating to the management and prevention of pressure area damage and the promotion of safer mobility. Both policies will support staff in delivering safe, effective care in line with evidence-based practice.

Delivery of Scottish Patient Safety Programs (SPSP)

Responsibility for programme delivery still aligns with Directorates and their senior triumvirate, with designated quality improvement advisor support.

However, to support a robust process for data validation and assurance, the programme outputs are now being overseen as part of the roles of the Interim lead for quality and patient safety and the head of clinical governance.

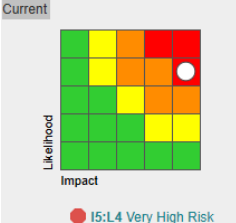
SPSP programme	Progress	Next steps
Acute Adult	NHSFV have an assurance and sign off process in place for all data being submitted to HIS/SPSP for the Acute Adult programme. Current measures reported via Directorate Clinical Governance reports and in particular the Acute directorate Safety and Assurance report. Annual update provided to Clinical Governance Committee as part of annual forward planner	National review for the SPSP Acute adult programme (being redesigned as 'Acute adults in hospital') NHSFV have representation within this review. Next submission cycle August 2025
Key updates: • Cardiac arrest: current rate per 1000 discharges 0.96 • Recent astronomical data point related to high numbers of unheralded 2222 calls • Inpatient falls with harm: 9 data points below current mean • Treatment and escalation planning improvements part of Safer Together improvement collaborative		
SPSP programme	Progress	Next steps

Women & Children's (Perinatal & Paediatric)	NHSFV have an assurance and sign off process in place for all data being submitted to HIS/SPSP for the Women & Children's programme. Annual update provided to Clinical Governance Committee as part of annual forward planner, delivered July 2025.	Next submission cycle July 2025 Data reviews 21st July
Key updates from programmes. Paediatrics Current update on process measures: • <27 Weeks Birth in NICU: One case (maternal refusal of transfer). Teaching sessions planned, deep dive reviews and updated guidance underway. • Magnesium Sulphate & Steroids: 100% and 91% compliance, respectively. Education ongoing; baseline audit informing further improvements. Optimisation materials and prompt tools rolled out. • Optimal Cord Clamping: 69% compliance (↓ from 91% in Q4), impacted by contraindicated multiple births. Guideline updates in progress. • Thermal Care: 91% achieved target temperature. Improvements linked to monitoring and equipment repositioning. • Caffeine: Audit delayed; compliance remains at 100%. Monitoring frequency under review. • Early Breast Milk: 42% compliance. Data issues identified; staff education and motivational tools (charts, stickers) introduced. Nursery nurse champion appointed. Perinatal • Improve the recording of blood pressures on age-appropriate PEWS chart by 21% -baseline data is 74% to increase to 95% - in line with guidance. • Increase by 11% (from current baseline 69% to 80%) by September 2025 parent and/or carers confidence in escalating any concerns they have regarding their child's condition, with a clear understanding whom to escalate their concerns to.		
SPSP programme	Progress	Next steps

Mental Health	Current pause on data submission to programme as national review being undertaken. Local teams have continued measurement of previous metrics, and these are reported through the Directorate CG group for MHL. Annual update provided to Clinical Governance Committee as part of annual forward planner	National lead for programme to visit NHSFV and meet with MHL leads, Head of Clinical Governance and the Interim lead for quality and patient safety
SPSP programme	Progress	Next steps
Medicines	New national medicines programme being scoped as task and finish group. NHSFV have three nominated representatives to support this work (medical, nursing and pharmacy) Annual update provided to Clinical Governance Committee as part of annual forward planner	August 2025 and October 2025, task and finish group meetings. NHSFV representatives to feedback progress to CGWG and support implementation once programme finalised.

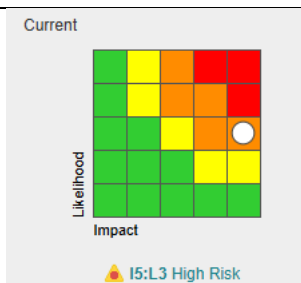
Delivery of Clinical Governance Strategic Implementation plan (CGSIP)

Committee	Indicator/priority	Target/Aim	Reported period	Data/Value for reported period	Status of delivery	Risk
Clinical Governance Committee	Adverse event management and escalation	By December 2026: 90% of all adverse events will be reported on Safeguard within 24 hours.	June 2025	87%		Clin Gov 03: Adverse Event Reporting and Management There is a risk that adverse events are not reported or managed appropriately. Due to; Reporting - evidence suggests in some areas staff are actively discouraged, AE returned inappropriately to reporters, some AE not reported. Management - Lack of documented roles and responsibilities for AE management which does not support staff understanding of the process, current system configuration and updating. Resulting in: Delays to the identification of organisational learning and an increase in the potential for repeat occurrences therefore
		By December 2026: 90% of all impact categorisation will be completed within 72 hours of the adverse event being reported on Safeguard by a responsible Manager/Lead.	June 2025	47%		
		By December 2026: 90% of all Level 1 & 2 reviews (SAER/LMTR) will be commissioned within 10 working days. (Initial aim: By June 2026 a 50% reduction in commissioning timescales will be met (from 42 days to 21 days))	June 2025	0% 5 SAER commissioned in June 2025		

Clinical Governance Committee						resulting in patient harm, AE not escalated in an appropriate way.
	There are key performance indicators (KPI) within the HIS framework for completing level 1 and level 2 reviews, along with proposed local process measures to support timely reporting and escalation. HIS Framework measure 1: Time to Commissioning the SAER - 10 working days from reporting on incident management system (NHSFV-Ulysses Safeguard) Current performance in commissioning indicates an average of 42 days to commission SAER (no data currently available for LMTR) Improvement work which includes amendments to Ulysess Safeguard, process changes to reporting and signing off, policy and procedure alignment to the revised HIS framework, scoping work with AERGs for agility within their processes and measurement plan implementation (with associated improved data visualisation) is underway along with mitigating actions developed risk for this specific issue.					
						
	Indicator/priority	Target/Aim	Reported period	Data/Value for reported period	Status of delivery	Risk
	Significant Adverse Event Review (SAER-level 1)	By December 2026 90% of all commissioned SAER within NHSFV will meet the 90-day timescale Initial aim: By June 2026, a 25% reduction in the number of days taken to write the SAER report ready for submission for approval will have been achieved (current mean	May & June 2025	May 2025 - 0% June 2025 –0% Four SAER reports submitted for approval in May 2025, none met 90-day target.		Clin Gov 02. SAER framework If we do not have effective systems of governance surrounding the SAER process within the Acute site & HSCP's, there is a risk that we do not create organisational learning

		164, target reduction of 41 to new mean of 123)		Two SAER reports submitted in June 2025, none met 90-day target.		and improvement to ensure that we prevent further instances of harm, resulting in repetition of avoidable harm, decreased patient/family/carers experience, reputational damage to the organisation, lack of trust of being cared for in NHS FV premises, increased stress to staff, delay to informing and responding to families about harm.
There are key performance indicators (KPI) within the HIS framework for completing level 1 and level 2 reviews, along with proposed local process measures to be monitored that will support timely escalation. HIS Framework measure 2: SAER report submission due within 90 working days from commissioned date: Current performance indicates an average of 164 days to have SAER report ready for submission for approval, out with the HIS target. Improvement work is underway which includes increased number of lead reviewers and panel members for SAER receiving training on SAER process and learning from adverse events, changes to report writing (utilising AI capabilities), policy and procedure alignment to the revised HIS framework, and measurement plan implementation (with associated improved data visualisation) is underway along with a developed risk for this specific issue.						

Clinical Governance Committee



Work is also underway to ensure we have mechanisms in place to monitor learning and performance from level 2 (LMTR) commissioned reviews.

Additional work with key stakeholders is underway on strengthening internal shared learning opportunities from SAER (including the use of AI to produce learning summaries) and including exploratory work on sharing learning with the people we serve within NHSFV in a safe and transparent manner.

Indicator/priority	Target/Aim	Reported period	Data/Value for reported period	Status of delivery	Risk
Clinical Policies & Guidelines (CP&G)	By December 2026 NHSFV will have 95% of all clinical policies and guidelines within date (within their review cycle period)	June 2025	50% of clinical policies out with their review cycle		Org 21. Clinical Policies If we do not develop improved/enhanced processes to review, complete, approve and access clinical policies and guidelines, there is a risk that clinical policies and guidelines do not comply with medications and current standards and users are not able to appropriately access, resulting in duplication

Clinical Governance Committee						of efforts, policies being created and not appropriately approved, deviation across multidisciplinary teams and ultimately patients can come to harm if policies are outdated/inappropriate.
	NHSFV currently have 50% of all clinical policies & Guidelines out with their agreed review cycle. Clinical Guidance 738 All Clinical Guidance Policies 369 Out of Date Policies This is a slight improvement on the previous 67% reported figure at recent Clinical Governance Committee. Focused work within Directorates and services, supported by a newly formed Clinical Policy Oversight Group to identify and risk rate those CP&G out with their review cycle is underway. NMAHP colleagues have undertaken reviews of CP&G which is being coordinated, monitored and planned via a CP&G Review Group. This will include removal of those no longer required or duplicated, prioritization on review of those with the most clinical risk, and timelines developed and agreed for the review of remaining critical CP&G. Directorate clinical governance groups will monitor and report on the progress of this work to the clinical governance working group and subsequently to the CGC along with monitoring of the recently developed risk. Current Likelihood Impact 🔥 15:1.3 High Risk					
	Indicator/priority	Target/Aim	Reported period	Data/Value for reported period	Status of delivery	Risk

	Patient Safety Conversation visits	By December 2025 100% of all planned PSCV will take place	May & June 2025	May 100% June 50%* *1 x cancelled visit at the request of the clinical area (rearranged)		No risk assigned or linked
		By December 2025 100% of all PSCV carried out will have an improvement plan assigned	May & June 2025	May 100% June 100%		
		By December 2026 95% of all actions will be closed off within agreed timeframes	Not currently measured	N/A		
Improvements to the PSCV process and reporting are being undertaken, with guidance and support from NHSFV Board Chair and colleagues within corporate governance (following feedback from non-executive colleagues). The improvement work is focused on ensuring the programme runs with minimal cancellations, ensures a safe space to discuss patient safety issues, has both senior executive leadership representation and non-executive representation, supports assigned improvement aims/actions owned by service and directorates (which can then be monitored and assured via local CG groups for the Directorates) with a concise report with a 'plan on a page' to support. Other priorities being currently supported and worked on to support delivery of the CGSIP include: Duty of Candour – Policy and Procedure development, to ensure NHSFV align to the newly revised guidance and an associated risk development and engagement in a national learning and implementation review. New Interventional Procedures (NIP) – Recent approval for a revised policy and process, with reportable measurement being developed to provide assurance of adherence to the policy. This is being supported by the development of a training and awareness programme that is to be rolled out by December 2025.						

Strategic performance key:

	On Schedule to meet standard delivery trajectory
	Behind standard delivery trajectory
	Significantly behind delivery trajectory

Delivery of Excellence in Care (EiC)

Work ongoing with the EiC national team to optimise data submission rates – significant successes in the past 12 months in that submission rates have increased from 37% to 85%.

The EiC Care Assurance Visit programme has now been implemented and established across all Nursing and Midwifery inpatient areas, Prison Healthcare, Community Nursing, and Immunisation teams. Working with EiC to roll this programme out exclusively to AHP teams – FV will be the first health board to pilot this. Care Assurance Visit finding and action plan governance will report to the NMAHP Quality Management programme board.

Delivery of the Innovation plan 2022-2027

The Logic Model Innovation 2022-27 (Appendix 1) outlines the strategic ambition for innovation within NHS Forth Valley over the five-year period, highlighting key intended outcomes. Building on this framework, NHS Forth Valley Board identified population health, health inequalities, and workforce strategy as priority focus areas for Innovation. These priorities have guided the development and implementation of new projects during Year 3.

To date, we have successfully achieved our short-term outcomes and remain on track to deliver the medium-term outcomes as outlined in the logic model. A significant milestone this year has been the comprehensive review of our innovation portfolio to ensure alignment with NHS Forth Valley's corporate objectives. As a result, several projects have been evaluated and concluded, with some being considered for national adoption and scale-up.

Delivery of Research and Development portfolio

The Research and Development (R&D) team is successfully delivering a portfolio of 164 research projects, as detailed by specialty in figure 01 below. An aim for this financial year is to sustain or increase the number of eligible research projects and to increase commercial research activity. A recent key achievement was being the first site in Europe to open a commercial trial in advanced and recurrent lung cancer. Relationship building and raising awareness of R&D and the support the team can provide will be central to growing the portfolio. R&D processes are currently being refreshed to increase quality and efficiency and improve performance against CSO metrics. An NHS Forth Valley Research Strategy is also currently in the initial stages of development, with a small working group established, and a draft will be shared for consultation with all internal and external stakeholders for comment in the coming months. The strategy development work will also identify research priorities for NHS Forth Valley to ensure alignment with corporate objectives.

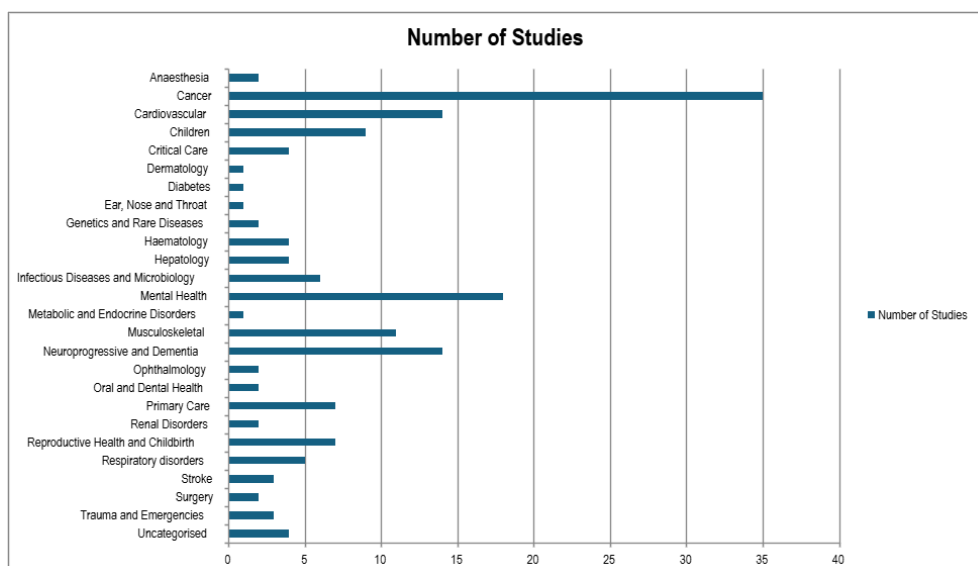


Figure 01: Research portfolio by specialty

Delivery of Person-Centered Care

The Person-Centered Care Portfolio encompasses Patient Relations (Complaints), Spiritual Care and Volunteering. Updates are provided for complaints below

Patient Relations

Patient Relations has been working through a considerable backlog with a direct performance on key performance indicators.. A considerable increase in the volume of complaints has compounded these challenges and led to a backlog exceeding 10 months for some cases and ongoing poor performance. The risk has been recognised with the highest level of risk rating at an organisational level. The organisation has provided additional non-recurrent funding uplift to mitigate the challenges with recognition that process mapping and associated improvements have been explored and implemented without full mitigation of the risk.

Patient Relations KPI 1	Progress	Next steps
RAG	Amber	
Learning From Complaints	NHSFV have an assurance and sign off process in place for all complaints with an associated outcome and learning section contained within each draft. Responsibility for the implementation of learning, spread and scale sits with senior triumvirates who report via their local governance structures.	Ongoing work with Chief Nurses to ensure appropriate reporting, spread and scale

Key updates: Ongoing engagement with triumvirates and local directorates to ensure responsibility and accountability held at local level.		
KPI 2	Progress	Next steps
RAG	Red	
Complaints Process Experience	The sign off and assurance processes around complaints has been improved considerably in the past twelve months with an associated improvement in quality.	Additional staffing deployed (June 2025) with an associated reduction in WTE case load Ongoing signposting to feedback questionnaire.
Key updates: Additional staff deployed Ongoing monthly peer quality assurance audits Low investigation rate from SPSO is suggestive of high-quality responses		
KPI 3	Progress	Next steps
RAG	Amber	
Self-Awareness Training and	All PRO staff have completed annual training sessions with the SPSO. Local service led drafting was introduced in June 2025 which has provided additional insight to senior leaders and professionals across the organisation.	Continue to raise awareness of available training opportunities including first impressions.
Key updates: Local drafting implemented with associated insight offered into processes and letter writing. All PRO staff have undergone annual training with the SPSO over the last two years		
KPI 4	Progress	Next steps
RAG	Red	
Total Number of Complaints Received	There has been a sustained increase in the volume of complaints received by the organisation over the last twelve months .	Continue to monitor the total number of complaints received via clinical governance forums. Continue to mitigate the impact of the increase by prioritising resolution under S1 processes
Key updates: Monitoringongoing Reporting via clinical governance Direct correlation with increase in health care interactions		

Key Aims: To reduce the volume of complaints to 180 per month (avg) by year end 25/26 through complaint avoidance / improvements

KPI 5	Progress	Next steps
RAG	Green	
Complaints closed at each stage	Sustained improvement with over 60% of all complaints being managed under S1 processes since Feb 24 following introduction of a dedicated S1 Patient Relations Role	Continue to monitor progress. Maintain communication with all services regarding importance of early resolution. Continue to provide first impressions training to support with local de-escalation.

