

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 30 September 2025** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

**Neena Mahal**  
**Chair**

### **AGENDA**

|                                                                                                               |                                                                                                                                                                                                      |                                   |              |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|
| 1.                                                                                                            | <b>Welcome, Apologies and Confirmation of Quorum</b>                                                                                                                                                 |                                   | <b>09.30</b> |
| 2.                                                                                                            | <b>Declaration(s) of Interest(s)</b>                                                                                                                                                                 |                                   |              |
| 3.                                                                                                            | <a href="#"><u>Minute of Forth Valley NHS Board meeting held on 29 July 2025</u></a>                                                                                                                 | For Ratification<br>Pages 5 to 21 |              |
| 4.                                                                                                            | <a href="#"><u>Matters Arising from the Minute / Action Log</u></a>                                                                                                                                  | For Approval<br>Pages 22 to 24    |              |
| 5.                                                                                                            | <a href="#"><u>Chair's Report</u></a><br>(a) Verbal Update by Ms Neena Mahal, Board Chair<br>(b) Highlight Report on Board Seminars                                                                  | For Discussion<br>Page 25         | <b>9.40</b>  |
| 6.                                                                                                            | <a href="#"><u>Board Executive Team Report</u></a><br>(Paper presented by Professor Ross McGuffie, Chief Executive)                                                                                  | For Discussion<br>Pages 26 to 29  | <b>9.50</b>  |
| <b>7. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD</b> |                                                                                                                                                                                                      |                                   | <b>10.00</b> |
| <b>Governance Committee Minutes</b>                                                                           |                                                                                                                                                                                                      |                                   |              |
| 7.1                                                                                                           | <a href="#"><u>Audit &amp; Risk Committee – Minute of Meeting of 17 June 2025</u></a><br>(Presented by Cllr Fiona Collie, Committee Chair)                                                           | For Assurance<br>Pages 30 to 38   |              |
| 7.2                                                                                                           | <a href="#"><u>Clinical Governance Committee – Minute of Meeting of 8 July 2025 and Verbal Update from the Meeting of 9 September 2025</u></a><br>(Presented by Mr John Stuart, Committee Chair)     | For Assurance<br>Pages 39 to 54   |              |
| 7.3                                                                                                           | <a href="#"><u>Staff Governance Committee – Minute of Meeting of 15 July 2025 and Verbal Update from the Meeting of 16 September 2025</u></a><br>(Presented by Mr Martin Fairbairn, Committee Chair) | For Assurance<br>Pages 55 to 65   |              |
| 7.4                                                                                                           | <a href="#"><u>Strategic Planning, Performance &amp; Resources Committee – Minute of Meeting of 26 August 2025</u></a><br>(Presented by Ms Neena Mahal, Committee Chair)                             | For Assurance<br>Pages 66 to 80   |              |
| <b>Advisory Committee Minutes</b>                                                                             |                                                                                                                                                                                                      |                                   |              |
| 7.5                                                                                                           | <a href="#"><u>Area Clinical Forum – Minute of Meeting of 24 July 2025</u></a><br>(Presented by Mrs Kirstin Cassells, ACF Chair)                                                                     | For Noting<br>Pages 81 to 84      |              |

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|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------|
| 7.6<br><u>2025</u>               | <u>Area Partnership Forum – Minute of Meeting of 24 June</u><br>(Presented by Mr Robert Clark, APF Co-Chair)                                                                                                                                                                                                                                                    | For Noting<br>Pages 85 to 92                              |              |
| <b>INTEGRATION JOINT BOARDS</b>  |                                                                                                                                                                                                                                                                                                                                                                 |                                                           |              |
| 7.7                              | <u>Minute of Clackmannanshire &amp; Stirling Integration Joint Board – 18 June 2025 and Directions</u>                                                                                                                                                                                                                                                          | For Assurance<br>Pages 93 to 105                          |              |
| 7.8                              | <u>Minute of Falkirk Integration Joint Board – 20 June 2025</u>                                                                                                                                                                                                                                                                                                 | For Assurance<br>Pages 106 to 118                         |              |
| <b>FOR APPROVAL</b>              |                                                                                                                                                                                                                                                                                                                                                                 |                                                           |              |
| 8.                               | <u>Strategic Risk Register Update – August to September 2025</u><br>(Paper presented by Ms Vicky Webb, Head of Risk Management)                                                                                                                                                                                                                                 | For Approval<br>Pages 119 to 144                          | <b>10.30</b> |
| 9.                               | <u>Population Health &amp; Care Strategy</u><br>(Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)                                                                                                                                                                                                                    | For Approval<br>Pages 145 to 247                          | <b>10.40</b> |
| 10.                              | <u>Forth Valley's Mental Health &amp; Wellbeing Strategic Plan 2025-35</u><br>(Paper presented by Dr Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability)                                                                                                                                                               | For<br>Endorsement<br>Pages 248 to 323                    | <b>11.00</b> |
| 11.                              | <u>Governance Report: Committee Membership &amp; IJB Appointments</u><br>(Paper presented by Mr Jack Frawley, Board Secretary)                                                                                                                                                                                                                                  | For Approval<br>Pages 324 to 332                          | <b>11.15</b> |
| <b>BREAK 11.15 to 11.30</b>      |                                                                                                                                                                                                                                                                                                                                                                 |                                                           |              |
| <b>Finance &amp; Performance</b> |                                                                                                                                                                                                                                                                                                                                                                 |                                                           |              |
| 12.                              | <u>Finance Report</u><br>(Paper presented by Mr Scott Urquhart, Director of Finance)                                                                                                                                                                                                                                                                            | For Approval<br>Pages 333 to 342                          | <b>11.30</b> |
| 13.                              | <u>Performance Report</u><br>(Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)                                                                                                                                                                                                                                       | For Assurance<br>Pages 343 to 381                         | <b>11.45</b> |
| <b>Quality &amp; Safety</b>      |                                                                                                                                                                                                                                                                                                                                                                 |                                                           |              |
| 14.                              | <u>Spotlight on Services – Hospital at Home</u><br>(Presented by Mr Garry Fraser, Director of Acute Services)                                                                                                                                                                                                                                                   | For<br>Endorsement<br>Pages 382 to 386                    | <b>12.05</b> |
| 15.                              | <b>Update on Safety:</b><br>(a) <u>Quality Assurance and Improvement Report</u><br>(Paper presented by Mr Andrew Murray, Medical Director and Professor Karen Goudie, Executive Nursing Director)<br>(b) <u>Healthcare Associated Infection (HAI) Report August 2025</u><br>(Paper presented by Mr Jonathan Horwood, Infection Control Manager & Clinical Lead) | For Assurance<br>Pages 387 to 395<br><br>Pages 396 to 420 | <b>12.25</b> |
| 16.                              | <u>Quality Strategy Annual Update</u><br>(Paper presented by Mr Andrew Murray, Medical Director)                                                                                                                                                                                                                                                                | For Assurance<br>Pages 421 to 435                         | <b>12.40</b> |
| 17.                              | <u>Innovation Plan Annual Update</u><br>(Paper presented by Mr Andrew Murray, Medical Director)                                                                                                                                                                                                                                                                 | For Assurance<br>Pages 436 to 456                         |              |
| 18.                              | <u>Whistleblowing Standards and Activity Report</u><br>(Paper presented by Professor Karen Goudie, Executive Nurse Director)                                                                                                                                                                                                                                    | For Assurance<br>Pages 457 to 467                         | <b>1.00</b>  |

|                                         |                                                                                                                                                                                                                                                                                             |                                        |      |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------|
| 19.                                     | <a href="#"><u>Schedule of Business</u></a>                                                                                                                                                                                                                                                 | For<br>Information<br>Pages 468 to 469 | 1.15 |
| <b>20. ANY OTHER COMPETENT BUSINESS</b> |                                                                                                                                                                                                                                                                                             |                                        |      |
| <b>21. RISKS AND REFLECTIONS</b>        |                                                                                                                                                                                                                                                                                             |                                        |      |
| 22.                                     | <b>Date and Time of Next Meeting</b><br>Tuesday 25 November, 9.30am                                                                                                                                                                                                                         | For Noting                             |      |
|                                         | <b>Business Taken in Private Session</b><br>In terms of section 5.22 of the Code of Corporate Governance, the Board will resolve into private session on the grounds that the following item of business relates to commercial interests of another person and confidentiality is required. |                                        |      |
|                                         | <b><a href="#"><u>Minute of Private Forth Valley NHS Board meeting held on 29 July 2025</u></a></b>                                                                                                                                                                                         |                                        |      |
| 24.                                     | <b><a href="#"><u>Disposal of Surplus Land</u></a></b><br>(Paper presented by Mrs Morag Farquhar, Director of Facilities)                                                                                                                                                                   |                                        |      |
| 25.                                     | <b><a href="#"><u>Community Asset Transfer</u></a></b><br>(Paper presented by Mrs Morag Farquhar, Director of Facilities)                                                                                                                                                                   |                                        |      |

## Forth Valley NHS Board

| MEMBERS                                           | 29 April<br>(special) | 27 May | 17 June<br>(private) | 29 July | 30 September | 25 November | 27 January | 31 March |
|---------------------------------------------------|-----------------------|--------|----------------------|---------|--------------|-------------|------------|----------|
| Neena Mahal<br>(Chair)                            | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Kirstin Cassells                                  | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Robert Clark                                      | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Fiona Collie                                      | ✓                     | X      | ✓                    | ✓       |              |             |            |          |
| Frances Dodd<br>(demitted office<br>15 July 2025) | ✓                     | ✓      | X                    |         |              |             |            |          |
| Martin Fairbairn                                  | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Karen Goudie<br>(from 16 July 2025)               |                       |        |                      | ✓       |              |             |            |          |
| Alison Jaap<br>(from 21 July 2025)                |                       |        |                      | ✓       |              |             |            |          |
| Gordon Johnston                                   | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Fiona Law                                         | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Stephen McAllister                                | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Ross McGuffie                                     | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Clare McKenzie<br>(from 21 July 2025)             |                       |        |                      | ✓       |              |             |            |          |
| Andrew Murray                                     | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Allan Rennie                                      | ✓                     | ✓      | X                    | ✓       |              |             |            |          |
| Finlay Scott<br>(from 21 July 2025)               |                       |        |                      | X       |              |             |            |          |
| John Stuart                                       | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| Scott Urquhart                                    | ✓                     | ✓      | ✓                    | ✓       |              |             |            |          |
| David Wilson                                      | ✓                     | ✓      | X                    | ✓       |              |             |            |          |

**Record of Attendance: 1 April 2025 to 31 March 2026**

**Key:**

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



**FORTH VALLEY NHS BOARD**

**3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 29 July 2025**

**For:** Ratification

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**Minute of the Forth Valley NHS Board Meeting held on Tuesday 29 July 2025 at 9.30am in the Boardroom, Carseview House.**

- Present:**
- Ms Neena Mahal (Board Chair)
  - Ms Kirstin Cassells (Non-Executive Director)
  - Mr Robert Clark (Non-Executive Director)
  - Cllr Fiona Collie (Non-Executive Director)
  - Mr Martin Fairbairn (Non-Executive Director)
  - Professor Karen Goudie (Executive Nurse Director)
  - Ms Alison Jaap (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)
  - Professor Clare McKenzie (Non-Executive 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 Elsbeth Campbell (Head of Communications)
  - Dr Jennifer Champion (Acting Director of Public Health)
  - Catherine Dunn (Senior Programme Manager) item 11
  - Mrs Morag Farquhar (Director of Facilities)
  - Mr Garry Fraser (Director of Acute Services)
  - Mr Jack Frawley (Board Secretary)
  - Mr Jonathan Horwood (Infection Control Manager & Clinical Lead) item 17(b)
  - Ms Sarah Hughes-Jones (Head of Information Governance) item 7
  - Mr Scott Jaffray (Director of Digital)
  - Mrs Pauline Jones (Emergency Planning Officer) item 13
  - Ms Kerry Mackenzie (Acting Director of Strategic Planning & Performance)
  - Ms Jackie McEwan (Corporate Business Manager)
  - Mr Ewan Murray (Chief Finance Officer, Clackmannanshire & Stirling HSCP)
  - Mr Kevin Reith (Director of People)
  - Mr Martin Thom (Head of Specialist Services, Falkirk HSCP)
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**1. Welcome, Apologies for Absence and Confirmation of Quorum**

The Chair welcomed all present to the meeting. The Chair welcomed Alison Jaap and Clare McKenzie to their first Board meeting as Non-Executive Directors. She also welcomed Karen Goudie, Executive Nurse Director to her first Board meeting as an Executive Director.

There was an apology from Finlay Scott. The Board meeting was quorate.

Joanna Macdonald and Gail Woodcock were not in attendance Ewan Murray and Martin Thom were in attendance as deputies.

## **2. Declarations of Interest**

There were no declarations of interest.

## **3. Minute of Meeting**

The minute of the meeting held on 27 May 2025, subject to previous electronic circulation and Board member approval, was **confirmed** as a correct record.

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

The Action Log was **reviewed** by the Board Chair and consideration was given to the actions still in progress. The timescale for item 70 would be revised to 30 September 2025 and the comment updated to reflect that the dispute resolution process was ongoing. Item 83 would be picked up at either the Clinical Governance Committee or SPPRC once discussions were finalised.

Board members noted that action 089 was marked as complete and would be removed from the Action Log.

As a matter arising the Board Secretary invited the Board to note that the EQIA for the Pharmaceutical Care Services Plan had been updated following feedback, circulated to Members and would be uploaded to the website. In response to a question, it was confirmed that the Service had advised that there were no material changes to the impacts and therefore the Plan was unchanged.

**The Forth Valley NHS Board approved the Action Log.**

## **5. Chair's Report**

### **(a) Verbal Update by Ms Neena Mahal**

The Board Chair highlighted the following:

- (a) The Board Chair had undertaken a number of visits/events since the previous meeting:
  - Ethnic Diversity Network event in June 2025, attended by Board members, the Chief Executive and Director of People, which allowed understanding of priorities and challenges. There was also training on unconscious bias. She reminded Board members that the upcoming Board Seminar on 12 August would focus on equality, diversity and inclusion with an opportunity to hear from the Staff Networks.
  - Substance use service
  - Pharmacy robot
  - Board Development Unit
- (b) The Board Chair had met with the new Director of Allied Health Professions, Professor Paul Cameron.
- (c) The Patient Safety Conversation Visit process would be refined with a review of the information provided in advance of visits. The Board Chair advised that all Executives and Non-Executives should take the opportunity to participate in the visits.
- (d) The NHS Chairs meetings with the Cabinet Secretary had focussed on delivery of the Operational Improvement Plan and reduction of all waits over 52 weeks.
- (e) Board members were asked to consider attendance at the following events - the Safer Together Collaborative Learning session 4 on 19 August 2025, Quality Improvement Academy Impact Afternoon on 10 September, and the Realistic Medicine Symposium on 17 September.

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

**(b) Highlight Report: Board Seminars Update**

The Forth Valley NHS Board **noted** for information the Board Seminars Update report.

**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) Hospital at Home hosted a visit from the First Minister on 9 July. The team were consistently supporting over 90% of patients at home through a Consultant-led multidisciplinary approach.
- (ii) CAMHS hosted a visit from the Minister for Mental Wellbeing on 3 June in recognition of the work to reduce waiting times and improve services for children and young people in Forth Valley.
- (iii) The Ethnic Diversity Network held an event on 3 June with several Board members and Executives present.
- (iv) Safer Together Collaborative Learning Session 3 had taken place on 28 May.
- (v) A new 23-bed Frailty Unit dedicated to providing high-quality, multidisciplinary care for frail older patients opened in FVRH on 9 June.
- (vi) The NHS Forth Valley Population Health Strategy engagement closed on 15 June and development of the final draft of the Strategy would involve:
  - Task and Finish Group – 31 July
  - Board Seminar – 12 August
  - Strategic Planning, Performance and Resources Committee – 26 August
  - Final sign off at NHS Forth Valley Board – 30 September.
- (vii) The MWC undertook an announced visit to Bo'ness Community Hospital on 22 October 2024 with the report published on 21 May 2025. There were 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 would be developed in response to the findings.

The following points were made in discussion:

- (i) Members commented on the positive media coverage of the Hospital at Home service including patient testimony. A question was asked on evaluation measures for the Frailty Unit and how an assessment of the impact would be reported to the Board. Forth Valley had a very integrated approach and a strong model which would support shifting the balance of care. Detailed information would be reported to the November Board meeting.
- (ii) An update on the proposed changes to Serco pay arrangements was sought. The Chief Executive indicated negotiations were ongoing and that he had met with the local Serco lead with progress made toward addressing the concerns of Serco staff. It was confirmed that “fire and hire” would not be used. However, Trade Unions had started to ballot regarding possible industrial action, NHS Forth Valley would continue to work hard to support a positive resolution and the Board would be kept apprised of the situation.

**The Forth Valley NHS Board noted the report.**

**Action**

- (i) **Submit a report to the November Board meeting which provides an evaluation of the work of the Frailty Unit.**

Garry Fraser

## 7. Update on FOI

The Forth Valley NHS Board considered the Update on FOI report, presented by Ms Hughes-Jones, which described the level 3 intervention by the Scottish Information Commissioner, FOI performance and the approach to meeting the Commissioner's requirements set out in his July 2025 letter.

Key messages in the report included:

- (i) NHS Forth Valley's compliance with FOI had been below the required levels since 2022. Performance had not reached the required standards which had resulted in a backlog of overdue requests.
- (ii) The Scottish Information Commissioner initiated a Level 1 intervention in November 2023, raised to Level 3 in November 2024. On 10 July 2025, the Commissioner wrote to the Chief Executive highlighting concerns around the lack of progress in improving performance. The Commissioner outlined specific targets and timescales:
  - An average of 80% of all requests to be responded to 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 the end of December 2025.
  - 90% of all reviews to be responded to within 20 working days by the end of September 2025.
- (iii) With new resource, including the recent appointment of additional staff, and escalation processes, the targets were assessed as achievable if there was focus on prioritising FOI responses.
- (iv) The FOI team had been tracking a steady reduction in open requests, from above 300, as well as improved compliance with current requests.
- (v) Requests normally became overdue because information was either not received or only partially received by the IGU ahead of the request becoming due.
- (vi) Weekly compliance data would be provided to SLT to ensure that FOI compliance remained visible to senior leaders.

The following points were made in discussion:

- (i) A question was asked if there was enough support in the organisation to get information from services. In response, it was recognised that more could be done. There needed to be flexibility with internal processes and the Quality Team had offered to support services in evaluating their procedures.
- (ii) Assurances were sought on whether the plan to meet the Commissioner's requirements was realistic, and a question was asked on what progress reporting would be made to the Board to ensure delivery. To eliminate the backlog by December, 10 requests per week needed to be closed. Reporting to SLT would get blockages sorted where needed. As the service got on top of the backlog there could be a shift to proactive publication.
- (iii) Members sought assurance that monitoring would track if performance was on trajectory to meet the ICO requirements. Trajectories would be reported to SLT, with SLT then giving assurance to Board.
- (iv) Information on the nature of requests, common themes and where the greatest volume was generated was requested. Data could be given on the types of requests and would be included in reporting to SPPRC.
- (v) A question was asked on if the service knew which areas were not providing information timeously or where there were consistent issues and how data was being used to identify areas for support or requirements for training. Service areas which were struggling to provide information on time were

- known. One factor was capacity issues combined with some areas receiving a very high volume of requests compared to others.
- (vi) Members noted the short timescale for improvement, and the consequences of missing the targets. The action plan and increased capacity of the service would ensure that delivery complied with the targets.
  - (vii) The Board asked that the action plan, once developed, was circulated to members as soon as possible. FOI would be reported to SPPRC and there could be a deep dive in August including themes and issues.
  - (viii) A meeting was taking place with the Commissioner on Wednesday 30 July. Confirmation that the Commissioner was content with the approach being taken with any specific asks or changes from the meeting would be provided to the Board.

**The Forth Valley NHS Board:**

- (1) **noted the actions required by the Scottish Information Commissioner, and**
- (2) **endorsed the actions being taken by NHS Forth Valley to address these.**

**Actions**

- (i) **Provide further information to SPPRC in August 2025.**
- (ii) **Circulate to Board Members the Action Plan and any specific feedback from the Commissioner.**

Sarah Hughes-Jones

**8. Committee Minutes**

**8.1 Audit & Risk Committee – 17 June 2025**

The Chair of the Committee, Cllr Collie, noted that the Patient Funds Accounts had been considered. The Committee had also considered the Accounts which were subject to finalisation from External Audit.

**The Forth Valley NHS Board noted the verbal update on the Audit & Risk Committee meeting of 17 June 2025.**

**8.2 Clinical Governance Committee – 6 May 2025**

Key items had previously been highlighted at the May Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 8 July 2025.

The Chair of the Committee, Mr Stuart, noted that there had been updates on prison services healthcare and actions arising from the FAI. All internal audit follow-ups had been actioned. The Duty of Candour Annual Report had been approved and was ready for publication on the website. There were continuing challenges around complaints management and SAER performance.

The Board Chair noted that a seminar on Quality would be considered outwith the Board meeting. The Duty of Candour Annual Report would be shared with members for information. There would be future consideration of whether this annual report should be presented to the Board for assurance.

Clarity was sought on the whole system assurance item and quorum confirmation of Clackmannanshire & Stirling meetings. The Committee received assurance of all aspects of clinical care quality through the Medical and Executive Nurse Directors, however as care was also delivered by the Partnerships, assurance was required more widely without duplicating reporting. IJBs had their own process for clinical care governance reporting. Internal Audit had previously commented on the

lack of documentation that meetings were taking place. The Medical Director advised there was confidence that the appropriate meetings were taking place but improvements to recording were needed. The Chair indicated that there would be consideration of whole system representation at all governance committees to provide appropriate whole system assurance and oversight.

**The Forth Valley NHS Board noted the minute of the Clinical Governance Committee meeting of 6 May 2025 and the verbal update on the meeting of 8 July 2025.**

### **8.3 Staff Governance Committee – 13 May 2025**

Key items had previously been highlighted at the May Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 15 July 2025.

The Chair of the Committee, Mr Fairbairn, highlighted that the Committee was assured on the main HR processes with the exception of absence management and PDR. More information had been requested on these areas. The committee had considered workforce planning and recent changes from Scottish Government in what information they were looking for. The committee had been assured that the action plan to address training compliance for manual handling, and violence and aggression was being progressed.

A comment was made that there would likely be recommendations relating to whistleblowing coming out of the Scottish Hospitals Inquiry relevant to the work of the Committee.

**The Forth Valley NHS Board noted the minute of the Staff Governance Committee meeting of 13 May 2025 and the verbal update on the meeting of 15 July 2025.**

### **8.4 Strategic Planning, Performance & Resources Committee (SPPRC) – 24 June 2025**

The Forth Valley NHS Board received the Strategic Planning, Performance & Resources Committee Minute of the meeting held on 24 June 2025. The minute was commended to the Board for noting.

The Chair of the Committee, Ms Mahal, highlighted that the Committee had considered the financial situation of NHS Forth Valley and challenges in achieving financial balance. The Committee had considered realignment of the Strategic Risks to other Governance Committees and commended this to the Board for approval.

**The Forth Valley NHS Board noted the minute and key issues highlighted from the Strategic Planning, Performance & Resources Committee meeting of 24 June 2025.**

#### **Advisory Committee Minutes:**

### **8.5 Area Clinical Forum (ACF) - 15 May 2025**

Key items had previously been highlighted at the May Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 24 July 2025.

Ms Cassells, ACF Chair, highlighted that the Forum had received an update on the Culture Change & Compassionate Leadership Programme. The Forum was pleased with the progress made toward approving organisational values.

**The Forth Valley NHS Board noted the minute of the Area Clinical Forum meeting of 15 May 2025 and the verbal update on the meeting of 24 July 2025.**

#### **8.6 Area Partnership Forum - 22 April 2025**

Key items had previously been highlighted at the May Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 24 June 2025.

Mr Clark, APF Chair, highlighted that the pay offer had been accepted and that it was a two-year agreement. Guidance was awaited on the Supreme Court Ruling on the meaning of “sex”. There had been a successful Trade Union and HR event on positive partnership working improvements. There was a need to be slicker around organisational change and a desire to include partnership staff in the induction process. There was an intention to utilise the Simulation Centre for innovative grievance work looking at human factors.

**The Forth Valley NHS Board noted the minute of the Area Partnership Forum meeting of 22 April 2025 and the verbal update on the meeting of 24 June 2025.**

#### **8.7 The Minutes of Clackmannanshire & Stirling Integration Joint Board – 26 March 2025; 25 April 2025, and 2 May 2025 and Directions were noted for information.**

#### **8.8 The Minute of the Falkirk Integration Joint Board – 21 March 2025 and Directions were noted for information.**

#### **9. Strategic Risk Register Update – May – July 2025**

The Forth Valley NHS Board considered a report for approval, presented by Ms Mackenzie which provided an update on the Strategic Risk Register for the period of May to July 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) A review of risk management would be undertaken by a short life working group including Non-Executive representation. The group would review risk appetites and tolerances in advance of the Board Seminar in October. The final outputs would be presented to the Board in January for decision.
- (ii) A question was asked as to whether FOI should be added to the Strategic Risk Register. FOI was a risk area captured within the Organisational Risk Register and it was acknowledged that it was not down to one team to action improvements, whole system buy-in was required. The Board requested that

SLT give further consideration to whether FOI issues should be included in the Strategic Risk Register, given the escalation status by the Commissioner.

**The Forth Valley NHS Board:**

- (1) approved the changes to the Strategic Risk Register for the period May to July 2025, specifically:**
  - **increase in risk score for SRR004: Scheduled Care;**
- (2) approved the realignment of Strategic Risks to the Standing Assurance Committees;**
- (3) noted the progression of the mitigating actions identified, and**
- (4) noted the update on the focused reviews conducted within the period.**

**Action**

- (i) SLT to consider whether FOI should be included in the Strategic Risk Register.**

**10. Staff Experience: Culture Change & Compassionate Leadership Programme – Launch of Revised Organisational Values**

The Forth Valley NHS Board considered a report for approval, presented by Mr Reith, supported by Ms Tolland, Ms Mackinnon and Mr Ravenwood, which provided an overview of the Live the Values project. The Values had been considered by the Staff Governance Committee and had endorsed these for Board approval.

Key messages in the report included:

- (i) The Live the Values project reviewed the existing Forth Valley and alignment with the NHS Scotland Values, identifying how to integrate values into culture, leadership, communication and induction processes.**
- (ii) The workstream group recommended adoption of the NHS Scotland Values:**
  - **Care and Compassion**
  - **Dignity and Respect**
  - **Openness, Honesty and Responsibility**
  - **Quality and Teamwork**
- (iii) The values had been endorsed by the Area Partnership Forum and Staff Governance Committee. It was proposed that the changeover to the NHS Scotland Values should be underpinned by a corporate communication campaign.**
- (iv) The workstream group highlighted:**
  - 1. The launch and communication of the NHS Scotland Values were key enablers to further progressing the Culture Change and Compassionate Leadership Programme.**
  - 2. Whilst there had been some improvements, issues shared previously around communication with and engagement from HSCP colleagues and easy-to-miss staff groups continued and needed a targeted approach.**
  - 3. The Values played a central role across all the remaining projects by their very nature and association with organisational culture.**

The following points were made in discussion:

- (i) The group had worked well with development strongly led by feedback from staff. It was important to ensure staff were supported to live the values and to know what approach would be taken where they were not being observed. The group had worked without hierarchy and with a united vision. Giving the values prominence in the touchpoints of an employee's journey would be important.**



- (ii) Members asked how the barriers, identified by staff, would be overcome and if the communications plan would address these. A new Head of Organisational Development had recently taken up post and would take forward the work to ensure the values were embedded.
- (iii) The Board welcomed that the work had been developed with staff and that it had not been a top-down process.
- (iv) There were comments on how the values required to be well communicated throughout the organisation and that proof of success would be reflected in improvements in performance, including clinical indicators such as patient complaints. There was a request to consider how to show the link to service delivery more strongly. Work had been undertaken to develop a Culture Score using data already held including turnover, grievances and sickness absence. The Board requested that the Culture Score explicitly includes clinical indicators, links to performance and service delivery.
- (v) A question was asked as to whether benchmarking with other Boards had been undertaken. Benchmarking was undertaken on a routine basis, and there was lots of information sharing nationally. NHS Forth Valley had presented on the culture work at this year's NHS Scotland event and work was underway to develop a training framework.
- (vi) The delivery of this work on the values completed an action in the Board Development Workplan and it was noted that this would now be closed.

**The Forth Valley NHS Board:**

- (1) approved adoption of the NHS Scotland Values across NHS Forth Valley and supported the plan for implementation which would be driven by a corporate communication campaign underpinned by resource to assist with rebranding and marketing including connections with partners.**

**Action**

- (i) The Board requested that the Culture Score explicitly includes clinical indicators, links to performance and service delivery.**

Kevin Reith

**11. Update on Access Policy**

The Forth Valley NHS Board considered a report for approval, presented by Mr Fraser, which presented an update to the Forth Valley Access Policy to align with the National Access Policy.

Key messages in the report included:

- (i) The Scottish Government had published a new National Access Policy in December 2023. Guidance introduced material changes to the management and recording of waiting times. To align with the National Policy, NHS Forth Valley's Access Policy had been revised.
- (ii) Forth Valley was working with TrakCare to implement the updated module in October 2025. If the TrakCare update progressed as planned, NHS Forth Valley would be the first Scottish Board, using TrakCare, to adopt the guidance locally.
- (iii) Public Health Scotland advised that they would begin gathering data in accordance with the 2023 guidance in August 2025, with the first official waiting times data published under the "new" rules in November 2025.
- (iv) A training plan had been developed to ensure staff were trained on the new Access Policy. There would be a combination of e-learning modules and face-to-face training.

The following points were made in discussion:

- (i) Members commented that the Plan was well written and understandable. Assurance was sought that where cross Board treatments were undertaken that there was no detriment to any patient and subsequently, performance recording. Reporting would reflect both with and without mutual aid patients included.
- (ii) Assurance was sought that all requirements from Scottish Government had been included in the local policy. The revised policy aligned with the national guidance and met all requirements.
- (iii) Members asked whether anyone would be adversely affected in accessing transport for appointments. Where financial challenges in accessing transport were raised assistance could be offered with a test of reasonableness used.
- (iv) Members commented that it would be helpful if the policy was transferred to an information for patients' leaflet. It was noted that there were Waiting Well leaflets available with key information included. The Service would ensure that patient travel was included in the leaflet information and feature in communications with patients.
- (v) There was a question on whether NHS Forth Valley referred to the national homeopathy service. NHS Forth Valley did not refer to this service.
- (vi) A question was asked on patient involvement in the development of the Policy. There had been consultation with patients in the work to prepare the National policy. Locally, engagement was carried out through person centred care colleagues.
- (vii) A further communications plan for patients and carers would be produced and circulated for information.

**The Forth Valley NHS Board:**

- (1) approved the new iteration of the NHS Forth Valley Access Policy in alignment with the National Access Policy.**

**Action**

- (i) Circulate the Communications Plan to Board Members.** Garry Fraser

The Board adjourned at 11.40am and reconvened at 11.50am with all members present as per the attendance list.

**12. NHS Forth Valley Board Delivery Plan 2025/26**

The Forth Valley NHS Board considered a report for approval, presented by Ms Mackenzie, which set out the NHS Forth Valley Board Delivery Plan 2025/26 following Scottish Government approval.

Key messages in the report included:

- (i) In April 2025, the SPPRC considered the final draft Plan, submitted to Scottish Government on 17 March 2025, along with the associated plans, namely, Planned Care Plan, Workforce Plan, Anchor Plan update and Anchor Plan metric report.
- (ii) Subsequent to submission of the draft Plan, Scottish Government had published three key documents which would directly impact on the Plan:
  - Operational Improvement Plan
  - Population Health Framework
  - Service Renewal Plan

- (iii) 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 on the implementation plans to support the Service Renewal Framework and the Population Health Framework.

The following points were made in discussion:

- (i) A question was asked on whether there was a local plan to monitor delivery of the ADP in light of the Scottish Government focus on the Operational Improvement Plan. The focus locally would also be on the OIP and how to use the ADP to support delivery of the three national documents. The ADP was a helpful plan for focus but performance reporting would be on the OIP.

**The Forth Valley NHS Board:**

- (1) noted that Scottish Government had approved the Delivery Plan 2025/26 recognising the need to evolve in line with the changing agenda, and**
- (2) approved the NHS Forth Valley Delivery Plan 2025/26.**

### **13. Major Incident Plan**

The Forth Valley NHS Board considered a report for approval, presented by Dr Champion, which presented a revised Major Incident Plan which incorporated learning outcomes from exercises, training and changes to national guidance. Minimal changes had been required.

Key messages in the report included:

- (i) Changes to the Plan had been made to ensure compliance with the statutory requirement to deliver Major Incident Management arrangements.
- (ii) The Plan had also been updated to reflect recent and anticipated turnover in staff, that previously held or currently hold new leadership roles in Incident Management Teams and ongoing refresher awareness training.
- (iii) Minor updates had been made to align with a change to the NHS Scotland National Incident Response Levels Publication Document April 2024.

The following points were made in discussion:

- (i) A question was asked on what learning could be taken from the experience of Storm Eowyn into this Plan. There had been valuable learning from the response to Storm Eowyn however that would be contained in the Major Infrastructure Plan rather than the Major Incident Plan.
- (ii) Members asked if desktop exercises were planned. There would be desktop exercises, and one test was undertaken per year. For this year the test would be in October, and it would be used to test the Winter Plan.
- (iii) There was a question on the monitoring of staff training. There would be a training course on 27 August for hospital management which was externally provided. As a team, a significant volume of training was delivered. This was monitored through the annual report.

**The Forth Valley NHS Board:**

- (1) approved the updated Major Incident Plan Version 4.**

### **14. Governance Update: Committee Membership and Changes to Terms of Reference**

The Forth Valley NHS Board considered a report for approval, presented by Mr Frawley, which provided updates on Committee membership and changes to Committee Terms of Reference (ToR).

Key messages in the report included:

- (i) Having reviewed Committee memberships and Non-Executive skillsets, the Board Chair recommended that Cllr Law was appointed to the Clinical Governance Committee.
- (ii) The Board required to appoint a Sustainability Champion, which had fallen vacant following the resignation of Cllr Hamilton, the Board Chair had discussed the vacancy with interested parties and recommended that Cllr Law was appointed.
- (iii) The Staff Governance Committee considered a revised ToR 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 ToR was commended to the Board for approval.
- (iv) The Audit & Risk Committee considered a revised ToR 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 ToR was commended to the Board for approval.