Key updates:

Sustained improvement in performance with an associated combined upheld target of 35% by year end 25/26

Stage 1	% Of Complaints closed at stage 25/26	% of complaints closed at stage 24/25	% of complaints closed at stage 23/24
Upheld Complaints	9.44%	6%	4.7%
Not Upheld Complaints	84.69%	89%	92.7%
Partially Upheld Complaints	5.87%	5%	2.6%

Stage 2	% Of Complaints closed at stage 25/26	% of complaints closed at stage 24/25	% of complaints closed at stage 23/24
Upheld Complaints	26.09%	19%	8.8%
Not Upheld Complaints	56.52%	58%	74.8%
Partially Upheld Complaints	17.39%	22%	16.4%

KPI 7	Progress	Next steps
RAG	Red	
Average Times	Continued poor performance in relation to average response times with incidences of responses taking >250 days.	Continue to monitor progress. Local service drafting to continue to support incremental reduction in backlog. Improve communication with complainants regarding delays

Key Points Average response times remain significantly out with acceptable levels of performance. Incremental improvement is anticipated due to additional resource now in place. Key Aim: To clear all cases >6 months old by month end August 2025 and increase S2 performance to 30% and combined performance to 70% by year end 25/26		
KPI 8	Progress	Next steps
RAG	Red	
Closed in Full Within Timescales	Ongoing challenges in performance due to problems articulated throughout the report.	Continue to monitor performance and report via clinical governance. Continue to work with Chief Nurses to improve return timescales for investigative stages. Keep demand / capacity under review to monitor for any further risk.
Key Points Performance has fluctuated over the past twelve months – impacted by workforce challenges. Increased workforce capacity now in place (June 2025) with anticipated incremental increase in performance.		
KPI 9	Progress	Next steps
RAG	Red	
Number of Cases Where Extension is Authorised	Challenges in performance results in the majority of cases being extended. Performance in relation to discussing this with complainants is poor with recognition that the department does not have the ability to currently meet the timescales set out in the CHP.	Continue to monitor per the above steps and incrementally reduce backlog
Key Points: Challenges remain about communication Key Aims: To clear all cases >6 months old by month end August 2025 and increase S2 performance to 30% and combined performance to 70% by year end 25/26 with associated reduction in extensions.		

Financial Implications

There are no direct financial implications arising from the recommendations of this paper

Workforce Implications

There are no direct workforce implications arising from the recommendations of this paper

Infrastructure Implications including Digital

There are no immediate infrastructure implications arising from this paper.

Sustainability Implications

There are no immediate sustainability implications arising from this paper.

Sustainability Declaration

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

☐ Yes

☒ N/A

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

Participation, leadership, and support

The Executive Director of Nursing and the Medical Director act as executive sponsors for the overall delivery of the Safer Together Collaborative. Their leadership ensures alignment with strategic priorities and reinforces the importance of quality and safety across the organisation. In addition, the Medical and Quality Clinical Directors provide ongoing support and contribute actively to the Forth Valley Quality Portfolio, helping to shape and guide improvement activity across services.

Demonstrating impact

Effective data and measurement support is essential to drive improvement through accurate, timely reporting. Reliable data helps identify harm, track progress, and demonstrate the impact of tested changes. Ongoing work is focused on strengthening these systems to support both local improvement and national reporting.

Evaluation is in progress by the FVQ team to identify how we demonstrate impact, support shared learning, and identify next steps for the Collaborative aligning with Value Based Health and Care.

Information Governance Implications

There are no immediate information governance implications arising from this paper.

Risk Assessment / Management

Each risk either explicitly or implicitly identified within this paper is reviewed by the corporate risk manager and head of clinical governance to ensure it is captured on the appropriate risk register (if applicable) and mitigations are in place.

Relevance to Strategic Priorities

- The Forth Valley Board Quality Strategy.
- NHS Forth Valley Clinical Governance Implementation plan
- NHS Forth Valley's Innovation Plan

- Leadership: Develop individual and collective responsibility to enable a collaborative approach to system leadership.
- Culture: Model behaviours and a culture where staff and patients feel valued, safe, and empowered
- Transformational Change: Reimagine and redesign the way we work to improve the health of the population of Forth Valley.
- Performance: Progress incremental and sustainable improvements in our system wide performance.

Equality Declaration

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

Further to an evaluation it is noted that: (please tick relevant box)

- ☒ Paper is not relevant to Equality and Diversity
- ☐ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request

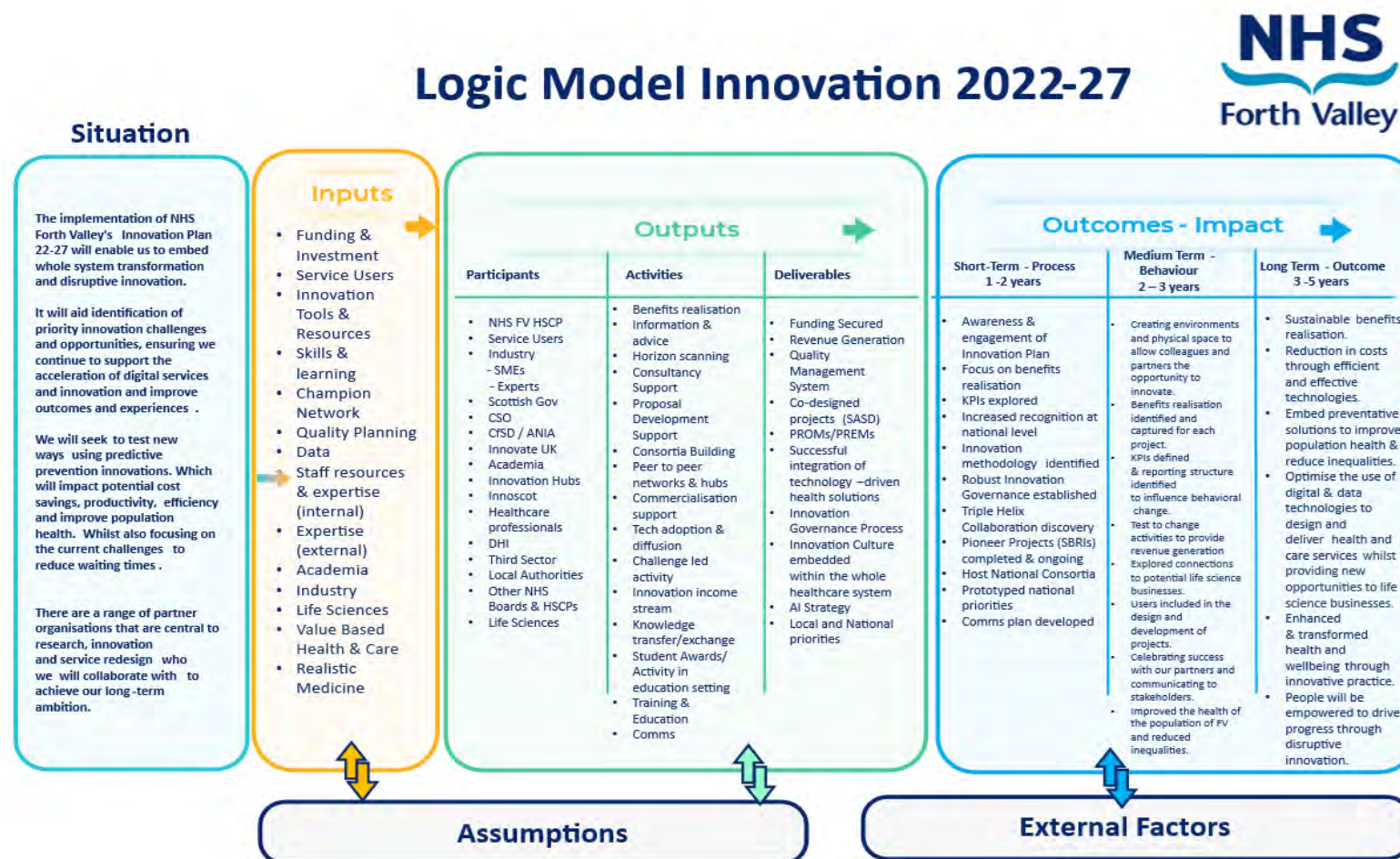
Communication, involvement, engagement, and consultation

- Safer Mobility Leadership Group,
- Deteriorating Patient Leadership Group
- Pressure Ulcer Improvement Group
- NHS Forth Valley Directorate Level Clinical Governance meetings
- Clinical Governance Working Group
- Clinical Governance Committee
- NHS Forth Valley Safer Together Collaborative

Additional Information

Appendices

Appendix 1



17(b). Healthcare Associated Infection (HAI) Report June 2025

For: Assurance

Executive Sponsor: Karen Goudie, Executive Nurse Director

Author: Jonathan Horwood, Infection Control Manager & Clinical Lead

Executive Summary

The Healthcare Associated Infection Reporting Template (HAIRT) is mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley

Recommendation

The Forth Valley NHS Board is asked to: -

- **note** the HAIRT report.
- **note** the performance in respect for SABs, DABs, CDIs & ECBs
- **note** the detailed activity in support of the prevention and control of Health Associated Infection

Risk Assessment / Management

Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHS Forth Valley to meet both national and local standards/expectations.

Key Issues to be Considered

- Total SABs exceeded control limits. There were four hospital acquired SABs in June.
- Total DABs remain within control limits. There were five hospital acquired DABs in June.
- Total CDIs remain within control limits. There was one hospital acquired CDI in June.
- Total ECBs remain within control limits. There were three hospital acquired ECBs in June.
- There was one death with MRSA recorded on Part 1 of the death certificate in June.
- There have been no deaths with *C.difficile* recorded on the death certificate.
- There were three mandatory surgical site infections in June.
- There were no outbreaks reported in June.

Implications

Financial Implications

None.

Workforce Implications

None.

Infrastructure Implications including Digital

None.

Sustainability Implications

None.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of

the decision-making process [A policy for NHS Scotland on the climate emergency and sustainable development](#).

☐ Yes
☒ N/A

Quality / Patient Care Implications

Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions.

Information Governance Implications

None.

Relevance to Strategic Priorities

LDP Standards in respect of SABs, ECBs & CDIs.

- New interim targets have now been set with no increases in the incidence of CDIs, SABs or ECBs for the period between April 2025 and March 2026, from the 2023/2024 case number baseline

Equality Declaration

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

Further to an evaluation it is noted that: *(please tick relevant box)*

- ☐ Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee

Additional Information

- None.

Appendices

- None



Healthcare Associated Infection Reporting Template (HAIRT)

June 2025

NHS Forth Valley



**Infection Prevention
& Control Team**

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI	Healthcare Acquired Infection
SAB	<i>Staphylococcus aureus</i> Bacteraemia
DAB	Device Associated Bacteraemia
CDI	<i>Clostridioides</i> Infection
ECB	Escherichia Coli Bacteraemia
AOP	Annual Operational Plan
NES	National Education for Scotland
IPCT	Infection Prevention & Control Team
HEI	Healthcare Environment Inspectorate
SSI	Surgical Site Infection
SICPs	Standard Infection Control Precautions
PVC	Peripheral Vascular Catheter

Definitions used for *Staph aureus*, device associated and *E coli* bacteraemias

Definition of a bacteraemia

Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria. Bacteria can enter the bloodstream as a severe complication of infection (like pneumonia, meningitis, urinary tract infections etc), during surgery, or due to invasive devices such as PVCs, Hickman lines, urinary catheters etc. Transient bacteraemias can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock, which has a high mortality rate. Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones). Treatment for bacteraemia is with antibiotics for many weeks in some circumstances, however cases such as *Staph aureus* bacteraemia usually 14 days of antibiotic therapy is required.

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

- Hospital acquired is defined when a positive blood culture is taken >48 hours after admission i.e. the sepsis is not associated with the cause of admission. An example would a patient with sepsis associated from an infected peripheral vascular catheter.

Healthcare acquired

- Healthcare acquired is defined when a positive blood culture is taken <48 hours after admission but has in the last three months had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

Nursing home acquired

- Nursing home acquired is defined when a positive blood is taken <48 hours after admission and when symptoms associated with sepsis developed at the nursing home.

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Performance at a glance:

***Staph aureus bacteraemia* - total number this month: 9**

- There were four hospital acquired SABs this month.
- There were four healthcare acquired SABs this month.
- There was one nursing home acquired SAB this month.
- Total SAB case numbers exceeded control limits this month.

Device associated bacteraemia – total number this month: 5

- There were five hospital acquired DABs this month.
- There were no healthcare acquired DABs this month.
- Total DAB case numbers remained within control limits this month.

***Clostridioides difficile* infection – total number this month: 3**

- There was one hospital acquired CDI this month.
- There were two healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 7**

- There were three hospital acquired ECBs this month.
- There were four healthcare acquired ECBs this month.
- Total ECB case numbers remained within control limits this month.

Surgical site infection surveillance

- There were three mandatory reported surgical site infections this month.

HAI Recorded Deaths

- There was one MRSA death recorded on Part 1 of the death certificate.
- There were no *C.difficile* recorded deaths this month.

Outbreaks

- There were no outbreaks reported this month.

New LDP interim targets for 2025-2026

The publication of [Further Update on Standards on Healthcare Associated Infections DL \(2025\) 05](#) sets out the local delivery plan standards for year 2025/2026.

The agreed standard **should be no increase in the incidence (number of cases) of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) in the period between April 2025 and March 2026, from the 2023/2024 case numbers baseline.**

In accordance with this ARHAI have provided FV with our 2023/2024 baseline number of healthcare associated CDI, ECB and SAB cases to enable local monitoring. This number reflects the number of cases that should not be exceeded in 2025/26 to meet the new standard.

Healthcare associated case numbers of CDI, ECB and SAB, NHS Forth Valley.

	2023/2024 case numbers (maximum number of cases for 2025/2026)	2024/2025 case numbers based on local data
CDI	40	47
ECB	142	136
SAB	57	53

Ongoing work to support the targets

- Regular reporting of AOP targets on a monthly basis to Executive Team and Service Leads.
- AOP targets reported to ICC, Board and Clinical Governance Committees to ensure appropriate scrutiny and progress towards targets.
- ECBs in particular urinary catheter sepsis case numbers are anticipated to fall following assessment of urinary catheter prevalence across FV as part of the Safety Collaborative work.
- Research near completion regarding PPI and biliary sepsis. Results shared with primary care and to be shared with surgical teams.
- IR1s generated for all hospital infections (ECBs, SABs, DABs and CDIs)

HAI Surveillance

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

Staph aureus bacteraemias (SABs)

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly.

Total number of SABs this month; **9** compared to **4** last month.
There was a data exceedance for SABs this month.

Total number of SABs (April 2025 – date) = **17**

- Hospital acquired = **4**
 - o PVC x 1 (Ward B32)
 - o Unknown x 1
 - o UTI x 1
 - o Umbilical venous catheter x 1

There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **4**
 - o Post procedural x 1
 - o Unknown x 2
 - o Contamination x 1

There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **1**
 - o Pyelonephritis

There was no data exceedance for nursing home acquired SABs this month.

Hospital SABs

- **PVC** - PVC site infection developed following admission. Attributed to ward B32 due to incomplete documentation.
- **Unknown** - Following investigations no definitive source of infection was identified.
- **UTI** - patient developed urosepsis following admission.
- **Umbilical venous catheter** - recent repatriation from a hospital out with FV.

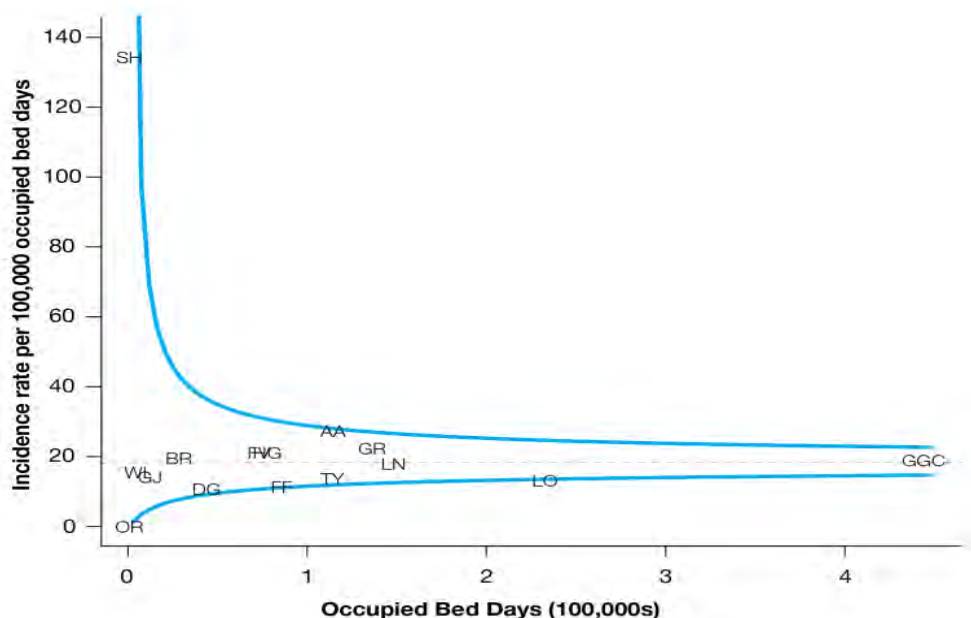
NHS Forth Valley's approach to SAB prevention and reduction

All *Staph aureus* bacteraemias are monitored and reported by the IPCT. Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a monthly basis. The analysis of the data enables the IPCT to identify trends in particular sources of infections, such as Hickman line infections etc and identifying areas requiring further support. The data also influences the direction of the HAI annual workplan.

National Context

All SABs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 1 report (January – March 2025) highlighting Forth Valley's position compared to all other boards in Scotland.



Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

NHS Forth Valley's approach to DAB prevention and reduction

Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

Total number of DABs this month; **5** compared to **11** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2025 – date) = **20**

- Hospital acquired = **5**
 - o Urinary catheter short term x 2 (Ward B32 & Ward A22)
 - o Urinary catheter long term (Cardiology) x 1
 - o PVC (Ward B32) x 1
 - o Umbilical venous catheter (No attributed ward) x 1
- There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **0**
There was no data exceedance for healthcare acquired DABs this month.

- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired DABs this month.

Hospital DABs

- **Urinary catheter short term** - patient developed infection following admission. Attributed to ward B32 due to incomplete documentation.
- **PVC** – refer to SAB section above.
- **Umbilical venous catheter** – refer to SAB section above.
- **Urinary catheter long term** - patient developed infection following admission. Attributed to cardiology ward due to incomplete documentation.
- **Urinary catheter short term** - patient developed infection following admission. Patient known to tamper with the device. Attributed to ward A22 due to incomplete documentation

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of E coli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

Total number of ECBs this month - **7** compared to **13** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **39**

- Hospital acquired = **3**
 - o Short term urinary catheter x 2 (Ward B32 & Ward A22)
 - o Respiratory tract (No attributed ward)There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **4**
 - o Unknown x 1
 - o Hepatobiliary x 1
 - o Intra-abdominal x 1
 - o Pyelonephritis x 1There was no data exceedance for healthcare acquired ECBs this month.

- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired ECBs this month.

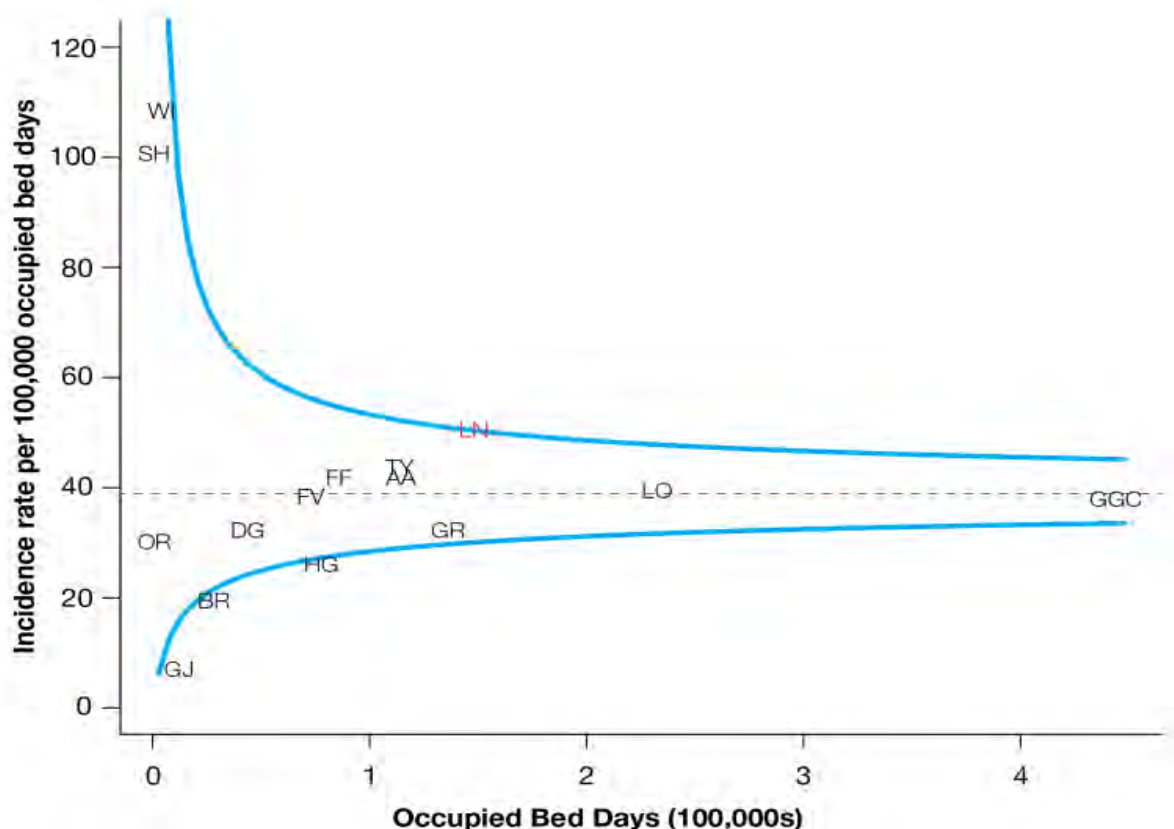
Hospital ECBs

- **Respiratory tract** - Patient treated for chest sepsis.
- **Short term urinary catheter** – refer to DAB section above.
- **Short term urinary catheter** – refer to DAB section above.

Local improvement plans through the Safer Together Collaborative are targeting the use of urinary catheters, working on reducing catheter reliance and targeting clinical practice in relation to catheter insertion and maintenance across clinical areas. There is also local work being progressed by the Infection Control clinical lead in relation to the use of PPIs and their link to biliary sepsis. This work is being presented to the surgical community and has been presented to the General Practice community.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below contains total case numbers of reported hospital and healthcare attributed infections and provides an indication of FVs position nationally. Below is an extract from ARHAI's Quarter 1 report (January – March 2025) highlighting Forth Valley's position compared to all other boards in Scotland. In the previous report Forth Valley had exceeded control limits for the quarter however, Forth Valley's position has now returned within control limits.



Clostridioides difficile infection (CDIs)

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with *C. difficile* resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with *C. difficile*. NHSFV has met its targets over the years and has maintained a low rate of infection.

C. difficile can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing *C. difficile* to proliferate and cause infection. This is the predominant source of infection in Forth Valley. *C. difficile* in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

Cause definitions for Clostridioides difficile infections

Hospital acquired

- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

Healthcare acquired

- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc.

Nursing home acquired

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission.

GP acquired

- GP associated CDI infections are not required to be reported nationally, however, locally it is considered important to monitor and report infections deriving from GP practices. All CDI infections from GPs are reviewed and investigated to the same standard as hospital infections to determine the cause of infection. In addition, data is shared with the Antimicrobial Management Group to allow the group to monitor overall antibiotic prescribing trends for individual GP practices.

NHS Forth Valley's approach to CDI prevention and reduction

Similar to our SABs and DABs investigation, patient history is gathered including any antibiotics prescribed over the last few months. Discussion with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as sometimes the organism isolated can be an incidental finding and not the cause of infection. Data is shared with the antimicrobial pharmacist and cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

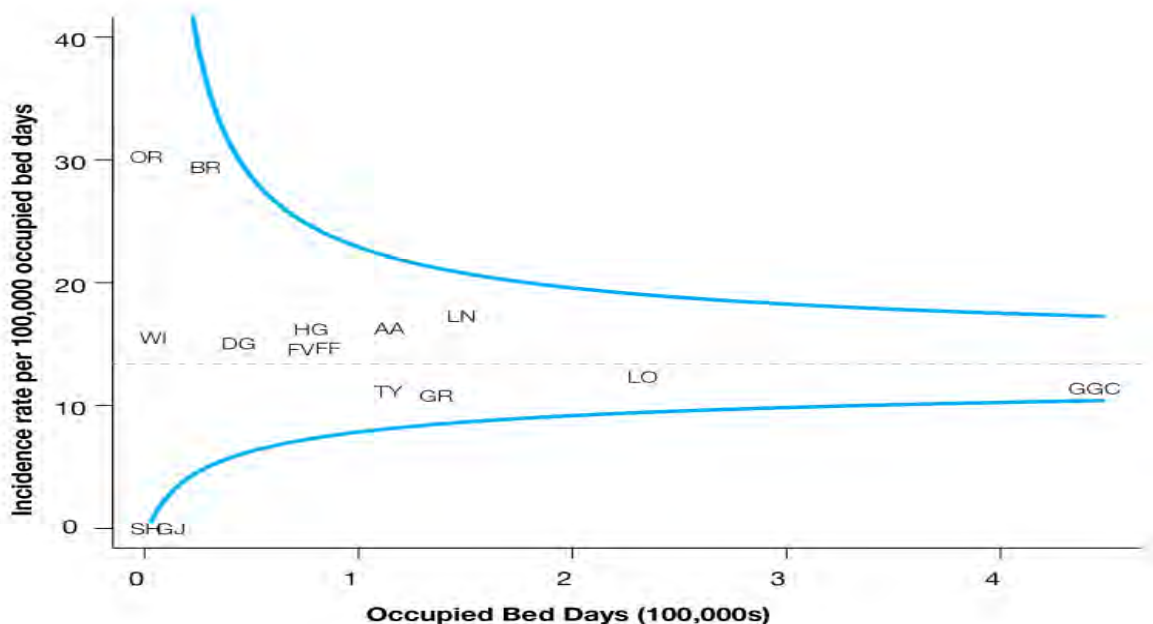
Total number of CDIs this month; **3** compared to **0** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2025 – date) = **6**

- Hospital acquired = **1**
 - o No attributed ward x 1 (associated with antimicrobials & PPIs)There was no data exceedance for hospital acquired CDIs this month.
- Healthcare acquired = **2**
There was no data exceedance for healthcare acquired CDIs this month.
- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired CDIs this month.
- GP acquired = **0**
(GP figures are not included in the total as it is not part of national reporting)

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plots below are based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 1 report (January – March 2025) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains above the national mean but within control limits.



Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post-surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. The NHS Forth Valley infection rates are comparable to national infection rates.

NHS Forth Valley's approach to SSI prevention and reduction

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patient's weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates, and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates. The table below also contains local surveillance with an extended surveillance period of 90 days.

Procedure	No of Procedures this month	No. of Confirmed SSIs this month (Mandatory 30 days)	No. of Confirmed SSIs this month (Local 90 days)
Abdominal Hysterectomy	12	0	0
Breast Surgery	43	0	0
Caesarean Section	86	1	0
Hip Arthroplasty	47	1	0
Knee Arthroplasty	47	1	0
Large Bowel Surgery	19	0	0

Meticillin resistant *Staphylococcus aureus* (MRSA) & *Clostridioides difficile* recorded deaths

The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:

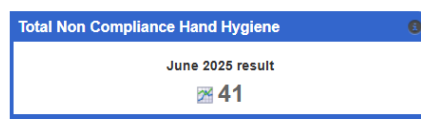
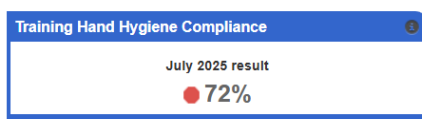
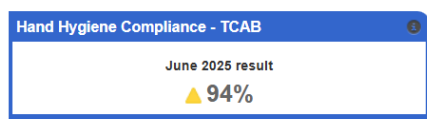
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

- There was one MRSA death this month, recorded on Part 1 of the death certificate.
- There were no *C. difficile* deaths reported this month.

Hand Hygiene Monitoring Compliance (%) Board wide

The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SICP audits.

The request by Board members to have this data broken down by staff groups is being further explored, it is not readily available for this report, but the feasibility of producing this for future reports is still being worked on.



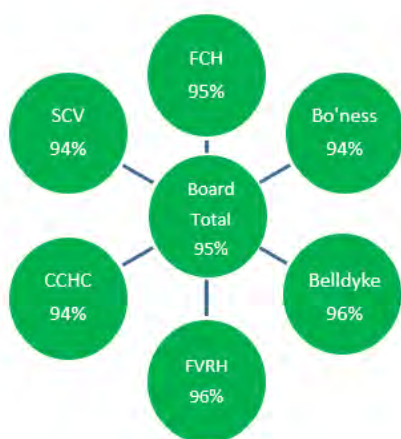
Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

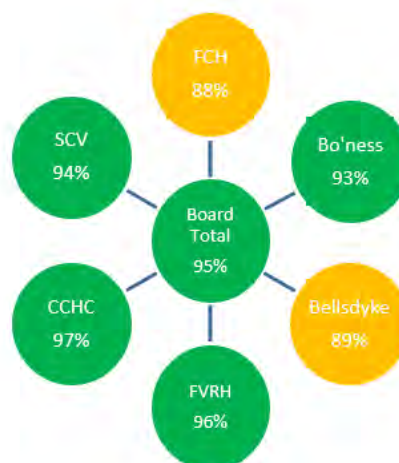
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital and Bellsdyke Hospital scores have decreased this quarter. Falkirk Community hospital is 88% compared to 87% the previous quarter and Bellsdyke is 89% compared to 88% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard April – June 2025



Cleaning Compliance



Estates Compliance

Colour		Description
●	Green	compliance level 90% and above - Compliant
●	Amber	compliance level between 70% and 90% - Partially compliant
●	Red	compliance level below 70% - Non-compliant

Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributory factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports and are discussed at the local Infection Control meetings.

The predominant non-compliance categories reported were Managing Patient Care Equipment category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. Control of the Environment, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area. Non-compliances have slightly reduced compared to last month (330 non-compliances).

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

Below is a table detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	0	36	36	52	60	11	21	216
Primary Care & Mental Health Services	0	3	1	4	19	8	5	40
WC&SH Directorate	0	2	3	2	8	0	1	16
Totals	0	41	40	58	87	19	27	272

Please refer to the appendix for a further breakdown of non-compliances.