**The Forth Valley NHS Board:**

- (1) approved the appointment of Cllr Fiona Law as a member of the Clinical Governance Committee;**
- (2) approved the appointment of Cllr Fiona Law as the Board's Sustainability Champion, and**
- (3) approved the revised Terms of Reference for the Audit & Risk Committee and the Remuneration Committee as appended to the report and agreed that these Terms of Reference are updated within the Corporate Code of Governance.**

## **15. Performance Report**

The Forth Valley NHS Board considered a report for assurance, presented by Ms Mackenzie, which provided an update on performance against a range of national and local measures to support effective monitoring and management of system-wide performance.

Key messages in the report included:

- (i) The Strategic Planning, Performance & Resources Committee discussed key issues at its meeting of 24 June 2025, focusing on urgent and unscheduled care and priority areas of performance.
- (ii) Information on urgent and unscheduled care included:
  - Improving Flow Commission
  - Increasing Hospital at Home Capacity
  - Whole System Frailty
  - Shifting the Balance of Care
- (iii) Information on priority areas of performance included:
  - Unscheduled Care
  - Delayed Discharges
  - Scheduled Care
  - Psychological Therapies

The following points were made in discussion:

- (i) Members asked, when there were performance league tables in the media, if these were for Forth Valley as a whole or the acute ED only. It was confirmed that this drew on data for ED only.

- (ii) There was also a question on whether the 68.7% target in the Operational Improvement Plan was for Forth Valley or just ED. The target related to ED performance only.
- (iii) A comment was made that on the Day of Care Audit 44% of patients did not meet the criteria for an acute stay. Day of Care Audits had been carried out on a bi-weekly basis through the winter period which had moved to monthly now. An action plan would be developed from the data to address the issue and work to reduce down the number of patients admitted who did not meet the criteria. It would become business as usual for all relevant staff on how to admit and the criteria for discharge.
- (iv) There was a question on reporting the CfSD staffing levels work to SPPRC and a future Board. Following a SAS grade terms and condition change there were not as many colleagues available to work weekends and backshifts. This had hit the Service hard and required rota changes as there had been less clinical decision makers available. Benchmarking was being undertaken to compare with the position in other Boards. It was important to have the right grades on hour by hour, but contracts impacted the ability to adjust rotas. There was also learning from the national Discharge Without Delay Collaborative.
- (v) It was asked when it was anticipated that 85% occupancy would be achieved in line with the Operational Improvement Plan. There had been recognition nationally that 85% occupancy was not achievable. Discussions had been held which highlighted that 90% was a stretch and that 93-95% was achievable, this had been accepted by Scottish Government, while retaining 85% as an aspiration.
- (vi) More information was sought on the national awareness around Urology pressures and actions being taken. Clinical triage was undertaken from referrals. The referrals would be worked through and then levels would stabilise.
- (vii) Members considered the cancer pathways and highlighted the tracking approach undertaken in NHS Lanarkshire in this regard, with all Boards being asked to consider the same approach. It was confirmed that this work was in progress with a clear step by step process and very quick escalation which could be learned from.

**The Forth Valley NHS Board:**

- (1) noted the revised Performance Report format;**
- (2) noted the latest performance data within the Performance Report and areas of positive performance;**
- (3) noted the Area of Focus – urgent & unscheduled care, and Priority Areas of Performance and the actions in place to improve performance, and**
- (4) noted the progress made in reducing the number of patients waiting over 52 weeks for a new inpatient appointment and for an inpatient/daycase procedure.**

**Action**

- (1) An evaluation of Shifting the Balance of Care to be reported to a future meeting.**

**16. 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 quarter of 2025/26 together with an updated projection for the year.

The key messages in the report included:

- (i) A net funding gap of £38.0m (4.9% of our recurring baseline budget) had been identified for 2025/26.
- (ii) A breakeven position had initially been forecast as part of the 2025/26 financial plan however early indications suggested a risk of a c.£10m overspend, unless corrective action was taken at an early stage.
- (iii) As immediate action was required to accelerate the pace of savings delivery, together with further measures to reduce costs in year as far as possible, all Directorates would be tasked with identifying further savings plans equivalent to 2% of operational budgets.

The following points were made in discussion:

- (i) A question was asked on the delivery of the saving 'Service Redesign & Reform' which had a target of £2.151m for the quarter with actual delivery of £0. It was noted that the service redesign saving was an area of risk in terms of delivery. The total saving built into the plan for redesign in 2025/26 was £8.6m. A key element was the implementation of Value Based Health Care which was starting to get traction. This was a critical area going forward. Although there had been no cash savings delivered to date, savings were expected to accrue in the second half of the year and in future years.
- (ii) There was a question on whether the overspend reported in Acute Services correlated with the Emergency Department experiencing high demand, and whether improvements in ED performance would generate financial improvement. It was confirmed that Acute Services was the biggest area of financial challenge but that these were not just from the ED. The overall hospital capacity combined with unfunded posts and services all contributed to the financial position.
- (iii) Members asked that in respect of the 2% savings request on all budgets that sensitive staff communications were issued. It was acknowledged that the communications were very important and that these would align with the wider financial stewardship message, including a reminder of the benefits of reducing waste and other actions.
- (iv) It was asked if there was monitoring of the financial benefits arising from the Delay Without Discharge and Shifting the Balance of Care work. In relation to Shifting the Balance of Care, it was stated that last year there had been 108 unfunded beds on the acute site with a reduction to 30 at the current time. The Service was focused on ensuring that the patient saw the right person, at the right time, in the right place. This would help to reduce the length of stay. If the hospital could operate more efficiently this would make a contribution to the financial position. As material savings from these projects were realised this would be reported to the Board.
- (v) Members asked whether the quarter one overspend would result in a change to the Board's position on the financial escalation framework. To date Forth Valley had been on level 1 of the 5-level escalation framework for finance. Scottish Government had confidence in the financial management arrangements in place and at this time no change in the level was proposed. Each Board's level on the framework was reassessed regularly. The Service would maintain dialogue with Scottish Government. The pressures and issues faced at Forth Valley were reflected nationally.
- (vi) The Board commended the sustained improvement in relation to Nurse Bank and Agency spend. A question was asked on the Medical Bank and Agency overspend and assurance was given that this was being addressed.
- (vii) Members sought assurance that recurring savings would be realised to better serve the organisation and patients going forward. While savings would ideally result in recurring sustainable savings for the medium to longer term there was

a need to achieve balance in the short term which was why there was a mix of recurring and non-recurring savings in the plan. The transformative changes to be delivered through Value Based Health Care would be key to the longer-term financial sustainability of the Board.

- (viii) It was raised that future contract pressures, forecast to be 3-5% may be realised at a significantly higher level of 7-9% which would add another pressure on the achievement of a balanced budget. Further information on contract pressures and how to mitigate these would be considered at the SPPRC.

**The Forth Valley NHS Board:**

- (1) noted 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;**
- (2) noted 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, and**
- (3) noted 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.**

**Action**

- (1) Information on future year contract pressures and how to mitigate these to be considered at the SPPRC.**

**17. Update on Safety**

**(a) Quality Assurance and Improvement Report**

The Forth Valley NHS Board considered a report for assurance, presented by Mr Murray and Professor Goudie, 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 and manage quality across the organisation.

Key messages in the report included:

- (i) Assurance of Quality
- (ii) Quality Improvement
- (iii) Key metrics progress
- (iv) Delivery of the Safer Together Collaborative.
- (v) The Forth Valley Quality Strategy's 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.

The following points were made in discussion:

- (i) Members sought assurance on SAER performance, highlighting the importance of patient safety. The detailed consideration of SAER performance was undertaken at the Clinical Governance Committee. Although there were process challenges these were being worked through and the pool of senior leaders who could support the SAER process had been increased. There had been benchmarking with other Boards and the processes they followed. Challenging improvement trajectories had been set. There was positive

progress in removing the longer term SAERs from the system with only one left from 2023. It was anticipated that performance would be in a much better place by the end of the year.

- (ii) Comments were made on the Scottish Patient Safety Program and the incorporation of staff wellbeing into huddles. The Board was advised that David Watson, Chief Nurse, had carried out a significant amount of work on the use of huddles as safety mechanisms and as a space where staff were able to speak up. A publication on this improvement work would be shared with Members when available. Health Improvement Scotland had engaged with Forth Valley on patient safety to learn from the current practice.
- (iii) A question was asked on whether there was risk that an error could be repeated with the length of timescale to close SAERs. It was confirmed that from all incidents immediate actions were taken and documented to prevent re-occurrence. While the SAER process was undertaken there was an agile approach taken to learning. The Medical Director and Executive Nurse Director were responsible for oversight of the SAER process and met the senior Clinical Governance Team on a weekly basis. There was then onward reporting to both the Clinical Governance Working Group and the Clinical Governance Committee. The issues were understood as well as how to take forward an improved process.
- (iv) Members stated that in future, greater assurance on SAER and Complaints performance would be important to ensure that matters were moving in the right direction. There had been a session with the Executive Nurse Director and whole Patient Relations Team to conduct a process mapping exercise. Next steps would be for the Director of Nursing to take forward the corporate responsibility, set targets for improvement of how much by when. Information would be included in the next report to Board.
- (v) There was a request for updates to Members on work undertaken in respect of innovation, and research and development. This should consider the impact on patient safety and quality of care. The appropriate forum for this would be considered.

**The Forth Valley NHS Board:**

- (1) noted the ongoing delivery of quality assurance, quality improvement activities, and evidence-informed quality planning, and**
- (2) noted the current quality position and quality improvements being made in relation to specific quality measures and compliance with national standards and targets.**

**(b) Healthcare Associated Infection (HAI) Report June 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 exceeded control limits. There were four hospital acquired SABS in June.
- (ii) Total DABs remained within control limits. There were five hospital acquired DABs in June.
- (iii) Total CDIs remained within control limits. There was one hospital acquired CDI in June.
- (iv) Total ECBs remained within control limits. There were three hospital acquired ECBs in June.
- (v) There was one death with MRSA recorded on Part 1 of the death certificate.
- (vi) There were no deaths with C.difficile recorded on the death certificate.
- (vii) There were three mandatory surgical site infections in June.



(viii) There were no outbreaks reported in June.

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. Annual Report 2024/25: Key Development, Activity & Performance**

The Forth Valley NHS Board **noted** for information the Annual Report 2024/25.

**19. Schedule of Business**

The Forth Valley NHS Board **noted** for information the Schedule of Business.

**20. Any Other Competent Business**

There was no other competent business.

**21. Risks and Reflections**

The Forth Valley NHS Board, consistent with its earlier decision on item 9, recommended that the Senior Leadership Team consider whether FOI performance should be included in the Strategic Risk Register.

**22. Date and Time of Next Meeting: Tuesday 30 September 2025 at 9.30am.**

**4. Action Log**  
**Forth Valley NHS Board – 30 September 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 used at this meeting and includes a section where linkages to Realistic Medicine should be highlighted as appropriate.                                                                                                                                                                                                                                             | Complete    |
| 070 | 28.01.25        | Integration Schemes                                     | An update on any Ministerial feedback received.                                                                          | Jillian Thomson              | 30.09.25  | <p>The Falkirk Integration Scheme was approved by Board on 28 January and subsequently by Falkirk Council at its meeting on 30 January 2025.</p> <p>The Clackmannanshire &amp; Stirling Integration Scheme was approved by Board on 28 January and subsequently Stirling Council at its meeting on 6 February 2025.</p> <p>The dispute resolution process regarding the Clackmannanshire &amp; Stirling</p> | In progress |

| NO. | DATE OF MEETING | AGENDA TOPIC / ITEM                              | ACTION                                                                                                      | LEAD               | TIMESCALE | COMMENT / PROGRESS                                                                                                                | STATUS      |
|-----|-----------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|-------------|
|     |                 |                                                  |                                                                                                             |                    |           | Scheme is ongoing and making positive progress.                                                                                   |             |
| 090 | 29.07.25        | Board Executive Team Report                      | Submit a report to the November Board meeting which provides an evaluation of the work of the Frailty Unit. | Garry Fraser       | 25.11.25  | The Service are developing a report and are on track to submit to the November meeting.                                           | In progress |
| 091 | 29.07.25        | Update on FOI                                    | Provide further information to SPPRC in August 2025.                                                        | Sarah Hughes-Jones | 26.08.25  | The Information Governance Update report contained detailed information relating to FOI performance.                              | Complete    |
| 092 | 29.07.25        | Update on FOI                                    | Circulate to Board Members the Action Plan and any specific feedback from the Commissioner.                 | Sarah Hughes-Jones | 26.08.25  | The requested information was circulated to Board Members on 13 August 2025.                                                      | Complete    |
| 093 | 29.07.25        | Strategic Risk Register Update – May – July 2025 | SLT to consider whether FOI should be included in the Strategic Risk Register.                              | Ross McGuffie      | 30.09.25  | SLT resolved to retain FOI on the Organisational Risk Register and has put a regime of enhanced performance monitoring in place.  | Complete    |
| 094 | 29.07.25        | Launch of Revised Organisational Values          | That the Culture Score explicitly includes clinical indicators, links to performance and service delivery.  | Kevin Reith        | 31.08.25  | Work on the Cultural Indicator has now been connected with clinical indicators through liaison with the Executive Nurse Director. | Complete    |
| 095 | 29.07.25        | Update on Access Policy                          | Circulate the Communications Plan to Board Members.                                                         | Garry Fraser       | 26.05.26  | Due to external factors relating to an upgrade to Trakcare the implementation of the Access Policy has been delayed. We are       | In progress |

| NO. | DATE OF MEETING | AGENDA TOPIC / ITEM | ACTION                                                                                                 | LEAD          | TIMESCALE | COMMENT / PROGRESS                                                                                                                                                                                                                                                                                                                                                   | STATUS      |
|-----|-----------------|---------------------|--------------------------------------------------------------------------------------------------------|---------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|     |                 |                     |                                                                                                        |               |           | collaborating with InterSystems to develop a customised system solution to be available for NHSFV's next scheduled upgrade in Spring 2026. The position is being monitored by SLT and the Trakcare Oversight Group.<br>Public Health Scotland will manage data, to ensure compliance with data reporting in relation to the New NHS Scotland Waiting Times Guidance. |             |
| 096 | 29.07.25        | Performance Report  | An evaluation of Shifting the Balance of Care to be reported to a future meeting.                      | Gail Woodcock | 25.11.25  | The Service are developing a report and are on track to submit to the November meeting.                                                                                                                                                                                                                                                                              | In progress |
| 097 | 29.07.25        | Finance Report      | Information on future year contract pressures and how to mitigate these to be considered at the SPPRC. | Scott Jaffray | 24.02.25  | The information will be included in a report to the SPPRC.                                                                                                                                                                                                                                                                                                           | In progress |

|             |
|-------------|
| STATUS:     |
| Overdue     |
| In progress |
| Complete    |

## **FORTH VALLEY NHS BOARD**

Tuesday 30 September 2025

### **5(b). Board Seminars Update**

**For:** Information

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

**Author:** Jack Frawley, Board Secretary

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#### **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 12 August 2025 was held in person at Carseview House, Stirling and attendees included Board members and members from the Senior Leadership Team.

The Seminar covered Equality, Diversity & Inclusion. Board Members and Senior Leadership Team were joined by representatives from NHS Forth Valley's five Staff Networks. Representatives shared their personal journeys and the key issues they felt were important to their Network. Board Members had the opportunity to discuss the importance of using the voices of staff from the Networks to influence their decision making and how they could support the networks as champions and allies.

The Seminar then received a briefing on Equality Impact Assessments (EQIA) from the Equality, Diversity & Wellbeing Lead. Board members discussed their role and responsibilities around using EQIAs in their decision making and requirements going forward for Board papers. As a practical example the Seminar Board members worked through an EQIA for the Population Health & Care Strategy to support their decision making on the Strategy which is being presented to the Board today for approval.

A summary of the seminar and follow up actions has been circulated to Board members.

## NHS Forth Valley

Forth Valley NHS Board



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### 6. Board Executive Report

**Purpose:** This report is for Noting

**Executive Sponsor:** Ross McGuffie, Chief Executive

**Author:** Ross McGuffie, Chief Executive

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#### Executive Summary

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

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#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **note** the contents of the report
- 

#### Governance Route to the Meeting and Previous Board Consideration

This Board Executive Report is a standing item at Board meetings, providing an opportunity to update the Board on key issues.

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#### Risk Assessment and Mitigation

No risk assessment has been undertaken on this update report.

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#### Impact Assessments

##### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

#### Financial and Infrastructure Implications

There are no financial implications within this update report.

#### Workforce Implications

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

#### Quality / Patient Care Implications

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

#### Population Health & Care Strategy

This report will include regular updates on key successes and developments around the population health strategy implementation.

#### Climate Change / Sustainability Implications

There are no sustainability implications within this update report.

#### Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

#### Appendices

Appendix 1 – Main Report

## Appendix 1

### 1. Celebrating Success

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.

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

- The **ANP team in ED at Forth Valley Royal Hospital** won the Judges Choice Top Team Award at the recent Advancing Care, Advancing Practice (ACAP), Scotland conference and awards ceremony. The team were recognised for introducing a number of service improvements including a redesigned shift pattern to improve staff wellbeing; a 80/20 clinical/non-clinical model to support teaching, training, research and leadership; and quality improvement and interdepartmental collaboration.
- Alva Primary School in Clackmannanshire has become a **model of inclusion and communication-friendly practice** thanks to a close partnership with NHS Forth Valley's Speech and Language Therapy service. The FV Speech and Language Therapy service is gaining national recognition due to its country-leading waiting times and innovative approach to working in partnership with local education establishments.
- The Cabinet Secretary for Health and Social Care, Neil Gray, unveiled updated Scottish Referral Guidelines for suspected cancer during a visit to NHS Forth Valley's recently opened **Rapid Cancer Diagnostic Service (RCDS) at Forth Valley Royal Hospital** on 6<sup>th</sup> August 2025. During the visit he met with members of the clinical team delivering the new service and heard how local patients are already benefiting from earlier diagnoses and faster peace of mind.
- A new **breast cancer assessment pathway**, which has been found to ease pressure on local GP practices and prevent delays in diagnosis, has been implemented across all GP practices in the area. NHS Forth Valley has been commended by Cancer Research UK for this achievement and it is now encouraging other NHS systems to consider adopting a similar approach to enhance patient care and outcomes.
- Eight young people from Falkirk Council area have joined an innovative new training programme designed to provide practical work experience to prepare them for a range of healthcare careers. The 18wk **Pathways to Healthcare Careers programme** supports young people to develop interpersonal skills and self-confidence and provides valuable training and work experience to help participants start a new healthcare career.
- Staff from across NHS Forth Valley attended a **Healthcare Careers Event** for senior secondary pupils at Forth Valley College's Falkirk Campus. Nurses, Doctors and AHPs were on hand to answer questions from pupils and supported a range of engaging demonstrations and interactive activities to give the young people the opportunity to get involved and try out clinical skills simulations.
- Staff from **Balfron Health Centre** were invited to this year's Royal Garden Party at Holyrood Palace in Edinburgh, a fitting recognition of the Health Centre team's commitment to supporting local people and the strong relationships they have built within the community they serve.
- The fourth **Safer Together Collaborative** session took place on 19<sup>th</sup> August, 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.

- An event took place on 28<sup>th</sup> August to look at the transition to business as usual for the **Culture Change and Compassionate Leadership programme**. In addition, the second workshop for the phase 2 workstreams took place on 19<sup>th</sup> September at FVRH, continuing the roll out of workstreams 5-8.
- The latest **Improvement Academy Impact Afternoon** took place on 10<sup>th</sup> September, with over 530 people having now attended the Improvement Academy across the organisation. The Academy aims to create the culture, capacity and sustainability for Quality improvement within NHS Forth Valley and the two HSCPs.
- The **Realistic Medicine symposium** took place on 17<sup>th</sup> September, covering a range of key topics such as Community Pharmacy Sunday opening; diagnostic stewardship in microbiology; prevention focused primary care pathways for pre-diabetes; the use of simulation; and social prescribing.

## 2. General Updates

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

- As previously noted to the Board, the Scottish Information Commissioner raised a level 3 intervention around compliance with the **Freedom of Information Act**. A full action plan has been developed and a group has been established to meet twice weekly to coordinate the reduction of the backlog and improved compliance with the 20 day standard. The latest report to SLT on 8<sup>th</sup> September showed a compliance of 95% against the 20 day standard in the preceding week and the backlog reduced from a high of over 200 cases to around 70. The Board remains on trajectory to meet the compliance requirements set out within the intervention.
- The fourth **dispute resolution meeting around Clackmannanshire and Stirling IJB** has taken place, involving the three Chief Executives and Chief Officer. Progress continues to be made around the risk share arrangements for 24/25 and 25/26, with papers going to Clackmannanshire Council on 2<sup>nd</sup> October for consideration. A new Short Life Working Group has also been formed to support the conclusion of the Integration Scheme.
- A positive meeting was held with Audit Scotland and Deloitte to review the challenges that led to the delays in the finalisation of the **Board's annual accounts**. A number of actions were agreed to ensure that the 25/26 process will run to agreed timescales.
- A **winter planning workshop** took place on Friday 5<sup>th</sup> September, which was well attended across the whole system. The Board's final winter plan will come to the Board in November for approval.
- The Centre for Sustainable Development (CFSD) has undertaken a two-day review around **Urgent and Unscheduled Care**. A report will come back in four weeks, which will support our ongoing planning for our future unscheduled care model and winter plan.

## 3. Inspection Activity

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

- The draft report from the recent HMIPS Inspection to HMP Glenochil has now been received and will be published in due course.
- Healthcare Improvement Scotland undertook an unannounced inspection in maternity services and inpatient mental health services over 25-26<sup>th</sup> August. Following the on-site days, further evidence has been submitted for both service areas and a virtual discussion organised for 19<sup>th</sup> September. The Board will be kept up to date as the inspection progresses.



#### **4. Visible Leadership**

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.

4.2 Visits include:

- Neonatal & Maternity at FVRH
- Rapid Cancer Diagnostic Service
- Speech and Language Therapy celebration event
- PCIP Urgent Care Team Meet & Greet
- Opening of Strathcarron Hospice café at Bellfield
- Livilands Community Mental Health Team
- NHS Forth Valley and Macmillan cancer prehabilitation learning and engagement event
- Weekly clinical shifts
- University of Stirling Celebration Event - 2022 Cohort BSc Adult and Mental Health Nursing Programmes
- Healthcare Improvement Scotland (HIS) Inspection to Maternity and Mental Health Services
- Ten Years of Excellence in Care - marking a milestone, reviewing our purpose
- Mental Health Ward 2 in FVRH
- CfSD visit to ED
- PCIP Urgent Care team
- Sauchie Community Council
- Bellfield Centre
- Safer Together Collaborative event
- Quality Improvement Academy Impact Afternoon
- Realistic Medicine Symposium
- Culture Change and Compassionate Leadership Programme workshop
- Ten Years of Excellence in Care event - marking a milestone, reviewing our purpose

#### **5. Horizon Scanning**

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

- Operation Pegasus, a tier 1 NHS and Civil Contingencies pandemic preparedness exercise led by the UK Government, with active involvement from the Scottish Government and NHS Scotland, is currently in the planning phase. A Scottish Government planning group is in place and while the Health Board won't be actively involved in the exercise, all materials will be shared with the local and regional resilience partnerships allowing for a localised approach going forwards. Discussions have commenced within the Senior Leadership Team to ensure that this is used as an opportunity to pull through all previous learning from the Covid 19 pandemic in conjunction with the new Operation Pegasus materials to ensure our pandemic preparedness plans are as robust and up to date as possible.

## AUDIT & RISK COMMITTEE

### 7.1 Minute of the Audit & Risk Committee Meeting held on Tuesday 17 June 2025

For: Ratification

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#### Minute of the Audit & Risk Committee Meeting held within the Boardroom, Carseview on Tuesday 17 June 2025.

**Present:** Cllr Fiona Collie - Chair (Non-Executive Director)  
Mr Martin Fairbairn (Non-Executive Director)  
Cllr David Wilson (Non-Executive Director)  
Mr Robert Clark (Non-Executive Director)

**In Attendance:** Jennifer Brisbane (Corporate Services, observing)  
Kirstin Cassells (Non Executive Director)  
Ross Coan (observing)  
Morag Farquhar (Director of Facilities)  
Jack Frawley (Board Secretary)  
Mr Ian Howse (Deloitte LLP)  
Gordon Johnston (Non-Executive Director)  
Cllr Fiona Law (Non-Executive Director)  
Jocellyn Lyall (Chief Internal Auditor)  
Kerry Mackenzie (Acting Director of Strategic Planning & Performance)  
Anne-Marie Machan (Regional Audit Manager)  
Neena Mahal (Board Chair)  
Kevin Reith (Director of People)  
Allan Rennie (Non-Executive Director)  
Sarah Smith (Corporate Services, minute)  
Rona Stalker (Accounting Services Manager)  
John Stuart (Non-Executive Director)  
Robert Taylor (Dickson Middleton)  
Jillian Thomson (Deputy Director of Finance)  
Scott Urquhart (Director of Finance)

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

The Chair welcomed all present to the meeting.

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

Jennifer Champion, Frances Dodd and Andrew Murray were not in attendance.

#### 2. **Declarations of Interest**

There were no declarations of interest.

#### 3. **Minute of the Audit & Risk Committee Meeting held on 28 March 2025**

The minute of the meeting held on 28 March 2025 was **approved** as a correct record.

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

The Action Log was **reviewed** by the Chair and assurance was provided that the two items with a due date of 17.06.25 were now complete.

**The Audit & Risk Committee noted the Action Log.**

**5. Draft Patient Funds Annual Accounts 2024/25, Management Report & Letter of Representation**

The Audit & Risk Committee considered a report for approval, presented by Robert Taylor introduced by Mrs Jillian Thomson, Deputy Director of Finance, which provided the 2024/25 audited Patient Funds Accounts.

Key messages in the report included:

- (i) A very small balance of funds held for 24 patients as of March 2025
- (ii) Accounts had been audited by Dickson Middleton and the management report circulated
- (iii) Due to the small number of funds, a high proportion were reviewed during audit
- (iv) 2 discharges remained in place from previous year, which was not uncommon
- (v) Findings were consistent with previous years and assurance was provided that formal approval was being provided by External Audit.

**The Audit & Risk Committee:**

- (1) endorsed the 2024/25 Patient Funds Annual Accounts and recommended approval by the Forth Valley NHS Board;**
- (2) noted the external audit opinion which confirmed that the Annual Accounts provided a true and fair view of the Patient Funds held by the NHS Board;**
- (3) noted the recommendations in the accompanying management report to the Annual Accounts prepared by Dickson Middleton, external auditor, and**
- (4) noted the draft letter of representation to Dickson Middleton, external auditor.**

**6. Annual Reports & Assurance Statement**

The Audit & Risk Committee considered a report for Assurance, presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning and Performance which provided assurance on the key issues and risks identified from the Standing Committee annual reports and assurance statements.

Key messages in the report included:

- (i) Requirements of Standing Committees as outlined within the Code of Corporate Governance.
- (ii) Confirmation that the Annual Reports for the 6 Standing Committees had all been approved through their respective Committees between March and May 2025
- (iii) All reports confirmed adequate and effective arrangements in place and had fulfilled remits
- (iv) All material issues from the report had been considered during preparation of the Annual Governance Statement
- (v) Assurance statements were received from Directors providing appropriate assurance on arrangements within their areas of responsibility
- (vi) There had been no breaches of Standing Orders or Standing Financial Instructions or significant failures of internal controls.
- (vii) No concerns over Fraud in 2024/25

**The Audit & Risk Committee noted:**

- (1) the assurances received from each of the Standing Committees' Annual Reports;**
- (2) the assurances received from each of the Directors regarding their area of responsibility during 2024/25;**
- (3) no breaches of Standing Financial Instructions or Standing Orders or failures of internal control had been reported to the Chief Executive.**

## **7. Audit Scotland Spotlight on Governance**

The Audit & Risk Committee considered a report for noting, presented by Mr Scott Urquhart, Director of Finance.

Key messages in the report included:

- (i) Information was provided around the complexity of the planning and governance arrangements in the current system in place across Scotland, with detail provided around challenges, scrutiny and assurance.
- (ii) Opportunities around the Reform agenda were recognised, noting alignment to the Blueprint for Good Governance.
- (iii) Recommendations within the report were mainly allocated to Scottish Government, however there were several to be undertaken in conjunction within NHS Boards. Many of the areas aligned with escalation and many had already been considered.
- (iv) NHS Forth Valley were featured within the report with a short case study that outlined work undertaken to strengthen arrangements within the Board.

The following points were made in discussion: -

- (i) The action around under-represented groups and service users was discussed with recognition of the importance around ensuring experiences were fed through a full range of documents and considered at all levels.
- (ii) Ms Mahal advised Committee that she had been on the Advisory Panel for the report and assisted in providing comments at an early stage. This process however was separate from the writing of the report so no conflict was noted.
- (iii) Note was made of the Interface Committee created by NHS Lanarkshire which looked at performance around a certain number of service areas. Within NHS Forth Valley this role was fulfilled by the Strategic Planning and Performance Resources Committee which aimed to provide detail around the totality of services. The forthcoming meeting would provide a deep dive into Acute performance, followed by both Partnerships at the subsequent meetings. This would provide the Board with an oversight of Performance, particularly around some of the more complex and niche areas within the system.
- (iv) Development of the Scottish Government Sponsorship Function within Health was discussed, noting the proposal for an allocated individual to undertake co-ordination between the Board and Scottish Government, with benefit recognised around clarity and direction. This had been discussed within the Executive Team and follow up would be made with Christine McLaughlin to ascertain status. Ms Mahal noted this was already in place for Special Boards, but not Territorial Boards and anticipated this would again be highlighted by Board Chairs would following the Board's position request.

**The Audit & Risk Committee noted the report.**

## **8. Audit & Risk Committee – Terms of Reference**

The Audit & Risk Committee considered a report for approval, presented by Mr Jack Frawley, Board Secretary, which present the Terms of Reference to the Committee for approval prior to submission to the NHS Board.

Key messages in the report included:

- (i) The revised document incorporated a number of adjustments provided by Internal Audit colleagues. This ensured alignment with the new Global Audit Standards.
- (ii) An additional section had been added to the document outlining 'Other Matters' which detailed additional requirements for the Committee.
- (iii) Item 9.3 confirmed the ability for the Committee to co-opt additional members for a period of 1 year. This was to enable provision of specialist skills, knowledge and experience that would benefit and strengthen the Committee.

The following points were made in discussion: -

- (i) Colleagues were reminded of the paper presented to the Audit and Risk Committee on 20 March 2025 which outlined the clear changes between the Global Internal Audit Standards and the previous Public Sector Internal Audit Standards.

**The Audit & Risk Committee: Approved the Terms of Reference for onward submission to the Board.**

**Action:**

**Submit a track change version to the Board, outlining the changes made.**

Jack Frawley

## **9. Schedule of Business**

**The Audit & Risk Committee noted the Scheduled of Business.**

## **10. Draft External Audit Report 2024/25 Incorporating ISA 260 Report and Draft Letter of Representation**

The Audit & Risk Committee considered a report for approval presented by Ian Howse which provided information around the 2024/25 accounts audit.

Key messages in the report included:

- (i) The report was not final however Committee was advised that subject to the completion of all work, an unmodified opinion was expected on the financial statements.
- (ii) Work undertaken to date had discovered no material errors or uncorrected misstatements, with colleagues advised this was positive and not a common position.
- (iii) Page 112 of the combined papers outlined the status noting areas of impact, which included the unfinalised IJB draft accounts largely impacted by delays within Stirling Council. Work was ongoing to determine any potential material impact on the NHS Forth Valley accounts in terms of reserve share and deficit in year.
- (iv) Discussions were also ongoing around contributions to the 2025/26 budget pressures in the IJB and how this should be accounted for. The amount was not material, so there would be no impact on the position.
- (v) An area of outstanding work was noted around the Clinical Negligence Liabilities (CNORIS) with confirmation this had been resolved following discussion with the Central Legal Office and assurances around the largest claim.
- (vi) An issue had also been noted around differences in Gross Internal Area between the valuer and NHS Forth Valley records. Reconciliation work suggested the valuer's information was correct, with final confirmation expected with no issues as a result. However, a control point had been raised to ensure the same information was being reviewed.

- (vii) In terms of wider scope, positive conclusion was noted around financial management; vision and leadership and governance, noting the positive work being undertaken.
- (viii) Financial sustainability was being flagged in terms of the impact of wider deficit position being carried, in line with a number of other Scottish public sector organisations.
- (ix) Quality indicators were outlined, noting all were green and amber with a number due to delays caused by other organisations.
- (x) An issue was highlighted as the organisation was now being classed as a 'Public Interest Entity' due to the total level of spend being in excess of £1b (£15m over). This brought into scope additional review requirements within Deloitte, including an external quality review partner providing support. This had been identified quite late into the process as initial planning did not highlight this possibility.
- (xi) Assurance was provided to the Committee that the Audit would be concluded by 30 June 2025 unless there was a further issue with figures coming from the Stirling Partnership.

The following points were made in discussion: -

- (i) Colleagues sought clarification around why the escalation to £1b spend had not been identified earlier, noting the additional activity and contingency time required. It was confirmed that at time of setting materiality, this had not been an expected outcome and could not have been determined significantly earlier in the process. The Committee recognised the significant financial deficit faced by the organisation at time of planning.
- (ii) In terms of the £1b spend, clarity was provided around how this was recorded within the accounts. Detail was provided within the statement of comprehensive net expenditure.
- (iii) Resolution of the remaining outstanding issues was discussed with assurance provided around efforts being made to resolve. The main issue remained around closing Stirling Council's accounts and a need to understand any potential materiality.
- (iv) Ms Mahal expressed concern around the timeline for approval of the audited annual accounts, recognising a Special Board had been arranged for 24 June 2025. It was proposed that Deloitte provide verbal assurance at that time, with signing thereafter subject to there being no material changes. It was anticipated this would enable the statutory deadline to be met. The uncertainty around external factors was recognised noting the Board had no control over these issues.
- (v) Mr Urquhart advised of a call arranged with Scottish Government to advise them of the current position around the audit and accounts process. This would ensure full awareness of the issues.
- (vi) Reference within the report to 'embedding the improved culture across the organisation' was noted, with clarity sought around expectations from Deloitte in this area going forward. Mr House outlined the areas reviewed and provided assurance that in terms of work undertaken to date no significant gaps had been identified. However, no additional measures were anticipated.
- (vii) A significant level of uncertainty was recognised however there was acknowledgement of the significant positive progress made through joint working with all partners.

## **The Audit & Risk Committee: Noted the Draft External Audit Report 2024/25**

### **Action:**

**Board members to be provided with updates over the coming days.**

Scott Urquhart &  
Jillian Thomson

### **11. Service Audit Reports**

The Audit & Risk Committee considered a number of Service Audit Reports for assurance, presented by Jillian Thomson, Deputy Director of Finance. These documents provided a high-level summary of the reports commissioned by NHS National Services Scotland and NHS Ayrshire and Arran in respect of the various shared services and IT systems they operate and manage on behalf of all NHS Boards in Scotland.

Key messages in the report included:

- (i) Detail was provided around the areas covered within the Service Audit Reports.
- (ii) The Practitioner Services and Financial Ledger reports were unqualified 'clean' reports. However the reports for Payroll and IT were qualified due to a number of exceptions that were found during audit testing work. Detail was provided around the specific areas highlighted. Confirmation was provided that NSS had accepted the recommendations with action underway to address.
- (iii) The Board had sought further assurance around any impact on NHS Forth Valley with assurance taken from the Director of Finance.
- (iv) The reports had also been considered by the NSS Audit and Risk Committee with assurance provided that exceptions were considered to be minor and not resulting in an adverse audit opinion.

The following points were made in discussion: -

- (i) Clarity was sought around the figures within the Payroll Service Audit with Ms Thomson confirming she would seek clarification from NSS, however the figures were believed to be as reported within the paper. Concern was highlighted around the leavers position which reported 9 exceptions out of 25 records, however it was confirmed this did not relate to errors, but rather a lack of evidence around independent checks being undertaken.
- (ii) Ian Howse praised the good practice being undertaken around the review and follow up of these service audits.
- (iii) The Committee sought assurance around any potential increase in fraud resulting from the exceptions, however it was confirmed this had not been highlighted within the service audit reports. The link between the IT systems and the other areas was acknowledged and it was agreed this would also be picked up during the ongoing discussions.

**The Audit & Risk Committee noted the:**

- (1) contents of the Service Audit reports for the 2024/25 financial year, and**
- (2) service auditors' opinions as:**
  - **NHSA&A National Single Instance financial ledger services – unqualified opinion**
  - **NSS South East Payroll Consortium – qualified opinion**
  - **NSS Practitioner and Counter Fraud Services – unqualified opinion**
  - **NSS IT services – qualified opinion**

**Actions:**

- **The Committee requested that formal assurance be sought around the actions put in place to address the highlighted issues.** Scott Urquhart
- **Potential increased risk of fraud resulting from the exceptions would be highlighted during above discussion.** Scott Urquhart

**12. Internal Audit Annual Report**

The Audit & Risk Committee considered a report for assurance, presented by Jocelyn Lyall, Chief Internal Auditor which provided details on the outcome of the 2024/25 internal audit 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) The formal conclusion was read to the Committee which confirmed the opinion of Internal Audit that the Board had adequate and effective governance, risk management and internal control arrangement in place. It was also confirmed the Accountable Officer had implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
- ii) A summary of the report was provided, highlighting key areas of work around culture, collaboration, governance and finance. Areas for ongoing vigilance were identified.
- iii) The Strategic Planning and Performance Resource Committee was also referenced, noting that along with Staff Governance Committee, caution was required around ensuring the volume of business remained manageable.
- iv) In terms of Corporate Objectives, it was proposed that bi-annual updates would be provided and progress of the 6 programme boards to tie back to the objectives.
- v) The report noted 16 findings with 5 significant. No recommendations were provided within the report, instead responsible officers would decide on the course of action ensuring appropriate ownership.
- vi) Thanks were expressed to colleagues for their ongoing support both with the Annual Report clearance and throughout the year.

The following points were made in discussion:

- i) In terms of the IJB's, it was felt greater detail could have been provided around the ongoing significant dispute and potential consequences for the Board should Stirling withdraw from the Partnership with Clackmannanshire. It was agreed this would be reviewed to determine associated risk and potential impact for NHS Forth Valley.
- ii) Assurance was provided that the report had been added to Agendas for the Strategic Planning and Performance Committee and Staff Governance.
- iii) The report highlighted that the assurance around the Remuneration could be strengthened, with completion of the NHS Scotland Remuneration Self Assessment document proposed. The validity of the document was discussed, with agreement the contents remained relevant. A proposal was made for this to be completed by Committees annually, with validation bi-annually.
- iv) The Committee highlighted that Staff Governance had sought assurance around the Health and Safety Compliance, although this was not reflected within the report. It was agreed that the minutes would be reviewed.
- v) It was agreed that all Committees would reflect areas of concern within their Annual Report. This would ensure reflection of issues across Board and ensure resolution and escalation of any concerns.



- vi) A query was raised around the reports reference to late papers for the NHS Board, Strategic Planning and Performance Resource Committee and Clinical Governance. It was agreed this would be reviewed.
- vii) A lack of specific reference to Internal Audit Reports was noted with agreement in year reports would be further emphasised.
- viii) Measurement of progress in relation to plans around Leadership and Culture Change Programme was discussed, recognising challenge. Mr Reith outlined the ability to measure the delivery of actions against activity. Cultural indicators were also being reviewed around measurements of a range of metrics and whether that provided evidence of a cultural change. Independent advice was also being sought from colleagues in Stirling University. He confirmed his willingness to work with Internal Audit colleagues to determine requirements in this area.

**The Audit & Risk Committee considered the Internal Audit Annual Report 2024/25 as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.**

**Actions:**

- **Minutes of Staff Governance to be reviewed to determine assurance sought around Health and Safety Compliance.**
- **Timing of papers issued would be reviewed with any factual inaccuracy to be amended.**
- **All Committees would reflect areas of concern within their annual report.**
- **In year Internal Audit Reports to be more overtly referenced.**
- **Future review of the reporting system would be undertaken a future meeting.**

### **13. Internal Audit Annual Framework**

The Audit & Risk Committee considered a report for assurance and approval, presented by Ms Jocelyn Lyall, Chief Internal Auditor, which provided the updated Internal Audit Framework.

Key messages in the report included:

- (i) Committee was advised that a significant update had been required to ensure full compliance with the Global Internal Audit Standards and to ensure incorporation of recommendations from the internal quality assessment. As a result, the document did not provide track changes.
- (ii) Key changes in the framework were detailed within the paper and these were separated into the areas of compliance and recommendations.
- (iii) The main components of the framework were outlined, noting incorporation of an Audit Charter, Service Specification and Reporting Protocol.
- (iv) The content of the Charter was summarised noting the key additions and changes.
- (v) The Audit Follow Up Protocol was currently under review with future update to the Committee for approval.

The following points were made in discussion:

- (i) Clarity was sought around the reference made to the power of the Audit and Risk Committee to provide unrestricted access to all NHS Forth Valley data. The Global Internal Audit Standards emphasised that Audit should have access to all required information and staff to enable completion of the Audit assignments. This was recognised as a standard requirement however assurance was provided that only required information was requested and there was adherence to all relevant policies.

**The Audit & Risk Committee:**

- (1) was assured that the Internal Audit Framework complied with the GIAS, and**
- (2) approved the updated Internal Audit Framework.**

**14. Draft NHS Forth Valley Annual Accounts**

The Audit & Risk Committee considered a report for endorsement presented by Scott Urquhart, Director of Finance, which provided the NHS Board Annual Accounts for consideration and endorsement prior to onwards submission to the NHS Board for formal approval.

Key messages in the report included:

- (i) Subject to finalisation of the external audit opinion, the Board's statutory financial requirements had been met.
- (ii) Detail was provided around the constituent parts of the document.

The following points were made in discussion: -

- (i) The Committee wished to formally record their thanks for the significant work undertaken to compile the report. Specific thanks were expressed to Rona Stalker and her team along with Jillian Thomson and Kerry Mackenzie.
- (ii) Assurance was provided around the internal consistency of the report.
- (iii) The document included a Remuneration report and assurance was sought around whether relevant individuals were consulted prior to publication of the information. Assurance was provided that this was confirmed at time of appointment.
- (iv) In terms of Clinicians, a significant increase was noted at the highest salary rate from 2024 to 2025. Clarity was provided that this related to how the information was calculated, with this being based on month 12. This clarity had also been sought by from Audit with a response provided on behalf of the Payroll Team. As the accounts would be laid before Parliament and become public record, it was agreed narrative would be provided around this section.

**The Audit & Risk Committee: Endorsed the Annual Accounts for approval by the NHS Board.**

**Action:**

**Narrative to be added around the Remuneration section of the report**

**15. Any Other Competent Business**

There was no other competent business.

**16. Matters to Raise at Board**

There were no matters to raise at the Board. Key items of business had been endorsed for Board approval.

**17. Date and Time of Next Meeting: Friday 31 October 9.00am**

**Forth Valley NHS Board**  
Tuesday 30 September 2025

**7.2 Minute of the Clinical Governance Committee Meeting held on Tuesday 8 July 2025**  
**For: Noting**

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**Minute of the Clinical Governance Committee Meeting held on Tuesday 8 July 2025 at 9.00am in the Boardroom, Carseview House.**

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

**In Attendance:** Ms Lucy Atalla (Interim Quality & Patient Safety Lead) Item 17b  
Miss Jennifer Brisbane (Corporate Services Assistant) Minute  
Ms Laura Byrne (Director of Pharmacy)  
Mr Ashley Calvert (Head of Clinical Governance)  
Ms Kirsty Macinnes (Service Manager & Senior Midwife) Item 12  
Ms Trisha Miller (Lead Nurse in Infection Control) Item 10  
Mr Andrew Murray (Medical Director)  
Mrs Wendy Nimmo (Interim Head of Efficiency, Improvement & Innovation)  
Dr Jennifer Rodgers (Dental Public Health Consultant) Item 14  
Dr Jillian Taylor (Child Health Commissioner & Chief Nurse)  
Ms Claire Turner (Clinical Governance & Risk Manager) Item 13  
Dr David Watson (Chief of Acute Nursing Services) Item 9a  
Miss Vicky Webb (Corporate Risk Manager)

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

Apologies were noted on behalf of Mrs Kirstin Cassells and Cllr Fiona Law. The meeting was quorate.

Dr Jennifer Champion, Prof Frances Dodd, Mr Jack Frawley, Prof Karen Goudie, Mr Jonathan Horwood, Mrs Neena Mahal, Prof Ross McGuffie 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 6 May 2025**

The minute of the meeting held on 6 May 2025, subject to previous electronic circulation and committee member approval, was **confirmed** as an accurate record.

**4. Matters Arising from the Minute**

There were no matters arising from the minute of the meeting held on 6 May 2025.

**5. Matters Arising from the Action Log**

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

- (i) Action 68: Discussions on the addition of Health & Social Care Partnership (HSCP) representatives were superseded to the Executive Leadership Team however it was agreed that wider discussion on whole system representation was required. Committee members were advised of the suggested change to future Whole System Assurance Reports, where the report would be

separated to allow for individual HSCP reports presented by delegates of respective Chief Officers. Following concern raised on the focus of the acute site within the report, assurance was provided that oversight of community hospitals was captured in clinical care governance discussions at the HSCP Integration Joint Boards. **Action closed.**

- (ii) Action 85: The Clinical Governance Working Group Terms of Reference was yet to be obtained due to annual leave. Timescale extended to 9 September 2025.

**The Clinical Governance Committee noted the Action Log.**

**6. Clinical Governance Committee Planner**

The Clinical Governance Committee received the Committee Planner presented by Mr Ashlely Calvert, where it was advised that the Clinical Governance Strategic Implementation had been rescheduled to align with the Clinical Governance Working Group (CGWG) Committee Planner.

A gap in the Strategic Risk Register was noted following the decision to re-establish monitoring of risks at the Clinical Governance Committee. It was agreed that Risk Register Updates would be incorporated in the Committee Planner under 'In Our Services, Will Care Be Safe In The Future?'.

**The Clinical Governance Committee noted the Committee Planner.**

**Action:**

- (1) Schedule Strategic Risk Register updates on the Committee Planner.**

Jennifer  
Brisbane

**7. For Approval**

There were no items for approval.

**In Our Services, Is Care Safe Today?**

**8a. 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 the response to a critical Fatal Accident Inquiry (FAI) and the findings of the Sheriff.

Key messages in the report included: -

- (i) The findings by the Sheriff resulted in 4 recommendations, with the request of submitting an action plan by 17 June 2025. Assurance was provided that the timeline was achieved and the information submitted to the Central Legal Office (CLO) was attached as an appendix.
- (ii) Of the 4 recommendations:
  - Recommendations 1, 2 and 3 were being processed by senior laboratories management.
  - Recommendation 4 was progressed through unscheduled care mechanisms.

The following points were made in discussion: -

- (i) A question was raised on the appropriateness of providing the NHS Forth Valley Board with an oversight of the FAI response where it was noted that such detail would be published on the public domain however the item would be included in the committee update at the 29 July 2025 Board meeting.
- (ii) Following a query on the communication of critical results, it was advised that an updated policy was circulated to staff highlighting the importance of communication, and assurance was provided that once the new Order Comms

- system was incorporated into TrakCare, clinicians would gain increased visibility of results facilitating slicker communication.
- (iii) Committee members were advised of Dr Karen Adamson's ongoing work to develop a prison discharge process to mitigate similar incidents occurring.
  - (iv) A question was raised on the governance of the action plan, where it was advised that oversight of progress would be undertaken by the CGWG.
  - (v) In reference to the appended SBAR, clarity was provided that the previous assumption that funding had been withdrawn was incorrect and challenge in resource to support drug related death reviews was because of individual partnerships removing staff due to a lack of capacity within teams.
  - (vi) A gap in the SBAR was noted, specifically in reference to the role of the Controlled Drugs Accountable Officer (CDAO) and controlled drug diversions such as GP prescribing. It was agreed that the question would be taken up with HSCP colleagues.

**The Clinical Governance Committee noted the Board's submitted response to the recommendation from the FAI.**

**Action:**

- (1) **Inform relevant HSCP colleagues of the Controlled Drugs Accountable Officer gap in the SBAR.**

Andrew  
Murray

**8b. Child to Adult Services Transition Age Agreement**

The Clinical Governance Committee received the 'Paediatric Transition' paper presented by Mr Andrew Murray. The purpose of the paper was to highlight the need for NHS Forth Valley to clearly set out its policy for when patients are considered appropriate to be seen in Paediatric or Adult services and when transition occurs between services.

Key messages in the report included: -

- (i) The below work to date was noted:
  - Circulation of the summary of current practice in Scotland and options for NHS Forth Valley.
  - Dates were identified for the Short Life Working Group in August.
  - Equality Impact Assessment support was requested.
  - Risk assessment support requested.

The following points were made in discussion: -

- (i) Committee members were advised that there had been no previous systematic way of apology when paediatric patient was moved to the adult service, or local policies
- (ii) Following discussion on the development of a policy, a deadline of 11 November 2025 was agreed.

**The Clinical Governance Committee was assured and noted the progress made and estimated date for completion.**

**Action:**

- (1) **Schedule Child to Adult Services Transition Age Agreement update for 11 November 2025 meeting.**

Jennifer  
Brisbane

**In Our Services, Was Care Safe in the Past?**

**9a. 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 CGWG for the Clinical Governance Committee.

Key messages in the report included: -

- (i) Hospital Standardised Mortality Rate (HSMR) remained below the threshold of 1 at 0.98.
- (ii) Adult Cardiac Arrest rate was at 1.27 per 1,000 admissions, identifying a notable improvement from the previous reporting of 4.11 from January to February 2025.
- (iii) Overall Stroke Bundle compliance decreased from 60% in January 2025 to 41.2%.
- (iv) The overall Hospital Acquired Pressure Ulcer rate decreased from 1.56 per 1000 occupied beds in March 2025 to 0.70 in April 2025, and a reduction from 1.02 to 0.64 per 1000 occupied bed days for Grades 2 to 4.
- (v) The Falls with Harm (FWH) rate within the Acute Directorate was noted at 0.31 per 1000 occupied bed days, presenting clear improvements.
- (vi) All inpatient falls rate within the Acute Directorate was noted at 11.6 per 1,000 occupied bed days, noting an increase from the previous reporting of 10.65.

The following points were made in discussion: -

- (i) Recognition was given to the focus on the Big 6 attainment within the Emergency Department (ED), where it was noted that such data continued to highlight improvements in ownership and accountability.
- (ii) In reference to the significant reduction of emergency calls made in March 2025, a question was raised on the reason for lower levels of activity, where it was advised that following national comparison and discussions with Health Improvement Scotland (HIS) rates were due to overall lower levels of acuity experienced.
- (iii) Recognition was given to the progression of the Digital Patient Observation System (eObs) planned implementation.
- (iv) Following a proposal to include Scottish National Audit Programme (SNAP) updates within the Whole System Assurance Report, where it was agreed that it would remain within the Acute Directorate Safety and Assurance Report in order to promote ownership.
- (v) A question was raised on the changes to the criteria and compliance of the stroke bundle where a timeline for a change in standards was sought. Colleagues were advised that a timeline could not be provided however assurance was provided that narrative would be included in future reports.
- (vi) Concern was raised on performance outlined within the Stroke SNAP relating to access to stroke beds, where assurance was provided that work was ongoing to shift the balance of care and review overutilisation within the Emergency Department.

**The Clinical Governance Committee was assured and noted the position, challenges, and quality improvements being made in relation to the specific SPSP measures and compliance with national targets.**

#### **9b. 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 were working as intended.

Key messages in the report included: -

- (i) An overview of the continued improved format of the report was provided, where it was advised that work was ongoing to shift to a dashboard approach in order to incorporate Key Performance Indicator (KPI) measures and metrics.
- (ii) Primary Care Directorate detail was not included within the report due to a change in meeting dates misaligning with reporting. Therefore, no new data could be reported.
- (iii) Clarification of meeting quoracy was still required from the Clackmannanshire & Stirling HSCP.
- (iv) The Mental Health & Learning Disability Directorate noted the Adverse Events Group and Drug Related Deaths as a clinical governance risk due to there being no drug related reviews for 22 months.

The following points were made in discussion: -

- (i) Concern was raised over the lack of confirmation on the quoracy of the Clackmannanshire & Stirling HSCP meetings, where clarification was sought for the next committee meeting.
- (ii) A question was raised on the Falkirk HSCP's identification of poor access to resus training as a clinical governance risk, where it was advised that it was due to a lack of trainers and capacity challenges to release staff. Assurance was provided that the risk was captured on the Risk Register and managed locally. Colleagues were advised of the 'Train the Trainer' initiative which provided cross cover of departments, and work undertaken by Pamela Scott to improve Turas module completion.
- (iii) A committee member proposed that an NHS Forth Valley Board Seminar specific to whole system assurance was scheduled to provide the wider Board members with detail on the work undertaken. It was agreed that such detail would be included within the Clinical Governance Committee update at the Board.
- (iv) Following a question raised on the alignment of the Risk Register to risks outlined within the paper. Assurance was provided that the Head of Clinical Governance and Corporate Risk Manager met regularly to ensure concerns were reflected within risk reports, and risks discussed at committee were captured by the Corporate Risk Manager, a regular attendee of the committee.
- (v) Further detail on the progress and timescales of clinical guidelines was sought in future reports.

**The Clinical Governance Committee was assured and noted the contents of the report.**

**Action:**

- (1) Include whole system assurance detail within the committee update to the NHS Forth Valley Board.**

John Stuart

## **10. Healthcare Associated Infection (HAI) Report**

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Report June 2025' presented by Ms Trisha Miller. 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 June 2025, there were:
  - 4 hospital acquired SABs.
  - 5 hospital acquired DABs.
  - 1 hospital acquired CDI.
  - 3 hospital acquired ECBs.
  - 1 death with MRSA recorded on Part 1 of the death certificate.
  - No deaths with *C.difficile* recorded on the death certificate.
  - 3 surgical site infections reported.
  - No outbreaks reported.
- (iii) A data exceedance was noted for the total number of SABs recorded however assurance was provided that it remained within controlled limits.
- (iv) The ward visit programme identified a slight reduction in the number of non-compliance reported at 272 in comparison to the previous reporting of 330.
- (v) An increase in hand hygiene compliance was noted at 71% in June 2025.

The following points were made in discussion: -

- (i) In reference to a Peripheral Vascular Catheter (PVC) site infection developed following admission in B32, a future update on ward B32's position was sought.

**The Clinical Governance Committee noted the performance of Annual Operation Plan standards, and activity in support of the prevention and control of HAI.**

**Action:**

- (1) Provide an update on ward B32, following PVC site infection development following admission.**

Jonathan  
Horwood

## **11. Scottish Patient Safety Programme: Paediatrics**

The Clinical Governance Committee received the 'Scottish Patient Safety Programme (SPSP) - Paediatric' report presented by Dr Jillian Taylor. The purpose of the paper was to provide an overview of NHS Forth Valley's SPSP Paediatric programme following the national agenda to improve the outcomes for deteriorating children and young people, whilst operating under local Safer Together objectives.

Key messages in the report included: -

- (i) Following an initial review of the local system, the NHS Forth Valley collaborative focused on 3 of the 5 primary drivers to address the below areas of improvement:
  - Inconsistency in the recording of observations and escalation on the PEWS chart.
  - Reported evidence from parents and young people that they were unsure whom to speak with when concerned about their child.
  - An understanding that fostering a psychologically safe environment and culture will promote staff in the delivery of safer and more effective care.
- (ii) Colleagues were advised that at the beginning of the review there was no clear standard in which to measure when an observation was not necessary or when it had been omitted without a clear rationale. Therefore, work was undertaken



to develop observation guidance which was implemented within the Paediatric ward and ED.

- (iii) A level of dichotomy was noted when the proposed title of the poster was presented to the CGWG. Where it was agreed that due to the potential exclusion of those that use English as an additional language, the original title would be used as a secondary title, following advice from the Equality, Diversity and Inclusivity team.
- (iv) The importance of staff feedback was noted, where it was advised that work was ongoing to analyse and encourage team building.

The following points were made in discussion: -

- (i) In reference to the 3-step 'Talk to Us' poster, a query was raised on the data behind escalations, it was advised that there was little evidence of escalation to steps 2 and 3. However assurance was provided that work would be undertaken to capture such detail to establish the best way to manage the process successfully.
- (ii) Confirmation was provided that the implementation of the eObs system would support staff in recognising nonvisual deterioration in patients.
- (iii) A question was raised on the monitoring of staff wellbeing, where committee members were informed of the variety of initiatives used within the team to facilitate wellbeing conversations.

**The Clinical Governance Committee noted the SPSP Paediatric programme of work.**

## **12. Scottish Patient Safety Programme: Perinatal**

The Clinical Governance Committee received the 'Scottish Patient Safety Programme (SPSP) Perinatal' paper presented by Ms Kirsty Macinnes. The purpose of the paper was to provide an overview of NHS Forth Valley's performance against the SPSP Perinatal Programme which aims to improve outcomes for women, birthing people, babies, and families across Scotland.

Key messages in the report included: -

- (i) The key priorities of the programme were to:
  - Reduce stillbirths.
  - Understand variation in caesarean birth rates.
  - Improve response to deteriorating woman/ birthing person.
  - Reduce neonatal mortality and morbidity.
- (ii) Monthly reports to SPSP were provided on the below key process measures:
  - 1 case reported where a baby was born under 27 weeks in a Level 3 NICU centre was reported, and teaching sessions were planned to provide staff with further guidance.
  - 100% and 91% compliance was recorded respectively, where Magnesium Sulphate was given antenatally to mothers under 30 weeks within 24 hours of delivery.
  - A reduction in optimal cord clamping was noted at 69% compliance compared to the previous reporting of 91% due to contraindicated multiple births. Assurance was provided that work was ongoing to update guidance.
  - Following improvements linked to monitoring and equipment repositioning, 91% of babies under 32 met the target temperature of 36.5 to 37.5 degrees within 1 hour of birth.
  - 100% compliance was achieved when administering at least a singular dose of caffeine to infants under 30 weeks within 3 days.

- 42% compliance was achieved when giving infants under 32 weeks their mother's milk within 24 hours. Data issues were identified therefore staff education and motivation tools were introduced and a nursery nurse champion was appointed.
- (iii) An increase in referrals to the smoking cessation service was noted.
- (iv) Modified Early Warning Score (MEWS) compliance at 80% for both documentation and escalation. Ongoing review was undertaken to support improvement.

The following points were made in discussion: -

- (i) A query was raised on if data analysis facilitated indication of areas of deprivation, where assurance was provided that short life working group was established to focus on inequalities in pregnancy within Forth Valley.

**The Clinical Governance Committee noted the aims of the SPSP Perinatal programme.**

### **13. Scottish Patient Safety Programme: MBRRACE**

The Clinical Governance Committee received the 'Mothers and Babies Reducing Risk through Audit and Confidential Enquiry Perinatal (MBRRACE-UK) Report 2023' presented by Ms Claire Turner. The purpose of the report was to provide an overview of the MBRRACE-UK perinatal mortality report for 2023 births in NHS Forth Valley.

Key messages in the report included: -

- (i) NHS Forth Valley led within its comparator group, with the lowest crude numbers of stillbirth and neonatal deaths in Scotland, and the second lowest in the UK.
- (ii) A stable trajectory in both stillbirths and neonatal deaths was noted with the stabilised and adjusted extended perinatal mortality rate remaining at 3.80 in 2023.
- (iii) A reduction in crude extended perinatal mortality rates was noted, with reduction from 5.30 in 2022 to 1.83 in 2023.
- (iv) Regular thematic analysis was undertaken as standard practice by the team in order to identify trends. Assurance was provided that there had been no recurring themes identified with causative factors.
- (v) Incidental findings identified 25% of NHS Forth Valley's stillbirths and neonatal deaths occurred where birthing people were obese or smokers. Work was ongoing with smoking cessation colleagues to facilitate working with birthing people to support reduction in smoking and ensure factual conversations regarding smoking and increased risk of stillbirth were undertaken.
- (vi) A Significant Adverse Event Review (SAER) was commissioned for a stillbirth case, with the final summary report being accepted and identified incidental findings which were unlikely to have affected the outcome.

The following points were made in discussion: -

- (i) Clarity was sought on the incidental findings of stillbirths and neonatal deaths being correlated to smoking and obesity, where it was advised that it was a national finding.
- (ii) Committee members noted confidence and assurance in the governance processes in place.

**The Clinical Governance Committee noted the recommendations and actions undertaken.**

**In Our Services, Will Care Be Safe In the Future?**

#### **14. Public Health Update**

The Clinical Governance Committee received a verbal update provided by Dr Jennifer Rodgers. The purpose of the update was to provide assurance that all principles and standards of clinical governance were applied to the Public Health Directorate.

Key messages in the verbal update 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. The responsibility was addressed by seeking assurance of governance arrangements of the reporting structures.
- (iii) An example of the Immunisation Service workstream was provided within appendix 1, covering priorities, challenges and successes, describing the surges in preventable diseases, and the significant changes to the vaccine programme.
- (iv) Clarity was sought on assurance required from the directorate, where it was noted that flash reports could be attached as an appendix to updates.

The following points were made in discussion: -

- (i) Following discussion, it was agreed that work was required to ensure the committee received meaningful information that outlined the directorates concerns, performance and issues.
- (ii) Concern was noted over the clinical governance arrangements within the East region and Blood Borne Virus service. It was agreed that deep dives on such area would be provided at the next meeting, and reference to the Scottish Population Health Framework would be considered.

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

**Action:**

- (1) Provide deep dives on areas of concern within the next Public Health Update and consider reference to the Scottish Population Health Framework.**

Jennifer  
Champion

#### **15. Strategic Risk Register Update**

The Clinical Governance Committee received the 'Strategic Risk Register Update' presented by Miss Vicky Webb. The purpose of the paper was to provide an update on the Strategic Risk Register, within a focus on Clinical Governance risks.

Key messages in the report included: -

- (i) Following discussions undertaken at the Strategic Planning, Performance & Resources Committee (SPPRC), pending formal approval from the NHS Forth Valley Board, the below risks would be managed by the Clinical Governance Committee:
  - SRR002: Urgent & Unscheduled Care (UUSC)
  - SRR004: Scheduled Care
  - SRR018: Primary Care Sustainability
- (ii) All of the strategic risks aligned to the committee were reviewed and an increase in SRR004: Scheduled Care's risk score was proposed due to changes in the Anaesthetic job family roles resulting in a lack of cover to meet the additional demand required to reduce 52 week waits.

- (iii) Committee members were given a brief overview of the UUSC Focused Review, attached as Appendix 2, to provide wider assurance of the work undertaken to shift focus to patient harm.
- (iv) Within the reporting period, there were:
  - 25 controls mitigating the strategic risks.
  - 5 actions identified to mitigate the strategic risk profile.
  - 3 actions completed.
  - No overdue actions.

The following points were made in discussion: -

- (i) Committee members were advised of the need to adapt UUSC metrics in order to obtain data which captured patient harm risks.
- (ii) Concern was raised over the lack of representation of colleagues from the Falkirk HSCP in reference to alignment of SRR018: Primary Care Sustainability to the committee, where assurance was provided that the risk was also captured within the Falkirk Integration Joint Board's risk register.

**The Clinical Governance Committee:**

- (1) noted the changes to the reporting requirements for the strategic risks realigned to the Clinical Governance Committee.**
- (2) endorsed the Clinical Governance Strategic Risk as of June 2025 and the increase in risk score of SRR004: Scheduled Care.**

The meeting was adjourned at 10:55am and reconvened at 11:05am with all members present as per the attendance list.

**Is Our Care Person Centred?**

**16. Person Centred Care Report**

The Clinical Governance Committee received the 'Person Centred Care Report' presented by Mr Andrew Murray. 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) Demand continued to exceed capacity of the Patient Relations Department with further deterioration of the complaints backlog.
- (ii) Concern was raised in reference to the recent recruitment of 2 whole time equivalent staff members in February, who both subsequently submitted their resignations due to workload pressures experienced within the department. In addition to resignations, prolonged recruitment processes resulted in the department being unable to mitigate capacity pressures due to vacancy and maternity gaps of 3 months. Assurance was provided that an additional 6 members of staff joined the department in June 2025, supporting incremental improvements in performance and a reduction in backlog.
- (iii) Support was requested from all services to consider providing local drafts for long waiting cases to improve patient experience and minimise risk of staff burnout and poor retention.

The following points were made in discussion: -

- (i) Concerns were raised due to there being no direct replacement for the Head of Person Centred Care, where it was advised that the role would be subsumed by senior nurses. Committee members sought focus on the department's restructure and early assurance at the next meeting.

- (ii) A question was raised on the newly identified complaint theme of Treatment/ Problems with Medication/ Prescribing, where it was advised that it may have been correlated to a systems upgrade, and assurance was provided that the HEPMA team were made aware of such concerns. It was agreed that Ms Laura Byrne would obtain further detail on the complaints.
- (i) Wider collaboration with the Scottish Government was suggested, seeking support with the disproportionate volume of complaints and capacity of the department in Forth Valley.
- (ii) Assurance was provided that cases over 6 months were anticipated to be closed by the end of July due to local services drafting responses.
- (iii) Committee members were informed that funding to facilitate the Artificial Intelligence (AI) initiative to provide administration support continued, where sight of progress was sought from the committee.
- (iv) A query was raised on the lack of scope to seek mutual aid, where it was advised that all health boards were experiencing a significant pressure. Further detail in relation to formalising learning from complaints through service level agreements was sought in future reports.

**The Clinical Governance Committee noted the report and supported ongoing performance monitoring with escalation through the Clinical Governance Committee.**

**Actions:**

- (1) **Provide further detail on the restructure of the Patient Relations Department, AI initiative supporting administration of complaints and consider incorporating SLAs to formalise learning from complaints.**
- (2) **Provide further detail on the nature of complaints identified as Treatment/ Problems with Medication/ Prescribing.**

Karen  
Goudie

Laura Byrne

**Are We Learning and Improving?**

**17a. 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 average number of days taken to commission a Significant Adverse Event Review (SAER) remained the same at 42, with a target of 21 by June 2026.
- (ii) The average number of days taken to write a SAER report was noted at 164, with a target of 123 by June 2026. Assurance was provided that work was ongoing to improve early panel formation and report draft timescales.
- (iii) All SAER final reports were approved within the 30-day timescale.
- (iv) Data was unable to be provided for the below measures however would be included in the improvement plan:
  - Develop an improvement plan within 10 working days from the report being approved.
  - SAER process fully completed within 140 working days.
- (v) The performance of recent SAERs commissioned varied with all 6 SAERs being outwith the 10-working days timescale, ranging from 24 to 98 days. Where it was noted that significant timescales were as a result of delays in

providing briefing notes to the Acute and Community Directorate Adverse Event Review Groups (AERG) due to delays with impact categorisation by the responsible manager within the Ulysses Safeguard System at the point of the incident being reported. In order to mitigate issues experienced with the Ulysses Safeguard system, changes to the system, how incidents are reported and escalated were detailed within the improvement plan.

- (vi) Since the last reporting period, of the SAERs commissioned in 2023:
- 5 were approved and closed.
  - 2 were with a lead reviewer for final comment.
  - 1 was with the SAER panel for final comments.
  - 1 was with the family for comments.
  - 1 experienced delay due to sickness therefore meetings were still in progress. However, ongoing focus was to seek closure of the outstanding SAERs by the end of August.
  - No outcome code 1 had been recorded for recently closed SAERs, providing assurance that commissioning processes identified the correct events as level 1 reviews.

The following points were made in discussion: -

- (i) In order to expedite panel formation, it was suggested that a schedule could be developed to ensure members were always available. A further suggested mitigation for delayed timescales was to use AI to draft initial SAER reports.
- (ii) Following discussion, it was suggested that learning summaries with the use of AI were explored prior to approval and consideration of the achievability of the 10-day target was sought. Committee members were advised that all health boards in Scotland were provided the HIS framework however the weight of timescales varied, with some health boards considering commissioning and closure of SAERs as 140 days. NHS Forth Valley were undertaking measuring and reporting in alignment with the HIS framework. However, challenges experienced with meeting timescales remained, with the identified improvements and amendments. It was anticipated that such improvements would significantly increase ability to meet the aims and objectives set.
- (iii) In reference to the detail provided on the progress of SAERs, clarity was sought on where panel formation concerns were escalated to, where it was advised that the escalation process was to the AERG, subsequently the Senior Leadership Team if required.

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

#### **17b. 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) Committee members were reminded that there were 63 test teams actively engaged with the STC, and data quality work continued to be undertaken in alignment with the National Adverse Event Framework.
- (ii) Phase one of visualisation of data was complete, with live links to reports stored on SQL Server Reporting Services (SSRS) and Pentana with explanatory narrative hosted within the Safe Together landing page on the intranet. Phase two, to incorporate additional workstreams, and phase three, to identify facilitating HSCP and primary care colleagues' access to the intranet, were to be undertaken.
- (iii) Falls with harm rates displayed an 8-point reduction trend below the median in inpatient falls with harm per 1,000 occupied beds days.
- (iv) Verification of all pressure ulcer cases was undertaken from 31 October 2024, which resulted in an initial increase of hospital acquired ulcer reported, evidencing enhanced robustness of data reporting.
- (v) Cardiac arrest rate saw a marked improvement, decreasing from 4.40 in March 2024 to 1.27 in March 2025. A shift from the highest 10% percentile in the National Cardiac Arrest Audit (NCCA) to the 75<sup>th</sup>-95<sup>th</sup> percentile was noted.
- (vi) Improvements in catheter care were noted in ward B21, B12 and the Thistle Suite in Bellfield. However, a slight increase in catheter usage was noted in the Intensive Care Unit.