Incidence / Outbreaks

All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

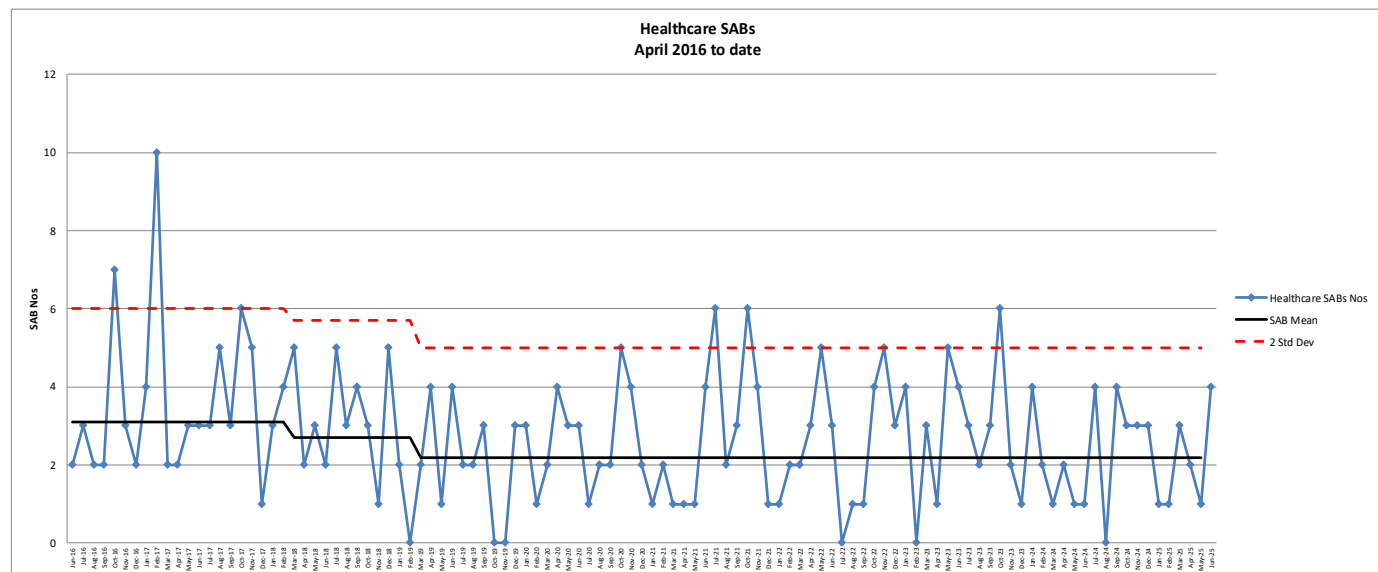
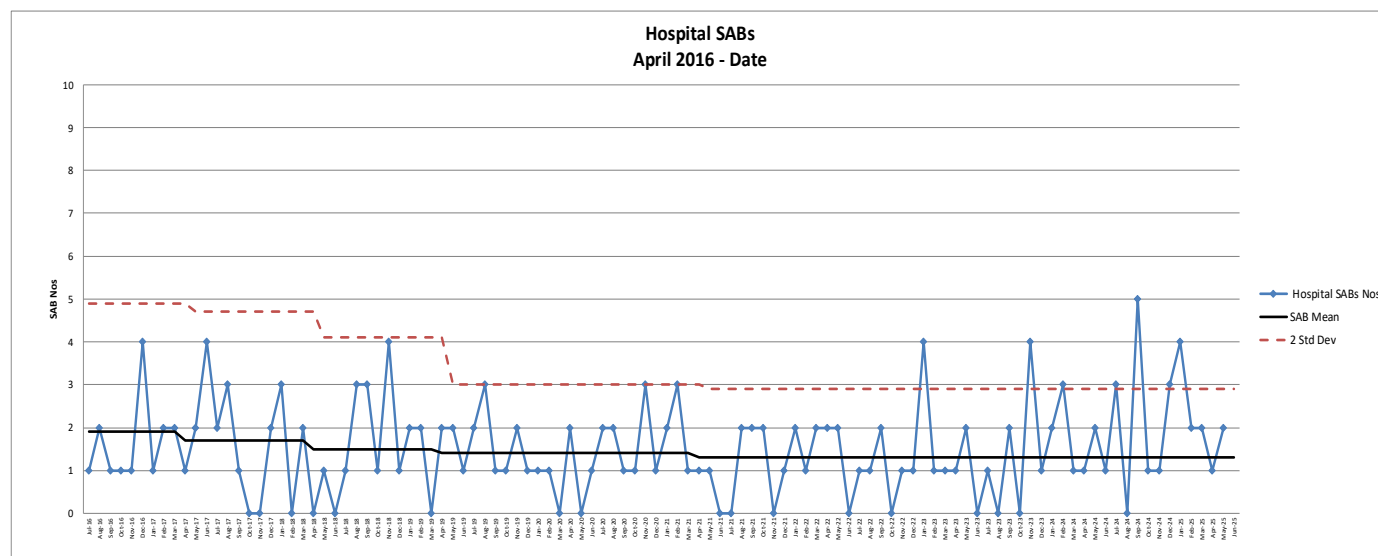
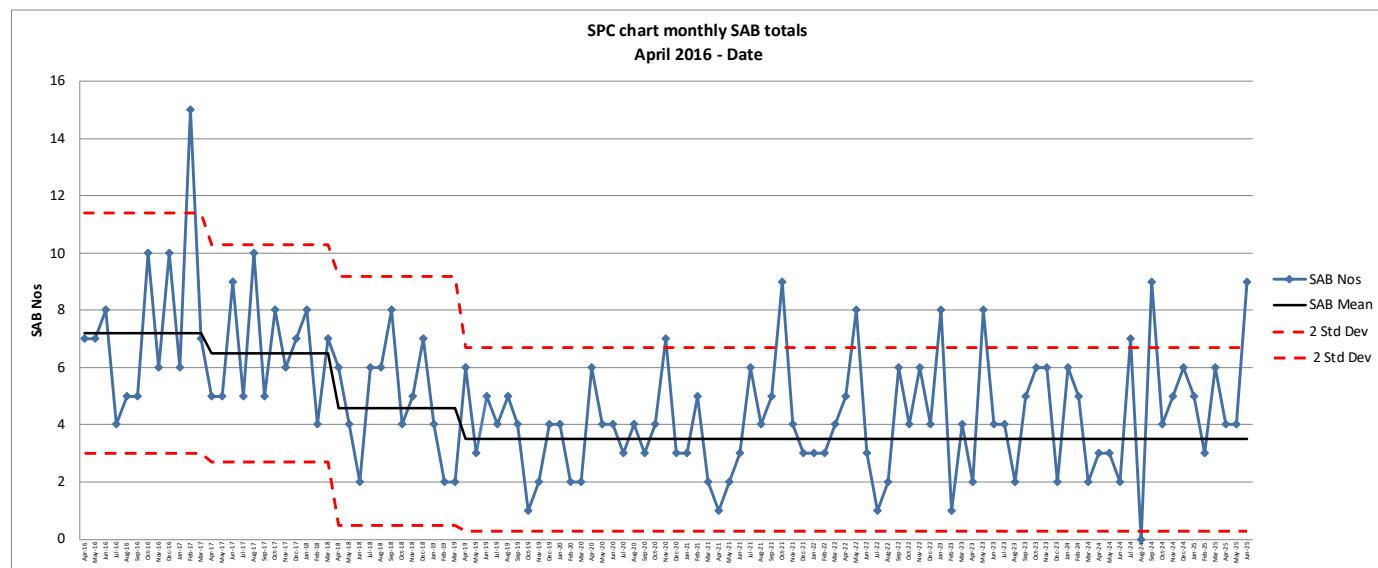
Healthcare Acquired Infection Incident Template (HAIT)

The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

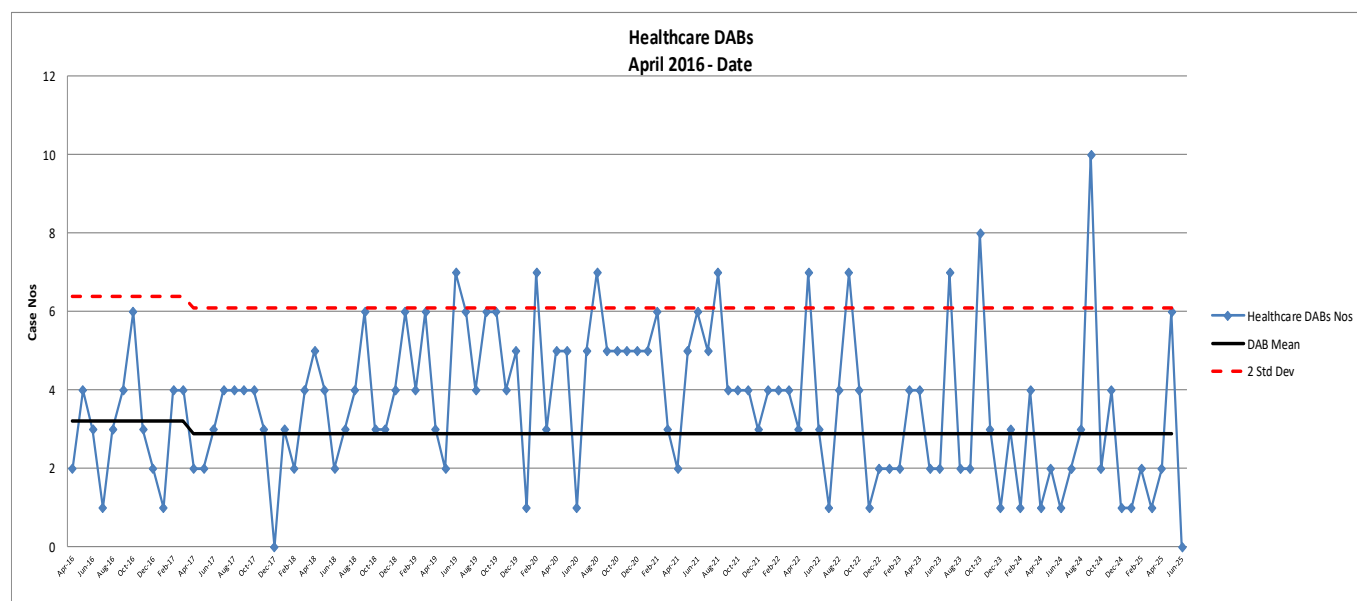
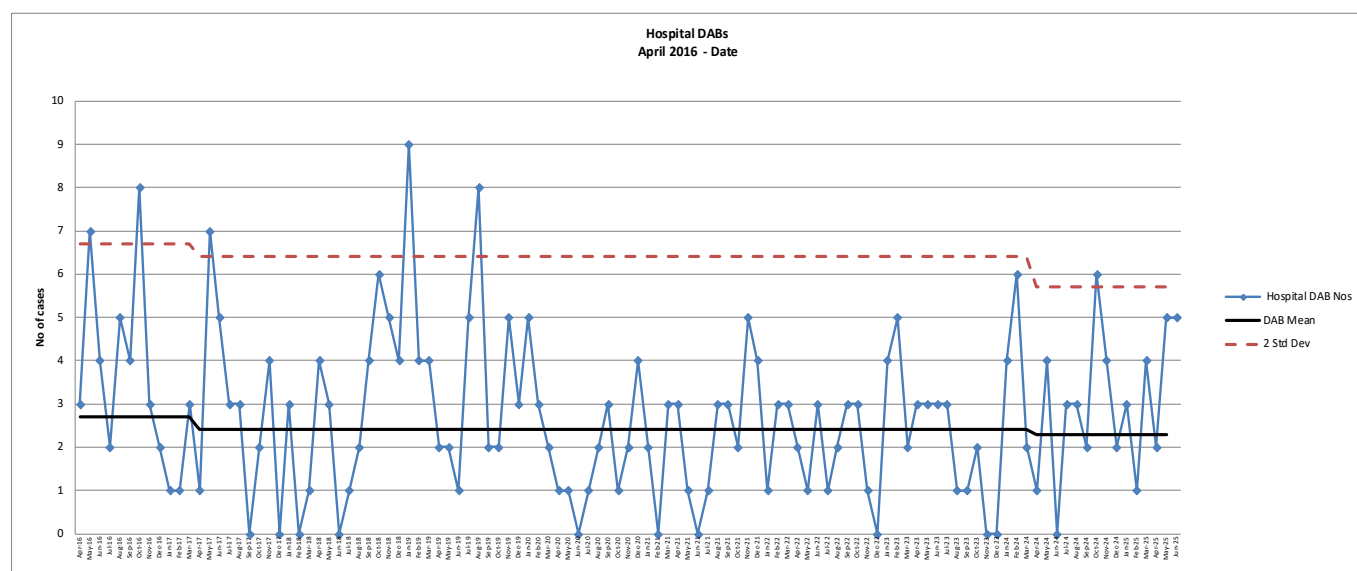
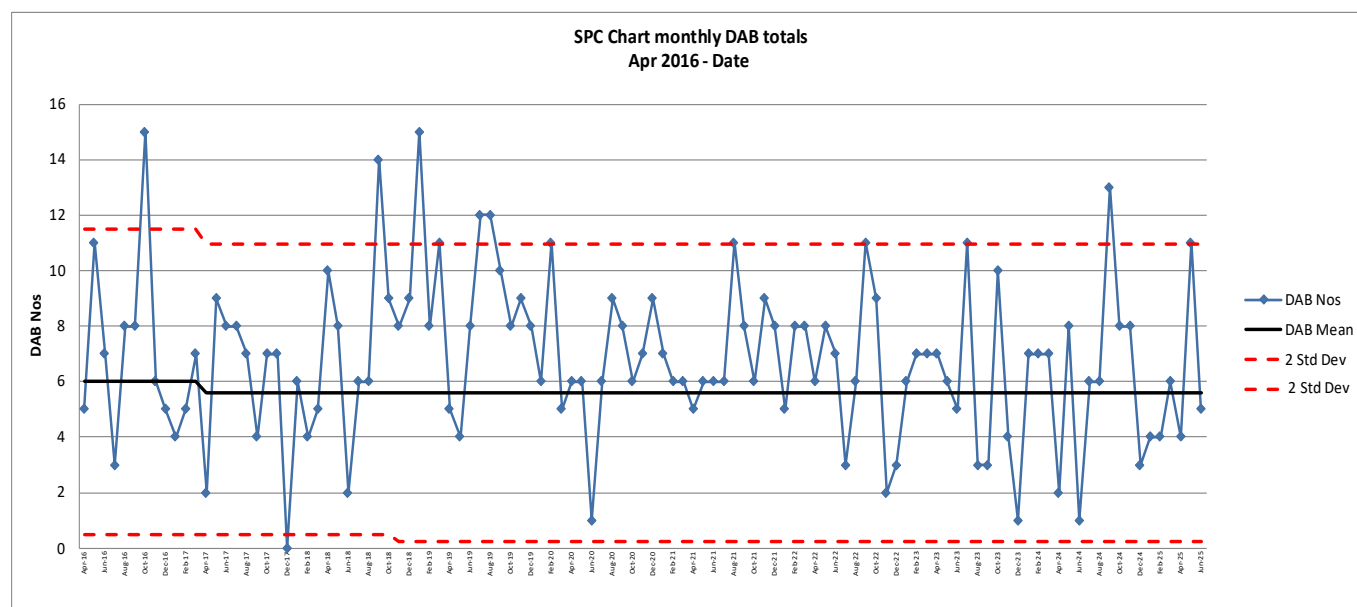
There were no outbreaks reported this month.

HAI Surveillance Statistical Processing Charts

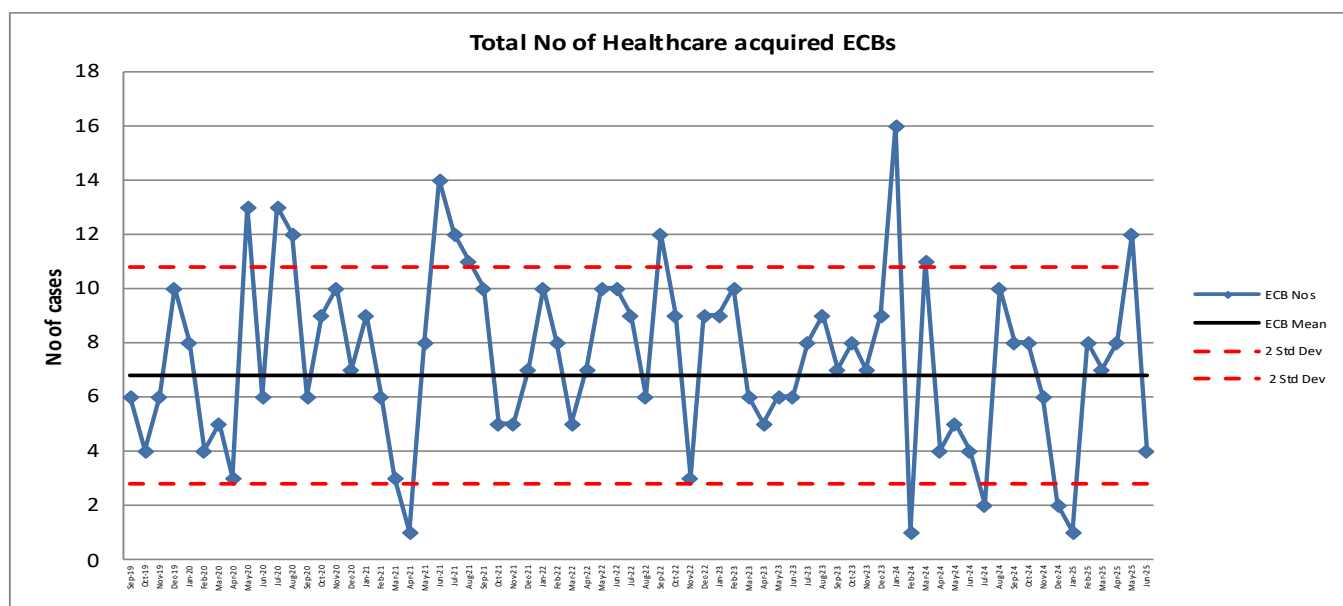
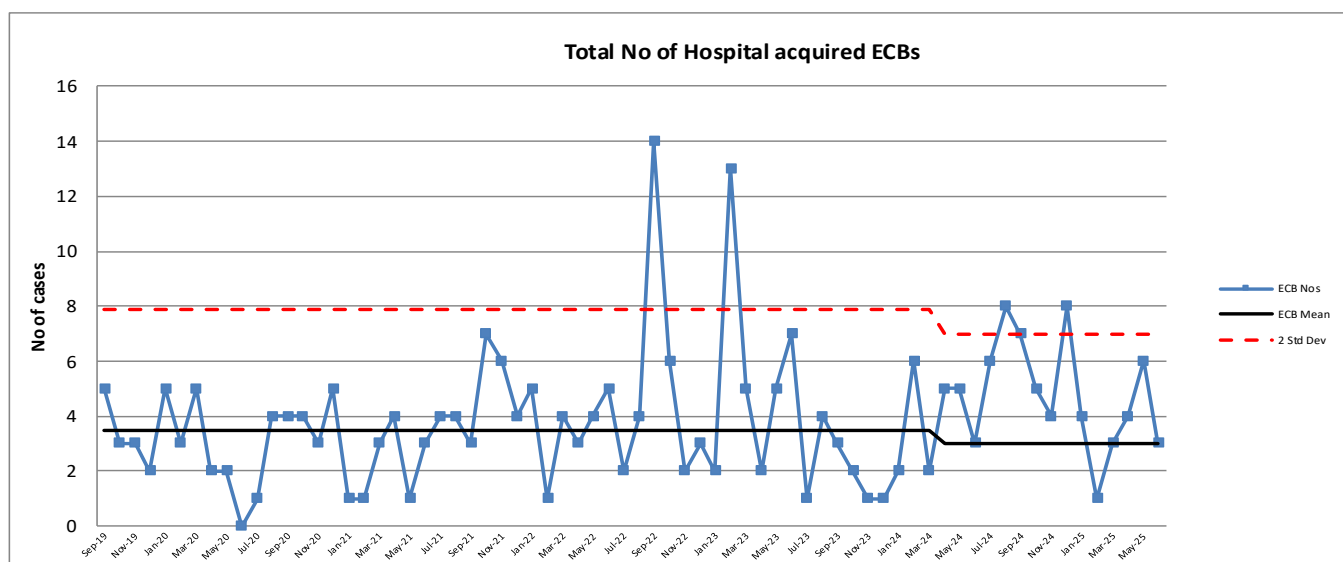
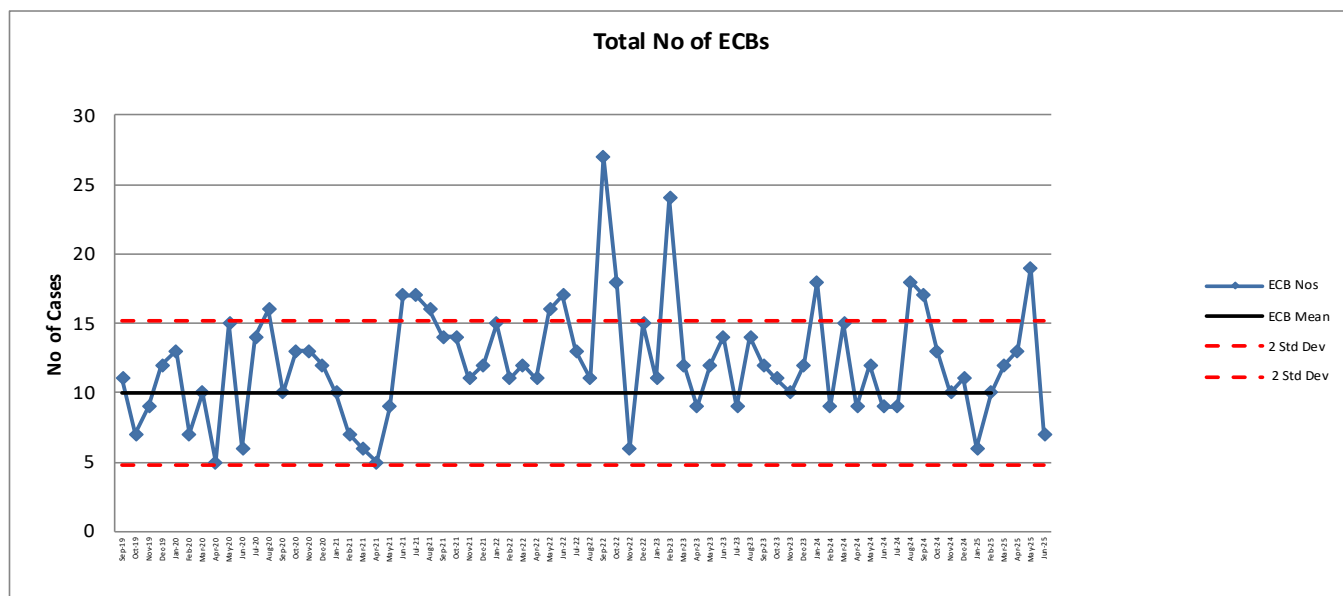
Staphylococcus aureus Bacteraemias (SABs)



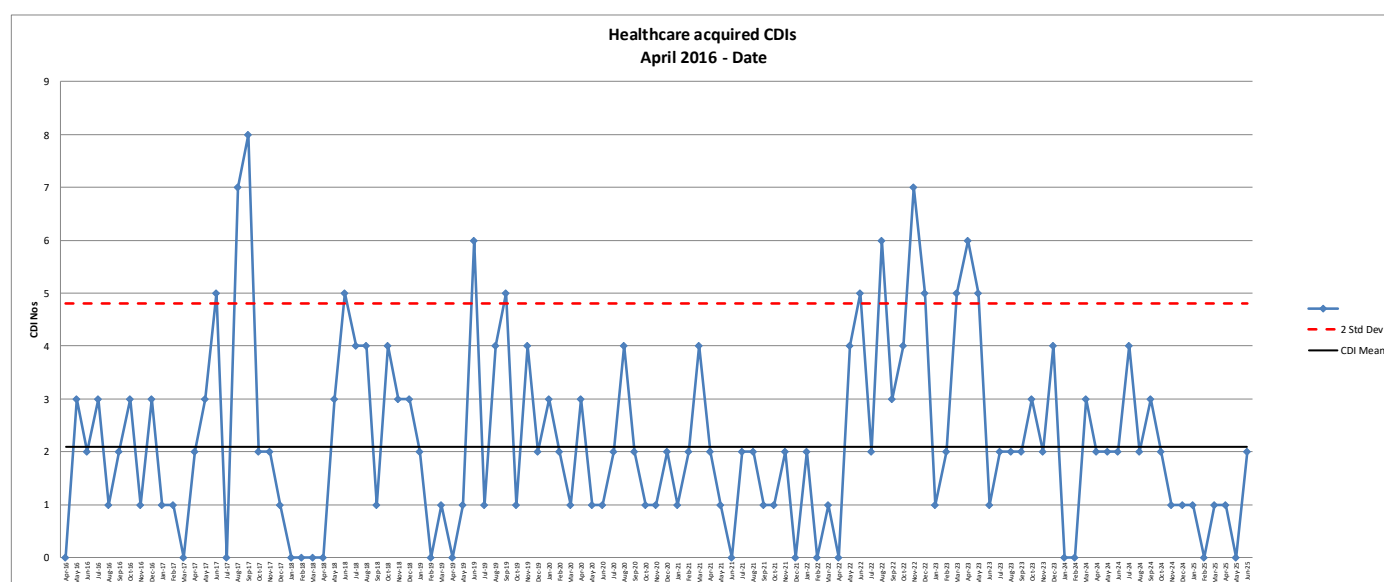
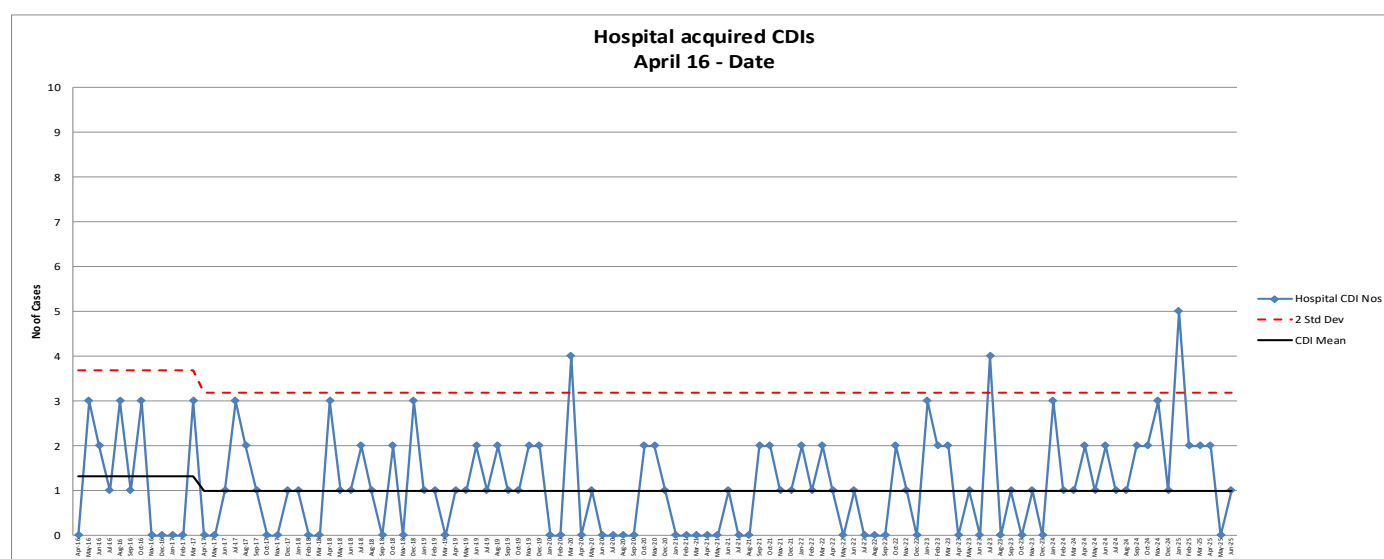
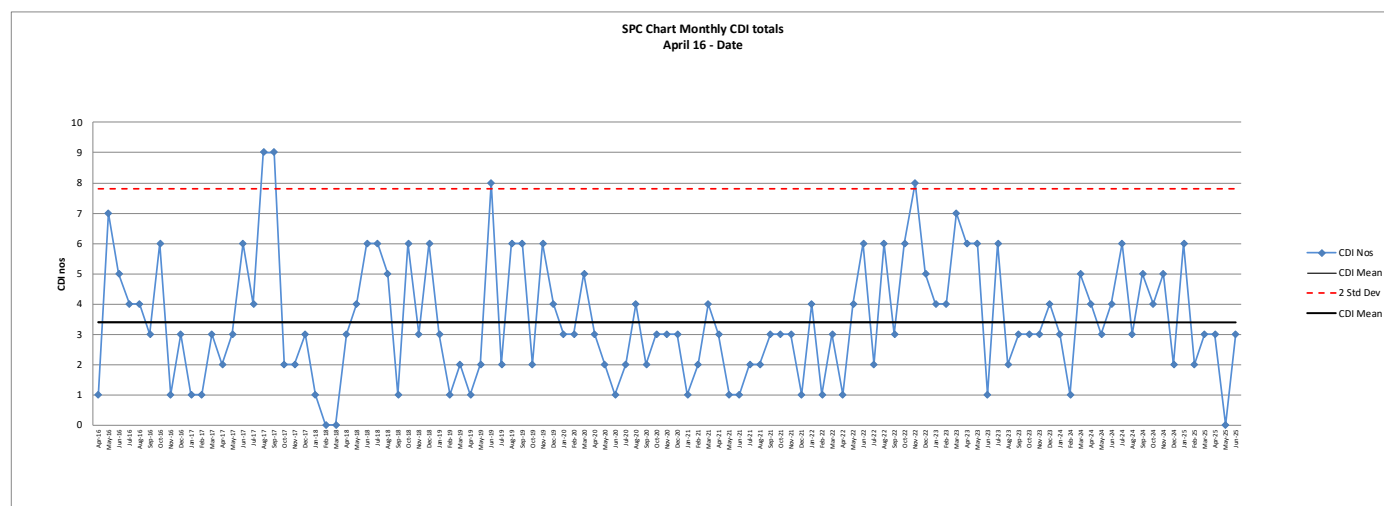
Device Associated Bacteraemias (DABs)



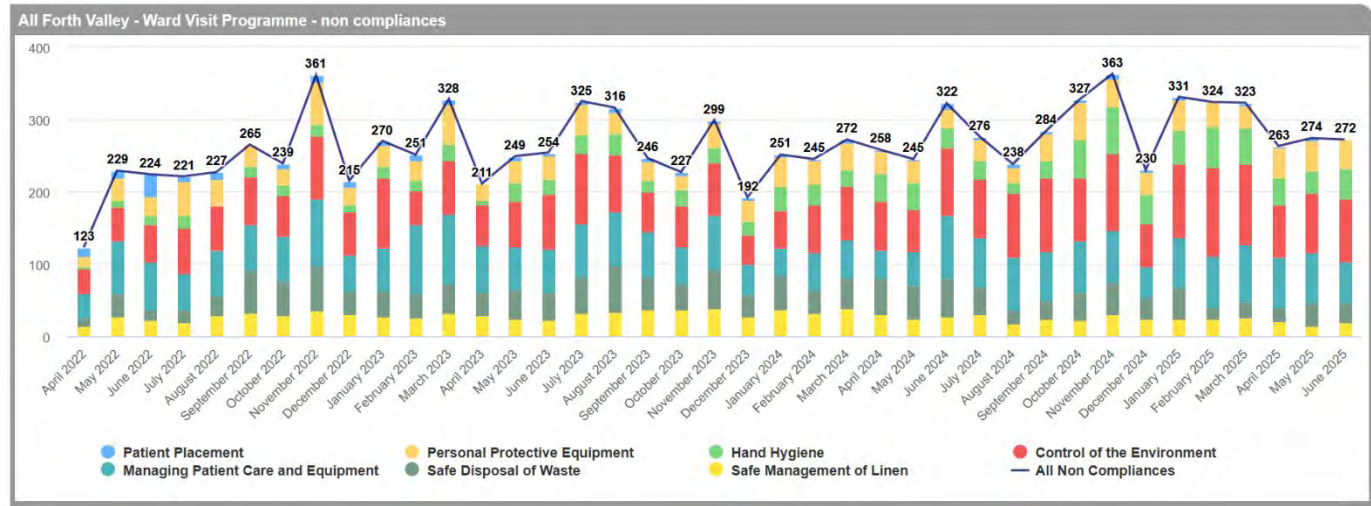
Escherichia coli Bacteraemias (ECBs)



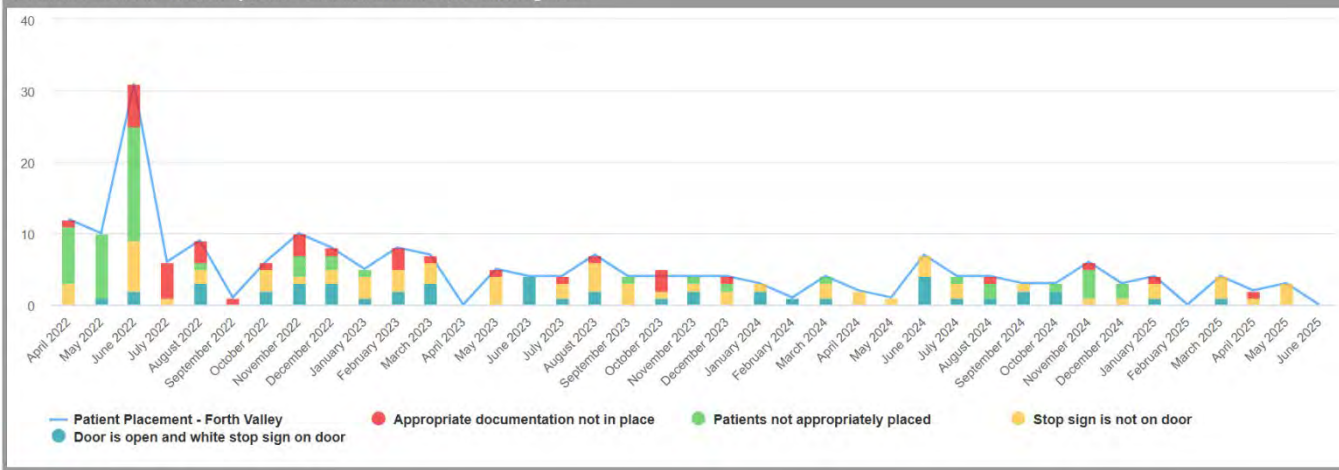
Clostridioides difficile Infections (CDIs)