The following points were made in discussion: -

- (i) Committee members noted the positive improvements made within the STC and sought consideration of ways in which wards could be recognised for their achievements. It was advised that a closing event was scheduled for November 2025 where achievements would be celebrated, where it was suggested that Board members were invited to attend the STC closing event.

**The Clinical Governance Committee noted the contents of the report and commended colleagues for the progress made with the STC.**

Committee members were advised that item 18a was captured within item 18b.

### **Are Our Systems Reliable?**

#### **18a. Internal Audit Follow Up Actions**

#### **18b. Internal Audit Annual Report 2024/25**

The Clinical Governance Committee received the 'Internal Audit Annual Report 2024/25' presented by Mr Ashley Calvert. The purpose of the report was to provide detail on the outcome of the 2024/25 internal audit and the Chief Internal Auditor's opinion on the Board's internal control arrangements in place.

Key messages in the report included: -

- (i) Following work undertaken by Internal Audit, the opinion of the Chief Internal Auditor was that NHS Forth Valley Board had an adequate and effective governance, risk management and internal control arrangements in place.
- (ii) Of the 16 findings, the below 5 sections were highlighted for consideration by the Clinical Governance Committee:
  - Finding 6 - Strategy Reporting
  - Finding 7 - CGC Annual Report Conclusion
  - Finding 8 - Strategic Risk Alignment

- Finding 9 - Whole System Assurances
- Finding 10 – Medical Appraisal & Revalidation Reporting

The following points were made in discussion: -

- (i) Committee members were advised of audit finding 7, where it was noted that a new annual report template had not been adopted and therefore did not conclude on adequacy and effectiveness of clinical governance arrangements. Assurance was provided that an updated annual report would be devised to align with the revised template and principles.
- (ii) Following a question raised on the completion dates set for findings, it was advised that Internal Audit identified timescales in discussion with the Medical Director.

**The Clinical Governance Committee:**

- (1) noted the outcomes and findings of the 2024/25 Internal Audit Annual Report.**
- (2) noted that the management response to findings would be reviewed by the committee through the Internal Audit Follow Up Actions Report.**

**Action:**

- (1) Update the Clinical Governance Committee Annual Report to align with the revised Board template and principles.**

## **19. 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) The items considered at the CGWG were:
  - Duty of Candour Annual Report 24/25
  - Safer Mobility Policy for Inpatients
  - HAI Annual Report 24/25
  - Person Centred Care Annual Report 24/25
  - Controlled Drug Accountable Officer Annual Report 24/25
  - SNAP Annual Audit Report 24/25
  - Scottish Patient Safety Programme Updates
  - SAER Report
  - Fatal Accident Inquiry – HMP Glenochil

The following points were made in discussion: -

- (i) Committee members noted the benefit of having oversight of the alignment of CGWG items with the committee.

Ashley  
Calvert

**The Clinical Governance Committee noted the paper and key issues that arose from the CGWG.**

## **20. Draft Duty of Candour Annual Report**



The Clinical Governance Committee received the 'Draft Duty of Candour Annual Report' presented by Mr Ashley Calvert. The purpose of the report was to describe how NHS Forth Valley operated the Duty of Candour (DoC) from 1 April 2024 to 31 March 2025.

Key messages in the report included: -

- (i) Within the reporting period there were:
  - 7 cases where DoC was activated and confirmed, of which 6 were confirmed from the previous annual reporting period. Of which:
    - 4 were associated with a death.
    - 2 were associated with treatment being increased.
    - 1 was associated with a person experiencing pain or psychological harm for 28 days or more.
    - A further 17 reviews commissioned and in progress.
- (ii) DoC cases identified through the adverse event escalation and SAER processes were all undertaken with appropriate engagement with families and patients.
- (iii) The development of a risk in relation DoC was proposed due to NHS Forth Valley being unable to provide robust data on the activation and confirmation of DoC outwith the SAER process.

The following points were made in discussion: -
- (i) Committee members noted support in developing a DoC risk to gain appropriate oversight and noted the requirement to understand responsibility of organisational DoC.

**The Clinical Governance Committee:**

- (1) approved the Duty of Candour Annual Report.**
- (2) endorsed the development of a Duty of Candour risk.**

## **21. Controlled Drug Accountable Officer Annual Report**

The Clinical Governance Committee received the 'Controlled Drug Accountable Officer Annual Report April 2025' presented by Ms Laura Byrne. The purpose of the report was to provide the committee with assurance of the ongoing work to ensure the safe and effective use of controlled drugs (CDs) within Forth Valley.

Key messages in the report included: -

- (i) The Controlled Drugs Accountable Officer (CDAO) Annual Report related to a legal requirement and local policy which aligned to the NHS Scotland quality ambitions: Safe and Effective.
- (ii) A deputy CDAO was appointed in March 2025 to strengthen cover in the absence of the Director of Pharmacy.
- (iii) A Red Amber Green (RAG) audit tool was adapted from a neighbouring health board and introduced within wards to support Senior Charge Nurses to undertake comprehensive programme of CD audits, where ongoing improvements were identified.
- (iv) Assurance was provided that ongoing reflection of CD internal audit reviews were undertaken.
- (v) CD Local Intelligence Network (LIN) met twice a year to discuss local CD incidents and intelligence with multiagency representatives and CD governance processes were shared across the 5 West of Scotland Boards to facilitate learning.

- (vi) Work was ongoing to develop a CDAO Workplan for continued improvement of the management of CDs.

The following points were made in discussion: -

- (i) A query was raised on the inclusion of private prescriptions where it was noted that the Board was responsible for CD regulations locally and committee members were advised that many private prescribers were often also NHS employees.

**The Clinical Governance Committee approved the CDAO Annual Report and Workplan.**

**For Noting**

- 22. The Clinical Governance Committee noted the minutes from the below associated Clinical Governance Groups:**
  - a) Clinical Governance Working Group Minute 10.04.25**
  - b) Organ & Tissue Donation Committee Minute 24.03.25**
  - c) NHS Forth Valley Infection Control Committee Minute 27.02.25**
- 23. The Clinical Governance Committee noted the below Standards and Reviews Reports:**
  - a) February 2025**
  - b) March 2025**
- 24. Any Other Competent Business**

Committee members gave a note of thanks to Prof Frances Dodd for the significant work undertaken as Executive Nurse Director and wished her a happy retirement.
- 25. Date and Time of Next Meeting**

Tuesday 9 September 2025 at 9:00am, in the Boardroom, Carseview House.  
The Chair closed the meeting at 12:32pm.

**Forth Valley NHS Board**

**7.3 Minute of the Staff Governance Committee Meeting held on Tuesday 15 July 2025**

**For:** Noting

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**Minute of the Staff Governance Committee Meeting held on Tuesday 15 July 2025 at 9.00am in the Boardroom, Carseview House and via MS Teams.**

|                       |                                                                                                                                                                                                                                                                                |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Present:</b>       | Mr Robert Clark<br>Mr Martin Fairbairn (Chair)<br>Mr Gordon Johnston<br>Mrs Karen Morrison<br>Ms Janett Sneddon                                                                                                                                                                |
| <b>In Attendance:</b> | Mr Michael Brown<br>Mrs Morag Farquhar<br>Mrs Neena Mahal<br>Mrs Lee Marquis<br>Mr Cameron Raeburn (Items 13 & 14)<br>Miss Becky Reid (Minute)<br>Mr Kevin Reith<br>Mr Allan Rennie<br>Mrs Linda Robertson<br>Mrs Jo Tolland (Item 11)<br>Mr Scott Urquhart<br>Miss Vicky Webb |

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

The Chair welcomed all present to the meeting. Apologies were received from Mr Nicholas Hill.

Mr Jack Frawley, Mrs Jenny McCusker, Mrs Linda McGovern and Prof Ross McGuffie 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 13 May 2025.**

The note of the meeting held on Tuesday 13 May was approved as an accurate record.

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

Committee members were advised that national guidelines following the Supreme Court ruling were yet to be developed however work was being undertaken in anticipation of their release. This work was being done in collaboration with NHS Scotland. Confirmation was provided that there were support mechanisms currently in place, available for staff if they felt this was needed.

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

- There were additional actions within the minute of the previous meeting that were to be incorporated within the action log:
  - o 6.1 Safe Staffing Report:

- (i) Future reports to articulate whether the organisation is legally compliant with the Act; and
  - (ii) Future reports to articulate how the financial aspects will be balanced.
- o 6.5 Culture Change and Compassionate Leadership Programme Update:
  - (i) 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.
- o 5.2 Staff Governance Report:
  - (i) 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.
  - (ii) More in depth information on how the referral to an Occupation Health Physician timeline could be improved.
  - (iii) Clarity on the wording within section 3.1.3 on page 6 of the report.
  - (iv) An update of the work being implemented to improve the timescales of employee relations cases and the processes being discussed to produce a more robust system for early resolution.
- The timescale for action 22 would be amended to September 2025.
- Actions 33,34,39,42 and 43 could be marked as complete as they were being discussed on this agenda.
- Action 36 would be completed as the necessary conversation took place recognising normal practice for minuting would continue but if a staff side/union colleague wished for a more explicit comment to be included this could be done when requested.

## **5. Staff Governance Committee Workplan**

The Staff Governance Committee considered the 'Staff Governance Committee Workplan 2025/26' presented by Mrs Linda Robertson. The Committee planner outlined the topics to be presented throughout the year to allow appropriate scrutiny and support the committee's role in providing assurance to the Board.

### **The Staff Governance Committee: -**

- **Approved the updates to the Committee Work Plan for 2025/26.**

## **6. 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 the Staff Governance Committee with 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) Although sickness absence rates decreased to 6.94% in May 2025 these figures remained higher than our target, however it was noted that this was the lowest sickness absence rate since October 2023. Discussions took place at a recent Area Partnership Forum on how to sustain the downward trajectories. Work to drive improvement against absence rates would be monitored by the Attendance Management Oversight Group.
- (ii) The primary reason for absence was Anxiety, Stress, Depression and other Psychiatric Illness which accounted for 30.92% of lost hours, raising significant concern. The second most common reason was Other Musculoskeletal Problems rising to 10.99%. Referrals to Occupational Health & Psychology were made when necessary but despite the demand of these services there was no additional funding available to support the required resource noting the end of additional non-recurring national allocations.

- (iii) Development of Workforce Wellbeing Plan 2025 – 2029 would be launched in September 2025 and engagement would continue, with an update of this work scheduled to be provided to the Staff Governance Committee at a later date.
- (iv) Fluctuations with Employee Relations cases was noted, with Grievance cases decreasing in the previous 2 months but Bullying & Harassment cases increasing. The Human Resources team would support management training and encourage early resolution where possible. A deep dive into all employee relation cases would be undertaken with the aim of reducing the possible harm being done to those involved whilst awaiting a resolution.
- (v) At the time of reporting the rate of signed off PDPR's was 38.4% which was significantly below the national key performance indicator (KPI) of 80%. This was a regularly reported topic to the Senior Leadership Team (SLT) where each Executive Director was asked to raise their compliance levels to the national KPI of 80% by the end of the 2025/26 performance cycle.

The following points were raised in discussion: -

- (i) When questioned as to whether there was an understanding as to why Bullying & Harassment cases were increasing it was advised that although this was not a good position to be in there was positive learning as staff felt comfortable to report on issues and reflect on the work undertaken to improve the culture across the organisation.
- (ii) In the hope to increase the number of individuals completing exit interviews, a QR code was produced to allow direct access as opposed to internal access only. Thought was being given to other avenues to increase the ease of access to further increase participation.
- (iii) Requested was an update to be provided by the chair of the Attendance Management Oversight Group to the Staff Governance Committee for assurances on the work being undertaken and the actions implemented to improve sickness absence rates. It was noted that it would be beneficial for this update to consider the whole system and not only the work within the acute site.
- (iv) Comments were raised on the increase of Other Musculoskeletal Problems being the second highest cause of absence where it was recognised that this could be a result of the low compliance uptake of Manual Handling training.
- (v) Concerns were raised against the increase in Bullying & Harassment cases and the timeframe taken for cases to be concluded, recognising the potential harm this could lead to for staff.
- (vi) Noted that although there was a requirement to achieve the 80% KPI for PDPR sign off, conversations with staff should be beneficial to the individual and not done only as a mandatory exercise.

**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**
- **Requested deep dives into these two areas (absence management and PDR completion) at upcoming Committee meetings.**

#### **7a. Annual Internal Audit Report**

The Staff Governance Committee received the 'Annual Internal Audit Report' presented by Mrs Linda Robertson. This report provided detail on the outcome of the 2024/25 internal audit 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) The sections relevant to the Staff Governance Committee that would allow them to focus on the key sections relevant to their terms of reference were noted as:
  - a. Finding 11 - Staff Governance Annual Report
  - b. Finding 12 - Development of the People Strategy
  - c. Finding 13 - Health & Safety Compliance Report

The following points were made in discussion: -

- (i) Noted was the requirement to consider the appropriate balance for reporting the necessary information to the committee without the circulation of the lengthy document each time this item was to be discussed. Thought would be given offline on how to best present the information specific to Staff Governance committee going forward.
- (ii) Mrs Neena Mahal raised that consideration should be given to the full section in relation to the Staff Governance Committee as auditors had made further recommendations that were not pulled out as a finding.
- (iii) In relation to Finding 13 – Health & Safety Compliance, due to be discussed under item 13, a question was raised as to whether the detail shared under this item would sufficiently consider the other recommendations on page 41 of the Annual Internal Report that were not pulled as an overarching finding. Confirmation was provided that the asks within page 41 would be considered and any further information required would be brought to the September Staff Governance Committee meeting.

#### **The Staff Governance Committee:**

- **Considered the outcomes of the 2024/25 Internal Audit Annual Report 2024/25.**
- **Considered the findings of specific concern to the Staff Governance Committee.**
- **Noted that the management response to findings will be reviewed by the Staff Governance Committee through the Internal Audit Action Follow-up report.**

#### **Actions:**

- **Conversation to be taken offline on how to appropriately present the information specific to the Staff Governance Committee in future reporting.** Kevin Reith
- **Any further information in relation to the asks on page 41 of the Annual Internal Audit Report to be brought back to the September meeting.** Morag Farquhar

#### **7b. Internal Audit Action Updates**

The Staff Governance Committee received the 'Internal Audit Action Updates' presented by Mrs Linda Robertson. The report allowed for full visibility of all audit activity under the Staff Governance Committee's responsibility.

Key messages in the report included: -

- (i) Monthly Pentana AFU reports were shared with Responsible Officers to allow them to agree actions to be reviewed and provide assurances on progress. Internal Audit colleagues met with the Responsible Officers to ensure management responses were provided.
- (ii) Six audit recommendations had been added to the report since the meeting that took place on 13 May 2025, all within the category 'Management of Sickness Absence'.
- (iii) Following a review of the outstanding recommendations, the below were proposed for closing:

- A19/24 Recruitment and Selection Ref 1 – the revised policy had been approved by the HR Policy group and the publication on the Staff Intranet would support closure of this action.
- A10/25 Internal Control Evaluation 2024/25 Ref 8 – subject to the Committee supporting the proposal under item 7b closure is also recommended.

The following points were raised in discussion: -

- (i) Committee members reviewed the timelines for each recommendation and agreed they were content with the proposed dates.
- (ii) Noted that action point reference 5 was required to be updated with the due date of September 2025.

**The Staff Governance Committee: -**

- **Noted the status of the current audit follow up actions aligned to the Staff Governance Committee.**
- **Were content with the suggested timeline for each action.**
- **Agreed the closure of the suggested recommendations.**

## **8. Workforce Planning Update**

The Staff Governance Committee received the 'Workforce Planning Update' presented by Mr Kevin Reith & Mr Michael Brown. The purpose of this paper was to provide an update on the development of the NHS Forth Valley Workforce Planning governance and infrastructure.

Key messages in the report included: -

- (i) Acknowledged the need to enhance the current workforce planning arrangements and committee members were informed of the work being undertaken in a number of areas to support this crucial area of work through a revised internal programme structure.
- (ii) Scottish Government had previously requested a 3-year workforce plan be submitted by all NHS Health Boards. This process was reviewed by a national Workforce Planning short life working group and it was confirmed that for 2025 all Boards would continue to work on planning activity and complete a submission to Scottish Government detailing key workforce issues.
- (iii) To align with the change of expectations around the National Workforce Planning requirements whilst reflecting broader contextual changes arising from issues such as Safe Staffing, Centre for Workforce Supply development and our own aspirations through our Population Health & Care Strategy, NHS Forth Valleys aim was to develop workforce planning arrangements to reflect core principles.
- (iv) To support delivery of the overarching healthcare strategic aims an integrated workforce plan was essential, requiring a whole system approach and the integration of strategic, financial and workforce planning.
- (v) Workforce planning activity will be monitored by the new Strategic Workforce Programme Board, which is chaired by Mr Kevin Reith, Director of People.
- (vi) An overview of some of the key developments that impacted the approach taken with workforce planning were highlighted within the report.
- (vii) Work was undertaken in 2024/25 at the request of Scottish Government to significantly reduce the use of supplementary staffing within Nursing and Midwifery. Due to the effectiveness of this work a Medical Oversight group was established to implement similar processes to aid in reducing medical bank and agency staff usage.

The following points were made in discussion: -

- (i) Recognition was given to the volume of data included within the report and the work being implemented however concerns were raised on how all this work would come together to create the anticipated improvements. Confirmation was provided that this work set out the foundation steps required to create the positive workforce desired, and the Staff Governance Committee would remain informed on the effectiveness of this work and the actions being taken.
- (ii) Highlighted was the importance of the workforce plan to correlate with the strategic needs of the organisation to consider the anticipated future workforce requirements and staffing levels.
- (iii) A comment was made on Internal audits referral to baseline workforce figures, and it was questioned whether NHS Forth Valley were on track to achieve these. Confirmation was provided that a high volume of work was ongoing to achieve consistency against the baseline figures.
- (iv) Although there was no obligation to submit any additional plans to Scottish Government the anticipated trajectories would be shared for monitoring purposes.
- (v) It was advised that there was a possibility for updates against this area of work to be included within the regular Staff Governance Report provided to this committee including detail of any gaps identified and the anticipated timelines set out by the Strategic Workforce Programme Board. Thought would be taken offline on how best to incorporate the level of detail required to continue to provide assurance to the committee.

**The Staff Governance Committee: -**

- **Considered the workforce planning update and supported the work that was being undertaken.**
- **Recognised that the work was in the early stages of production.**
- **Requested an update at the September meeting including the detail of how this work would come together and achieve the expected outcomes.**

**Actions:**

- |                                                                                                                                             |             |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| • <b>Update to be provided at the next staff governance on the work being undertaken.</b>                                                   | Kevin Reith |
| • <b>Thought to be given on how to include detail of work to future Staff Governance Committee Meetings to ensure consistent oversight.</b> | Kevin Reith |
| • <b>Terms of Reference Strategic Workforce Programme Board to be shared with the Committee.</b>                                            | Kevin Reith |

**9. Area Partnership Forum Annual Report**

The Staff Governance Committee received the 'Partnership Annual Report' presented by Mr Robert Clark. The purpose of this report was to provide oversight of the work carried out by the Forum during the financial year 2024/25.

**Key messages in the report included: -**

- (i) The Area Partnership Forum continued to meet on a bi-monthly basis.
- (ii) A joint Human Resources and Trade Union development event was held in June 2025 and would continue on a quarterly basis going forward.

**The Staff Governance Committee: -**

- **Noted the draft Annual Partnership Forum Annual Report.**



## **10. iMatter Update**

The Staff Governance Committee received an 'iMatter Update' presented by Mr Kevin Reith. The purpose of this paper was to provide an update on the iMatter outcome for 2025.

Key messages in the report included: -

- (i) The National iMatter Report would be published later in the year and would allow NHS Forth Valley to carry out a benchmarking exercise in which further data would be shared on receipt.
- (ii) Although the overall response rate had decreased by 1% from the previous year it was confirmed that the Employee Engagement Index (EEi) had increased to 77 which was the highest score reported since 2017.
- (iii) A national Short Life Working Group had commenced to review the iMatter reporting to Scottish Workforce and Staff Governance Committee with recommendations for improvement.

The following points were raised in discussion: -

- (i) The iMatter questionnaire included two additional questions where a response was optional, however there was no mention of the response rate in the report which Mr Kevin Reith advised would be explored further as this information should be incorporated.
- (ii) Action plans created following the outcome of the iMatter responses would be shared alongside the National iMatter Report when this is available later this year. Noted was the importance of understanding the underlying themes of the actions and recognise what could be done as an organisation to ensure compliance with action plans.
- (iii) Following a question on how the NHS Forth Valley Board would receive updates regarding the 'Step into my Shoes' programme it was confirmed that details of this programme would be shared through the Staff Governance Committee and the Chief Executive report.

### **The Staff Governance Committee:**

- **Noted the iMatter Update report.**
- **Would receive a full analysis of the iMatter findings following the publication of the National iMatter Report at a later date.**

## **11. Culture Change and Compassionate Leadership Program – Launch of Revised Organisation Values**

The Staff Governance Committee received an update on the 'Culture Change and Compassionate Leadership Program – Launch of revised Organisation Values' presented by Mrs Jo Tolland. This report shared the proposal to replace the current NHS Forth Valley values to align with those of NHS Scotland.

Key messages in the report included: -

- (i) Phase 1 and 2 of project mobilisation for the Culture Change & Compassionate Leadership (CC&CL) programme was complete and all 8 project teams had completed the initial mobilisation process. It was envisaged that all CC&CL activity would be built into business-as-usual activity.
- (ii) During the CC&CL staff feedback process in 2023, it was determined that staff felt the current values were unclear and confusing as they did not align with NHS Scotland values. A proposal was presented to the Area Partnership Forum on 24 June 2025 to replace the current values with those of NHS Scotland prior to final approval from the NHS Forth Valley Board on 29 July 2025.
- (iii) The changeover of values would be underpinned by a corporate communication campaign.

- (iv) In anticipation of final approval, the Live the Values Project Group were finalising a plan to direct how to effectively embed the NHS Scotland Values into organisational processes, policies and way of working.

The following points were raised in discussion: -

- (i) The importance of not only adopting the NHS Scotland Values but demonstrating them from Executive level and down through the whole organisation was noted.
- (ii) This paper was welcomed for presentation to the NHS Forth Valley Board although it was noted that they would likely request clarity on the corporate communication campaign and the plan to implement the new values across all levels of the organisation.
- (iii) An impactful communications piece was required to be incorporated with the launch of the new values.

**The Staff Governance Committee: -**

- **Supported the endorsement of NHS Scotland's Values.**
- **Supported that work to embed these values across the organisation begins promptly.**
- **Endorse this report to be presented to the NHS Board.**

#### **12a. Strategic Risk Register**

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

Key messages in the report included: -

- (i) The two strategic risks, SRR009 Workforce Plans and SRR019 Culture & Leadership aligned to the Staff Governance Committee remained static.
- (ii) Within this reporting period there were 20 control actions, 2 completed actions and no overdue controls.

**The Staff Governance Committee: -**

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

#### **12b. Culture & Leadership Risk Focused Review**

The Staff Governance Committee received the 'Culture & Leadership Risk Focused Review' presented by Miss Vicky Webb. The purpose of this report was to provide an assurance assessment on SRR019 Culture & Leadership.

Key messages in the report included: -

- (i) Following a review of the risk description and score, SRR019 Culture & Leadership remained static. As agreed at a Strategic Planning, Performance & Resources Committee meeting, the lead impact category was changed to Workforce. This change would be presented to the NHS Board for formal approval.
- (ii) Section 4 of appendix 1 listed the current governance arrangements for the organisational controls, however it was noted that the new Strategic Workforce Planning Board was not included and would be incorporated when work commenced within the group.
- (iii) An overview of each action and the anticipated due date for completion was included within the report to monitor the mitigation of this risk.

The following points were raised in discussion: -

- (i) When questioned as to the amber RAG status for controls described as mostly effective, it was advised that a wide conversation would be undertaken to consider the display of RAG status categories.
- (ii) The RAG rating against the Leadership Programme control was to be amended to the correct colouring of status.
- (iii) It was advised that despite work being carried out under the Leadership Programme control, this was still in the early stages, so it was not feasible to amend the RAG status at this point.

**The Staff Governance Committee: -**

- **Endorsed the evaluation of assurance provided for SRR019: Culture & Leadership for reporting into the Audit & Risk Committee and NHS Board.**

### **13. Manual Handling and Violence & Aggression Training Compliance**

The Staff Governance Committee received an update on the “Manual Handling and Violence & Aggression Training Compliance” presented by Mr Cameron Raeburn. This report was presented at the request of the Staff Governance Committee to highlight the work being implemented across the organisation to increase training compliance.

Key messages in the report included: -

- (i) Due to the continuous deterioration against the 90% compliance target set for Manual Handling (MH) and Management of Violence and Aggression (MVA) training this area became of particular focus of the Senior Leadership Team (SLT) to support recovery.
- (ii) A short life working group was convened to support the identification of any specific barriers affecting compliance and to identify any further solutions to raise with SLT.
- (iii) To align with the 2-year cycle of MH and MVA training delivery work for improvements was being focussed over a 24-month trajectory.
- (iv) Location of the training had been identified as a potential barrier as it resulted in staff having to travel to a different site. As a solution, accommodation had been identified within the acute site for a limited period to allow for a comparison of attendance rates.

The following points were made in discussion: -

- (i) It was requested that regular updates regarding the work to improve compliance and the progress being made be included within the regular reporting of the Health and Safety Report to the Staff Governance Committee referring to the baseline targets and actions for improvement.
- (ii) Confirmation was provided that newly qualified nurses were not included within the trajectories presented and would be monitored separately.
- (iii) Following discussion, it was suggested that prioritisation was given to determine whether all staff need to complete the required training particularly those who are non-patient handling.
- (iv) NHS Forth Valley participated in the passporting scheme, where training completed by new starts joining from another Health Board would be honoured although a competence check would be carried out within 4 weeks of their start date.
- (v) Due to location of training being a potential barrier a substantive space within the acute directorate was being sought for a permanent solution. Although this could lead to a further issue of staff being pulled from training due to a lack of capacity.

**The Staff Governance Committee: -**

- **Endorsed the plan to address compliance target concerns and the agreed actions.**

**Action:**

- **Future reports to the Staff Governance Committee to refer to baseline figures and actions.** Cameron Raeburn

**14. Health & Safety Committee Annual Report**

The Staff Governance Committee received the 'Health & Safety Committee Annual Report' presented by Mr Cameron Raeburn. The purpose of this report was to share the activities of the Health & Safety Committee for the Financial Year of 2024/25.

Key messages in the report: -

- (i) The Health & Safety Committee now operated with two co-chairs, Mrs Morag Farquhar and Mrs Karren Morrison.
- (ii) Good committee attendance rates were typically recorded, where it was agreed at the 13 August 2024 meeting that the duration of the meeting would be increased to 3 hours.
- (iii) Stated within the report was the main topics discussed with details as to why some topics had been rolled in to the delivery plan for 2025/26.
- (iv) Committee members were informed of the disbandment of the Violence & Aggression Steering Group as agreed by the group due to this work being covered in other areas causing unnecessary duplication.
- (v) Mrs Morag Farquhar put forward the proposal for the final report to signed off by herself and Mrs Karren Morrison as co-chairs of the Health & Safety Committee.

The following points were raised in discussion: -

- (i) It was noted that as a governance formality it would be beneficial to draw out areas which were specific to Staff Governance that the Health & Safety Committee had discussed.
- (ii) There had been a delay to the control book audit reviews due to the formatting of the control book being amended. A redesign of the control book was being implemented and would auto generate actions, with the first draft of the revised layout of the risk assessment section was completed and awaiting review. The aim was that the updated control books would go live at the end of Q3.

**The Staff Governance Committee:**

- **Approved the draft Health & Safety Committee Annual Report**
- **Agreed that the final report should be signed by Mrs Morag Farquhar and Mrs Karren Morrison as co-chairs of the committee.**

**15a. Area Partnership Forum Minute 22.02.25 & 22.04.25**

The Staff Governance Committee **noted** the Area Partnership Forum Minute from 22.05.2025 & 22.04.25.

**15b. Acute Services Partnership Forum Minute from 23.04.25**

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

**15c. Joint Staff Forum Clackmannanshire & Stirling HSCP Minute 05.12.24 & 13.02.25**

The Staff Governance Committee **noted** the Facilities and Infrastructure Partnership Forum Minute from 05.12.24 & 13.02.25.

**16. Any Other Competent Business**

Mr Kevin Reith discussed the ongoing issues in relation to Serco staff and the reduced working week and advised committee members that work was being carried out to ensure an appropriate resolution was found for staff. NHS Forth Valley would take on a facilitation role if necessary and a further update would be provided in due course.

**17. Matters to Raise at Board**

Mr Martin Fairbairn confirmed the following issues would be raised at Board:

- The work highlighted within the Staff Governance Report recognising the concerns against Absence Management and PDPR compliance rates.
- Recognition of the Workforce Plan and the initial work being undertaken with future reports of the finer detail being provided to the Staff Governance.
- The support of revised NHS Forth Valley values recognising the communications piece required to support this.
- Endorse the plan presented to improve training compliance noting this work would continue to be reviewed regularly.

**18. Date of Next Meeting**

Tuesday 16 September 2025 at 9:00am, Boardroom Carseview House, Stirling

The Chair closed the meeting at 12:05pm

**Forth Valley NHS Board**  
Tuesday 30 September 2025

## **7.4 Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 26 August 2025**

**For:** Noting

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**Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 26 August 2025 at 9.30am in the Boardroom, Carseview House.**

**Present:** Ms Neena Mahal (Chair)  
Mrs Kirstin Cassells (Non-Executive Director)  
Mr Robert Clark (Non-Executive Director)  
Cllr Fiona Collie (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)  
Professor Clare McKenzie (Non-Executive Director)  
Mr Allan Rennie (Non-Executive Director)  
Mr Finlay Scott (Non-Executive Director)  
Mr John Stuart (Non-Executive Director)  
Cllr David Wilson (Non-Executive Director)

**In Attendance:** Miss Jennifer Brisbane (Corporate Services Assistant) Minute  
Ms Elsbeth Campbell (Head of Communications)  
Mrs Morag Farquhar (Director of Facilities)  
Mrs Wendy Forrest (Head of Strategic Planning and Health Improvement)  
Mr Garry Fraser (Director of Acute Services)  
Mr Jack Frawley (Board Secretary)  
Ms Claire Giddings (Corporate Performance Manager) Item 10  
Professor Karen Goudie, (Executive Nurse Director)  
Ms Laura Henderson (Senior Performance Management Officer)  
Mrs Sarah Hughes-Jones (Head of Information Governance) Items 7b & 12  
Mr Scott Jaffray (Director of Digital)  
Mr Derek Jarvie (Head of Climate Change & Sustainability) Item 13  
Ms Jackie McEwan (Corporate Business Manager)  
Professor Ross McGuffie (Chief Executive)  
Mr Kurt McLay (Cyber Security Manager) Item 7b  
Dr Julie Mardon (Clinical Director of Integration, and Scottish Centre Simulation & Clinical Human Factors) Item 10  
Mr David Munro (Senior Planning Manager) Item 6  
Mr Andrew Murray (Medical Director)  
Miss Rebecca Reid (Corporate Services Assistant) Observing  
Mr Kevin Reith (Director of People)  
Mrs Jillian Thomson (Deputy Director of Finance) Item 8  
Mr Scott Urquhart (Director of Finance)  
Ms Nicola Watt (Resilience & Emergency Planning Manager) Item 11  
Miss Vicky Webb (Corporate Risk Manager) Items 7 & 9  
Ms Gail Woodcock (Chief Officer, Falkirk IJB)

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

An apology was intimated on behalf of Alison Jaap.

Jennifer Champion, Joanna Macdonald and Kerry Mackenzie were not in attendance.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Minute of Strategic Planning, Performance & Resources Committee on 24 June 2025**

The minute of the meeting held on 24 June 2025, subject to previous electronic circulation and committee member approval, was **confirmed** as an accurate record.

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

The Strategic Planning, Performance & Resources Committee reviewed the action log and noted all actions that were complete. The following updates were given on outstanding items:

- Action 98: Work was ongoing to develop a business case to improve telecommunications within Forth Valley Royal Hospital therefore it was agreed that a timescale would be provided prior to the next meeting.
- Action 135: Timescale extended to 28 October 2025.
- Action 137: Timescale extended to 16 December 2025.
- Action 139: Colleagues were advised that a paper relating to the Health & Social Care Partnership representation at Governance Committees would be taken to the 30 September NHS Forth Valley Board. Therefore, a final update would be provided to the Committee at the 28 October 2025 meeting, prior to closure of the action.

**5. Chief Executive Update**

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

- (i) Progress had been made with dispute resolution process in respect of the Clackmannanshire & Stirling Health & Social Care Partnership, including:
  - The 24/25 End of Year Financial Risk Share was close to resolution, with papers scheduled to be submitted to Clackmannanshire Council in October 2025. The recommendation was for the current shortfall to be covered within the Council's end of year position, by means of a loan to the Integration Joint Board (IJB).
  - The 2025/26 risk share would be reviewed at the end of the year, it was noted that NHS Forth Valley had committed its share in advance.
  - Substantial progress with the HSCP's delivery plans had been made and ongoing work towards the scheduled review of the Strategic Commissioning Plans (SCP) was noted.
  - The risk share agreement remained the main outstanding issue with the Integration Scheme. The Interim Chief Officer of Clackmannanshire & Stirling HSCP was chairing a Short Life Working Group (SLWG) to review this.
- (ii) NHS Scotland Board Chief Executives met with the First Minister to provide an update on the progress of the shifting the balance of care work, locally this included developments with ward A11. Facilitating discussion on challenging areas of development such as off-site bed review work as part of the national Discharge without Delay Collaborative. Colleagues were informed that if the

average length of stay in off-site beds reduced from 68 bed days to the desired 30 days, discussion would need to be undertaken to consider further investment of funds into the community.

- (iii) The Chief Executive advised members of the unannounced HIS inspections which were taking place at Forth Valley Royal and that a report would be expected within 12 weeks.

The following points were made in discussion:

- (i) Clackmannanshire Council would consider a report in October which would allow the closure of 2024/25 financial position. Members sought assurance on the feasibility of these arrangements.
- (ii) Committee members expressed concerns that outstanding issues were adversely affecting service delivery, highlighting the necessity for prompt agreement on solutions.

## **6. Draft Population Health and Care Strategy**

The Strategic Planning, Performance & Resources Committee received the 'Draft Population Health and Care Strategy 2025-2035' presented by Mr David Munro. The purpose of the paper was to present the draft strategy and the 'You Said/ We Did' document for consideration and feedback to inform the finalised strategy for Board approval.