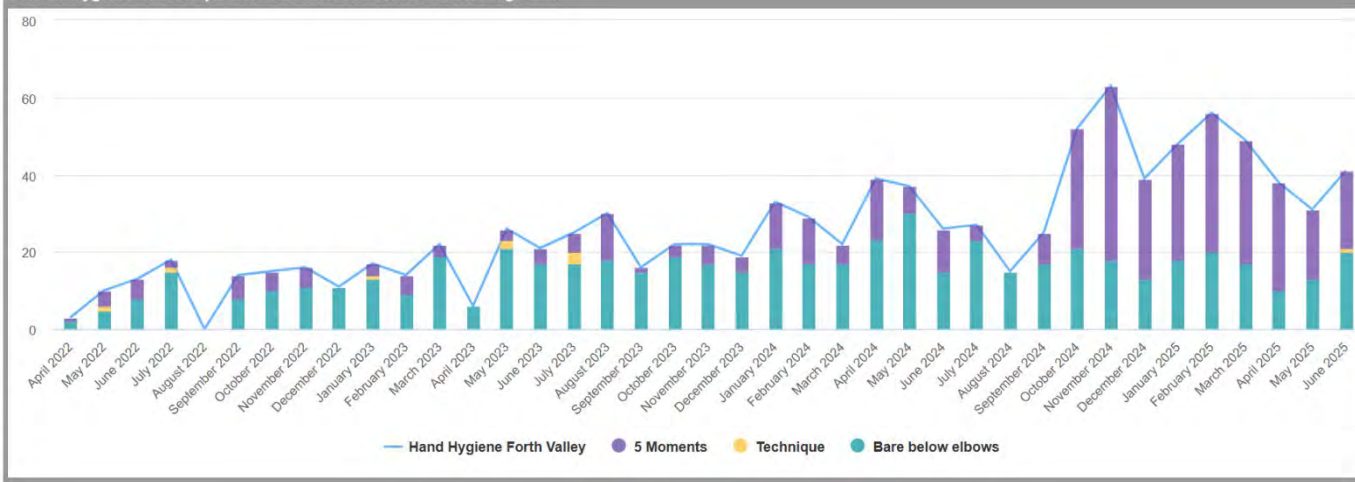
Ward Visit Non-Compliances by SICP



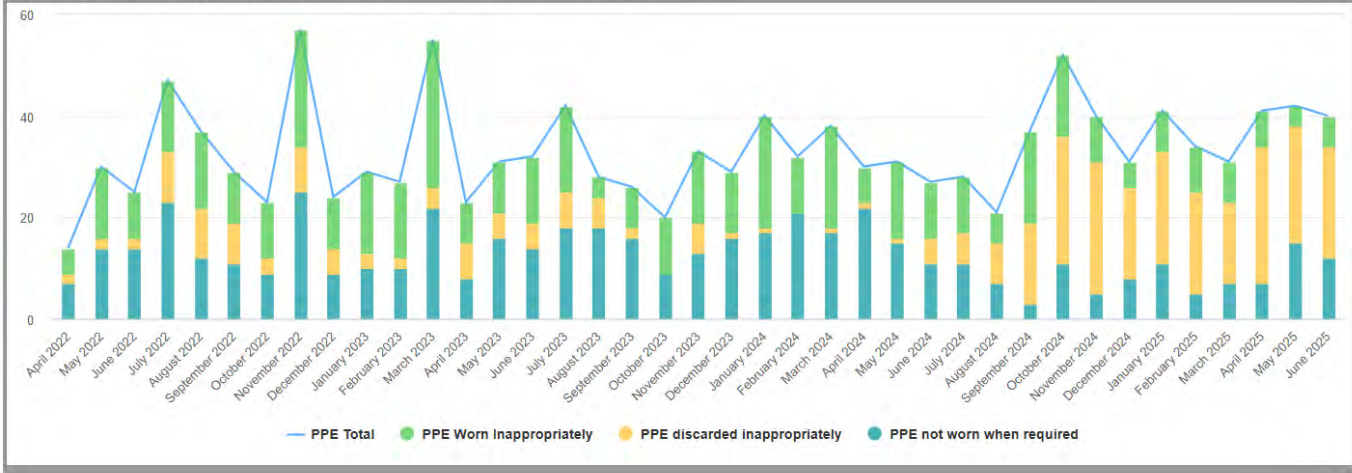
1. Patient Placement - Non Compliance - Infection Control Ward Visit Programme



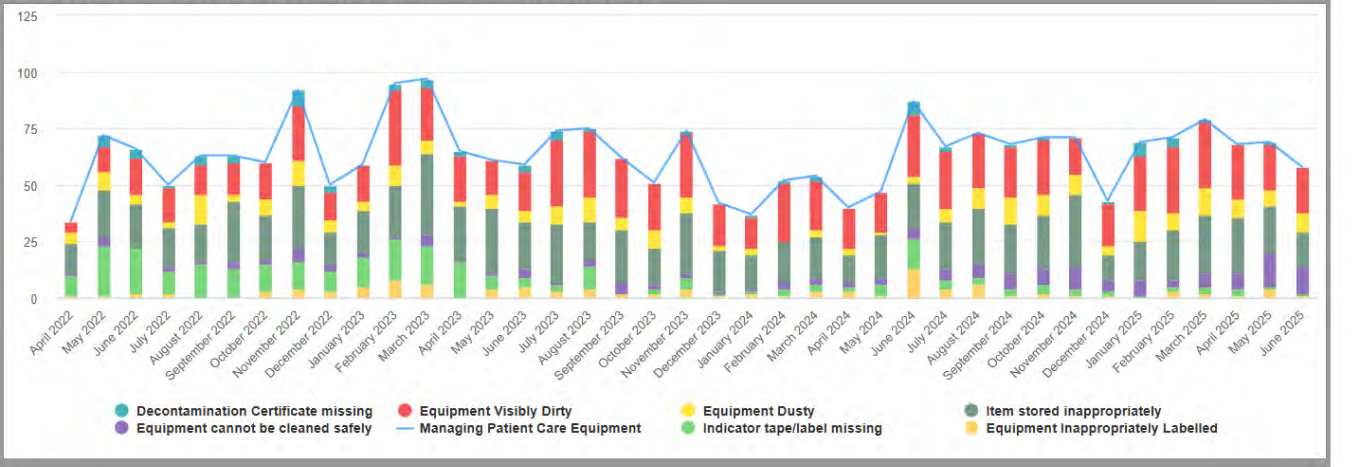
2. Hand Hygiene Non Compliance - Infection Control Ward Visit Programme



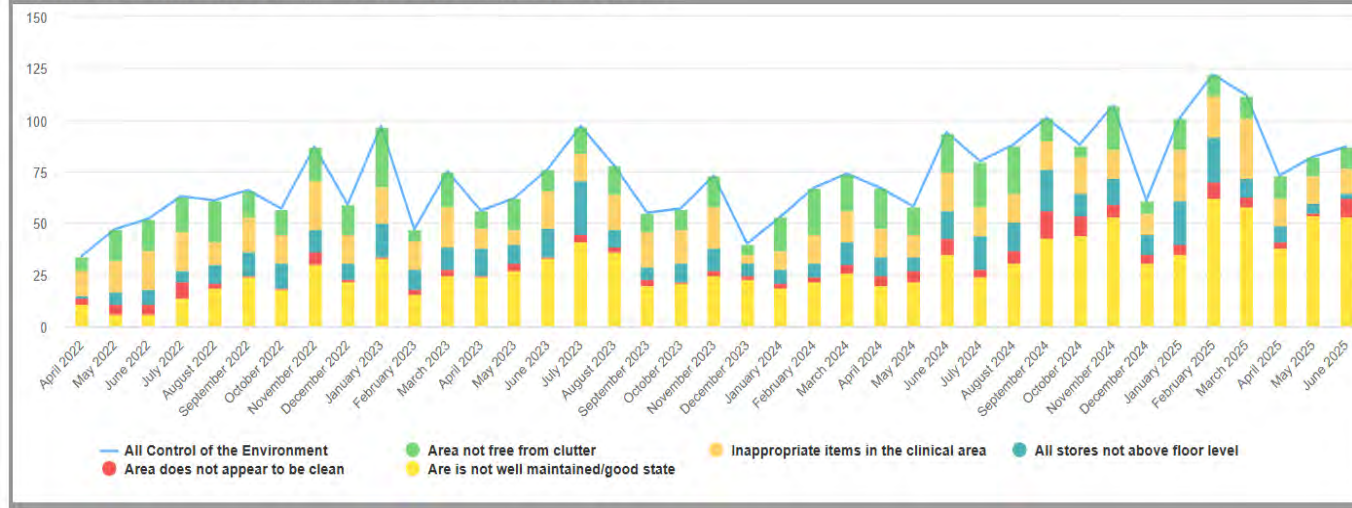
3. Personal Protective Equipment Non Compliance - Infection Control Ward Visit Programme



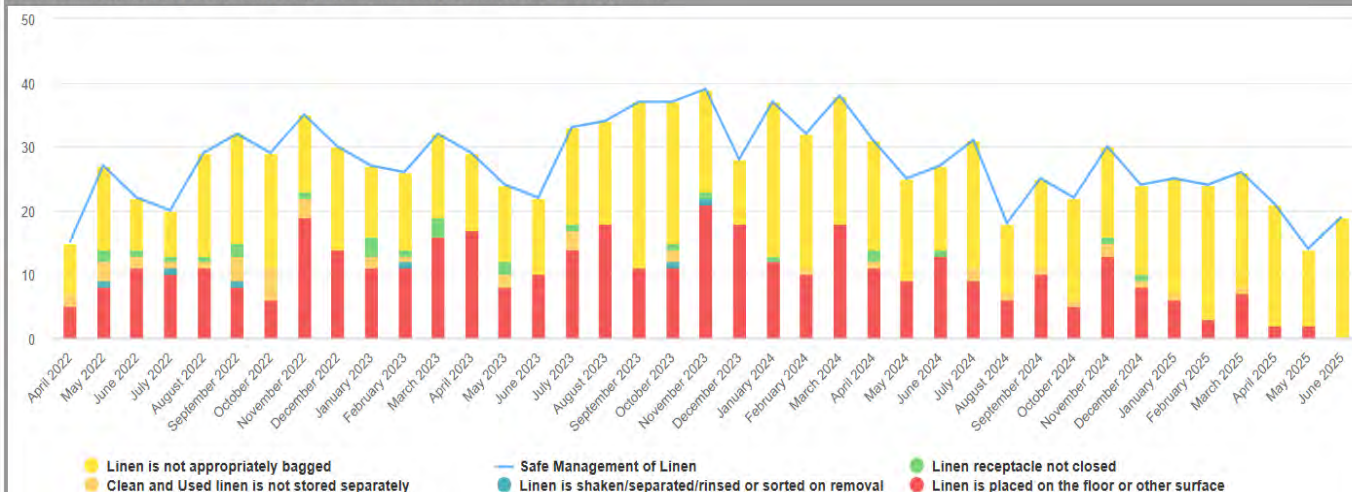
4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme



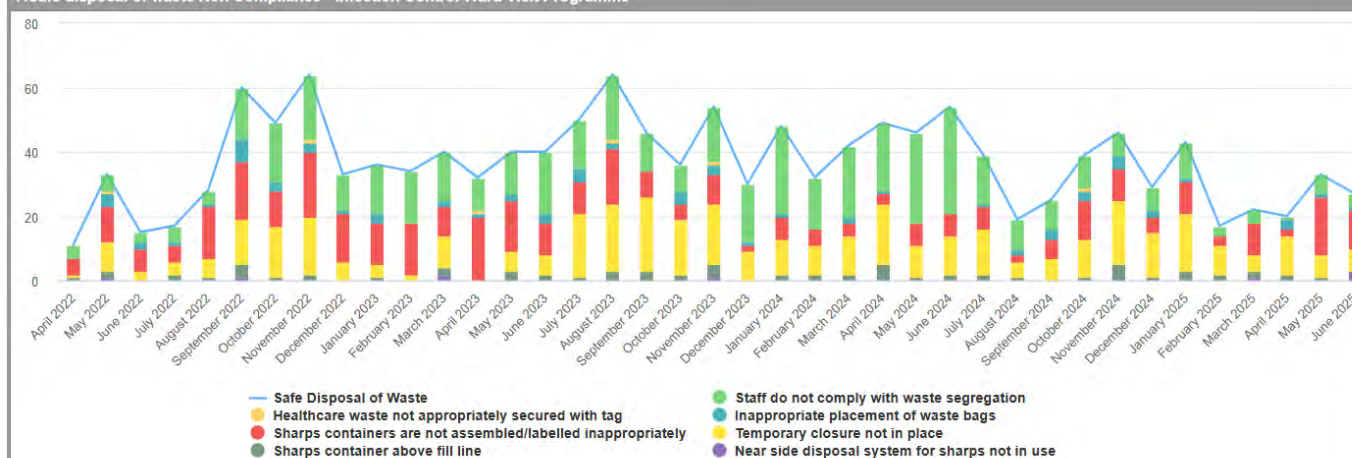
5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme



6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme



7. Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme



FORTH VALLEY NHS BOARD

Tuesday 29 July 2025

18. Annual Report Summary 2024/25

For: Information

Executive Sponsor: Prof. Ross McGuffie, Chief Executive

Author: Mrs Elsbeth Campbell, Head of Communication

Executive Summary

The Annual Report Summary highlights key service developments and achievements along with examples of service activity and performance during 2024/25. This is available online, promoted via social media with hard copies available, on request. Copies are also shared at the Board's Annual Review meeting.

Recommendation

The Forth Valley NHS Board is asked to **note** the Annual Report Summary for 2024/25.

Risk Assessment / Management

There are no associated risks.

Key Issues to be Considered

- The Annual Report Summary, which covers the period 1 April 2024 to 31 March 2025, provides an easy-to-read summary of key developments in a more accessible and visual format.
- As well as summarising key service developments and achievements, the report also highlights a range of sustainability initiatives and research projects taken forward over the last 12 months.
- More detailed information on finance and performance is available on the NHS Forth Valley and Public Health Scotland websites.

Implications

Financial Implications

There are no financial implications as the Annual Report Summary is produced and published online. Small numbers of printed copies can also be printed internally for distribution at relevant meetings and events.

Workforce Implications

The Annual Report summary highlights key developments taken forward by a wide range of staff across the organisation.

Infrastructure Implications including Digital

There are no infrastructure implications – the Annual Report summary is published on the NHS Forth Valley website.

Sustainability Implications

The production of an online summary report has reduced the cost and potential waste associated with previous printed reports. The Annual Report summary also highlights progress

in delivering a wide range of environmental initiatives to support the delivery of NHS Scotland's net-zero targets.

Sustainability Declaration

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

☒ Yes

☐ N/A

Quality / Patient Care Implications

The Annual Report Summary highlights a wide range of service developments to improve the care and experience of local patients.

Information Governance Implications

There are no Information Governance implications as all of the information in the Annual Report Summary is publicly available.

Relevance to Strategic Priorities

The Annual Report Summary highlights how the organisation has performed in relation to a number of strategic priorities and performance targets during 2024/2025.

Equality Declaration

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

Further to an evaluation it is noted that:

☒ Paper is not relevant to Equality and Diversity

☐ Screening completed - no discrimination noted

☐ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

The Annual Report has been developed by the Communications Department in collaboration with a number of individuals and departments across the organisation including colleagues within Strategic Planning and Performance and Information Services.

2024-2025 ANNUAL REPORT



A summary of Key
Developments, Activity
and Performance



FOREWORD

Welcome from our Chief Executive and Chair

As we both took up our roles during 2024/25, we would firstly like to take this opportunity to thank everyone for the warm welcome we have received from local staff, colleagues in the wider health and care system and our many partner organisations.

Over the last year, we have had the opportunity to visit many teams across the organisation, and it has been inspiring to hear about the great work underway and see first-hand the ongoing commitment to delivering high quality care and services.

Some of this work is highlighted in this Annual Report Summary which aims to provide an overview of key service developments and achievements during 2024/25, along with examples of service activity and performance information. We hope that local staff, patients and partners find this Report a useful summary of the wide range of work undertaken across the organisation during this 12 month period.

Over the last year, significant changes and improvements have also continued to be made to strengthen leadership, culture and governance arrangements across the organisation. As a result of these efforts, the Board was moved from level 4 to level 3 of the Scottish Government Support and Intervention Framework (previously known as the Escalation Framework) from 1 October 2024 and therefore no longer requires direct formal oversight by the Scottish Government.

While this is a positive achievement and testament to the hard work of local staff, we recognise there is more to do to ensure we maintain and build on the progress made in recent years to further improve the experience of local patients and staff. We aim to do this by taking a 'Value Based Health and Care' approach to ensure we make best use of the resources available to improve the health of all local people, achieve better outcomes for patients and deliver sustainable services which meet current and future healthcare needs.

This approach will also support the delivery of our new Population Health and Care Strategy, due to be published later this year, which will set out our vision and priorities for the next ten years.

Although there are many challenges ahead, there are also many opportunities and we are confident that by working with our staff, partners, local patients and communities, we can ensure Forth Valley is a great place to live, work and learn.



ROSS MCGUFFIE
CHIEF EXECUTIVE



NEENA MAHAL
INTERIM CHAIR

BOARD MEMBERS

NHS Forth Valley is managed by a Board of Executive and non-Executive Directors who are accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. The overall purpose of the Board is to provide strategic leadership, direction and governance, focussing on key plans and priorities which:

- Improve and protect the health of local people
- Improve local health services and the experience of those who use them
- Improve health outcomes, working with a wide range of partner organisations

The Board holds meetings every two months at our Board Headquarters in Stirling. Members of the public are welcome to attend and observe the meetings, in person or online. Details of the Board members for 2024/25 are listed below.

Non-Executive Members

Neena Mahal (Interim Chair)

Allan Rennie (Vice Chair)

Martin Fairbairn

Gordon Johnston

Stephen McAllister

Michele McClung

John Stuart

Local Authority Members

Falkirk Council - Cllr Fiona Collie - Falkirk Council

Clackmannanshire Council - Cllr Wendy Hamilton (until 7 March 2025) and Cllr Fiona Law (from 24 March 2025)

Stirling Council - Cllr Gerry McGarvey (until 30 July 2024) and Cllr David Wilson (from 26 November 2024)

Advisory Forum Chairs / Employee Director

Kirstin Cassells, Lead Pharmacist - Community Pharmacy, Public Health and Integrated Services

Robert Clark, Employee Director

Executive Members

Amanda Croft, Interim Chief Executive (until 24 September 2024)

Ross McGuffie, Chief Executive (from 1 October 2024)

Frances Dodd, Executive Nurse Director

Dr Graham Foster, Director of Public Health

Andrew Murray, Medical Director

Scott Urquhart, Director of Finance

AT A GLANCE

6,473

Staff
(whole time
equivalent)



£631m

Annual
Budget



305,000

Population
Served



(approx)

2,811

Babies
Born



64,401

Emergency Department
Attendances

21,888

Minor Injuries Unit
Attendances

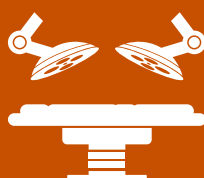
745,729

Outpatient
Appointments
(new and return)



18,711

Operations
Carried Out



114

Research
Projects
Underway



31,065

Shingles and RSV
Vaccinations
Delivered



224,248

Samples Collected
by our
Microbiology
Laboratory



207,083

Radiology
Scans Carried
Out



210,387

Covid-19 and Flu
Vaccinations
Delivered



888,129

Pharmacy
Prescriptions
Issued (inpatients)



66,516

Contacts with
our Health
Visiting Teams



10,943

Contacts with our
School Nursing
Teams



27,970

Contacts with our
AHP Community
Inpatient Services



SERVICE DEVELOPMENTS



Improving Treatment for Skin Cancers

A new clinic was introduced at Forth Valley Royal Hospital in April 2024 to provide gold standard treatment for patients with certain types of skin cancers.

Mohs Micrographic Surgery is a highly specialist surgical technique to remove skin cancers while preserving as much healthy tissue as possible. It is most often used to remove skin cancers on the scalp, face, lip, ear and neck area, and has a very high cure rate.

It requires the expertise of plastic surgeons, pathologists and healthcare scientists who work together to remove, prepare and examine skin tissue to ensure all the cancerous cells have been removed. The specialist treatment is currently only available in only four NHS Boards in Scotland (Forth Valley, Tayside, Greater Glasgow and Clyde, and Lothian) and there are only 8 Consultant Mohs Surgeons in Scotland who can carry out the highly specialist procedure, including two at Forth Valley Royal Hospital.

The new Mohs Clinic operating in the Day Surgery Unit at Forth Valley Royal Hospital is equipped with a treatment room and dedicated laboratory, enabling skin tissue to be removed under a local anaesthetic, then prepared and examined in the same area. Patients undergo the procedure at a single outpatient appointment and return home on the same day, normally after a few hours.

The technique involves a consultant plastic surgeon removing skin tissue from the patient's face or neck. This sample is taken to the on-site laboratory and cut into thin sections which are stained and mounted onto glass slides. The slides are then examined under a microscope by a consultant pathologist for the presence of cancer cells at all edges of the tumour. If cancer cells are seen, another thin layer of tissue is removed and checked, and the process is repeated until no more cancer cells are seen.

The Mohs clinic at Forth Valley Royal Hospital takes place fortnightly to provide treatment for local patients from across NHS Forth Valley as well as suitable patients referred by NHS Lanarkshire.

Investing in State-of-the-Art Diagnostic Equipment



A third CT scanner was installed at Forth Valley Royal Hospital in March 2025, which will enable an additional 6,500 scans to be carried out each year. This investment will also help reduce waiting times and support faster diagnosis and treatment for serious conditions such as cancer, stroke and major injuries.

The Diagnostic Imaging service currently performs around 190,000 scans each year, supported by 109 clinical staff, including 26 Advanced Practitioners.

The new scanner will ease pressure on the existing two CT scanners, which have been operating for extended hours, supplemented by a temporary mobile CT unit.



A new state of the art system to enhance diagnosis for cancer, urology and endocrine patients has been introduced at Forth Valley Royal Hospital.

The SIEMENS Symbia Pro.specta merges CT and SPECT imaging into one step for faster and more accurate medical diagnoses, providing local patients with faster access to scans, shorter scanning appointments and reducing the need to return for multiple scans.

The system was installed as part of an ongoing equipment replacement programme to update existing equipment which was installed when the hospital originally opened in 2011.

The new machine uses nuclear single-photon emission computed tomography (SPECT) technology, with a gamma ray camera to scan patients who have been injected with a harmless radioisotope. This is combined with a 360-degree CT scan to create detailed imaging of structure and physiology. The patient receives the CT scan immediately after the gamma ray scan, when previously they would have to wait a few hours or even days for the subsequent CT scan. The quality of the images is significantly enhanced by keeping the patient in exactly the same position for both scans.

The system's artificial intelligence superimposes the images from both scans to create a more accurate and detailed report for diagnosis. The ability to pinpoint a tumour or lesions with more detail can result in less invasive surgery and therefore better recovery.

Harnessing Technology in Pharmacy Services



A new smaller, faster and more advanced robotic system that improves dispensing efficiency, reduces waste, and frees up staff time for patient care was installed in the pharmacy department at Forth Valley Royal Hospital in November 2024.

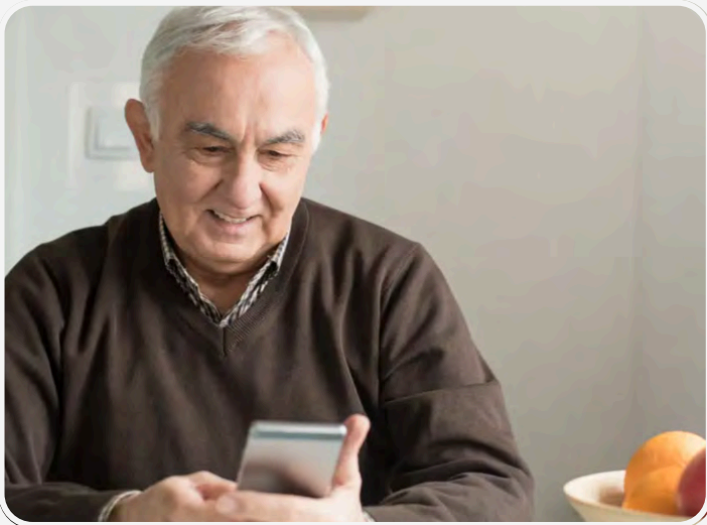
This allowed the previous pharmacy robots, which were affectionately known as Rosie, R2D2 and Lindsay Lohan, to retire after 14 years of service.

It also created space to expand pharmacy services for oncology and home care support, and introduce a new dedicated training zone for local pharmacy staff.

Alongside the new robot, a new biometric safe for controlled drugs was also introduced in the hospital's pharmacy department. The first of its type in use in Scotland, it replaces the traditional dual-lock and manual recording system. The new BD Pyxis C2 Safe uses biometric thumbprint access and electronic tracking to enhance security and streamline drug management as part of a broader modernisation of the hospital's pharmacy systems.



Joining Forces to Improve Dementia Care



NHS Forth Valley has joined a £2 million, three-year initiative called CONSOLIDATE, which aims to enhance independent living for people with dementia through the use of technology.

The network, which is led by Heriot Watt University, brings together a number of NHS Boards, universities, charities and community groups to explore how artificial intelligence, robotics and sensor technologies can support cognitive and physical abilities, adapting to individuals' changing needs over time.

Involving people who have experience of living with, or caring for, someone with dementia will also help identify solutions which are practical, inclusive and empowering.

With dementia cases in the UK projected to reach 1.4 million by 2040, the project aims to improve quality of life, reduce care costs and extend the length of time people with dementia are able to live independently.

Increasing Access to Speech and Language Therapy



possible by having speech and language therapists embedded in schools and nurseries across the region.

This approach ensures that any concerns about a child’s communication skills are addressed swiftly and effectively. Each educational setting has a dedicated link therapist who works closely with staff to identify and support children in need. In addition, a weekly helpline offers families direct access to healthcare professionals for guidance and reassurance.

Over the past two years, 29 schools have been formally recognised by NHS Forth Valley for creating communication-friendly environments.

Research shows that strong spoken language skills are a key predictor of success in education, employment and overall wellbeing. This initiative is therefore not only improving access to speech and language support but also laying the foundation for better lifelong outcomes.



Speeding up Access to Cancer Treatment



Waiting times for cancer treatment saw marked improvement during the year, with 100% of patients beginning treatment within 31 days of the decision to treat, exceeding the national cancer treatment target of 95% for the period April to June 2024.

Performance in relation to the 62-day cancer treatment target (95% of patients should start treatment for a newly diagnosed cancer within 62 days, following an urgent referral) was also well above the Scottish average for this period.

In the period July to September 2024, 84% of local patients started treatment for a newly diagnosed cancer within 62 days, compared to an average of 72% across the rest of Scotland and 99% of patients began their treatment within 31 days of a decision to treat, compared with 94% nationally. Work continues to maintain and build on this performance over the year ahead.

Introducing New Clinical Roles



NHS Forth Valley achieved a 22% reduction in waiting times for diagnostic scans and urology treatments between April and September 2024. These improvements were driven by a combination of national and local investment and the ongoing development of advanced clinical roles, including Advanced Nurse Practitioners and Advanced Radiology Practitioners.

In radiology, these Practitioners now perform mammogram readings and diagnostic ultrasounds, enhancing service efficiency.

New roles have also been introduced in urology services, including Advanced Surgical Care Practitioners, who have undergone additional training to perform simple surgical procedures such as vasectomies and circumcisions. This has freed up urology consultants to focus on patients who require more complex treatment or surgery.

In local breast services, the introduction of Advanced Nurse Practitioners has significantly improved care through the delivery of one-stop clinics that combine consultation, imaging and biopsies in a single visit, reducing delays and improving the experience of local patients.



Reducing waits for Outpatient Appointments



The number of people waiting for a first outpatient appointment reduced significantly over the last year (from 19,902 in July 2023 to 13,740 in July 2024) – a reduction of 30%. The number of people waiting beyond 12 weeks also halved in the same period.

This was due to an increase in activity which continued throughout the year with more appointments being delivered, exceeding the figure forecast in the Board's annual delivery plan for 2024/25.

Supporting Families Following the Loss of a Baby



Families who suffer the tragic loss of a baby now have access to additional counselling and support at home thanks to a new partnership between NHS Forth Valley and Held in our Hearts, the baby loss counselling and peer support charity.

The charity already provides support for families in Forth Valley, however this new initiative, introduced in June 2024, provides additional support to families to help their transition from hospital to home and build on the available support offered by the pregnancy and baby loss charity Sands.

This include help with planning a funeral or memorial, preparing for follow-up hospital appointments, advice on talking to siblings and getting ready to return to work.

The new service is available to any family that has experienced a loss after 12 weeks and provides sessions in their own home with a member of Held in Our Heart’s Hospital to Home team. Families can also be referred for longer term peer support or counselling, if appropriate.



Welcoming New Nursing Colleagues From Overseas



NHS Forth Valley welcomed eight international nurses during the year as part of a Scottish Government initiative to boost overseas recruitment and support healthcare delivery across Scotland.

The nurses from India, Iran and Trinidad and Tobago bring valuable experience and completed a comprehensive induction and training programme before they started their full-time roles in a wide range of departments and wards across Forth Valley Royal Hospital.

The new recruitment intake brings the total number of international healthcare staff recruited to NHS Forth Valley in recent years to 55.



Improving Mental Health Services for Children and Young People

Changes in the way local Child and Adolescent Mental Health Services (CAMHS) are designed and delivered across NHS Forth Valley resulted in significant improvements and reduced waiting times for young people experiencing severe and complex mental ill health.

A new 'Choice and Partnership Approach' has been put in place to help increase the range of treatment options available, and improve the management and monitoring of demand to maximise capacity. This internationally renowned approach has had a positive impact on local services and since February 2024, NHS Forth Valley CAMHS has consistently seen and treated 99% of children and young people within 18 weeks of referral.

The current performance remains above the national average waiting times target of 90% and the service is confident this performance will be maintained in the months ahead. In addition, very long waits have been eliminated and there are currently no children or young people waiting over 18 weeks for an initial assessment. This is a significant improvement on previous performance against the 18-week referral to treatment target which has risen from 44% to 99% over the last two years. The improved performance is the result of additional resources provided by the Scottish Government, alongside the commitment of local staff who have embraced new ways of work and are continuing to develop and improve local services for children and young people with very severe, complex and persistent symptoms of serious mental illness.

Staff also continue to work closely with colleagues in local councils to help increase access to a range of new community-based services which aim to make it quicker and easier for children and young people to access mental health and wellbeing support at an early stage.

Supporting Clinical Research



There has been a significant increase in research projects being conducted across NHS Forth Valley and the Clinical Research Team is now supporting more than 110 different research trials across a range of areas. These include lung cancer, cardiology, dementia and endometriosis.

Successful trials have also been carried out into the treatment of diabetes, breast cancer and blood cancer (Myeloma). NHS Forth Valley is also on the list of Top Recruiters for 2025 for an international, multicentre study

investigating the best time for people with severe narrowing of the aortic valve to undergo surgery to replace it.

Further information on local clinical trials and case studies can be found on the NHS Forth Valley website.



Improving Facilities for Parents of Premature Babies



A new Green Room has been created in the Neonatal Unit at Forth Valley Royal Hospital to provide a calming space for the parents of premature babies.

It also provides a private, non-clinical area for parents to meet with healthcare staff to get an update on their baby's progress, catch up with their local midwifery or health visiting teams or have support from a member of the psychology team.

The comfortable room is stocked with snacks and drinks, as well as books and craft materials to help entertain and keep older children occupied. It is also used to host a number of wellbeing sessions and parent craft sessions throughout the year.

GOING GREEN

Reducing our Carbon Footprint

NHS Forth Valley continues to lead the way in delivering a wide range of environmental initiatives to support the delivery of NHS Scotland's net-zero targets. This includes work to:

Minimise Waste

A groundbreaking pilot project is underway in operating theatres at Forth Valley Royal Hospital to recycle non-contaminated plastics that were previously disposed of as clinical waste - a process that is both environmentally and financially costly. Delivered in partnership with NHS Scotland Assure, if successful, it could be rolled out in other hospitals across the country.

Go Electric

Significant progress has been made in switching our transport fleet of cars and vans from diesel to electric and the aim is operate a fully electric fleet by the end of 2025/26.



Increase Energy Efficiency

A major energy conservation programme, delivered in partnership with Vital Energi, has seen rooftop solar PV panels installed on 13 buildings; insulation upgrades at six sites; windows and doors replaced with more energy efficient options at five locations, gas boilers replaced with electric boilers at one site along with upgrades to systems that monitor and control lighting, energy, and security at eight healthcare sites.

Collectively these initiatives help save 116 tonnes of carbon, reduce energy use by over 600,000 kWh and deliver energy savings of nearly £60,000 per year. Lighting has also been upgraded to energy-efficient LEDs across 60 sites, cutting carbon emissions by 267 tonnes and reducing electricity usage by nearly one million kWh per year.

In 2024/25, the programme was expanded to:

- install Battery Energy Storage Systems at three sites, enabling solar energy to be stored and used during peak hours
- trial the use of an Air Source Heat Pump to reduce reliance on gas heating systems

These additional measures are projected to save a further 72 tonnes of carbon and reduce energy consumption by more than 460,000 kWh annually.

Overall Impact

NHS Forth Valley has achieved a 41% reduction in its carbon footprint compared to the 2014/15 baseline and work continues in 2025/26 to build on this progress and further reduce emissions across our healthcare facilities.



Going Green in Theatres

NHS Forth Valley continues to set the standard in sustainable healthcare through its leadership in the National Green Theatres Programme - a pioneering initiative to reduce the carbon footprint of NHS Scotland while maintaining high standards of patient care.

The programme was inspired by the efforts of anaesthetists across Scotland to eliminate the use of desflurane, a volatile anaesthetic with a global warming potential 2,500 times greater than carbon dioxide. In a world-first, Scotland banned desflurane in early 2023, saving an estimated 6,400 tonnes of CO₂ equivalent (tCO₂e) and nearly £850,000, all without compromising patient outcomes.