Key messages in the report included:

- (i) An overview of the updated structures and processes undertaken to develop the draft strategy, the extensive engagement with stakeholders, and where changes to previous iterations had been made.
- (ii) To inform the development of the draft strategy, an initial Equality Impact Assessment had been completed and kept under review to ensure feedback was captured.
- (iii) The anticipated publication date was 30 September 2025. Internal teams would undertake graphic design work prior to this.
- (iv) The 'You Said/ We Did' engagement summary document provided the public with evidence of their responses having been considered. This would also be published on the public facing website.

The following points were made in discussion:

- (i) Improvements in the readability of the draft strategy were recognised.
- (ii) In reference to the Equality and Inclusion section, further detail on the organisation's commitment to tackle health inequalities in marginalised communities and the need to outline next steps in relation to carrying out further Equality Impact Assessments (EQIA) against the delivery plans was requested. It was suggested that detail could be obtained from the previous iteration. Members highlighted the difference between equality and equity and the need to ensure that those experiencing greater barriers to healthcare received adequate resource and support to improve outcomes.
- (iii) Committee members requested the addition of a conclusion section, reflecting on discussions, that this was a high-level strategy with delivery plans to follow and addressing next steps.
- (iv) It was suggested that there could be greater clarity on the purpose of the strategy within the introduction, specifically highlighting that demand outstripped resources, there should be a call for action and recognition of the detail being contained within delivery plans.
- (v) It was suggested that a simplified one-page document would be developed to summarise the document. Assurance was provided that the document could be created following approval of the final strategy.



- (vi) Members agreed that the engagement feedback had been reflected appropriately within the draft version. However, comments were made that it was important to ensure the 'You Said/ We Did' document was balanced and written appropriately to evidence how we had listened and acted on the feedback. It was agreed that this document would be revised accordingly.
- (vii) There was discussion on the commitment outlined within the 'Ensuring Value Based Health and Care' section that a value based health & care approach would free up resources and help manage financial pressures and a suggestion was made to review how this was worded to align with national wording.
- (viii) It was agreed that comments would be considered that there was a final opportunity for comments to be submitted within a week of the meeting and the draft document would be amended prior to submission to the Forth Valley NHS Board in September for approval. The Committee Chair advised that the Board would consider the draft strategy alongside the EQIA to seek assurance that the EQIA and feedback from the engagement had been considered in the finalisation of the strategy.
- (ix) Committee members gave a note of thanks to colleagues who had undertaken such significant work to develop the strategy.

**The Strategic Planning, Performance & Resources Committee:**

- (1) Considered the content of the draft Population Health and Care Strategy 2025-2035 and endorsed the Strategy narrative in advance of the final design phase, subject to the feedback given at the meeting and any further comment.**
- (2) Noted the extensive engagement undertaken to inform the development of the Strategy.**
- (3) Agreed that the final Population Health and Care Strategy would be presented to the Forth Valley NHS Board for approval in September, supported by the updated Equality Impact Assessment.**

**Actions:**

- (1) Members to provide comments on any further changes to the draft version of the strategy outwith the meeting by Thursday 29 August 2025.**
- (2) Develop a one-page Population Health & Care Strategy easy-to-read document.**
- (3) Consider the above comments and suggestions and amend the strategy and engagement summary document prior to submission to the Forth Valley NHS Board.**

All

K Mackenzie/  
D Munro

## **7. Risk Management**

### **(a) Strategic Risk Register Update**

The Strategic Planning, Performance & Resources Committee received the 'Strategic Risk Register Update' paper presented by Miss Vicky Webb which provided an update to the Strategic Risk Register as of August 2025, with a focus on the risks aligned to the Committee.

Key messages in the report included:

- (i) All risks aligned to the committee had been reviewed, where it was noted that:
  - The total number of risks reporting into the Committee had reduced from 10 to 8 following a review of the strategic risk alignment to all Assurance Committees.
  - 7 risks remained static.
  - SRR010: Estates & Supporting Infrastructure decreased in risk score.

- (iii) There were 61 internal controls and a further 26 controls in place actively mitigating the strategic risk profile, of which there were:
  - 2 complete.
  - None overdue.
  - 13 due for completion within the next quarter.
- (iv) In quarter 2, the Board's strategic appetite and tolerance was on track to remain static despite the decrease in score for SRR010 as it remained outwith the Board's appetite and tolerance.
- (v) A short life working group comprising Non-Executive and Executive members had been established to review the Board's risk appetite process, prior to the scheduled Board Seminar on 7 October 2025. A finalised process would be reported to SPPRC early 2026.

The following points were made in discussion:

- (i) A query was raised on the appetite level of SRR003: Information Governance due to the need for heightened focus on the Freedom of Information (FOI) compliance following escalation by the Scottish Information Commissioner. In response, it was indicated that the risk had not been escalated to the Strategic Risk Register as the risk captured all information governance activity and not FOIs on their own. Assurance was provided that FOI compliance had been escalated to the Senior Leadership Team (SLT) for oversight, and resources had been allocated to improve compliance.
- (ii) Clarity was sought on the deferral of the Primary Care Sustainability Risk Review. Reassurance was provided that discussion was being undertaken at SLT, and overview of the risk would continue with further reporting back to SPPRC.

**The Strategic Planning, Performance & Resources Committee endorsed the Committee's Strategic Risks for the period July to August 2025 for onward reporting to the Forth Valley NHS Board.**

**(b) Cyber Security & Controls Strategic Risk Review**

The Strategic Planning Performance & Resources Committee received the 'SRR015 Cyber Resilience Focused Review' paper presented by Miss Vicky Webb, Mrs Sarah Hughes-Jones and Mr Scott Jaffray which provided an assurance assessment on SRR015 Cyber Resilience.

Key messages in the report included:

- (i) Following an enhanced focused review of SRR015 the risk scored remained static.
- (ii) The high-level controls in place aligned to the Network and Information Systems Regulations (NIS).
- (iii) Of the 17 controls, 8 were assigned a red status under the Red Amber Green (RAG) assessment. A gap analysis and action plan had been undertaken for all red RAG status controls.
- (iv) Limited assurance was provided due to the continued issues experienced with recruiting and retaining cyber security staff.
- (v) Within the strategic risk there were 3 core areas of concern:
  - Ongoing gatekeeper issues experienced with suppliers and the wider digital ecosystem.
  - Discrepancies in cyber security staff grading in comparison to other industries, and a lack of capacity within the operational teams to respond to events. Concern was raised over the out of hour cyber security, where

it was noted that attacks were often deliberately carried out at these times.

- A need to undertake organisational training to protect staff from phishing scams and raise awareness.
- (vi) Emphasis was raised on the organisation's need for preparedness due to the likelihood of a cyber-attack occurring.

The following points were made in discussion:

- (i) A query was raised on whether NHS Forth Valley had started deploying the security system Cylera, following discussion at the NHS Board Chair's meeting. Assurance was provided that the implementation had commenced.
- (ii) Reassurance was sought on whether the actions with an upcoming completion date could be achieved whilst experiencing staffing issues, where it was advised that such dates were identified after considering the current capacity of teams.
- (iii) A committee member suggested increased publication of cyber-security attack strategy related information to encourage compliance. It was advised that regular communications were provided through the staff intranet. While direct discussions with teams to train staff and provide reassurance would be the most effective approach, resource limitations meant that this could not be widely implemented.
- (iv) Assurance was sought on the organisation's preparedness to respond efficiently to an attack where it was advised that NIS provided consistently strong external assurance of the organisation's preparedness and cyber security procedures.
- (v) A cyber security specific Board Seminar was proposed by committee members to support the Board's understanding. It was agreed that the Board's input in providing support to improvements and the scheduling of a Board Seminar would be considered.

**The Strategic Planning, Performance & Resources Committee endorsed the evaluation provided for SRR015 Cyber Resilience for onward reporting to the Audit & Risk Committee.**

**Action:**

- (1) Consider the Board's role in supporting cyber security improvements and the scheduling of a Board Seminar.**

N Mahal/  
R McGuffie

## **8. Finance**

Items 8a and 8b were taken in conjunction.

### **(a) Finance Report**

The Strategic Planning, Performance & Resources Committee received the 'Finance Report' presented by Mr Scott Urquhart which provided a high-level summary of financial results for the first 4 months of the 2025/26, with an updated projection for the year.

### **(b) Financial Sustainability Oversight**

The Strategic Planning, Performance & Resources Committee received the 'Financial Sustainability Oversight' paper presented by Mr Scott Urquhart which provided an overview of the refreshed Financial Sustainability Action Plan for 2025/26 and the work of the Financial Stewardship Group.

Key messages in the reports included:

- (i) For the first 4 months of the financial year an overspend of £6.4m reported.
- (ii) There was a projected overspend of £10m for 2025/26, reflecting a range of early cost pressures and risks.
- (iii) In order to mitigate in-year financial risks, additional actions had been implemented with immediate effect to restore financial balance. Therefore, all directorates were requested to identify further savings plans equivalent to 2% of operational budgets.
- (iv) At month 4, £6.7m of savings had been delivered against the planned £13.3m, highlighting a shortfall of £6.6m against the planned trajectory.
- (v) As part of the national objective to benefit from sharing best practice, NHS Forth Valley continued to complete the quarterly 15 Box Grid self-assessment questionnaire.

The following points were made in discussion:

- (i) Concern was raised on the overspend recorded within the Acute directorate, noting that the overall overspend had been lessened due to underspend in other budgets. Members asked whether targets could be achieved when taking into account winter pressures which may be experienced within Acute. Assurance was provided that due to Acute being the biggest area of cost, senior acute colleagues were involved in the Financial Sustainability Oversight Board in order to focus on identification of saving solutions. Planned over-recruitment of nursing posts contributed to the overspend however reassurance was provided that service benefits were significant.
- (ii) Following a question raised on the overspend on Cross Boundary Flow and External Service Level Agreements, it was advised that overspends were as a result of the increasing cost of speciality services within other health boards and costs associated with geographical leakage.
- (iii) Clarity was sought on the Scottish Government's treatment of year-end overspends. It was confirmed that there would be no brokerage made available to health boards this year.
- (iv) In light of ongoing pressures experienced by medical staff, assurance was sought on the progress aligned to the Safer Staffing Act, where committee members were advised that there was confidence in arrangements.
- (v) Following a query on the use of admin agency staff, it was agreed that further details would be provided outwith the meeting.
- (vi) Assurance was provided that it was expected that 80% of the savings target could be achieved by the end of the financial year, due to the mitigations implemented and the prospect of Scottish Government funding being allocated later in the year. However, members reiterated the need for a continued focus on savings and not relying on any additional allocations.

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

**Action:**

- (1) Provide further detail on the use of administrative agency staff.**

J Thomson

The Committee adjourned at 11:45am and reconvened at 11:55am with all members present as per the attendance list.

## **9. Internal Audit Actions Follow Up**

The Strategic Planning, Performance & Resources Committee received the 'Internal Audit Actions Follow Up' paper presented by Miss Vicky Webb which provided oversight of the audit actions aligned to the Committee.

Key messages in the report included:

- (i) As of 16 June 2025, there were 9 actions aligned to the Committee, of which:
  - 2 actions were completed and closed.
  - A25/23 Cyber Resilience was noted as overdue however assurance was provided that the work had been undertaken, and the action would be completed in October 2025 following the next Cyber Resilience Group meeting.
  - 2 actions were given a revised due date:
    - A13/23 Environmental Strategy
    - A25/23 Cyber Resilience

The following points were made in discussion:

- (i) Following a query on the prioritisation of actions, it was advised that such detail was outlined within the Audit Report. It was agreed that further detail on the status of actions would be incorporated into future updates to indicate priority levels.
- (ii) Work was undertaken by the Chair, Board Secretary and Acting Director of Strategic Planning & Performance to review the Internal Audit Internal Control Evaluation Report and extracted additional actions contained within the narrative sections would be forwarded to the Audit and Risk Committee for onward reporting and monitoring through committees.

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

**Action:**

- (1) **Incorporate action priority status into future Internal Audit Follow Up update reports.**

K Mackenzie

#### **10. Performance Report: including Planned Care Update**

The Strategic Planning, Performance & Resources Committee received the 'Performance Report' by Ms Claire Giddings which provided an update on 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.

Key messages in the report included:

- (i) The Scottish Government target for financial year 2025/26 was to eradicate all waits over 52 weeks in New Outpatients and Inpatient Day Case by 31st March 2026. Enhanced national scrutiny of the Health Boards' performance was being carried out on a weekly basis.
- (ii) The Planned Care team had employed several productive opportunities, and improvement plans to ensure capacity was maximised and that planned activity was delivered whilst reducing longest waits, including:
  - Active Clinical Referral Triage, Patient Focussed Booking, and Patient Initiated Review.
  - Three stage validation process to ensure appropriate waiting list management.
  - Additional funding awarded from Scottish Government aimed at reducing the IPDC waits and list size to meet 0 waits 52 weeks target – Waiting List Initiative theatres taking place.
  - National Theatre Productivity workstream had commenced.

- Implementation of the National Theatre Scheduling System – Infix – across all specialties.

The Committee received a presentation from Mrs Gail Woodcock and Dr Julie Mardon on Shifting the Balance of Care which highlighted:

- (i) The Test of Change had increased community capacity to allow more people within the acute hospital to be moved to a more appropriate care setting, adopting a whole system approach.
- (ii) Within phase 1 of the implementation 35 patients were supported to remain at home.
- (iii) Case studies indicated the qualitative impact of the Shifting Balance of Care project had on patients and the staff trust and positive experiences were highlighted.
- (iv) As of 7 August 2025, there were:
  - 59 total delays which was the lowest rate recorded since October 2024.
  - 30 standard delays which was the lowest weekly figure since June 2023.
  - Between April 2025 and July 2025, a reduction of 57% occupied bed days was reported.

•

The following points were raised in discussion:

- (i) A question was raised on the challenges experienced with assessment delays for Adults with Incapacity (AWI) where it was advised that discrepancies were correlated with local solicitors' interpretations of legal documents.
- (ii) Following a query on the level of detail that would be provided to the public as evidence of the benefits for health outcomes and finances, it was noted that a business case would be developed with the aim of moving to a business-as-usual arrangement prior to publicising the work.
- (iii) In reference to the reduction in patients within the emergency department at 8am, committee members were informed that staff within the department shared the positive impact it had had on their working day.
- (iv) Following a query on the whole system impact, committee members were advised that improvements to the 4-hour target was not anticipated immediately, however shifts in balance of care would facilitate improvements in relation to flow and occupancy. It was agreed that work would be undertaken to identify positive impacts to the Urgent & Unscheduled Care service.
- (v) Members commended the work which had been undertaken and asked for further details on financial benefits.

**The Strategic Planning, Performance & Resources Committee noted the Performance Report and Shifting Balance of Care presentation.**

**Action:**

- (1) Schedule a further discussion on the Shifting Balance of Care presentation for a future committee meeting and include data on the impact on Urgent & Unscheduled Care.**

G Woodcock/  
G Fraser

Item 14 was taken at this point on the agenda.

#### **14. National Treatment Centre Update**

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

Key messages in the paper included:

- (i) Despite continued work and commitment to the NTC facility, no completion date could be provided as a response from Falkirk Council's Building Standards Department was awaited. Assurance was provided that discussions had been undertaken to emphasise the need to expedite the process.
- (ii) As the project progressed through the latter stages of construction, NHS Forth Valley continued to work closely with NHS Scotland Assure (NHSSA) and Forth Health as the body responsible for delivering the programme through the Private Public Partnership (PPP) contract variation process, to ensure that the building was safe and compliant.

The following points were made in discussion:

- (i) A committee member referenced a statement within the report noting concern about the management of the water system and deterioration of the facility infrastructure associated with project delays. Reassurance was provided that a group had been established in collaboration with Forth Health to regularly test water supplies and ventilation within the facility, and any concerns would be escalated to the Clinical Governance Committee.
- (ii) A question was raised on local media attention around delays with the NTC, assurance was provided that recent coverage had acknowledged that a functioning service delivery model was in place to treat patients.

**The Strategic Planning, Performance & Resources Committee noted:**

- (1) the progress of the NTC,**
- (2) the status of NHSSA actions.**
- (3) that the timeline for ward completion and associated commissioning and handover Key Stage Assurance Review processes was not confirmed and required resolution of outstanding compliance issues as advised by NHSSA.**

## **11. Emergency Planning & Resilience Group Annual Report**

The Strategic Planning, Performance & Resources Committee received the 'Emergency Planning & Resilience Group Annual Report' paper presented by Mrs Nicola Watt which provided an update on department performance during 2024/25.

Key messages in the report included:

- (i) Training had been undertaken throughout the reporting period, including education and training support provided to partners.
- (ii) A 2022 Internal Audit Report had given limited assurance in relation to business continuity and major incident response setting out 7 recommendations for improvement. Progress was noted with 86 plans reviewed or under review in 2024/25 due to dedicated resource being secured from November 2024 for 1 year.
- (iii) From the reporting period, there were:
  - Four level 1 incidents.
  - One level 2 incident.
  - No level 3 or 4 incidents reported.
- (iv) Plans were in place to provide medical training to Executive Directors in conjunction with the communications team.

The following points were made in discussion:

- (i) In reference to the Action Tracker outlined within section 4.4 of the report, concern was raised over the action due dates, of which two had exceeded. Reassurance was provided on the progress of the actions, noting that power

issues experienced at Forth Valley Royal Hospital (FVRH) had been escalated and despite not being considered as complete, small mitigations had been implemented. Furthermore, ongoing awareness training was provided to address the security breach incident at FVRH therefore assurance was provided that action 24/25 01 would be closed in the near future.

- (ii) The Chair noted a lack of assurance regarding the overdue actions, therefore sought further consideration from the appropriate colleagues offline.

**The Strategic Planning, Performance & Resources Committee noted the Emergency Planning and Resilience Annual Report.**

**Action:**

- (1) Provide an update through the action log detailing progress made to address overdue actions.**

N Watt

Items 16 and 17 were taken at this point in the agenda.

**16. Stirling Health & Care Village Land: Preferred Bidder**

The Strategic Planning, Performance & Resources Committee received the 'Surplus Land Stirling Health & Care Village- Preferred Bidder' paper presented by Mrs Morag Farquhar which presented the process to date for the disposal of surplus land adjacent to Stirling Health & Care Village.

Key messages in the paper included:

- (i) The disposal of surplus land process was that following offers to public sector colleagues the land was advertised out to the open market. Potential buyers were evaluated and interviewed with a preferred buyer identified.
- (ii) The Senior Leadership Team had considered the progress of the transaction to date and endorsed the outcome of the evaluation on 21 July 2025. The proposal would be taken to a private session of the 30 September 2025 meeting of the Forth Valley NHS Board for approval.
- (iii) If approved, funding was likely to be obtained in 2026/27.

The following points were made in discussion:

- (i) Following a query on the requirement to provide social housing within housing developments, assurance was provided that this was included within the planning brief. It was agreed that such detail would be explicitly outlined within the paper presented to the NHS Forth Valley Board.
- (ii) There was a question on the value of asking Internal Audit to review the disposal of surplus land process in order to gain assurance. However, following discussion, the Committee was content with the process and reviews undertaken within NHS Forth Valley. Further assurance on the processes undertaken would be provided to the committee member outwith the meeting.
- (iii) Comments were made in relation to any reputational risks. Assurance was sought on whether diligence was achieved when reviewing the preferred bidder. Reassurance was provided that such reviews were undertaken as part of the assessment process however, an ask for further background on the company would be actioned.

**The Strategic Planning, Performance & Resources Committee:**

- (1) Noted progress to date with the proposed disposal of land.**
- (2) Noted compliance with the Property Transactions Handbook.**
- (3) Noted the Senior Leadership Team's recommendation of the evaluation group and endorsement of the preferred bidder subject to Forth Valley NHS Board approval.**



- (4) **Endorsed the preferred bidder to the Forth Valley NHS Board for approval, noting that the anticipated final capital receipt was in excess of that included within the Capital Plan.**

**Actions:**

- (1) **Include detail on the social housing commitment.**  
(2) **Undertake further review of the preferred bidder's background for assurance.**

M Farquhar

**17. Forth Valley Royal Hospital (FVRH) Variation for Anti-Ligature Remedial Works**

The Strategic Planning, Performance & Resources Committee received the 'Forth Valley Royal Hospital Anti-Ligature Works Variations' paper presented by Mrs Morag Farquhar which provided an overview of the position of the management of ligature risk presented by windows and doors in the Board's mental health accommodation, with a focus on the Acute Mental Health Unit in FVRH.

Key messages in the paper included:

- (i) Following an Improvement Notice from the Health & Safety Executive in relation to the management of ligature risk, work had progressed with a particular focus on the Acute Mental Health Unit in Forth Valley Royal Hospital.
- (ii) Despite the notice referring specifically to Ward 3, the accompanying letter stated that the same principles to the management of risk should be applied to other wards presenting the same risk. Therefore, a variation process was being phased with initial design and liaison with Forth Health and Serco, commencing in Ward 3 and moving to other wards thereafter as outlined within the report's appendices.

The following points were made within discussion:

- (i) The technicality of work was noted, where a scheme of delegation was required due to the nature of the notice to the Health & Social Care Partnership.
- (ii) Colleagues were advised that further detail on the programme of work would be provided at a future meeting.
- (iii) Committee members were informed that ligature risks were likely to be referenced within the Healthcare Inspection Scotland (HIS) audit due to the growing national importance.

**The Strategic Planning, Performance & Resources Committee noted the progress with remedial work to mitigate ligature risk within mental health accommodation and associated funding and the intention for approval to be sought by the Board for funding.**

Item 15 was taken at this point in the agenda.

**15. Whole System Infrastructure Plan**

The Strategic Planning, Performance & Resource Committee received the 'DL (2025) 14: NHS SCOTLAND: Whole System Infrastructure Planning- Strategic Planning Phase' paper presented by Mrs Morag Farquhar. The purpose of the paper was to present the Director's Letter (DL) from the Scottish Government, which superseded DL (2019) 5 Delegated Limits: Capital Investment Projects.

Key messages in the paper included:

- (i) DL (2025) 14: Whole System Infrastructure Planning was published on 26 June 2025 and provided advice on requirements for whole-system

- infrastructure planning and governance arrangements for capital spending, including changes to delegated authority levels.
- (ii) Changes to the process for the Business Continuity Plan (BCP) was outlined within the letter, indicating that the next phase after the BCP was the consideration of investment priorities over the next 20 to 30 years, subsequent to completion of the 4 priority capital projects listed within the DL.
- (iii) Following consideration by the Senior Leadership Team (SLT), it was agreed that a programme board would be reestablished to focus on the strategic assessment for Falkirk Community Hospital (FCH) as the first priority submission under the new arrangements and engagement as and when appropriate with the national approach to Primary Care.

The following points were made in discussion:

- (i) Committee members sought further clarity and detail on the ambition and plans for FCH over the upcoming months, to facilitate discussions prior to the development of the business case.
- (ii) A question was raised on whether there would be a revenue funding model, the Committee was advised that it would likely be through a Private Finance Initiative.
- (iii) Consideration was sought on the alignment with the Population Health & Care Strategy in collaboration with other sectors. Reassurance was provided that discussions had been undertaken with Falkirk Council to explore partnership in the development.
- (iv) Following a query on the delayed timescale for developments, it was noted that Scottish Government funding for the upcoming years was being balanced across the NHS.
- (v) The Committee sought consideration of how it could influence and contribute to the development of the business case and their role in considering priorities for investment

**The Strategic Planning, Performance & Resources Committee noted the DL and amendments to the capital planning process and delegated authority levels, anticipated timescales, next steps and proposed development of a strategic Assessment for Falkirk Community Hospital.**

**Action:**

- (1) **Consider how the Committee can be apprised of, contribute and influence the FCH development business case.**

M Farquhar/  
R McGuffie

## **12. Information Governance**

### **(a) Information Governance Update including FOI**

The Strategic Planning, Performance & Resources Committee received the 'Information Governance Update' paper presented by Mrs Sarah Hughes-Jones which provided an assessment of NHS Forth Valley's information governance arrangements from January to June 2025.

Key messages in the paper included:

- (i) An assurance assessment was provided in relation to each of the key pillars of the information governance framework, where it was advised that effective controls were in place.
- (ii) Committee members were asked to consider a recommendation raised within the 2023/24 ICE Report to review reporting arrangements due to a concern that biannual reporting created a gap in the ability to gain overall assurance.

- (iii) Work was undertaken to review the disclosure process with a focus on the organisation's management and disclosure of information in accordance with its statutory responsibilities and individual's rights.
- (iv) Freedom of Information (FOI) compliance was at 79% in August, just below the required target of 80% of all requests to be responded to within 20 working days by the end of September 2025.
- (v) Assurance was provided that appropriate actions had been taken to address cyber security incidents.
- (vi) Compliance with the Safe Information Handling module remained below targets set by the organisation, with overall compliance with mandatory learning recognised as an organisational risk.
- (vii) A reduction in the Information Governance Team's capacity was noted due to ongoing recruitment processes and staff absences.

The following points were made in discussion:

- (i) Following discussion on the reporting cycle, as requested by Internal Audit, committee members were advised that the Senior Leadership Team (SLT) recommended adhering to the current timing of the annual reporting arrangement, which was accepted by Committee members.
- (ii) Committee members were informed that the weekly FOI compliance required to meet the 80% target was not being achieved therefore it was agreed that a review of the FOI process would be undertaken to explore areas of improvement.
- (iii) A query was raised on the lack of escalation of the Information Governance Risk due to the issues experienced with FOI compliance, where reassurance was provided that a separate FOI risk was escalated and captured within the Organisational Risk Register. Committee members sought consideration of whether a separate FOI risk should be included and escalated in the Strategic Risk Register.
- (iv) Concern was raised over the lack of quoracy of Better Information Governance Group meetings resulting in business being conducted through electronic means. Assurance was provided that despite remaining a concern, work was ongoing to explore if such work could be undertaken within task and finish groups. Committee members sought further assurance at a future meeting.

**The Strategic Planning, Performance & Resources Committee:**

- (1) **Endorsed the assurance activity referenced within the report.**
- (2) **Endorsed SLT's recommendation to continue with the annual cycle of reporting arrangements of Information Governance.**

**Actions:**

- (1) **Review the organisation's FOI process to identify areas of improvement and reconsider escalating a separate FOI Strategic Risk.**
- (2) **Provide further assurance on the work taken to address concerns with the functioning of the Better Information Governance Group.**

A Murray/ R  
McGuffie

A Murray/ S  
Hughes-  
Jones

**(b) Information Governance Group Minute**

The Strategic Planning, Performance & Resources Committee received the 'Information Governance Group Minute' held on 24 April 2025.

**The Strategic Planning, Performance & Resources Committee noted the Information Governance Group Minute.**

**13. Climate Emergency & Sustainability Strategy and Action Plan Update**

The Strategic Planning, Performance & Resources Committee received the 'Climate Emergency & Sustainability Strategy and Action Plan Update' paper. Due to time constraints, it was agreed that the update would be brought back to the 28 October 2025 meeting to facilitate a more in-depth discussion.

**The Strategic Planning, Performance & Resources Committee agreed to defer consideration of the report to the next meeting.**

**Action:**

- (1) Include the Climate Emergency & Sustainability Strategy and Action Plan Update on the 28 October 2025 agenda.**

J Brisbane

**18. Strategic Planning, Performance & Resources Committee Planner**

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

**The Strategic Planning, Performance & Resources Committee noted the Committee Planner subject to the addition of the Climate Emergency & Sustainability Strategy and Action Plan Update.**

**19. Any Other Competent Business**

There was no other competent business.

**20. Risks, Reflections & Areas to Highlight to the NHS Forth Valley Board**

There were no further comments provided.

**21. Date and Time of Next Meeting**

Tuesday 28 October 2025 at 9:30am, in the Boardroom, Carseview House.

The Chair closed the meeting at 1:35pm.

Minute of the **Area Clinical Forum** meeting held on **Thursday 24 July 2025 at 6.15pm** via MS Teams

**Present:** Kirstin Cassells (Chair), Fiona Struthers, Gillian Lennox, Marisa Parker  
Oliver Harding

**In Attendance:** Sarah Smith, Corporate Services Assistant/PA (*Minute Taker*)

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## **1. Apologies for Absence/Confirmation of Quorum**

Introductions were undertaken and apologies were noted on behalf of: Liz Kilgour, Rhona King, Lucie Risk, Paul Cameron, Pamela Scott.

It was confirmed the meeting was quorate.

## **2. Declaration(s) of Interest(s)**

There were no declarations of interest made.

## **3. Draft minute of Area Clinical Forum meeting held on 15 May 2025**

The Area Clinical Forum approved the minute from 15 May 2025 as an accurate record.

## **4. Action Log**

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

## **5. Matters arising**

There were no matters arising.

### **5a. Amendment to ACF Terms of reference (Quorum)**

The Quorum for the Forum was now noted as 3 members.

## **6. For Discussion**

### **6.1 Feedback on Board Seminar 17 June 2025 (taken under Item 4)**

The Area Clinical Forum were provided with a verbal update on the Board Seminar, held 17 June 2025, by Kirstin Cassells.

The topic for the event was Culture Change and Compassionate Leadership and it was a positive session. The Board were provided with detail around the initial 4 workstreams with feedback provided around the work undertaken to date.

Kirstin informed colleagues she was part of the 'Live the Values' workstream and had provided a summary of the focus areas. This included adoption of the core NHS Scotland values and how this would be launched within the organisation.

A meeting had also taken place with Jo Tolland, Programme Director, who confirmed there had been significant interest from people wishing to become involved in the work. Further consideration was being given to opportunities for Advisory Group Chairs or Committee members to contribute.

## **6.2 Draft Board Agenda**

The Area Clinical Forum reviewed the Board Agenda for the forthcoming meeting to be held on 29 July 2025.

The Forum noted the Schedule of Business, recognising the benefit of seeing forthcoming items and enabling appropriate early discussion within the Forum.

Earlier discussion around adoption of the NHS Scotland values was noted, recognising presentation to the Board for approval.

## **6.3 Board Workplan**

Covered under the previous Agenda item.

## **7. For Noting**

### **7.1 Allied Health Professionals 5 June 2025**

The minute from the meeting held on 5 June 2025 had been circulated for information. Fiona clarified that due to the multiplicity of professions, a Flash Report was submitted from each area. These had been combined for presentation to the ACF.

A high-level summary was provided to the Forum, noting ongoing challenges around recruitment and retention. Physiotherapy remained the highest risk area and was included within the Acute Service Risk Register.

Paul Sparks was now in post as AHP Director and an early-stage meeting had taken place to discuss meeting format and standing Agenda items. Work would continue in this area.

### **7.2 Area Dental Committee**

The last meeting of the ADC took place on 10 June 2025 and a verbal update was provided by Gillian Lennox.

Colleagues were advised of challenge around Combined Practice Inspection document, which would be revised. Part of the inspection included confirmation of staff vaccinations, however a challenge had arisen as Occupational Health were no longer undertaken checks for a number of the vaccines. This was an issue reflected across all Health Boards and was due to funding challenges.

Forth Valley were participating in a Pilot with NES to provide more formal education for Dentists who qualified outwith the UK and were unable to access required vocational training. Current provision was mandatory training and the pilot was aimed at providing international dentists with a firmer foundation around the role and workings of the NHS. This also formed part of the aim to address recruitment issues.

In terms of the Public Dental Service, there had been a number of successful appointments made. However, an Orthodontic Consultant would be leaving with their patient list to be absorbed within existing provision due to uncertainty around recruitment.

Waste uplift was highlighted, noting historically the Board would lift all waste from General Practice if one NHS patient was seen. Scottish Government were now requesting a targets and percentages be introduced, with commitment to be set by each Health Board. NHS Forth Valley had set the target at 60% which was felt to be very fair.

### **7.3 Area Medical Committee**

The Committee remained in abeyance and discussion would take place with Andrew Murray and David Herron around reconstitution.

### **7.4 Area Nursing & Midwifery Advisory Committee**

The Committee last met on 9 June 2025 and Marissa provided a high-level summary of the main areas of discussion.

The Population Health and Care Strategy had been discussed, with minimal comments noted.

Positive uptake from Graduate Nurses was noted for 2025 with the benefit of NMAP Development Days noted. A summary of the days would be shared with Fiona Struthers in advance of the next Allied Health Professionals meeting.

The ANMAC meeting had also included a very successful spotlight session on an area of Practice, this time being Child Development within the Children and Adolescent Mental Health Service.

A future spotlight session on Leadership was proposed.

The Committee had expanded considerably with membership now being over 40. Word of mouth was recognised as the most successful method of promotion.

There had also been discussion around whether meetings should be held in person or virtually and feedback was sought from ACF colleagues. It was recognised this been a topic for discussion within each of the Advisory Groups with an overall agreement that MS Teams provided greater flexibility. The timings for meetings was also considered, with challenges reflected in holding meetings during the day.

Those present agreed the Area Clinical Forum would continue to meet on MS Teams, with potential for one annual meeting to be held face to face.

### **7.5 Area Optical Committee – No update was available**

### **7.6 Area Pharmaceutical Committee – 2 April 2025**

The minute from 2 April 2025 had been circulated and was noted by the Forum.

The last meeting was held on 4 June 2025 and Kirstin provided colleagues with a high-level summary of the main areas of discussion.

The Committee received a presentation on the Mental Health and Wellbeing Strategy in recognition of the potential significant input from Community Pharmacy. A presentation was also received on the Population Health and Care Strategy with submissions for both Strategies provided by the APC.

A number of Pharmacies had also opened on a Sunday over the winter period to delivery Pharmacy First Plus. A follow up report had been circulated with discussion around next steps and future planning.

**7.7 Healthcare Science** - No update was available

### **7.8 Psychology Advisory Committee**

The minute from 27 February 2025 had been circulated and was noted by the Forum.

### **7.9 Financial Plan**

The Finance Plan was circulated to colleagues and noted.

Particular note was made of Item 4.4 that referred to 'Exit Strategies for Unfunded Service Areas' with clarity sought around definition. Kirstin outlined this referred to a number of areas funded during Covid. Cessation of funding had resulted in cost pressures, with work being undertaken to quantify and establish implications and options.

## **8. AOCB**

### **8.1 Items for escalation to Chair/Chief Executive**

No items were highlighted during discussion.



**Item 3**      **DRAFT** Minute of the Area Partnership Forum meeting held on Tuesday 24 June 2025 at 2 pm, via MS Teams.

**Present:**      Ross McGuffie, Chief Executive (Chair)  
                  Emma Small, RCN  
                  Gayle Walsh, Recruitment Team Lead, Human Resources  
                  Janet Sneddon, RCM  
                  Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disabilities  
                  Julie Mitchell, Recruitment Manager, Human Resources  
                  Kevin Bye, RCN  
                  Kevin Reith, Director of People  
                  Linda McGovern, Associate Director of Human Resources  
                  Linda Robertson, HR Service Manager  
                  Nicholas Hill, GMB  
                  Pamela Boman, Unite  
                  Scott Urquhart, Director of Finance

**In Attendance:**      Andrew Rideout, Lead Consultant in Health Protection, NHS Fife (Item 6.1)  
                  Catherine Dunn, Head of Acute Services  
                  Fiona Murray, Head of Service for Emergency and Inpatient Services  
                  Charlie McCarthy, Unison (for Karren Morrison)  
                  Jennifer Champion, Interim Director of Public Health (Item 6.1)  
                  Jo Tolland, Programme Director for Culture Change and Compassionate  
                  John Ratcliffe, Executive Team Project Manager  
                  Leadership Programme  
                  Lindsay Murphy, Clinical Nurse Manager, NHS Lothian (Item 6.1)  
                  Marie Gardiner, Head of Acute Services  
                  Sarah Smith, Corporate Services (minute)

## 1.      **Apologies for Absence/Confirmation of Quorum**

Apologies for absence were noted on behalf of: Carole Murray, Elaine Macdonald, Frances Dodd, Gail Woodcock, Garry Fraser, Gillian Morton, Karen Goudie, Karren Morrison, Lynsey Walker, Michael Brown, Morag Farquhar, Robert Clark.

## 2.      **Declaration(s) of Interest(s)**

There were no declarations of interest made.

## 3.      **Draft Minute of Area Partnership Forum meeting held on 22 April 2025**

The note of the meeting held on 22 April 2024 was approved as an accurate record.

### 3.1      **Draft note of Special APF (ERHP on call) held 20 May 2025**

The note of the meeting held on 20 May 2025 was approved as an accurate record.

### 3.2      **Draft note of Special APF (A11 Ward Change) held 17 June 2025**

The note of the meeting held on 20 May 2025 was approved as an accurate record.

## 4.      **Action Log (taken after Item 6.1)**

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

- 63 Partnership Working on Intranet – Initial discussions had taken place and would continue on Robert's return.
- 70 Vacancy Management - VBH&C on Agenda. COMPLETE
- 73 Absence Management Review Group - Follow up would be undertaken with Garry Fraser
- 76 Options around working patterns - To be carried forward
- 80 Car Lease - Discussion to be taken into Staff Side, with Unions to meet with Linda McGovern. Pressure from staff to consider fleet cars was noted
- 85 Areas experiencing excessive temperatures – Scott Urquhart would follow up with Morag Farquhar. Nick Hill highlighted urgency of issue, particularly within Mental Health. Jennifer Borthwick noted Staff, Wards and Serco have all met to discuss solutions. Potential learning from other Boards to be explored. **Action: Jennifer Borthwick**

Charlie McCarthy advised 2026 would be Unions 'Year of the Environment' with funding provision. Offer to provide support noted

Previous discussions around adaption of uniform policy with Mental Health offering to be Pilot area. Update would be sought around this work. **Action: Ross McGuffie**

*Post meeting note: Morag Farquhar advised of previous discussion led by Ross Cheape within Mental Health around this and potential measures to address. Conversations to be revisited.*

## 5. Matters arising from the minute/action log

There were no matters arising.

## 6. FOR APPROVAL

### 6.1 East Region health Protection On-call service – update paper

The APF had previously considered a paper 'Regional Health Protection Service – on call) presented to a Special Meeting of the APF in April 2025. An update to the paper was now being presented by Jennifer Champion, Interim Director of Public Health, supported by Lindsay Murphy, Clinical Nurse Manager, NHS Lothian and Andrew Rideout, Lead Consultant in Health Protection, NHS Fife.

Colleagues were reminded of the proposed organisational change to implement an on-call service across the East Region (Lothian, Borders and Fife).

At time of first presentation, the APF had requested an increase in staff engagement. Colleagues were advised of 2 engagement events that took place on 10 June 2025, for Nurses and Consultants respectively. All staff were present at these meetings and a systematic review of the changed arrangements was provided.

An action had resulted from the meeting with Nurses to evaluate the job description going to a regional on call. The process was being expedited, however subsequent to the meeting, it was confirmed this had been undertaken by NHS Lothian and Fife matching to Band 6. This aligned with NHS Forth Valley banding however the process would be continued, noting all Boards had individual evaluation processes.

It was recognised that previous information had been provided to staff, however the benefit of a full discussion was helpful with helpful suggestions provided. Overall the output was noted as positive.

If following evaluation, the Nursing posts remained at Band 6, concern was raised around whether staff would still be willing to undertake on call. This was noted as a key issue that would be drawn out through the formal consultation process.

Lindsay Murphy outlined the process for the proposed consultation which would utilise the organisational change process within each of the Board areas. Following approval, a meeting would take place with all staff from the East Region. NHSFV would provide further consultation for staff side with opportunities for 1:1s as required. Once complete, final rotas would be issued with 6 weeks notice given at that point. It was confirmed staff side would be fully included throughout the process.

Longer term aspiration was noted around establishing a single employer for the Regional Service, with staff remaining within their own Board areas. Discussions were at an early stage, however full local and regional consultation would be undertaken.

APF recognised areas of previous concern had been addressed and provided approval for progression to formal consultation.

## **7. BETTER VALUE**

### **7.1 Value Based Health & Care Programme**

Ross McGuffie, Chief Executive, advised colleagues of previous discussions and agreement for APF to be fully appraised of discussions and able to input into the programme development. Impact on all areas of the organisation was recognised.

The APF then received a presentation led by John Ratcliffe, Executive Team Project Manager, which covered the following areas:

- Definition of Value Based Health and Care
- Action Plan published by Scottish Government in 2023 detailing 6 commitments
- Vision for NHS Forth Valley with focus on 6 themes which aligned with above
- Collaboration with Health Improvement Scotland to create the right conditions through utilisation of the Scottish Approach to Change.
- A draft high-level framework was shared noting initial work undertaken against 3 workstreams
  - o Governance & Leadership
  - o Identifying and Supporting the Test of Change
  - o Learning, Communication and Knowledge Mobilisation
- Summary of each workstream and identified focus areas
- Cardiovascular Health identified as Pilot area for Workstream 2
- Webpage on Staffnet, with Toolkit being compiled to support staff in progressing any ideas

During discussion it was confirmed the aim was to empower frontline teams to identify areas of improvement. The example of the Human Learning System was provided which created a 2 way process moving up and down the organisation. This reflected the majority of positive changes being identified at the front line. Ross McGuffie outlined initial discussions around VBH&C, which had proposed 4 separate levels:

- **Simple defined areas of work.** Example of GP Cluster who have approached the VBH&C Team to request a review with Lab colleagues around the significant number of blood tests being carried out within Practice.
- **Defined Service Level** – Focus on looking at service design through the value lens to determine the best model. Example of Speech and Language Therapy was outlined noting excessive wait times. Alternative model created that released capacity and moved service delivery service within Nursery and Schools. This enabled earlier intervention and identified inequalities not previously seen. Additional peer support for parents and education provision was also provided. Resultantly, 40% of patients were seen within 7 days, against the average 13 month national wait time. Staff feedback had been extremely positive.
- **Pathways** – Focus on pathways and interface across the organisation, aiming to determine the most value-based way of delivery across the entire pathway.

- **Getting it right for everyone** – Determination of the most outcome focussed and co-ordinated approach within a community. Co-ordination of approach with a concentration on outcomes required by the patient/individual.

Clarification was sought around safeguards to ensure that determined benefits were equal across all society, specifically the most disadvantaged. Clear alignment with the Population Health Strategy was noted, with an absolute focus on inequality and moving into a more preventative space. This feedback was welcomed and would be incorporated to ensure clarity around this area.

All Trade Unions confirmed their wish to be involved and support developments, acknowledging that discussions were at a very early stage.

## **7.2 Access Policy**

The Area Partnership Forum received the Access Policy presented by Catherine Dunn, Head of Acute Services and Marie Gardiner, Head of Acute Services.

By way of background, slides were shared which outlined the 'Implementation of NHS Scotland Waiting Times Guidance (November 2023).

The slides outlined the implications of the new guidance which had the material difference of being able to reset clocks for all patients. Specifically, the organisation would gain the benefit of any patient unavailability. Additional functionality was required to enable these changes, with system upgrade for TrakCare planned for October 2025. NHS Forth Valley would therefore be the first Board to go live, which had enabled establishment of key deadlines. This included the requirement to clinically review all patients on the system to ensure no disadvantaging.

Work undertaken to date was detailed, noting an expansive communication plan. A training programme was also in place, aimed to run August to September and inclusive of clinicians. A communication plan had also been prepared with both to be issued following approval of the new Access Policy (anticipated by NHS Board in July 2025). Key considerations were also outlined, focussed on risk minimisation.

It was noted that Mental Health was not covered within the guidance, however an annex had been added with the aim of having one policy for NHS Forth Valley. Assurance was provided that there was an ability to adjust Trakcare to support the requirements for both Mental Health and MSK.

APF colleagues were also advised that The Child Protection Policy had been included within the Policy.

Challenge was noted around ambulance transport which was impacting on appointments, resulting in these being changed multiple times and thus being outwith the Policy guidance. Assurance was provided that 'moves' could be undertaken in Trakcare and this would be raised during the forthcoming training.

In terms of CAMHS it was reported that there were occasions where a child was not brought for their appointment. Again, assurance was provided that a drop down option had been added to Trak that would enable this data to be extracted.

## **7.3 Finance Report (taken after Item 7.1)**

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

The report provided the position for the first 2 months of the 2025/26 financial year. Early financial pressures had been identified with a need to address and recover. A full detailed review of the financial position would be undertaken at the end of the first quarter and would be utilised to inform the first set of financial projections.

Detail was provided around actions to address current overspend, which included a strengthening of the delivery arrangements for the existing savings plans. Identification of additional opportunities for cost reduction, with a focus on spend to save would also be taken forward. Colleagues were advised that Scottish Government had been clear around the expectation of delivery of savings projects within the current year.

In terms of financial allocations, this was at an early stage. Engagement would continue with Scottish Government colleagues to ensure full understanding of resource totality.

Note was made of the work undertaken within the previous financial year to further develop access to finance reports. Current focus was ongoing around clarity of resources and understanding of costs. This would provide greater ownership and accountability, with a full understanding of budget and expenditure to set a foundation for future stewardship.

For Women and Children, challenge was noted around appointment of Psychology Posts that were within the agreed workforce plan due to financial challenges. Clarity was confirmed there were no restrictions on recruitment where confirmed resources were in place. A clear vacancy control process was in place to ensure funding arrangements were fully in place for posts. Further discussion would take place outwith the meeting to provide clarity and identify any barriers.

**Action: Scott Urquhart/Jennifer Borthwick**

Kevin Reith outlined the new Strategic Workforce Project Board which would undertake a holistic view across all services. The importance of integrated working between planning, finance and workforce was recognised to ensure a streamlined and effective approach. Internal Audit had previously highlighted the need for greater strength around this area.

The largest financial deficit was recognised as being within Acute, noting a number of unfunded areas. Assurance was provided that work was underway to identify unfunded services recognising an estimated cost pressure of circa £8m. Stewardship work would also be undertaken to ensure agreement of workforce plans, funding establishment and budgets for each triumvirate area. This would then enable each area to have a greater control in managing this going forward.

## **8. BETTER WORKFORCE**

### **8.1 Absence Management Update**

A brief introduction was provided by Kevin Reith, Director of People, who noted potential evaluation of the reporting around workforce information, including absence. Review would be undertaken within the cycle and a workplan created to clarify reporting frequency through the Area Partnership Forum.

Linda Robertson, HR Service Manager, then provided a verbal update on the Absence Management position, noting a positive organisational position with reduction to 6.94% in May 2025 (7.14%). This was the lowest absence position for NHS Forth Valley since October 2023.

Confirmation was provided that both long and short term absence had decreased, with a reduction in all Directorates, with the exception of Clackmannanshire and Stirling which had increased.

Anxiety, stress and depression remained the top reason for absence at 30.92%, however this was a reduction from 33.16%. The staff group with the highest absence rate was Nursing and Midwifery Unregistered at 11.97%.

The APF note the focus on a slow, steady and sustained improvement in the position.

The Absence Report for May 2025 would be circulated following the meeting. **Action: Admin**

Clarity was sought around a correlation between the reduction in time lost to stress and the change in culture within the organisation. Consistent early indicators of change were recognised, which included

iMatter results, however it was agreed as being premature to make that distinct association and further scrutiny would be required.

## **8.2 Culture & Compassionate Leadership**

The Area Partnership Forum received a paper on 'Culture Change & Compassionate Leadership Programme – Launch of Revised Organisational Values' presented by Jo Tolland, Programme Director.

Detail was provided on work undertaken since last APF presentation. This confirmed that all 8 workstreams were operational, in different stages of development. Presentation had also been made to the NHS Scotland Event, noting this was the first external presentation and had resulted in positive interest and connections.

The report outlined the delivery of the first major initiative of the 'Live the Values' project workstream, noting staff had requested consideration of the NHS Forth Valleys values against the National values. Detail was provided around staff comments and feedback, which resulted in a consensus to move to the NHS Scotland values had been agreed. These were outlined within the paper. A detailed plan was being prepared to embed ensuring involvement, inclusivity and provision of an opportunity for debate. The work would be progressed through the Live the Values Project, recognising the values were foundational for all the projects.

Ross McGuffie was Executive Sponsor for this area and he noted the amended values of the Board were for the NHS Board to approve. However, they had been clear that Workstream 1 should have the autonomy to take this forward and progress through the organisation for approval. Resultantly, presentation was being made to APF today, with Staff Governance on 13 July 2025 and thereafter the NHS Board for formal sign off.

Discussions have taken place with other NHS Boards and there had been interest around learning from the work undertaken around the development of the Forth Valley programme. It was reflected that these Boards were also merging back to the NHS Scotland values.

A main area of focus within the workstream, was around how to support staff when the values were not followed.

Following Board approval, a full communication programme would take place to 'bring to life' the wider components of the workstream and make a clear impact across the organisation. In order to reach the 'easy to miss' staff, it was agreed embedment was required across all policy areas. Incorporation within induction work was also recognised and it was recognised this provided a significant opportunity. Induction arrangements were being taken forward within another workstream with potential to return to face to face with a member of the Exec Team present. This would provide clarity around the organisational values and expectations. Assurance was provided that all work would be done with full Partnership support.

## **8.3 Disclosure Scotland Act Changes**

The Area Partnership Forum received an update on Disclosure Scotland Act, presented by Julie Mitchell, Recruitment Manager and Gayle Walsh, Recruitment Team Lead.

Kevin Reith, Director of People, provided a brief introduction confirming that this was a statutory change that organisations were required to apply. NHS Forth Valley had been extremely proactive and the positive work undertaken by recruitment colleagues was noted. The significant concerns within a number of Board areas were recognised.

Julie Mitchell outlined the key points from the circulated papers, which noted that from 1 April 2025 pre- employment checks for staff had changed. A short implementation stage had followed which concluded at end of June 2025. Challenge was recognised around a delay in guidance being issued.

As a result of the work undertaken, 660 staff had been identified as potentially requiring to be rechecked on the system. APF colleagues were advised that 362 had been progressed within the first week. A meeting had taken place with one of the Directors of Compliance for Disclosure Scotland. It was noted that 100% compliance would not be completed within the timeframe with a small number of staff outstanding (circa 11). However, they were fully assured around the work being undertaken with regular updates being provided. No extension to the deadline would be provided, as this was recorded within the Legislation.

There were currently 298 checks outstanding with reminders issued. Drop-in sessions were being held and staff could bring their ID to Carronbank, Denny.

The concerns of staff were noted, recognising the sensitivity of information being sought. Julie Mitchell confirmed that she and Gayle would be happy to speak with any staff around issues being experienced. The work of staff and managers was also recognised in processing applications.

PVG checks were also highlighted, noting this was currently a lifelong membership. Following the new guidance this would cease from April 2026 with a retrospective check required every 5 years. Planning work would commence in July 2025, following completion of the first stage of pre-employment checks.

The APF recognised the significant undertaking and recognised close working with workforce colleagues to enable appropriate projection for future year requirements. Financial consideration would also be required recognising the additional cost that was not currently in place.

## **9. FOR NOTING**

### **9.1 Circulars and Policies**

The Area Partnership Forum noted these as presented.

Kevin Reith, Director of People, noted the update on publication of Nursing and Midwifery Profiles. A STAC letter would be issued that confirmed this was not being progressing locally. **Action: Kevin Reith**

In terms of Annual Leave Policy changes work was being undertaken to ensure application of the policy in its current form for all staff. Any issues would be addressed.

### **9.2 Partnership working update**

A verbal update was provided by Kevin Reith, Director of People, who confirmed discussion with HR around undertaking further work to enhance partnership working. This was productive with a joint commitment from both sides. Key themes from the meeting were outlined noting areas of progression.

Handling of employee relation cases was a key aspect, with aspiration to reduce and streamline process. Minimisation of impact on staff was key and work would be undertaken with the staff forum to ensure consideration of all angles.

In terms of organisational change, clear Standard Operating Procedures were required with an early-stage document being prepared. Staff side confirmed their willingness to contribute to preparation. Presentation would be made to the APF to ensure full engagement of staff.

The area of ensuring staff reps had appropriate capacity to undertake their roles was highlighted, noting consideration was required around national work. Charlie McCarthy advised that himself and Karren Morrison would be undertaking increased national roles. The need to encourage new reps was recognised, with benefit of an induction process noted.

In terms of joint training, staff side colleagues confirmed they would welcome the opportunity to be involved with managers around areas including the absence policy.

Actions had been captured and would ensure appropriate progression.

### **9.3 Supreme Court Ruling update**

A verbal update was provided by Ross McGuffie, Chief Executive, who confirmed updated communication had been issued. Further guidance from Scottish Government on 30 May 2025 confirmed essentially a holding position until conclusion of the HRC Code of Practice Consultation concluded on 30 June 2025.

Work had been undertaken through Board Chief Executives and HRDs, with the aim of supporting a collaborative approach across Health Boards. The aim is to ensure that while Boards will all have their own specific challenges and circumstances, everyone is keen to try to get as consistent approach as possible. **Action: Ross McGuffie/Kevin Reith**

Kevin Reith confirmed anticipatory auditing work of facilities was being undertaken. Caveat was provided that no assumptions were being made until receipt of formal guidance.

APF recognised the challenging position.

## **10. ANY OTHER COMPETENT BUSINESS**

An update was sought around Serco and proposed move from weekly to monthly pay. Nick Hill confirmed GMB have written to Neil Gray and Ross McGuffie around this issue. Kevin Reith confirmed no formal update was available, however early stage engagement had been undertaken.

Charlie McCarthy confirmed feedback from Unison was overwhelmingly in support of taking Industrial Action.

## **11. DATE OF NEXT MEETING: Tuesday 28 August 2025 @ 2 pm, in the Boardroom, Carseview**



**Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 18 June 2025 2 pm – 5 pm, in Clackmannanshire Council Chambers, Kilncraigs, Alloa and hybrid via MS Teams**

## **PRESENT**

### **Voting Members**

Councillor David Wilson (**Chair**), Stirling Council  
Councillor Martin Earl, Stirling Council  
Councillor Rosemary Fraser, Stirling Council  
Councillor Fiona Law, Clackmannanshire Council  
Councillor Janine Rennie, Clackmannanshire Council  
Allan Rennie (**Vice Chair**), Non-Executive Board Member, NHS Forth Valley  
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley  
John Stuart, 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  
Natalie Masterson, Third Sector Representative, Stirling  
Helen McGuire, Service User Representative, Clackmannanshire  
Robert Clark, Employee Director, NHS Forth Valley  
Jennifer Rezendes, Chief Social Work Officer, Stirling Council  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council  
Mike Evans, Localities Representative  
Kevin McIntyre, Union Representative, Clackmannanshire  
Abigail Robertson, Union Representative, Stirling  
Anthea Coulter, Third Sector Representative, Clackmannanshire  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Lorraine Robertson, Chief Nurse HSCP

### **Standards Officer**

Lesley Fulford, Senior Planning Manager

### **In Attendance**

Wendy Forrest, Head of Strategic Planning and Health Improvement  
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability  
Judy Stein, Interim Head of Community Health and Care  
Tom Cowan, Head of Strategic Planning and Transformation, Falkirk HSCP  
Louise McCallum, Interim Primary Care Senior Service Manager  
Sandra Comrie, PA (minutes)

## **1. APOLOGIES FOR ABSENCE**

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

Apologies for absence were noted on behalf of:

Councillor Martha Benny, Clackmannanshire Council  
Andrew Murray, Medical Director, NHS Forth Valley  
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley  
Eileen Wallace, Service User Representative, Stirling

## **2. NOTIFICATION OF SUBSTITUTES**

None

## **3. DECLARATIONS OF INTEREST**

None

## **4. DRAFT MINUTE OF MEETING HELD ON 21 May 2025**

The draft minute of the meeting held on 21 May 2025 was approved.

## **5. ACTION LOG**

The action log was approved.

## **6. CHIEF OFFICER UPDATE**

Ms Macdonald delivered a verbal update to the Integration Joint Board (IJB), announcing key leadership appointments. Judy Stein has been appointed to Interim Head of Health and Community Care, and Claire Roux has been appointed to the role of Allied Health Professional Manager. Recruitment will continue to progress for other important vacant positions.

Following on from the development session, Ms Macdonald wanted to highlight the importance of Right Care Right Time (RCRT). The front door service allows referrals to be directed to the right place at the earliest opportunity, which enables a positive impact for those accessing care and support, as they are directed to the right place early in the process.

The engagement phase for the Mental Health and Wellbeing Strategic Plan has concluded. The final version of the Strategic Plan is now in development and is scheduled to be presented to the Clackmannanshire and Stirling IJB, Falkirk IJB and NHS Forth Valley in August and September 2025. Ms Macdonald acknowledged the work involved with this.

Ms Macdonald also emphasised the significant progress being made in the transformation of social care across Scotland, following the Scottish Parliament's approval of the Care Reform (Scotland) Bill on 10 June 2025. This legislation was co-designed with the input of thousands of individuals with lived experience in social care, social work, and community health services, ensuring that people remain at the heart of reform.

The Bill introduces a range of enhancements to social care; Ms Macdonald highlighted the significance of the legislation. In addition, an advisory board will be established to oversee and accelerate the implementation of reforms, replacing the interim board that first convened in May 2025.

On 13 June 2025, the HSCP held its quarterly performance review with the Chief Executives of all three partner organisations. The meeting reflected a strong commitment to collaboration and a clear recognition of the valuable work the HSCP is striving to achieve.

Finally, Ms Macdonald invited the IJB to join her in congratulating Helen Macguire, Service User Representative, Clackmannanshire, who received the Improving Health and Wellbeing Volunteer of the Year Award. Helen was honoured for her valuable contributions as a patient representative on the IJB and previously for the hospital.

## **7. MODERNISING THE APPROACH TO RESIDENTIAL RESPITE PROVISION**

The IJB considered the paper presented by Judy Stein, Interim Head of Community Health and Care

In March 2025, the IJB approved the Short Breaks Services Statement for the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP). Ms Stein noted that, in alignment with this statement and Self-Directed Support (SDS) legislation, there is a need to review and modernise current respite services. The paper focused solely on services for older adults, considerations for Mental Health and Learning Disabilities residential respite will be addressed through their respective transformation programmes.

The paper outlined the 2024/25 costs for residential respite, based on the National Care Home Contract rate.

Ms Stein reported the establishment of a multi-disciplinary working group to develop a revised model for residential respite care. The objective is to ensure the new model is fully aligned with current policy and legislative requirements, including SDS, carer support frameworks, and the principles of choice and control for service users. The group will undertake engagement with key stakeholders, including staff and Trade Union representatives, and will initiate a structured consultation process with service users and their families.

This work will inform the development of a proposal to be presented to the IJB in September for decision with Direction. Ms Macdonald and Mr

Murray acknowledged that further options should be explored to support this aim.

Mr Fairbairn requested clarification on whether the paper was presented for noting or for approval. In response, Ms Macdonald advised that the purpose of the paper was for the Board to note the current residential respite provision and to endorse the proposed direction of travel. She confirmed that no decisions regarding changes to service provision were being sought at this stage.

The Board acknowledged the importance of ensuring that families and service users are clearly informed about the transition process to residential care. It was agreed that communications should be supportive and transparent to help individuals feel comfortable and confident in decisions regarding their care. The Board also recognised the need to improve awareness and understanding of the short breaks policy among those it is intended to support.

Mr Murray noted that the options appraisal process required to incorporate an evaluation of the overall viability of the facility, taking into account whether alternative models of care could more effectively meet the needs within the HSCP area. He emphasised that maintaining clear and ongoing communication with residents and staff would be a priority, to ensure that service users remain well supported throughout the process.

#### **The Integration Joint Board:**

- 1. Noted the current residential respite provision within Clackmannanshire and Stirling HSCP.**
- 2. Agreed that a further paper with proposals for changes to residential respite provision for decision with Direction is brought to the September IJB meeting for approval.**

### **8. PRIMARY CARE GP SUSTAINABILITY UPDATE**

The IJB considered the paper presented by Tom Cowan, Head of Strategic Planning and Transformation, Falkirk HSCP with support from Ms McCallum, Interim Primary Care Senior Service Manager.

In October 2022, the responsibility for strategic planning and operational management of Primary Care including GP Out of Hours and Urgent Care Services was transferred to the Falkirk IJB. This change applied to both the Clackmannanshire & Stirling IJB and the Falkirk IJB. The transition was finalised in February 2023. Mr Cowan acknowledged that there had been some concerns regarding governance arrangements, as well as ongoing challenges in primary care, particularly around efforts to ensure long-term sustainability.

The paper was a result of this work and Mr Cowan provided an overview of this and some of the current risk mitigation elements that sit around primary care.

Mr Cowan explained that the sustainability of the current model for delivering Primary Care services to all citizens is heavily dependent on the continued availability and accessibility of GP Practices. He emphasised that any risks to patient care, both in terms of availability and quality, are closely tied to this access. He also outlined the key service objectives and highlighted the progress being made to enhance the patient journey and overall experience.

The Board discussed the pressures arising from new housing developments, population growth, and the increasing demands of an ageing population. Mr Stuart enquired about the progress of Consultant Connect, a service that could help alleviate pressure on GPs. Ms McCallum confirmed that the initiative is transitioning from its pilot phase to a broader rollout. She also emphasised the importance of expanding access to digital health solutions and educating the public on alternative ways to seek support for their health and wellbeing.

Following discussion, Mr Cowan agreed that it would be beneficial to provide an overview of the work carried out under the Primary Care Improvement Plan (PCIP) over the past few years. This would include key achievements and feedback related to the transfer of services from GP practices to community hubs or acute hospitals.

As the paper has been in progress for a number of years, the Board agreed that it would be good to expand this further into a joint development session with Falkirk IJB.

#### **The Integration Joint Board:**

- 1. Noted the report and the recommendations below.**
- 2. Noted the challenges to sustainability for GP Practices across Forth Valley.**
- 3. Considered the actions being taken to support GP Practices**
- 4. Discussed the activity to clarify and mitigate the risks within Primary Care in the assurance section.**

## **9. PROPOSED DELIVERY PLAN FOR DEMENTIA**

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

Work has been underway for several months in collaboration with the Dementia Commissioning Consortium. Ms Forrest noted that this approach was endorsed by the IJB to ensure that commissioning practices reflect ethical principles and values, while also guaranteeing that everyone has a say in shaping the delivery of care and support.

The proposed care and support model is based on a Hub and Spoke approach, reflecting the range and interconnection of services available to individuals living with dementia. Ms Forrest outlined the function of a community hub, which

would be accessible to those seeking care, support, and treatment, and would also facilitate peer support through opportunities to connect with others facing similar challenges.

The proposed delivery plan describes an offer of integrated care across acute, primary care and community services including third and independent sector services. Ms Forrest requested that the Board consider the approach for other Commissioning Consortia as there is a risk regarding inconsistency, based on care/client group, should this paper not be agreed. The risk would be by not continuing to deliver in an integrated way, there is a risk of not being able to even maintain care going forward.

Following the discussion, Ms Forrest agreed that the Direction will be revised to clearly include how the financial breakdown has been described within this context. Regarding any organisational change, Ms. Forrest confirmed that discussions with staff cannot begin until the Board has approved the delivery model.

The proposed delivery model includes a reallocation of resources, which brings with it some strategic considerations. Ms. Forrest emphasized the importance of being transparent about these and expressed confidence that, overall, the approach aligns with our strategic objectives. Clinical leaders have endorsed the model, recognising the added value of time spent within the hub structure.

#### **The Integration Joint Board:**

- 1. Approved a Hub and Spoke model to be the delivery mechanism in line with the delivery model (appendix 1).**
- 2. Approved the implementation of the next steps and the outlined need for organisational change in order to establish the model of delivery.**
- 3. Agreed the steps outlined in section 4.**
- 4. Issued the Direction as set out in Appendix 3, subject to the addition of budget/financial information being included.**

## **10. PALLIATIVE AND END OF LIFE CARE COMMISSIONING APPROACH**

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

This paper follows the one presented to the IJB on 20 November 2024, which included the Forth Valley Palliative and End of Life Care Strategic Commissioning Plan. Ms Forrest confirmed that the current paper provides an update on progress since the IJB endorsed the use of a Commissioning Consortium approach across the area.

Ms Forrest emphasised that the focus remains on meeting the needs of individuals across Forth Valley, enabling them to experience a dignified death, including those choosing to die at home. Collaboration with independent sector partners, particularly in nursing care homes, is central to identifying specific

needs, including training for staff. A key element of the Commissioning Consortium is ensuring that all staff are confident and well-trained in delivering palliative and end of life care. With effective death plans in place, more individuals will be supported to die at home if they choose to. Ms Forrest wanted it noted that Hospice colleagues have played a vital role in shaping the new model of care delivery.

The paper reflects months of dialogue and analysis, particularly around financial considerations, with active involvement from third sector partners.

Ongoing efforts aim to ensure that appropriate training is in place to support the transformation of services, with strong collaboration from primary care, acute services, and hospice teams. Ms Forrest highlighted that individuals who do not access inpatient beds will continue to receive hospice support, ensuring that plans are in place to facilitate a dignified death at home.

Ms Forrest advised that, as the contractual arrangements are newly established, implementation will take time. The Board will receive ongoing updates to ensure investment is directed appropriately.

Following the discussion, Ms Forrest and Mr Murray agreed that the Direction should be updated to explicitly include the relevant financial information.

#### **The Integration Joint Board:**

- 1. Noted the contents of the report.**
- 2. Approved the commissioning approach laid out in the paper.**
- 3. Approved the need to undertake a review of all existing contractual arrangements.**
- 4. Approved the proposed Model of Care which will be used as a basis for commissioning (outlined in Appendix 1)**
- 5. Issued the Direction as set out in Appendix III, subject to the addition of budget/financial information being included.**

## **11. COMMISSIONING OF INDEPENDENT ADVOCACY SERVICES**

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

Ms Forrest explained that the NHS and Local Authorities have a statutory responsibility to provide access to independent advocacy for specific groups of people in receipt of children's and adults services.

A review of the current advocacy provision is required due to a shift in policy direction including in the implementation of the Medically Assisted Standards for treatment relating to substance use.

Ms Forrest confirmed the importance of building capacity within the advocacy service to ensure individuals have meaningful choices about the level of

advocacy available to them. This includes access to statutory independent advocacy, as outlined in legislation. Ongoing work has focused on public consultation to better understand the needs and demands within communities for advocacy services provided by the HSCP.

**The Integration Joint Board:**

- 1. Noted the content of this paper, in particular the outcome of the Commissioning Consortium – Advocacy as set out at Appendix 1;**
- 2. Approved the model of care for advocacy as set out at Appendix 2;**
- 3. Issued Direction as set out at Appendix 6 to NHS Forth Valley, Clackmannanshire and Stirling Councils**

**12. SUPPORTED HOUSING BEST VALUE REVIEW**

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

Clackmannanshire and Stirling HSCP Specialist Housing Forum (SHF) requested a Best Value review be undertaken relating to supported housing arrangements in place across the HSCP. Ms Forrest explained that supported housing plays an important role in enabling people with care and support (including housing support) needs to live independently in the community rather than a care home or hospital setting where this is not appropriate.

The review focuses on streamlining current contracting arrangements related to the delegated functions within the IJB and the responsibilities of housing departments within the Councils. Ms Forrest highlighted the need to ensure that supported housing is responsive to the needs of its residents and that appropriate tenancy agreements are in place.

She explained that a Best Value review was conducted over several months in collaboration with independent sector providers, to ensure a clear understanding of what has been commissioned as supported housing. The focus is on outlining the process in relation to the Best Value review, financial contracts, as well as the care and support model required. Work has been carried out in collaboration with colleagues from Mental Health and Learning Disability services to ensure the needs of supported people are fully understood. It was clarified that the savings relate specifically to the contracting arrangements, not to the type or level of care and support being provided.

There continues to be ongoing work focused on clarity of understanding between the housing management responsibilities and the care and support functions linked to tenants.

Councillor Earl enquired about the level of assurance that the HSCP is being fully supported by both local authorities. In response, Ms Forrest explained that while there is currently no Housing Contribution statement in place, one is expected to be presented to IJB by March 2026. This forthcoming Contribution



Statement will align with each of the Council's Local Housing Strategies as well as aligning to the review of the Strategic Commissioning Plan, thereby providing the Board with confidence that collaborative efforts are underway.

**The Integration Joint Board:**

- 1. Noted the findings of the Best Value review and the key recommendations as set out in Appendix 1.**
- 2. Agreed the actions to be taken forward in the Supported Housing Delivery Plan 2025/26 as set out in Appendix 2.**
- 3. Issued Direction as set out in Appendix 3 of this report.**

**13. DRAFT 2024/25 YEAR END FINANCIAL REPORT**

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

Mr Murray reported that the 2024/25 year-end financial report remains subject to further revision and is a net overspend on the integrated budget of £7.143 million after utilisation of reserves approved by the IJB and further recovery measures.

He noted that the previous format of integrated financial reporting will be reintroduced in the 2025/26 financial reports. This is being dovetailed with work to improve recording and activity data quality which will in turn improve financial forecasting going forward. A material improvement in the draft financial position was observed since the Special IJB meeting held on 2 May 2025.

Further analysis of areas showing material improvement would be beneficial for Board members. Mr Murray will collaborate with finance officers to deliver this. He explained the improved financial position is influenced by several non-recurrent factors, alongside an improvement in the underlying position. However, fully understanding the recurrent financial position remains challenging. A review will be conducted as part of the month 2 and month 3 financial reports, which are expected to provide the clearest indication of the recurrent position and whether additional recovery measures will be necessary to balance the 2025/26 budget.

The proposals outlined in the paper emphasise maintaining strong oversight and control, ensuring the effective delivery of adult social care, and advancing the transformation agenda through a focused and actionable delivery plan.

There may require to be further recovery measures which will be considered at the IJB in August or September.