The following initiatives reflect NHS Forth Valley's commitment to environmental stewardship, clinical excellence and financial responsibility. Collectively they are not only reducing emissions but also reshaping the future of sustainable healthcare in Scotland.

Decommissioning of Nitrous Oxide Pipeline - NHS Forth Valley has eliminated over 500 tCO₂e by replacing its nitrous oxide pipeline with a localised cylinder system. This change not only reduced emissions, but also freed up skilled staff to work in critical care areas. Nationally, 44 of 68 manifolds have been decommissioned, saving over 4,000 tCO₂e.

Enhanced Waste Segregation - Improved recycling and diversion of non-clinical waste has led to a 20% reduction in clinical waste volumes, cutting down on costly and carbon-intensive disposal methods.

Oral vs. Intravenous Medication - By encouraging oral medication where clinically appropriate, NHS Forth Valley has reduced IV paracetamol use by 30%, lowering both waste and resource use.

Surgical Suction System Upgrade - A certified system now filters and safely disposes of surgical waste fluids, saving approximately 1,000 tonnes of clinical waste and reducing handling risks for staff.

Energy Efficiency - Adjustments to HVAC fan speeds and anaesthetic gas scavenging systems have helped optimise energy use without compromising safety or efficiency.

Additional Sustainability Measures: A 'Gloves Off' campaign was launched to help reduce the use of plastic disposable gloves in situations where they are not required. Reusable theatre hats, gowns and drapes have also been introduced along with systems to automatically switch off equipment and greater use of online records to help reduce paper waste.

CELEBRATING SUCCESS



Supporting Breastfeeding

NHS Forth Valley Community Health Visiting Team successfully maintained their UNICEF UK Baby Friendly Award accreditation with flying colours.

Following a detailed assessment of local breastfeeding services and support, the Team held a celebratory event to mark this achievement in June 2024 to coincide with Scottish Breastfeeding Week.

The Team offers practical and emotional support to enable local women across NHS Forth Valley to help them feel more confident and comfortable breastfeeding. This support and encouragement is having a significant impact on local women, helping to improve local breastfeeding rates.

Breastfeeding protects babies against a wide range of serious illnesses including gastroenteritis and respiratory infections in infancy, as well as asthma, cardiovascular disease and diabetes in later life. It also reduces the mother's risk of some cancers.

The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies.

In the UK, the initiative works with public services to protect, promote and support breastfeeding and to strengthen family relationships for all babies, not only those who are breastfed.

The Award is given to health facilities, hospitals and universities after an assessment by a UNICEF team has shown that recognised best practice standards are in place.

Diabetes Project of the Year



NHS Forth Valley Adult Diabetes Team won the Diabetes Project of the Year Award at the 2024 Scottish Healthcare Awards.

The team was nominated for a project to change diabetes practice and ensure all patients have the opportunity to receive essential care and checks every year to help reduce the risk of developing diabetes related complications in the future.



National Recognition for Pharmacy Team



NHS Forth Valley Community Hospital Pharmacy Team won the prestigious 'Hospital Pharmacy Team of the Year' award at the 2024 Scottish Healthcare Awards.

The Team was recognised for its work to improve and enhance pharmaceutical care. This has led to positive outcomes for local patients, reduced costs and greater collaboration with pharmacy colleagues from other hospitals.



International Recognition for Hepatitis Team



The Viral Hepatitis Team received international recognition at the 2024 INHSU Conference for its Outstanding Contribution to Models of Care and Programmes through the STEP C Free Project.

The project demonstrated the effectiveness of delivering hepatitis care outside traditional clinical settings, reaching underserved and marginalised populations.

In collaboration with the Hepatitis C Trust, Change Grow Live, and Transform Forth Valley, the Team used peer-led, community-based approaches to help overcome barriers to accessing treatment.

Family Nurse Partnership Turns 10



The Family Nurse Partnership, which works with young parents across NHS Forth Valley, celebrated its 10th birthday in August 2024.

During this period, staff have worked with hundreds of first-time parents who have given birth to 650 babies over the past ten years.

To mark the milestone anniversary, the service held an event at the Albert Halls in Stirling. Over 40 parents, past and present, attended with their children to take part in a range of fun activities.

The Family Nurse Partnership programme is an intensive home visiting programme for first time parents aged 19 and under (and eligible 20 to 24 year olds) and is delivered by specially trained nurses and midwives who provide support from early pregnancy until the child reaches the age of two.

Family Nurses develop strong relationships with local families, identifying their strengths and working with them to help achieve their goals and aspirations, both for themselves and their children. The service was launched in 2014 and is delivered by a team of staff including family nurses, midwives and psychologists.



Supporting Healthcare Staff from Overseas



NHS Forth Valley received the NHS Scotland Pastoral Care Quality Award (PCQA) in recognition of the outstanding support provided to internationally recruited staff.

The Award highlights the organisation's commitment to ensuring a safe, supportive, and well-structured transition for healthcare professionals who have moved from overseas to work for NHS Forth Valley.

This achievement reflects NHS Forth Valley's dedication to providing high-quality pastoral care at every stage of the international recruitment process and acknowledges the efforts of local staff who play a key role in delivering tailored training, helping staff find accommodation, and offering both professional and personal support throughout their relocation and integration journey.



Nurse of the Year Finalists

A local nursing student and a nursing team from NHS Forth Valley were finalists in the 2024 RCN Scotland Nurse of the Year Awards.

The Ward 4 nursing team at Forth Valley Royal Hospital was highly commended in the Nursing Team of the Year category, which aims to recognise great nursing delivered by teams, in close partnership with colleagues, patients or stakeholders. The Team works in the Mental Health Unit at the hospital which cares for patients with severe mental illnesses, including advanced dementia. They use their skills, care and compassion to help patients maintain as much dignity, quality of life and independence as possible. The Team also supports local patients and families, helping them to access specialist assessments, helping to establish the Ward as a centre of excellence in dementia care.

Kasey Saunders, a nursing assistant in Ward 2 at Bo'ness Community Hospital, was also a runner up in the Nursing Student of the Year category.

This award recognises those who have shown exceptional promise during their practice placements and deserve recognition for exceptional achievement during their studies.



Kasey overcame a number of personal challenges, including social anxiety and dyslexia, to fulfil her dream of training to become a nurse. Although she lacked confidence, with support and encouragement, she applied to the Open University, balancing work in a Dementia Ward with her studies and inspiring others to consider a nursing career.

Kasey embraced many challenges, participated in various placements and initiated projects like a carers' group and a garden restoration for patients. She was described by her colleagues as a confident and competent nursing student who exceeded expectations with her dedication and compassion.

Excellence Award for Occupational Therapist



An NHS Forth Valley Occupational Therapist has been recognised in the Royal College of Occupational Therapists’ Merit Awards 2024 for excellence in the field.

Alison Keir, Occupational Therapy Team Lead for the Older Adults Mental Health Team based at Clackmannanshire Community Healthcare Centre, received the Merit Award for the impact she has made on the profession and, more specifically, her significant involvement in raising the profile of occupational therapy in the Scottish Parliament and across local authorities.

Every year, RCOT celebrates excellence in Occupational Therapy with Merit Awards which recognise and individual’s significant achievement and contributions to the profession.



Royal Recognition for Parkinson’s Nurse



Kay Mair, NHS Forth Valley’s Lead Nurse for Parkinson’s and one of Scotland’s longest serving Parkinson’s Nurse Specialists, spent a day with royalty after receiving an invitation to help celebrate the work of Parkinson’s Nurses around the UK.

An afternoon tea reception was hosted by the Duchess of Gloucester, Patron of Parkinson’s UK at St James’s Palace, London to celebrate and recognise the 35th anniversary of the Parkinson’s Nurse.

Twenty seven nurses were invited from across the UK to share their experiences as long serving professionals who have played a key role in Parkinson’s education, service development and research.

Kay has been a part of the Parkinson’s nursing community since 1996 and was a founding member of the Association of Scottish Parkinson’s Nurse Specialists.



Organ and Tissue Donation Memorial Unveiled

A colourful, 'floating' sculpture, which aims to recognise the life-changing contribution that local organ and tissue donors have made and help raise awareness of the importance of organ and tissue donation, was unveiled on 23 September 2024.

The sculpture by artist Hans K Clausen – entitled *Everyone Everyday Evermore* – is displayed on a wall in the atrium of Forth Valley Royal Hospital. The idea was conceived by donors, recipients, clinicians and supporters who wanted an artwork that is both a memorial and a celebration, and one that will enhance the hospital environment for years to come.

The vibrant, cloud-like sculpture is formed from signatures and hand-written names collected from across the healthcare community and from individuals whose lives have been affected by organ and tissue donation. The 366 signatures (one for each day of the year, including leap years) were enlarged and laser cut from fluorescent acrylic.

Attendees included Irene McCusker, whose deceased son Graeme donated his lungs, kidneys and eye tissue, and the Dewar family – dad Blair donated a kidney to son Nathan, while twin brother Daniel also received a kidney transplant from a deceased donor.

The unveiling of the new memorial sculpture was part of a programme of wider events to celebrate Organ and Tissue Donation Week, where healthcare organisations, charities and communities across the UK will come together to promote organ and tissue donation. People are also encouraged to record their decision on the NHS Organ Donor Register and discuss this with their loved ones to help ensure their wishes are honoured.

The project was funded by NHS Forth Valley's Organ and Tissue Donation Committee with support from Artlink Central, ForthHealth, Serco and FES.



Supporting The Next Generation of Nurses



Nursing staff who play an integral role in supporting student nurses were recognised at a special awards ceremony.

Close to 70 nurses were nominated for special recognition for their roles as supervisors and assessors to nursing students from the University of Stirling, with 40 coming together to celebrate at an event held in Forth Valley Royal Hospital in December 2024.

Student nurses undertake a range of placements throughout their studies to gain practical experience in a range of clinical services, wards and departments across NHS Forth Valley and other local health boards.



Working with Young Offenders



Jacqueline Smith, a Speech and Language Therapist with NHS Forth Valley's Child and Adolescent Mental Health Service, was shortlisted for a prestigious national award by the Royal College of Speech and Language Therapists.

The nomination recognises her outstanding work with young offenders at HMP YO1 Polmont.

Jacqueline led the Communication Friendly Environment (CFE) project, a joint initiative launched in 2021 with the Scottish Prison Service (SPS), aimed at addressing the high prevalence of unidentified speech, language, and communication needs among young offenders - estimated to affect up to 90% of this population.

The project involved extensive consultation with both young people and prison officers to improve communication awareness, training and the physical environment. Feedback was gathered through group discussions, environmental audits and surveys. The initiative has since expanded to engage stakeholders across the wider SPS network, with the long-term goal of implementing CFEs in every Scottish prison.

Harnessing the use of Artificial Intelligence



NHS Forth Valley was announced as the winner of the inaugural 2024 Public Sector AI Challenge, organised by Futurescot, in partnership with Storm ID.

The proposal submitted focussed on how AI technology could be used to better manage and learn from complaints data, and help identify service improvements.

The Health Board was awarded £20,000 in consultancy services to develop an AI prototype that identifies key themes from

complaints information.

The judges said the NHS Forth Valley team demonstrated an innovative and practical use of AI which has the potential to make a tangible difference to patients and staff. The winning concept was described as innovative, practical and highly scalable with potential to free up staff time and increase support for patients.



Creating Career Ambassadors



The success of the Career Ambassador Project was celebrated at Forth Valley College's Stirling Campus on 17 March 2025. The event brought together mentees, mentors and staff from both Forth Valley College and NHS Forth Valley.

The initiative, which was launched by the Forth Valley University College NHS Partnership, supports students from diverse backgrounds who have experienced

disruption to their education or planned career paths.

The project pairs students with NHS Forth Valley staff who have volunteered to become ambassadors and act as mentors to give students an insight into different healthcare roles and career opportunities.

Speakers included Sarah Higgins, Vice Principal of Learning and Student Experience at Forth Valley College and three students shared their inspiring stories of how participating in the project had made a positive impact to their career options and choices.

PERFORMANCE

62.1%

of patients were waiting less than six weeks for one or more of the eight key diagnostic tests

at 31 Mar 2025

(Target 100% - Scotland 58.5%)

82.5%

of people referred for drug or alcohol problems waited no longer than three weeks for specialist treatment

Jan - Mar 2025

(Target 90% - Scotland 91.9%)

99.1%

of patients referred to Child and Adolescent Mental Health Services (CAMHS) started treatment within 18 weeks of referral

Jan - Mar 2025

(Target 90% - Scotland 91.6%)

71%

of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment

Jan - Mar 2025

(Target 95% - Scotland 67.3%)

99.3%

of patients waited less than 31 days for their first cancer treatment from the day where a decision to treat was made

Jan - Mar 2025

(Target 95% - Scotland 93.7%)

44.3%

of patients started their day case or inpatient treatment within 12 weeks of the agreement to treat

Jan - Mar 2025

(Target 100% - Scotland 56.7%)

78.6%

of patients waited less than 12 weeks from referral to a first outpatient appointment

Mar 2025

(Target - 95% - Scotland 61.2%)

73.8%

of patients started treatment within 18 weeks of being referred for psychological therapy

Jan - Mar 2025

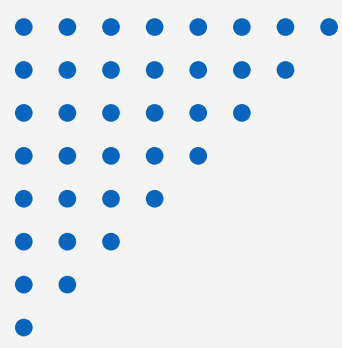
(Target - 90% - Scotland 78.6%)

4.6%

did not attend an outpatient appointment at Forth Valley Royal Hospital

Mar 2025

(down from 5.8% in Mar 2024)



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Forth Valley NHS Schedule of Business 2025/26							
	27 May	17 June (Private)	29 July	30 Sept	25 Nov	27 Jan	31 Mar
Standing Items							
Minute of previous meeting	☒	☒	☒	☒	☒	☒	☒
Action Log	☒		☒	☒	☒	☒	☒
Chair's Update	☒		☒	☒	☒	☒	☒
Board Executive Team Report	☒		☒	☒	☒	☒	☒
Strategic Risk Register	☒		☒	☒	☒	☒	☒
Patient/Staff Story	☒		☒	☒	☒	☒	☒
Finance Report	☒		☒	☒	☒	☒	☒
Performance Report	☒		☒	☒	☒	☒	☒
HAIRT	☒		☒	☒	☒	☒	☒
Quality & Safety Report	☒		☒	☒	☒	☒	☒
Schedule of Business	☒		☒	☒	☒	☒	☒
Minutes							
Assurance Committee Minutes							
Audit & Risk Committee	☒		☒	☒	☒	☒	☒
Clinical Governance Committee	☒		☒	☒	☒	☒	☒
Staff Governance Committee	☒		☒	☒	☒	☒	☒
Strategic Planning, Performance & Resources Committee	☒		☒	☒	☒	☒	☒
Advisory Committees Minutes							
Area Clinical Forum	☒		☒	☒	☒	☒	☒
Area Partnership Forum	☒		☒	☒	☒	☒	☒
IJB Minutes							
Clackmannanshire & Stirling IJB	☒		☒	☒	☒	☒	☒
Falkirk IJB	☒		☒	☒	☒	☒	☒
Strategy							
Access Policy			☒				
Anchor and Community Planning Partnership Update			☒			☒	
Annual Delivery Plan 2025/2026 (including Workforce Plan)			☒				
Anti-Racism Strategy – tbc							

Climate Emergency & Sustainability Strategy and Action Plan 2023-2026 – Annual Update				☑			
Communications Priorities – Annual Update							☑
Communications Update			☑			☑	
Development Plan Against Self-Assessment Progress Report							☑
Digital and eHealth Plan	☑						
Equality Outcomes and Mainstreaming Annual Report - tbc							
Innovation Plan Annual Update			☑				
Mental Health & Wellbeing Strategic Commissioning Plan			☑				
Model Hours for Pharmacy	☑						
Participation & Engagement Strategy Update							☑
Population Health & Care Strategy				☑			
Quality Strategy Annual Update			☑				
Risk Management Framework					☑		
Risk Appetite & Tolerance					☑		
Whole System Plan – tbc							
Winter Plan					☑		
Performance & Finance							
Annual Accounts		☑					
Draft Financial Plan 2025/2026							☑
HSCP Annual Performance Reports					☑		
Person Centred Complaints Feedback Annual Report				☑			
Safe Staffing Annual Report							☑
Whistleblowing Annual Report	☑						
Whistleblowing Standards and Activity Report	☑			☑		☑	
Governance							
Board Assurance Framework – Annual Review (including Performance Framework)							☑
Code of Corporate Governance – Annual Review							☑
Corporate Objectives							☑
Dates of Meetings				☑			
Advisory Committee Annual Reports 2024/25 – tbc							