Mr Murray also explained that the issues detailed in the paper have had an impact on the unaudited accounts production and Mr Murray, in agreement with the Chair of the Finance, Audit and Performance (FAP) had decided to delay production on the unaudited accounts and notify external audit. A full report on the implications of this and a proposed revised timetable will be presented to the FAP Committee on 25 June 2025.

It is estimated that 55.9% of improved savings and transformation plans have been achieved, with an evaluation of polypharmacy and medicines waste work still to be added to the outturn. A deeper dive on this topic will be undertaken at a future FAP Committee meeting as a

Mr Murray highlighted that that some changes to how services are delivered have already been implemented in recent months through the daily Multi-Disciplinary Team process which should assist in managing demand. There will be a need to assess both the financial and non-financial impacts of this in coming months.

To support effective planning and governance, a development session for the IJB is scheduled for 26 November 2025.

In response to points raised by Mr Fairbairn, Mr Murray agreed to provide specific details of the IJB papers referenced from November 2024. He also confirmed that the implications for finalising the accounts would be addressed at the FAP Committee meeting on 25 June 2025. Additionally, he clarified that the reference to a material net downward trend pertains to a net reduction in the recurring overspend.

Mr Murray noted that vacancy management approaches remain in place with a monthly vacancy panel now including professional advice from the lead nurse. He and Ms Macdonald will assess the effectiveness of these arrangements in due course.

#### **The Integration Joint Board:**

- 1. Noted the draft outturn based for 2024/25 Financial Year, and that this may be subject to further change for the reasons set out in the paper.**
- 2. Considered and discussed the content of the paper.**
- 3. Noted the Economic Outlook and update on 2025/26 Scottish Government policy allocations.**
- 4. Noted the impact on statutory accounts production and timetable (Section 3).**
- 5. Noted the impact on the 2025/26 Revenue Budget, Delivery Plan and requirement for further financial recovery measures and approve the proposed position set out at section 5.5.**
- 6. Noted the narrative on areas of significant variance.**
- 7. Noted the Transformation and Savings Programme progress (Section 5 and Appendix 1)**

#### **14. STRATEGIC RISK REGISTER**

Due to time constraints, it was agreed that this item would be moved to the agenda for the meeting on 13 August 2025.

**15. REVIEW OF MEETINGS**

Due to time constraints, it was agreed that this item would be moved to the agenda for the meeting on 13 August 2025.

**17. MINUTES**

- a. Strategic Planning Group – 23.04.2025
- b. Joint Staff Forum – 13.02.2025

**18. ANY OTHER COMPETENT BUSINESS (AOCB)**

None

**19. DATE OF NEXT MEETING**

24 September 2025

| <b>DIRECTION FROM CLACKMANNANSHIRE &amp; STIRLING INTEGRATION JOINT BOARD</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reference Number                                                                            | CSIJB-2025_26/012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Does this direction supersede, vary or revoke an existing direction?                        | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If yes please provide reference number of existing direction                                | CSIJB-2024_25/005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Approval Date                                                                               | 13 August 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Services / functions covered                                                                | <p>Community Mental Health Services</p> <p>Mental Health Assessment and Treatment Service</p> <p>Mental Health Officer Teams</p> <p>Substance Use Services</p> <p>Psychiatric Liaison</p> <p>Adult Inpatient Services</p> <p>Forensic Mental Health Services</p> <p>Prison Mental Health Services</p> <p>LD Services</p> <p>Older Adult Mental Health Services</p> <p>NHS Forth Valley Strategic Planning Services</p> <p>C&amp;S strategic planning services</p> <p>Community Planning Services</p> <p>NHS Forth Valley Public Health</p> <p>Psychological Services</p> <p>Allied Health Professional Services</p> <p>Commissioned services as appropriate – third sector providers</p> <p>Carers and Service Users</p> <p>Primary Care</p> |
| Full text of Direction                                                                      | NHS Forth Valley, Clackmannanshire Council & Stirling Council are directed to support their employees to implement the Mental Health & Wellbeing Strategic Plan as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| List of key stakeholders impacted and any specific engagement and consultation requirements | <p>In addition to delegated services, this plan will impact on services delivered by NHS Forth Valley, in particular Child &amp; Adolescent Mental Health Services and Psychiatrists. Both services have been fully involved in the development of the strategic plan.</p> <p>There may also be an impact on services delivered by Stirling Council and Clackmannanshire Council, in particular education and children's services. Feedback has been received from these areas as part of the consultation and engagement process.</p> <p>Implementation plans will be developed over the coming year. This will include people with lived experience, in addition to all key stakeholders listed above.</p>                                 |
| Timescale(s) for Delivery                                                                   | 10 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Direction to                                                                                | Clackmannanshire Council                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | Stirling Council<br>NHS Forth Valley                                                                                                                                                                                                                                                                                                                                                                                                           |
| Link to relevant IJB report(s)  | <a href="#">IJB-Meeting-Wednesday-13-August.pdf</a>                                                                                                                                                                                                                                                                                                                                                                                            |
| Budget / finances allocated     | Funding for mental health and wellbeing services is complex and fragmented, spanning NHS, local authorities, Health & Social Care Partnerships, third sector, and independent sector contributions. This makes it difficult to determine the total investment in mental health and wellbeing across Forth Valley. A key action of the Strategic Plan is to undertake collaborative work across all sectors to clarify the financial landscape. |
| Performance Measures            | Implement Forth Valley Mental Health & Wellbeing Strategy within agreed timescales.                                                                                                                                                                                                                                                                                                                                                            |
| Date direction will be reviewed | August 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 20 June 2025 at 9.30 a.m.**

**Voting Members:** Councillor Fiona Collie  
Councillor Jim Flynn  
Councillor Anne Hannah  
Gordon Johnston (Chair)  
Stephen McAllister

**Non –voting Members:** Margo Biggs, Service User Representative  
Robert Clark, Staff Representative, NHS Forth Valley  
David Herron, Medical Representative (Primary Care), NHS Forth Valley  
Marie Keirs, Chief Finance Officer (Items IJB7, IJB10 & IJB15)  
Sara Lacey, Head of Social Work Children's Services/Chief Social Work Officer  
Victoria McRae, Third Sector Interface  
Andrew Murray, Medical Representative (Non-Primary Care), NHS Forth Valley  
Sharon Mwale, Carer Representative (substitute)  
Roger Ridley, Staff Representative, Falkirk Council  
Gail Woodcock, Chief Officer (Items IJB6, IJB18, IJB19 & IJB21)

**Also Attending:** Tom Cowan, Head of Strategic Planning & Transformation (Items IJB13, IJB16, IJB17)  
Caroline Doherty, Head of Community Services (Items IJB8, IJB9, IJB11)  
Phillip Heaton, ADP Lead Officer (Item IJB14)  
David Keenan, Equalities & Human Rights Lead Officer  
Louise McCallum, Interim Primary Care Senior Service Manager (Item IJB15)  
Calum MacDonald, Performance & Quality Assurance Manager  
Jim Millar, Team Leader - Committee Services  
James Paterson, Policy & Research Officer  
Paul Surgenor, Communications Officer (Item IJB22)  
Martin Thom, Head of Specialist Services  
Suzanne Thomson, Commissioning Lead (Item IJB20)  
Carly Toland, Committee Officer  
Cheryl White, Falkirk HSCP Support Officer  
Nicola Wood, Falkirk HSCP Chief Nurse (Item IJB12)

### **IJB1. Apologies**

Apologies were submitted on behalf of Elaine Beveridge, Ian Dickson, Frances Dodd, Kenneth Lawrie and Ross McGuffie.

Sharon Mwale was attending as substitute for Elaine Beveridge.

### **IJB2. Declarations of Interest**

There were no declarations of interest.

Stephen McAllister joined the meeting during consideration of the following item.

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

### **IJB3. Minute**

#### **Decision**

**The Integration Joint Board approved the minute of the meeting held on 21 March 2025.**

### **IJB4. Action Log**

An action log detailing ongoing and closed actions following the previous meeting on 21 March 2025 was provided.

Items IJB10 and IJB69 were the subject of reports on the agenda and subsequently fell from the action log.

#### **Decision**

**The Integration Joint Board noted the Action Log.**

### **IJB5. Valedictory**

The Chair noted that this would be Margo Biggs last meeting, and led the Board in thanking her for her invaluable input and support as the Service User Representative to the Board since April 2018.

## **IJB6. Chief Officer Report**

The Board considered a [report](#) by the Chief Officer which highlighted the current developments locally, regionally, and nationally which were likely to be of interest to Integration Joint Board (IJB) members.

The Board asked for further information on the next steps to support residents and families with regard to the reprovision of care provider for Tygetshaugh Court. The Head of Community Services advised that all care plans had been reviewed and that engagement would continue with residents and families to ensure that care would meet their needs.

Following a question, the Head of Community Services confirmed there were 16 service users and 13 members of staff impacted by the change in service provider at Tygetshaugh Court.

The Board asked whether the change in service provider would lead to staff losing their jobs. The Head of Community Services explained that the appropriate HR process were being followed and that at this stage she could not confirm any impact on job losses.

A member of the Board expressed concern that the consultation process regarding Tygetshaugh Court had not been engaged at an early enough stage, and had not reached those most impacted by the decision. The Chief Officer advised that there had been wide consultation on the budget decision to reprovise the model of care, and that this information had been presented to members within the budget EPIAs. She recognised that while digital consultations had their place in engagement, face to face discussions also provided additional, valuable insight, and added that throughout the budget consultation many face to face engagements had been undertaken and that this would continue moving forward. The Head of Community Services added that, in addition to the public consultation, staff and service users at all housing with care complexes had been notified of the reprovise proposals.

Following feedback on the clarity required in the decision-making process, the Chief Officer acknowledged that further work was required to better engage with members.

The Board asked whether the same approach to reprovise was going to be taken with other housing with care facilities. The Chief Officer confirmed that the decision taken related to a single housing with care property, and that any changes to other properties would require a new decision at the IJB.

Following a question, the Chief Officer confirmed that carers would continue to be a key stakeholder in the development of strategies and decision-making.



## **Decision**

**The Integration Joint Board noted the contents of the report.**

### **IJB7. Final Outturn Report 2024-2025**

The Board considered a [report](#) by the Chief Finance Officer providing a high-level overview of the draft financial outturn for 2024/25 (subject to external audit).

The Board asked whether a timeline was available for the Equipment and Adaptions Business Case. The Head of Specialist Services advised that work would be undertaken by the Living Well Lead commencing in August 2025.

The Board asked for information on the reserves position of the Falkirk IJB when compared to other IJBs. The Chief Finance Officer advised that the most recent position showed that 11 IJBs depleted their reserves in the last financial year, and while the Falkirk IJB had neared this situation, there remained a reserve position. Work remained ongoing to reach a sustainable position.

The Board asked what work had been done to reduce agency spend and where this was benchmarked against other IJBs. The Chief Finance Officer advised the majority of agency spend was in residential services and that this has been reduced in the financial year. She added that benchmarking data on agency spend was not held, but that this could be discussed at the CFO network.

Following a question, the Chief Finance Officer confirmed that some of the reserves used to cover the budget overspend were related to the carers fund. She added that support would continue into 2025/26 for the carers fund and carers centre.

## **Decision**

**The Integration Joint Board:-**

- (1) noted the final draft outturn for integrated budgets and set aside services;**
- (2) noted that the £1.999m general underspend in Health has been utilised to offset the overspend in Social Care;**
- (3) approved the use of a further £4.703m from non-recurring reserves to fund the overspend within Social Care;**
- (4) noted the final non-recurring reserves position and the related risks set out in the paper;**

- (5) ratified the payment of up to one year of funding to Strathcarron Hospice for their Hospice at Home Service (up to £0.050m for Falkirk) for 2025/26; and**
- (6) authorised the Chief Officer to issue revised directions to Falkirk Council and NHS Forth Valley as per the Directions summary provided at Appendix 7 of the report.**

#### **IJB8. Self-Directed Support Policy**

The Board considered a [report](#) by the Head of Community Services which presented a proposed Self-Directed Support Policy which had been developed by a Short Life Working Group comprising officers, carers, advocacy, and SDS Forth Valley representatives. The purpose of the policy was to enhance the implementation of the Self-Directed Support (Scotland) Act 2013 locally, by promoting choice, control, and personalised care for individuals with eligible social care needs.

The Board asked how the change in policy would make it easier to access Self-Directed Support. The Head of Community Services acknowledged the bureaucratic process of support and that the accessibility of the policies and procedures were being looked at.

Following a question, the Head of Community Services advised that self-employed personal assistants were not included under the policy following legal advice, and correspondence with HMRC, regarding tax payments.

The Board turned to the EPIA, and queried why the impact was neutral for Ethnicity. The Head of Community Services advised that this was the impact which could be evidenced from the data gathered related to ethnicity.

#### **Decision**

##### **The Integration Joint Board:-**

- (1) approved the proposed SDS policy;**
- (2) noted that an implementation plan would be developed. This would include updating of procedures, training, performance management data and awareness raising; and**
- (3) authorised the Chief Officer to issue the attached Direction to Falkirk Council.**

## **IJB9. Falkirk HSCP Locality Planning Update**

The Board considered a [report](#) by the Locality Services Lead which provided an overview of the Locality Planning process to date. The report provided an update on the current position for implementation of the Central Locality Plan following approval from the Integration Joint Board on 31 January 2025, also presenting the final draft of the East Locality Plan 2025-2026 for approval. The plan and associated Delivery Plan had been developed by the East Locality Delivery Group with oversight provided by the Locality Planning Steering Group.

The Board asked for further information on Primary Care and GP services in the East Locality area. The Policy and Research Officer advised that the engagement feedback largely focussed on the understanding of the access to services. A section had been included, in consultation with the GP representative for the area, within the Locality Plan to advise on the process for accessing services. The Board noted that the GP premises were almost at capacity and there was not enough room to increase consultation spaces. The Chief Officer confirmed that the provision of premises remained under the authority of the constituent parties.

### **Decision**

#### **The Integration Joint Board:-**

- (1) approved the proposed East Locality Plan and Delivery Plan; and**
- (2) authorise the Chief Officer to issue the associated attached Directions to the Chief Executives of Falkirk Council and NHS Forth Valley.**

## **IJB10. IJB Governance Report**

The Board considered a [report](#) by the Chief Finance Officer presenting matters of relevance to the Board in relation to membership, Standing Orders and its publications.

### **Decision**

#### **The Integration Joint Board:-**

- (1) noted that Councillor Collie and Councillor Hannah were appointed to the IJB effective from 25 May 2025 to the end of the Council term;**
- (2) noted that Councillor Collie was appointed as Vice-Chair of the IJB effective from 1 May 2025 for a two-year period;**

- (3) noted the resignation of Margo Biggs, IJB service user representative;
- (4) approved the appointment of David McNiven as IJB service user representative effective from 21 June 2025;
- (5) agreed to reappoint Roger Ridley as the Falkirk Council staff representative;
- (6) agreed the changes to the IJB Standing Orders attached at Appendix 1 and as outlined in paragraph 5.3 of the report;
- (7) authorised the Chief Officer to amend the Standing Orders at section 4.2 of the report to reflect the change in voting member numbers and section 4.3(m) of the report to include care experienced representation on the Board should the proposed Integration Scheme be approved;
- (8) noted the Development Session overview of the IJB Code of Conduct and the publication of the refreshed Guide to Information and Guide to Livestreaming at section 6 of the report;
- (9) noted the information on the Public Sector Equality Duty Monitoring at section 7 of the report;
- (10) agreed to recognise Care Experience as a protected characteristic in addition to the nine protected characteristics as defined in the Equality Act; and
- (11) noted the information on the Consumer Scotland Duty at section 9 of the report.

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

#### **IJB11. Shifting the Balance of Care Test of Change**

The Board considered a [report](#) by the Head of Community Care which presented the development of a proposal to “shift the balance of care” from acute to community-based resources to facilitate addressing some of the current challenges being faced in relation to:

- Increasing demand
- Challenges in delayed discharge performance and long lengths of stay
- Empowering & enabling integration, innovation, and transformation
- Whole system financial challenges
- The need to create capacity within the acute hospital for planned care

Following a question, the Chief Officer advised that there were no proposals for job losses following the reprovision of Ward A11 and that engagement and support would continue with all parties.

The Board asked whether this proposal would increase the demand for social care services and therefore add pressure to staff. The Chief Officer advised that while demand would increase, there would be resource shift of £2 million to increase capacity within social care to account for this.

The Board asked when an update on the impacts of this proposal could be anticipated. The Chief Officer advised that, although at an early stage, improvements had been seen and that the impacts would continue to be reviewed to allow a full evaluation to be formed. She added that it was anticipated this would be presented to the IJB in November 2025.

Following a question, the Chief Officer confirmed that the lines of communication between relevant Secondary and Primary Care services would be reviewed to improve efficiency, particularly around delayed discharge.

## **Decision**

### **The Integration Joint 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.**

The Board adjourned at 11.20am and reconvened at 11.35am with all members present as per the sederunt.

## **IJB12. Clinical Care Governance Framework**

The Board considered a [report](#) by the Chief Nurse presenting a revision of the Falkirk HSCP Clinical and Care Governance Framework.

## **Decision**

**The Integration Joint Board approved the revisions of the existing Clinical and Care Governance Framework.**

### **IJB13. Annual Performance Report 2024 / 2025**

The Board considered a [report](#) by the Partnership Funding Coordinator which presented the draft Falkirk Health and Social Care Partnership (HSCP) Annual Performance Report 2024/25, outlining how the Partnership was working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes.

The Board asked for further information on issues related to an ageing population. The Chief Officer acknowledged that with an ageing population, the length of time where individuals were living in poor health was increasing and that this required additional resource. She added that this remained a challenge nationally.

#### **Decision**

#### **The Integration Joint Board:-**

- (1) noted the draft Annual Performance Report 2024/2; and**
- (2) delegated authority to the Chief Officer, in consultation with the Chair and Vice Chair, to approve the final report for publication by 31 July 2025.**

### **IJB14. Alcohol & Drug Partnership Annual Report**

The Board considered a [report](#) by the Alcohol & Drug Partnership (ADP) Lead Officer providing an update to the Integration Joint Board (IJB) on the ADP Annual Reporting Survey 2024/2025.

The Board asked about Falkirk's performance in relation to other local authorities in Scotland. The ADP Lead Officer advised that Public Health Scotland had released a national benchmarking report which ranked local authorities. He noted that Falkirk performed well, relative to other council areas.

The Board requested further information on preventative work in relation to drug-related deaths. The ADP Lead Officer advised that early intervention was paramount in seeing meaningful reductions in drug-related deaths, and there was a focus on community-based work, cross-partnership liaison and improving access to services.

#### **Decision**

**The Integration Joint Board approved the ADP Annual Reporting Survey 2024/2025 for submission to Scottish Government.**

Roger Ridley left the meeting during consideration of the following item.

## **IJB15. IJB Strategic Risk Register**

The Board considered a [report](#) by the Chief Finance Officer providing an update on the IJB Strategic Risk Register. No new risks had been added to the register since the last version presented to Performance Audit and Assurance Committee (PAAC) on 7 March 2025. There were currently 9 live risks recorded in the register, 1 was considered very high risk, 7 were high risk and 1 was medium risk.

The Board requested further information on areas of high risk, which also had a high target risk level. The Chief Finance Officer advised that a comprehensive, focused review of risk would be undertaken, which would evaluate the number and level of risks being recorded, and the risk owners. She added that there was a view to simplify the risk register and add it to the Pentana system. She noted that, although there were a number of high-risk areas, these were weighted correctly given the current financial position.

### **Decision**

**The Integration Joint Board noted:-**

- (1) the high level of the IJB Strategic Risk Register presented at section 4.1 of the report;**
- (2) the detailed IJB Strategic Risk Register Appendix 1 of the report; and**
- (3) the ongoing work in relation to the changes proposed and reported to PAAC in March 2025.**

Andrew Murray joined the meeting during consideration of the following item.

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

## **IJB16. Primary Care GP Sustainability**

The Board considered a [report](#) by the Head of Strategic Planning & Transformation which highlighted challenges in General Practice, such as recruitment, financial sustainability, rising public expectations, and growing demand, exacerbated by the pandemic. It addressed these challenges in the context of sustainability and health improvement, with examples of progress detailed in the Primary Care Improvement Plan and Assessment Sections.

The Board asked about the difference between the Forth Valley population (305,570) and the number of registered GP patients in Forth Valley (330,328). The Head of Strategic Planning & Transformation advised that the reason for this was because some GP practices operated across council borders and some university and college students in the surrounding areas were registered to Forth Valley practices.

The Board noted that 90% of health-related activity started in GP practices and a substantial proportion of it stayed there, however only 6.5% of the NHS budget was allocated to Primary Care. It asked for further information on this. Mr. Herron advised that this was a national problem and there had been numerous discussions at a national level around addressing this. He added that Primary Care previously accounted for 11% of the NHS budget but this had reduced to 6.5% over a number of years, and this was part of the reason why the capacity of Primary Care services had reduced in recent years.

The Board asked about issues outlined in the report relating to recruitment and retention. The Interim Primary Care Senior Service Manager advised that this was an ongoing and complex issue. She explained that work was being undertaken to improve local intelligence about why people were leaving the profession early. Mr. Herron advised there were coaching and mentoring services in place to support GPs in their first 5 years of employment. He added that Scotland was top in the UK for training GPs, but there was a need for long-term, sustainable funding in the Primary Care sector in order to address this problem.

The Board requested further information on GP contracts. Mr. Herron advised that a large proportion of GPs had General Medical Service contracts, which were a cost-effective way of delivering care. He noted that, while this can create challenges, these contracts allow GPs to have more control over their work.

The Board asked about potential ways to increase capacity in Primary Care to deliver appointments. The Interim Primary Care Senior Service Manager advised that many Forth Valley practices were 'land locked' and therefore limited in their ability to expand. She noted that potential solutions were being looked at.

## **Decision**

**The Integration Joint Board noted the:-**

- (1) challenges to sustainability for GP Practices across Forth Valley;**
- (2) actions being taken to support GP Practices, and**
- (3) activity to clarify and mitigate the risks within Primary Care in the assurance section.**



## **IJB17. NHS Forth Valley Population Health and Care Strategy**

The Board considered a [report](#) by the Head of Strategic Planning & Transformation which presented the NHS Forth Valley's Draft Population Health & Care Strategy 2025-2035 and highlighted the consultation process, which would inform its final publication in Autumn 2025. Although the formal consultation period closed on 15 June, Board members had been afforded additional time to provide comment on the draft.

The Board commented on the general direction of the strategy, noting the importance of early intervention and prevention, cross-partnership working and sustainable, proportionate funding. It instructed officers to summarise the discussions had and comments made by members at the meeting in order to develop a response to the draft.

### **Decision**

#### **The Integration Joint Board :-**

- (1) noted the NHS Forth Valley' draft Population Health and Care Strategy 2025-2035 and the opportunity to provide comment prior to publication; and**
- (2) instructed the Head of Strategic Planning and Transformation to respond to the consultation on the draft Population Health and Care Strategy 2025-2035 with cognisance to the discussions and agreed strategic positions of the IJB meeting of 20 June 2025. Any draft response would be circulated to members of the IJB prior to submission.**

## **IJB18. IJB Committee Annual Assurance Statements**

The Board considered a [report](#) by the Chief Finance Officer presenting the Audit Committee, Clinical Care and Governance Committee and the Performance, Audit and Assurance Committee 2024/25 Annual Assurance Statements for consideration and comment.

### **Decision**

**The Integration Joint Board noted the Annual Assurance Statements, attached at Appendices 1 – 3 of the report.**

David Herron left the meeting during consideration of the following item.

**IJB19. Assurance Report from Performance, Audit and Assurance Committee on 13 June 2025**

The Board considered a [report](#) by the Chief Finance Officer which provided assurance to the IJB on the items considered at the Performance Audit & Assurance Committee (PAAC) held on 13 June 2025.

**Decision**

**The Integration Joint Board noted the Assurance Report produced following the PAAC on 13 June 2025 at Appendix 1 of the report.**

**IJB20. Health and Care (Staffing) (Scotland) 'Act 2019' Annual Report 2024-2025 for Social Care**

The Board considered a [report](#) by the Commissioning Lead which provided an update in relation to the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA). Local Authorities and Integration Authorities had obligations under the Act when they planned or secured the provision of a care service from a care service provider.

**Decision**

**The Integration Joint Board noted the information that would be provided in the first annual report 2024 – 2025 to Scottish Ministers.**

**IJB21. Directions Update Report**

The Board considered a [report](#) by the Chief Officer which presented a summary of the IJB Directions issued during financial year 2024/25.

**Decision**

**The Integration Joint Board noted the Directions Update Report.**

**IJB22. Communications and Engagement Update**

The Board considered a [report](#) by the Chief Finance Officer which provided a summary of communications and engagement activity undertaken during January – March 2025.

**Decision**

**The Integration Joint Board noted the contents of the report.**

## NHS Forth Valley

Forth Valley NHS Board

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### 8. Strategic Risk Register Update – August to September 2025

**Purpose:** This report is for Decision

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

**Author:** Miss Vicky Webb, Head of Risk Management

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#### Executive Summary

The enclosed report presents an update to the Strategic Risk Register for the period of July 2025 through to September 2025. The report reflects a point in time as the information held within the report is endorsed by each of the Standing Assurance Committees prior to final approval at Board, therefore the timescales indicated within the report reflect the conversations held at those meetings.

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#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **approve** the changes to the Strategic Risk Register for this reporting period (July'25-September'25). Specifically:
    - a. Decrease in risk score for SRR010: Estates & Supporting Infrastructure.
  - (2) **note** the progression of the mitigating actions identified.
  - (3) **note** the update on the focused reviews conducted within this period.
- 

#### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning, Performance & Resources Committee, 26 August 2025. The committee looked at the risks aligned to them and endorsed the current position to the Forth Valley NHS Board.
  - Clinical Governance Committee, 09 September 2025. The committee looked at the risks aligned to them and endorsed the current position to the Forth Valley NHS Board.
  - Staff Governance Committee, 16 September 2025. The committee looked at the risks aligned to them and endorsed the current position to the Forth Valley NHS Board.
- 

#### Risk Assessment and Mitigation

The report details the current Strategic Risk position.

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#### Impact Assessments

##### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

##### Financial and Infrastructure Implications

Financial and Infrastructure implications are detailed where relevant to risk.

##### Workforce Implications

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

##### Quality / Patient Care Implications

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

##### Population Health & Care Strategy

Our Strategic Risks are risks that will impact on our ability to meet the overall aims of the Population Health & Care Strategy.

**Climate Change / Sustainability Implications**

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

**Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

- If yes, please provide details.

**Appendices**

Appendix 1 – Strategic Risk Register Update – July'25-September'25

# Appendix 1 - Strategic Risk Review July-September 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 SRR010: Estates & Supporting Infrastructure which decreased in risk score. 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:

- SRR015: Cyber Resilience

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        | History    | Risk Trend | Target Score | Owned By          | Governance Group                                        | Lead Impact Category         |
|---------|-----------------------------------------------|-----------------|---------------|-------------|------------|------------|--------------|-------------------|---------------------------------------------------------|------------------------------|
| SRR 002 | Urgent & Unscheduled Care                     | 25              | 25            | 03-Sep-2025 | 25; 25; 25 |            | 10           | Garry Fraser      | Clinical Governance Committee                           | Patient Harm                 |
| SRR 005 | Financial Sustainability                      | 25              | 25            | 15-Aug-2025 | 25; 25; 25 |            | 15           | Scott Urquhart    | Strategic Planning, Performance and Resources Committee | Financial                    |
| SRR 004 | Scheduled Care                                | 20              | 20            | 01-Sep-2025 | 20; 20; 15 |            | 5            | Garry Fraser      | Clinical Governance Committee                           | Service Delivery             |
| SRR 009 | Workforce Plans                               | 25              | 20            | 01-Sep-2025 | 20; 20; 20 |            | 10           | Kevin Reith       | Staff Governance Committee                              | Financial                    |
| SRR 011 | Digital & eHealth - Infrastructure & Strategy | 20              | 20            | 12-Aug-2025 | 20; 20; 20 |            | 6            | Scott Jaffray     | Strategic Planning, Performance and Resources Committee | Service Delivery             |
| SRR 015 | Cyber Resilience                              | 25              | 20            | 12-Aug-2025 | 20; 20; 20 |            | 16           | Andrew Murray     | Strategic Planning, Performance and Resources Committee | Service Delivery             |
| SRR 017 | Environmental Sustainability & Climate Change | 25              | 20            | 14-Aug-2025 | 20; 20; 20 |            | 15           | Morag Farquhar    | Strategic Planning, Performance and Resources Committee | Environmental Sustainability |
| SRR 020 | Health Inequalities                           | 25              | 20            | 14-Aug-2025 | 20; 20; 20 |            | 10           | Jennifer Champion | Strategic Planning, Performance and Resources Committee | Health Inequalities          |
| SRR 018 | Primary Care Sustainability                   | 20              | 15            | 01-Sep-2025 | 15; 15; 15 |            | 10           | Gail Woodcock     | Strategic Planning, Performance and Resources Committee | Patient Harm                 |
| SRR 019 | Culture & Leadership                          | 25              | 15            | 01-Sep-2025 | 15; 15; 15 |            | 10           | Kevin Reith       | Staff Governance Committee                              | Inspection/Audit             |
| SRR 003 | Information Governance                        | 20              | 12            | 14-Aug-2025 | 12; 12; 12 |            | 8            | Andrew Murray     | Strategic Planning, Performance and Resources Committee | Inspection/Audit             |
| SRR 010 | Estates & Supporting Infrastructure           | 25              | 12            | 06-Aug-2025 | 12; 16; 16 |            | 6            | Morag Farquhar    | Strategic Planning, Performance and Resources Committee | Service Delivery             |

## 2.2 Strategic Risks in Focus

### 2.2.1 Risks Decreased in Risk Score

| 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. | 12               | Morag Farquhar                                                                      | Andrew McGown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Target Score     | Lead Impact Category                                                                | Appetite Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6                | Service Delivery/Business Interruption                                              | Averse (1-6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Last Review Date | Risk Trend                                                                          | Tolerance Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 06-Aug-2025      |  | Cautious (8-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Latest Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| This risk has been reviewed by the Director of Facilities and there has been a reduction in the likelihood of this risk, making the current position of this risk a 12 (high risk). The reduction of this risk is twofold, firstly we have received a DL which outlining guidance to be adopted regarding the Capital Planning processes and secondly, we received some funding from the output of the Business Continuity Plan submission which has allowed us to progress with addressing some of our high-risk facilities work. |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Internal Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NHS Board Capital Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Strategic Asset Management System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rolling estate survey programme carried out within 5-year cycle                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Planned Preventative Maintenance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Prioritisation of Revenue and Capital Budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Horizon scanning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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                                                                         | DL has been issued to NHS Boards which confirms the advice previously given on the capital planning process and the strategic assessments. SG re accepting strategic assessments from April-26 (max 3, from each Health Board). Primary Care is being taken forward nationally by SG in collaboration with Health Boards who will agree priorities and develop business cases in line with set priorities. NHS FV to consider what this means for us and how we will address the ask - paper being taken to SPPRC for information. |

## 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                                                                     |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                              | 03-Sep-2025      |  | Zero                                                                                |
| Latest Update                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     |                                                                                     |
| This risk has been reviewed and there is no change to the current position of this risk. The risk has been updated as per the output of the Focused Review which was presented to the Committee in July. Work continues to be progressed on the mitigating actions. |                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     |                                                                                     |
| Internal Controls                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     |                                                                                     |
| Flow Navigation Centre Workstream                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     |                                                                                     |
| Hospital at Home Workstream                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     |                                                                                     |
| 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                                                                       |
| Development of ward level dashboards to support re-rollout of Planned Date of Discharge.                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                              | Deborah Lynch    | 30-Nov-2025                                                                         |                                                                                     |
| Enhance triumvirate support model within the Acute site to support implementation of the above.                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                              | Deborah Lynch    | 30-Sep-2025                                                                         | Work continues to be made to implement the triumvirate model within the acute site. |
| Further support and embed discharge planning activities.                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                              | Deborah Lynch    | 31-Oct-2025                                                                         |                                                                                     |
| Development of a Front Door Protocol based on NHS Lothian model.                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              | Deborah Lynch    | 31-Jan-2026                                                                         |                                                                                     |
| Implementation of CAU Sieve & Sort Model to support ED Occupancy.                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                              | Deborah Lynch    | 30-Sep-2025                                                                         |                                                                                     |



|                                                                                        |                                    |             |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------|------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Review the Flow Navigation Centre to review movement to a Senior Decision Maker Model. | Deborah Lynch                      | 31-Dec-2025 |                                                                                                                                                                                                                                                                                                          |
| Development of a measurement plan for FNC.                                             | Deborah Lynch                      | 30-Sep-2025 |                                                                                                                                                                                                                                                                                                          |
| Scope movement to a 7-day service.                                                     | Deborah Lynch                      | 30-Sep-2025 |                                                                                                                                                                                                                                                                                                          |
| Strengthen access to community frailty pathways.                                       | Deborah Lynch                      | 31-Oct-2025 |                                                                                                                                                                                                                                                                                                          |
| Development of Electronic Virtual Ward.                                                | Deborah Lynch                      | 31-Mar-2026 |                                                                                                                                                                                                                                                                                                          |
| Develop Adults With Incapacity (AWI) Process.                                          | Joanna Macdonald;<br>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.                                                                                                                                                                  |
| Implement learning from the National DWD Collaborative.                                | Deborah Lynch                      | 28-Feb-2026 | Progress is being made on the implementation of learning for the National DWD Collaborative. There are 5 objectives within this initiative and work is progressing nationally to develop measures and definitions around these objectives. Progress has increased to 25% as FV are well engaged in this. |
| Review of the Target Operating Model.                                                  | Fiona Murray                       | 31-Oct-2025 | TOM for ED occupancy is 85% but still developing this model. Further work is being conducted to progress a TOM as part of the AMU review. Progress increased to 40% and the deadline for this piece of work will be extended to October-2025.                                                            |

| SRR 003 Information Governance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      | Current Score    | Managed By                                                                          | Assigned To        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|--------------------|
| Risk Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties. | 12               | Andrew Murray                                                                       | Sarah Hughes-Jones |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                      | Target Score     | Lead Impact Category                                                                | Appetite Level     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                      | 8                | Inspection/Audit                                                                    | Cautious (8-10)    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                      | Last Review Date | Risk Trend                                                                          | Tolerance Level    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                      | 14-Aug-2025      |  | Moderate (12-16)   |
| Latest Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                     |                    |
| This risk has been reviewed by the Head of Risk Management and the Head of Information Governance in light of the Commissioner's concern regarding FV's FOI progress and the subsequent escalation of a new organisational risk. This assessment concluded that it was appropriate to maintain the overall risk score as 12 as the Strategic Risk covers a wide range of information risks and not solely FOI Compliance. However, it should be noted that both risks are intrinsically linked and will be referenced together in future reporting. |                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                     |                    |
| 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 (Information Assets, DPIA, ISA, Contracts, Risk Assessments, Privacy notices).                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                     |                    |
| 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-Sep-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.                                                                                                                                                                            | 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 | 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. 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 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/Business Interruption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cautious (8-10)  |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 | Last Review Date | Risk Trend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tolerance Level  |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 | 01-Sep-2025      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Moderate (12-16) |
| Latest Update                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| This risk has been reviewed and there is no change to the scoring of the risk at this time. Progress continues to be made on the actions listed against the risk.                                                            |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Internal Controls                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Scheduled Care Performance Management                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Scheduled Care - Cancer Pathways                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Annual Delivery Plan                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| NRAC Funding                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
| Prioritisation of 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. |                  |

| SRR 005 Financial Sustainability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                            | Current Score     | Managed By           | Assigned To                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, a detrimental impact on current/future service provision and an impact on our reputation. | 25                | Scott Urquhart       | Jillian Thomson                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            | Target Score      | Lead Impact Category | Appetite Level                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            | 15                | Financial            | Cautious (8-10)                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            | Last Review Date  | Risk Trend           | Tolerance Level                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            | 15-Aug-2025       | <div></div>          | Moderate (12-16)                                                                                                                                                                                                                                   |
| Latest Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                            |                   |                      |                                                                                                                                                                                                                                                    |
| This risk has been reviewed with the Director of Finance and there is no change to the current position of this risk. We have had our Q1 review with Scottish Government which went well. Progress continues to be made on our actions and the Financial Stewardship Group continue to meeting bi-weekly for continued oversight of financial savings. In the last few weeks, a formal communications message was sent to budget holders to highlight the requirement to work within budgets and a request to make a 2% budget reduction. This continues to support the ongoing messaging about delivering healthcare within the available budget. |                                                                                                                                                                                                                                                                                                                            |                   |                      |                                                                                                                                                                                                                                                    |
| 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-Sep-2025          | Programme Plan being developed for VBH&C which will be published alongside the toolkit. This will set out the underpinning infrastructure actions which will allow us to progress VBH&C. Further clarity around specific finance actions required. |
| Finalise decisions around unfunded services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            | Scott Urquhart    | 31-Mar-2026          | This is a workstream under the Financial Stewardship Group and is being progressed with regular reports and updates to the group. Areas have been identified, quantified and are now being risk assessed therefore progress increased to 50%.      |
| 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                                                                                                                                                                                                                                                                                                                                            | Elaine Bell;<br>Linda Robertson |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Target Score     | Lead Impact Category                                                                                                                                                                                                                                                                                                                                   | Appetite Level                  |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10               | Financial                                                                                                                                                                                                                                                                                                                                              | Cautious (8-10)                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last Review Date | Risk Trend                                                                                                                                                                                                                                                                                                                                             | Tolerance Level                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 01-Sep-2025      |                                                                                                                                                                                                                                                                     | Moderate (12-16)                |
| Latest Update                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| This risk has been reviewed by the Director of People and there is no change to the risk score at this time. Progress has been noted against the further controls and the Strategic Planning Workforce Programme Board is in the process of being established. |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| Internal Controls                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| Overarching Workforce Plan                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| Demographic Profiling                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| Directorate/Service Workforce Plans                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| Wellbeing Controls                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| Sustainable Workforce Initiatives                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| e-Rostering Solution                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                        |                                 |
| 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.                                                                                                                                                                                                      | Kevin Reith                                                                                                                                                                                                                                                                                                                                                                                                                                            | 31-Dec-2025      | A paper has been developed by the Employability Manager to bring to the Whole System Leadership Team on Employability. This will aim to set out our intentions for the next year. The Strategic Workforce Programme Board is being established to also look at working with external partners re Employability. Progress increased to 50% due to this. |                                 |
| 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. The Business Services Target Operating Model is still being developed which may assist informing this piece of work.                                                                                    |                                 |

|                                                                                                         |                 |             |                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------|-----------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action Plan which will include definitive and quantifiable actions to address identified staffing gaps. | Linda Robertson | 31-Dec-2025 | The implementation of the Strategic Workforce Programme Board will support with the focus and oversight of key workforce issues. Reporting into the SGC will continue whilst the programme board is establishing standardised reporting arrangements.                                                                                       |
| Completion of the workforce actions in relation to the financial sustainability plan.                   | Kevin Reith     | 31-Mar-2026 | There is now savings targets set for all financial stewardship workforce streams. Progress has increased to 35% due to the progress made on the savings. We are currently looking to identify and save to spend initiatives in workforce. Work continues to be progressed around supplementary staffing, specifically in medical workforce. |

| SRR 011 Digital & eHealth - Infrastructure & Strategy                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                 | Current Score    | Managed By                                                                            | Assigned To     |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------|-----------------|
| Risk Description                                                                                                | If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery. | 20               | Scott Jaffray                                                                         | Rachel Marshall |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 | Target Score     | Lead Impact Category                                                                  | Appetite Level  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 | 6                | Service Delivery/Business Interruption                                                | Averse (1-6)    |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 | Last Review Date | Risk Trend                                                                            | Tolerance Level |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 | 12-Aug-2025      |  | Cautious (8-10) |
| Latest Update                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| No change to risk                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| Internal Controls                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| Annual Digital and eHealth Delivery Plan                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| Lifecycle System matrix                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| Cyber Security                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| Windows/Office Programme                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| FVRH ICT Infrastructure Upgrades                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| Disaster Recovery and Business Continuity Plans                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                       |                 |
| 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                                                                         |                 |



|                                                                                                                     |               |             |                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------|---------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. | 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     | Lead Impact Category                   | Appetite Level                    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                    | 16               | Service Delivery/Business Interruption | Averse (1-6)                      |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Review Date | Risk Trend                             | Tolerance Level                   |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                    | 12-Aug-2025      | _____                                  | Cautious (8-10)                   |
| Latest Update                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| This risk has been the subject of a focused review and has been updated to reflect the report and discussions at the SPPRC. |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Internal Controls                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| NIS Audit Recommendations                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Enhanced ICT Infrastructure Business Continuity / Disaster Recovery                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Digital Delivery Plan 22/23                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Cyber Security Awareness Strategy.                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Cyber Resilience Awareness Training                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Cyber Resilience Framework                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Digital and eHealth Strategy to outline funding arrangements for cyber.                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Local Policies & Procedures                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Change Management processes to include cyber.                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Cyber Training & Simulations.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |
| Asset Management                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                        |                                   |



| System Management                                                                                                                                                                     |                                   |             |                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Threat Intelligence Processes                                                                                                                                                         |                                   |             |                                                                                                                                                                                                                                                                                 |
| Vulnerability & Patch Management                                                                                                                                                      |                                   |             |                                                                                                                                                                                                                                                                                 |
| Utilisation of Security Tools                                                                                                                                                         |                                   |             |                                                                                                                                                                                                                                                                                 |
| Communication and awareness                                                                                                                                                           |                                   |             |                                                                                                                                                                                                                                                                                 |
| Cybersecurity & Operational Staffing and Capability Development                                                                                                                       |                                   |             |                                                                                                                                                                                                                                                                                 |
| Supplier Management                                                                                                                                                                   |                                   |             |                                                                                                                                                                                                                                                                                 |
| Access Control                                                                                                                                                                        |                                   |             |                                                                                                                                                                                                                                                                                 |
| Media Management                                                                                                                                                                      |                                   |             |                                                                                                                                                                                                                                                                                 |
| Operational & Network Security Management                                                                                                                                             |                                   |             |                                                                                                                                                                                                                                                                                 |
| Business Continuity & Disaster Recovery                                                                                                                                               |                                   |             |                                                                                                                                                                                                                                                                                 |
| Privileged Access Management (PAM) & Administration account management                                                                                                                |                                   |             |                                                                                                                                                                                                                                                                                 |
| Cyber Change Management Processes                                                                                                                                                     |                                   |             |                                                                                                                                                                                                                                                                                 |
| Further Controls Required                                                                                                                                                             | Action Owner                      | Due Date    | Latest Update                                                                                                                                                                                                                                                                   |
| Continuous improvements and monitoring of our awareness material and training for all staff.                                                                                          | 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; Scott Jaffray | 31-Dec-2025 | Due date has been extended to further strengthen the BCP utilisation throughout the organisation. Date has been extended to Dec-25.                                                                                                                                             |
| Gatekeeping process for third party access - Third parties (Charities, suppliers etc) have an agreed, securely managed route into our infrastructure which the Health Board controls. | Scott Jaffray                     | 31-Oct-2025 | Due date extended to end of August to allow for discussion to occur on the Focused Review.                                                                                                                                                                                      |
| Conduct a review of the current cyber resources to support effective change management.                                                                                               | Sarah Hughes-Jones; Scott Jaffray | 31-Mar-2026 | 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. |

|                                                                                                                                                                       |            |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--|
| Complete a full review and refresh of the Acceptable Use Policy.                                                                                                      | Kurt McLay | 31-Oct-2025 |  |
| Implement medical devices and IoTs device coverage to action effective vulnerability management.                                                                      | Kurt McLay | 31-Dec-2025 |  |
| Conduct a penetration test for key systems.                                                                                                                           | Kurt McLay | 31-Jan-2026 |  |
| Make sure threat intelligence alerts are reviewed quickly and scheduled patches are passed through the Vulnerability Management Group (VMG).                          | Kurt McLay | 31-Oct-2025 |  |
| Set clear ownership and response times (SLA) so fixes are actioned within a clear timeframe.                                                                          | Kurt McLay | 31-Oct-2025 |  |
| Where issues cannot be remediated, ensure these are documented and escalated for formal risk acceptance.                                                              | Kurt McLay | 31-Oct-2025 |  |
| Establish a Vulnerability Management Group (VMG) operating under existing governance frameworks.                                                                      | Kurt McLay | 31-Dec-2025 |  |
| Publish monthly VM dashboard to Cyber Resilience Working Group (CRWG).                                                                                                | Kurt McLay | 31-Dec-2025 |  |
| Conduct Board-wide phishing simulation test.                                                                                                                          | Kurt McLay | 30-Nov-2025 |  |
| Diversify the communication methods of the cyber team.                                                                                                                | Kurt McLay | 31-Dec-2025 |  |
| Complete recruitment to key roles; define career pathways/retention.                                                                                                  | Kurt McLay | 31-Dec-2025 |  |
| Review of Operational staffing levels to meet compliance and Cyber actions (Digital Directorate Review will progress this element).                                   | Kurt McLay | 31-Dec-2025 |  |
| Define career progression pathways and retention strategy.                                                                                                            | Kurt McLay | 31-Dec-2025 |  |
| Conduct a physical penetration test across key buildings to validate the effectiveness of existing access control measures and identify any residual vulnerabilities. | Kurt McLay | 31-Dec-2025 |  |
| Develop an audit trail for media management.                                                                                                                          | Kurt McLay | 30-Nov-2025 |  |
| Review and provide recommendations to meet control requirement.                                                                                                       | Kurt McLay | 31-Mar-2026 |  |

| SRR 017 Environmental Sustainability & Climate Change                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Current Score    | Managed By                                                                                                                                                                                                                                        | Assigned To      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Risk Description                                                                                                                                                                                                                       | If NHS Forth Valley does not maximise our available resources to implement our Climate Emergency & Sustainability Strategy, there is a risk that we will be unable to comply with DL38 and not meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy resulting in an inability to operate in an environmentally sustainable manor, an inability to meet objectives, and damaging stakeholder/public confidence. | 20               | Morag Farquhar                                                                                                                                                                                                                                    | Derek Jarvie     |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Target Score     | Lead Impact Category                                                                                                                                                                                                                              | Appetite Level   |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15               | Environmental Sustainability/Clim ate Change                                                                                                                                                                                                      | Moderate (12-16) |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Review Date | Risk Trend                                                                                                                                                                                                                                        | Tolerance Level  |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14-Aug-2025      |                                                                                                                                                                | Open (20-25)     |
| Latest Update                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                   |                  |
| This risk has been reviewed by the Director of Facilities and remains static at this review. Progress is being made on the actions aligned to this risk, with an additional action added around the development of an energy strategy. |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                   |                  |
| Internal Controls                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                   |                  |
| Climate Emergency Response and Sustainability Team                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                   |                  |
| Climate Change & Sustainability Team                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                   |                  |
| Board Papers Contain Section on Environmental Sustainability Considerations                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                                                                                   |                  |
| 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.                                                                                                                                                                      | 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      | A support role is in place to support waste & compliance - fulfilled through staff bank. Discussion is ongoing around permanent post. Progress increased to 30%.                                                                                  |                  |
| Development of an energy strategy.                                                                                                                                                                                                     | Derek Jarvie                                                                                                                                                                                                                                                                                                                                                                                                                                       | 31-Oct-2025      | This will outline where our investment needs to be prioritised in terms of energy. Draft is currently being developed.                                                                                                                            |                  |

| 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-Sep-2025      |                                                                                                                                                                                                                                                                                              | Zero            |
| Latest Update                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                                                                                                                                                                                                                                 |                 |
| This risk has been reviewed by the Interim Primary Care Service Manager and there is no change to the risk at this review. A focused review has been conducted on this risk and presented to the Strategic Planning, Performance & Resources Committee. The output of this has now been reflected within the risk reporting system. It will continue to be monitored by the Strategic Planning Performance & Resources Committee for the foreseeable future. |                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                                                                                                                                                                                                                                 |                 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                   | Tom Cowan; Scott Williams                                                                                                                                                                                                                                                                                                                                                         | 31-Dec-2025      | Action changed to 'Development of a whole-system Community Health & Wellbeing Transformation Programme.' after approval at SSPRC.                                                                                                                                                                                                                                               |                 |

|                                                                                                                                                                                                                         |                           |             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------|--|
| Transformation Programme.                                                                                                                                                                                               |                           |             |  |
| Communicate with GPs around the NHS recruitment process and assess data to identify if variance occurs between these processes (understanding that some differences are due to national availability of the workforce). | Tom Cowan; Scott Williams | 31-Dec-2025 |  |
| Communication Plan to support the public's understanding of the intent of MDT.                                                                                                                                          | Tom Cowan; Scott Williams | 30-Nov-2025 |  |
| Compile information on hotspot areas supported by workforce profiling.                                                                                                                                                  | Tom Cowan; Scott Williams | 30-Nov-2025 |  |
| Continue to analyse the impact of MDT approach on the wider system for consideration of future investment (shifting the balance of care).                                                                               | Tom Cowan; Scott Williams | 31-Oct-2025 |  |
| Using spheres of influence at the highest level to continue to make these conversations as productive as possible.                                                                                                      | Tom Cowan; Scott Williams | 30-Sep-2025 |  |
| Enhancement of the Primary Care Premises Improvement Plan to widen the scope of this document.                                                                                                                          | Tom Cowan; Scott Williams | 31-Mar-2026 |  |
| Further analysis required to detail current and potential future services delivered through this model.                                                                                                                 | Tom Cowan; Scott Williams | 30-Nov-2025 |  |
| Long term strategy and recurring resource needed to deliver on recommendations such as Golden Hello recruitment grants, coaching and mentoring, infrastructure                                                          | Tom Cowan; Scott Williams | 31-Jan-2026 |  |
| Quicker turnaround of vacancies within PCIP.                                                                                                                                                                            | Tom Cowan; Scott Williams | 31-Dec-2025 |  |

| 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                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                | 01-Sep-2025      |  | Moderate (12-16)                                                                                                                          |
| Latest Update                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     |                                                                                                                                           |
| This has been reviewed by the Director of People and there is no change to the scoring of this risk. The risk itself has been updated with the outputs of the Focused Review and has therefore seen an increase in the number of actions which are being progressed by the services to mitigate this risk. A session has also been conducted on the transition of the Programme to Business as Usual which was well attended and produced fruitful conversations. |                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     |                                                                                                                                           |
| 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 survey's across the organisation.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     |                                                                                                                                           |
| Celebrating Success                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     |                                                                                                                                           |
| Culture Change and Compassionate Leadership Programme                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     |                                                                                                                                           |
| Organisational Development Programme                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     |                                                                                                                                           |
| 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-Dec-2025                                                                         | As per the focused review which was presented to Staff Governance Committee on the 15 July, this action has been extended to December-25. |
| Create an OD Plan aligned to the organisational needs, supporting the people strategy.                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                | Jenny McCusker   | 31-Mar-2026                                                                         |                                                                                                                                           |

|                                                                                                                                                                                               |                    |             |                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|---------------------------------------------------------------------------------------------------------------------------|
| Strengthen educational governance to ensure educational activity is supporting delivery of our strategic aims. The introduction of the Strategic Workforce Programme Board will support this. | Jenny McCusker     | 31-Dec-2025 |                                                                                                                           |
| Reviewing mandatory/statutory training and align with the national developments.                                                                                                              | Jenny McCusker     | 31-Mar-2026 |                                                                                                                           |
| Great communications team to review ways in which we can engage effectively beyond staff net alone.                                                                                           | Sarah Hughes-Jones | 30-Sep-2025 |                                                                                                                           |
| Engage with Head of OD regarding the communication aspect of leadership development.                                                                                                          | Jenny McCusker     | 31-Dec-2025 |                                                                                                                           |
| Get connected team looking at improving communication between FV and partnership organisations.                                                                                               | Sarah Hughes-Jones | 31-Dec-2025 |                                                                                                                           |
| Develop cultural indicators which will be used to inform assessment of progress around improving culture.                                                                                     | Jo Tolland         | 31-Dec-2025 |                                                                                                                           |
| Directorates to come up with action plans to increase compliance with PDPs.                                                                                                                   | Jenny McCusker     | 30-Sep-2025 |                                                                                                                           |
| Develop the process which identifies leadership talent, directs to the appropriate development activity and evaluates effectiveness.                                                          | Jenny McCusker     | 31-Mar-2026 |                                                                                                                           |
| Review the leadership development programme and make recommendations to ensure it meets our leadership needs.                                                                                 | Jenny McCusker     | 31-Oct-2025 |                                                                                                                           |
| Develop a measurement framework which is built into the leadership development plan to support evaluation of effectiveness in improving organisational performance.                           | Jenny McCusker     | 30-Jun-2026 |                                                                                                                           |
| Development of the wellbeing plan.                                                                                                                                                            | Rachel Tardito     | 30-Nov-2025 | This is in the progress of being developed and will be brought to the Staff Governance Committee in the November meeting. |
| Conduct a review of the induction processes and develop action plan to enhance this compliance.                                                                                               | Jenny McCusker     | 31-Dec-2025 |                                                                                                                           |
| Evaluate phase two of the Step into my Shoes to further inform effectiveness and next steps of development.                                                                                   | Jenny McCusker     | 30-Sep-2025 |                                                                                                                           |



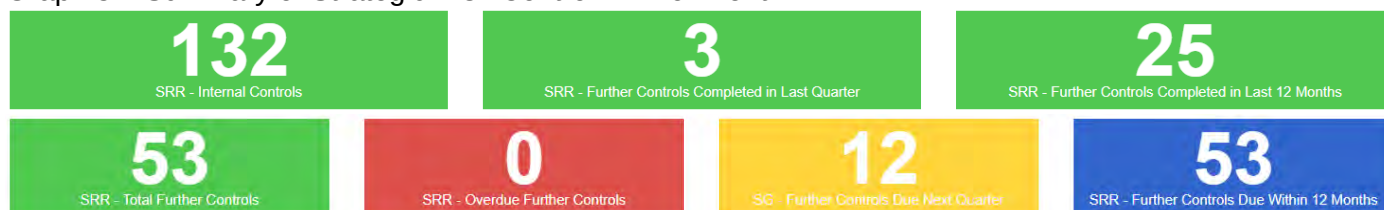
| SRR 020 Health Inequalities                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Current Score     | Managed By                                                                          | Assigned To                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Description                                                                                                                                                                          | If NHS FV does not work with partners to influence the social determinants of health and the NHS does not create a healthcare system which can be accessed by all the people of Forth Valley, there is a risk that health outcomes do not improve, and health inequalities do not reduce or may even widen. This could result in reduced healthy life expectancy for the population, or for individual population groups, and a significant financial cost through increased need and demands on services. | 20                | Jennifer Champion                                                                   | Andrew Murray                                                                                                                                                                                     |
|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Target Score      | Lead Impact Category                                                                | Appetite Level                                                                                                                                                                                    |
|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10                | Health Inequalities                                                                 | Cautious (8-10)                                                                                                                                                                                   |
|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Review Date  | Risk Trend                                                                          | Tolerance Level                                                                                                                                                                                   |
|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14-Aug-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 score at this review.                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                     |                                                                                                                                                                                                   |
| Internal Controls                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                     |                                                                                                                                                                                                   |
| NHS Forth Valley is an Anchor Institution, working with other partner organisations in their role as Anchor Institutions, to improve the social determinants of health.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                     |                                                                                                                                                                                                   |
| Director of PH work collaboratively across the local population health system with CPPs to embed tackling inequalities as a principal theme.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                     |                                                                                                                                                                                                   |
| NHS Forth Valley senior planners and managers contribute to multiple Community Planning Partnership theme groups to plan for improved health outcomes and reduced inequalities.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                     |                                                                                                                                                                                                   |
| 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 - Discuss at ELT and Board Seminar.                                                    | Jennifer Champion | 30-Sep-2025 |                                                                                                                                                            |
| Work with NES around staff accessing training to understand responsibilities around health inequalities - this is a key enabler to embedding prevention activity. | Jennifer Champion | 31-Oct-2025 |                                                                                                                                                            |
| Develop a systematic way to assess and monitor health inequalities.                                                                                               | Jennifer Champion | 30-Sep-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



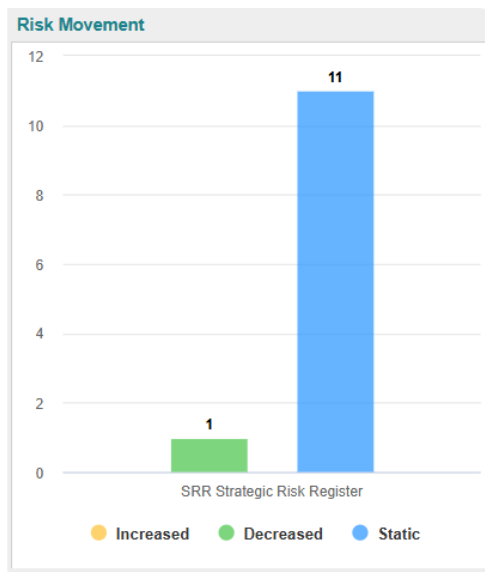
In this reporting period, there are 132 current controls mitigating these risks, an increase from the previously reported 112. This is due the focused reviews conducted on the strategic risks for this period. Supporting our control environment, there were 3 actions completed in this reporting period 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 12 actions due to be completed by Quarter 3 25/26.

Table 3.1 Strategic Risk Completed Actions

| Action Code | Action Title                                                                              | Due Date    | Status    | Action Owner                     | Risk Owner     | Progress                   |
|-------------|-------------------------------------------------------------------------------------------|-------------|-----------|----------------------------------|----------------|----------------------------|
| SRR01 1.06  | Asset Review                                                                              | 31-Jul-2025 | Completed | Tracey Jackson;<br>Scott Jaffray | Scott Jaffray  | <div><div>100%</div></div> |
| SRR00 2.23  | Establishment of Frailty Unit at front door.                                              | 31-Oct-2025 | Completed | Fiona Murray                     | Garry Fraser   | <div><div>100%</div></div> |
| SRR01 7.13  | Randomly sample the papers presented to the Standing Assurance Committees & NHS FV Board. | 31-Dec-2025 | Completed | Derek Jarvie                     | Morag Farquhar | <div><div>100%</div></div> |

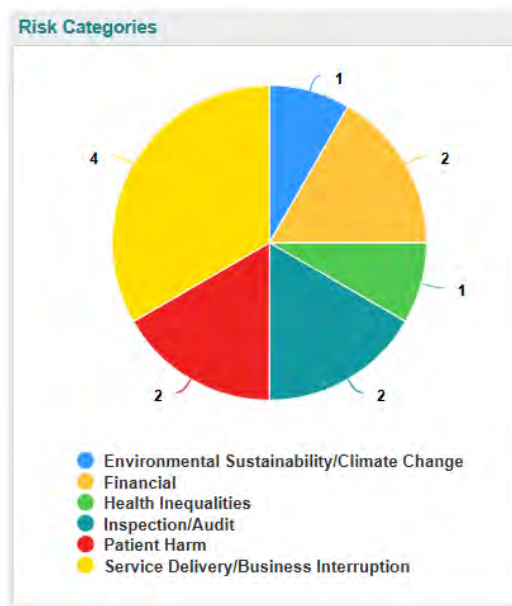
## 4.Risk Trend Analysis

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 SRR010 decreased in risk score.

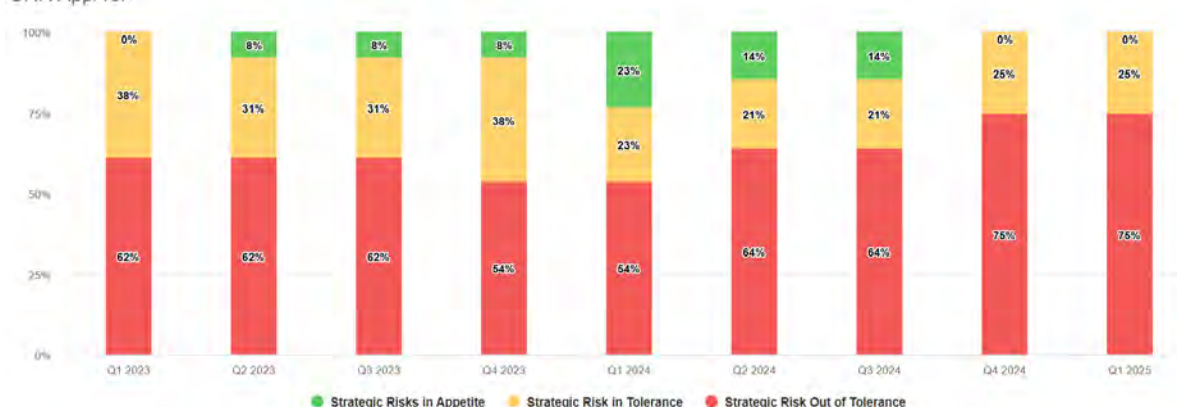
Chart 4.2 Risk Category Breakdown



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) remains static, despite the increase in risk score for SRR011 as it was already listed as out with the Boards appetite and tolerance.
- Quarter 2 (25/26) is on track to remain static at this point, despite the decrease in score for SRR010, as it remains outside the Boards appetite and tolerance.

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

## 5. Strategic Risk Assurance Focused Review

During this period, two Focused Reviews were conducted on:

- **SRR015: Cyber Resilience** – This was presented to the August 2025 Strategic Planning, Performance & Resources Committee and was endorsed for further reporting.

### Commentary

During the focused review process, there was no change to the overall description of the risk, and no change to the overall score of the risk. A review of the current and further controls was undertaken and highlighted a variety of criticality across these controls.

In the review of the controls, it was felt that the controls listed did not provide enough assurance to the Board on the mitigation of this risk. Therefore, the current position now reflects the requirements and extensive controls in place.

| BETTER VALUE                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                     |   |   |   |   |  |         |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|---|---|---|---|--|---------|
| 5. Demonstrate best value using our resources |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                     |   |   |   |   |  |         |
| SRR015                                        | Cyber Resilience<br>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 | Digital and eHealth Strategy                        | X | X | X | X |  | Limited |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Local Policies & Procedures                         | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Cyber Change Management Processes                   | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Asset Management                                    | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | System Management                                   | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Threat Intelligence Processes                       | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Vulnerability & Patch Management                    | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Utilisation of security tools                       | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Cyber Training & Simulations                        | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Communication and awareness                         | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Cybersecurity & Operational Staffing and Capability | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Supplier Management                                 | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Access Control                                      | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Media Management                                    | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Operational & Network Security Management           | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Business Continuity & Disaster Recovery             | X | X | X | X |  |         |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Privileged Access Management (PAM)                  | X | X | X | X |  |         |

## NHS Forth Valley

Forth Valley NHS Board

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### 9. Draft Population Health & Care Strategy 2025-2035

**Purpose:** This report is for Decision

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**Executive Sponsor:** Ross McGuffie, Chief Executive

**Author:** Kerry Mackenzie, Acting Director of Strategic Planning & Performance; David Munro, Senior Planning Manager; Janette Fraser, Head of Planning

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#### Executive Summary

The purpose of the paper is to present the Draft Population Health & Care Strategy (the Strategy) for final approval.

The Strategy has been considered at the NHS Board and the Strategic Planning Performance & Resources Committee throughout its stages of development with progress supported directly by a Short Life Working Group chaired by the Vice Chair of NHS Forth Valley Board. Similarly, the Equality Impact Assessment (EQIA), Engagement Plan and response to engagement have been considered to ensure that these have been reflected appropriately in the Strategy.

Following approval, the Strategy will be disseminated to stakeholders and published on the NHS Forth Valley website along with the EQIA and a summary of the engagement responses and how these has been reflected within the final Strategy document. In addition, a summary version of the Strategy will be drafted.

Implementation of the Strategy will be supported by work conducted through our Programme Board structure and bespoke delivery plans with governance through the Committee structure. The development of relevant performance frameworks will enable monitoring of Strategy implementation.

---

#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **consider** the content of the draft Population Health and Care Strategy 2025-2035 and if it takes cognisance of the feedback received, the national policy direction and the results of the equality impact assessment.
- (2) **approve** the Population Health & Care Strategy ahead of publication.
- (3) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.

---

#### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The Strategy was consideration by the Strategic Planning, Performance & Resources Committee on 26 August 2025

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#### Risk Assessment and Mitigation

There is no specific risk in respect of the Strategy however, a risk assessment of health inequalities has been undertaken which identified a strategic risk associated with health inequalities. Publication and implementation of the NHS Forth Population Health and Care Strategy 2025-2035 are mitigating factors associated with the health inequalities risk.

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## **Impact Assessments**

### **Equality & Diversity and Fairer Scotland Duty**

Does this report require an EQIA or Fairer Scotland Duty Assessment? Yes

If yes, please confirm this is attached. Attached ☒ Not required ☐

An EQIA has been undertaken to shape the Strategy to ensure that equality has been considered at every step. It has also been informed by the national EQIA carried out on Scotland's Population Health Framework. As implementation plans are developed, individual EQIAs will be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design.

### **Financial and Infrastructure Implications**

Whilst there are no financial implications associated with developing the Population Health and Care Strategy, there is input to the Strategy preparation, development and engagement in terms of a time commitment from senior leaders in Strategic Planning, Public Health, Patient Relations, HSCPs and other services and departments. Financial implications will be determined alongside implementation.

### **Workforce Implications**

There are no workforce implications associated with developing the Population Health and Care Strategy. These will be determined alongside implementation.

### **Quality / Patient Care Implications**

It is imperative that quality of care and overall service provision is integral to implementation of the Population Health and Care Strategy, taking a value-based health and care approach.

### **Population Health & Care Strategy**

The Population Health & Care Strategy is the focus of the paper.

### **Climate Change / Sustainability Implications**

There are no direct sustainability implications arising from this paper. 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 be important considerations when considering the Population Health and Care Strategy implementation.

### **Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☒ No ☐

The draft Strategy and Engagement Plan were approved by the NHS Board on 29 April 2025, and a period of engagement took place between 1 May and 15 June 2025. Engagement activity is detailed in Appendix 3.

### **Appendices**

Appendix 1 – Draft Population Health & Care strategy

Appendix 2 – Draft Population Health & Care Strategy EQIA

Appendix 3 – Engagement Summary



# Population Health and Care Strategy



2025 - 2035

|                                                                                   |           |
|-----------------------------------------------------------------------------------|-----------|
| <b><u>Welcome</u></b>                                                             | <b>03</b> |
| <hr/>                                                                             |           |
| <b><u>Taking a Population Health Approach to Improve Health and Wellbeing</u></b> | <b>04</b> |
| <hr/>                                                                             |           |
| <b><u>Knowing our Population</u></b>                                              | <b>06</b> |
| <hr/>                                                                             |           |
| <b><u>Preventing Ill Health</u></b>                                               | <b>12</b> |
| <hr/>                                                                             |           |
| <b><u>Working Collaboratively</u></b>                                             | <b>17</b> |
| <hr/>                                                                             |           |
| <b><u>Delivering Care Closer to Home</u></b>                                      | <b>22</b> |
| <hr/>                                                                             |           |
| <b><u>Ensuring Value Based Health and Care</u></b>                                | <b>27</b> |
| <hr/>                                                                             |           |
| <b><u>Supporting and Developing our Workforce</u></b>                             | <b>32</b> |
| <hr/>                                                                             |           |
| <b><u>Delivering the Strategy Together</u></b>                                    | <b>36</b> |
| <hr/>                                                                             |           |
| <b><u>Glossary</u></b>                                                            | <b>37</b> |
| <hr/>                                                                             |           |



NHS Forth Valley is committed to improving the health and wellbeing of our population. Our vision is to become a population health organisation - helping people live longer, healthier lives, reducing inequalities, and delivering high-quality, sustainable services within available resources.

We know that health and wellbeing is shaped by more than healthcare services. Factors like where you live, your employment and income, housing, transport, and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important.

Scotland faces major health challenges. Life expectancy has stalled, and inequalities are widening. Demand for healthcare is expected to rise by 20% over the next decade, but resources will not grow at the same pace. To meet these challenges, we must change how we work.

This strategy marks a shift from treating illness to preventing it. We will focus on early intervention, reducing inequalities, and delivering care closer to home. We will invest in services that prevent ill health and deliver better outcomes, helping us respond to future pressures such as rising demand, financial constraints, workforce challenges, and advances in technology and medicine.

Supporting our workforce is central to our plans. We value our staff and contractors and we will aim to attract and retain a diverse workforce. We are committed to creating a culture that empowers staff to lead and shape the changes ahead.

We need to make a big change in how we work. Together, we will design services that meet local needs and focus our efforts where they make the biggest difference. This will help to reduce health inequalities, improve lives across Forth Valley, whilst making the best use of our available resources.

We are grateful to everyone who contributed to this Strategy. Your feedback shows strong support for a population health approach—especially around prevention, supporting carers, working with partners, and strengthening primary care. We also recognise the challenges involved in delivering reform and renewal. This Strategy aligns with national frameworks for population health and service renewal.

As we move forward, we will continue to engage with service users, communities, staff and partners on key service developments and changes. This Strategy outlines our vision, aims and ambitions. It will be supported by detailed implementation plans and annual delivery plans, with regular monitoring and updates to ensure we remain responsive to local and national priorities. We will regularly monitor progress and adjust these implementation plans to meet changing needs.

By working together, we can build a healthier, more equitable future for everyone in Forth Valley. We hope you will be part of it.



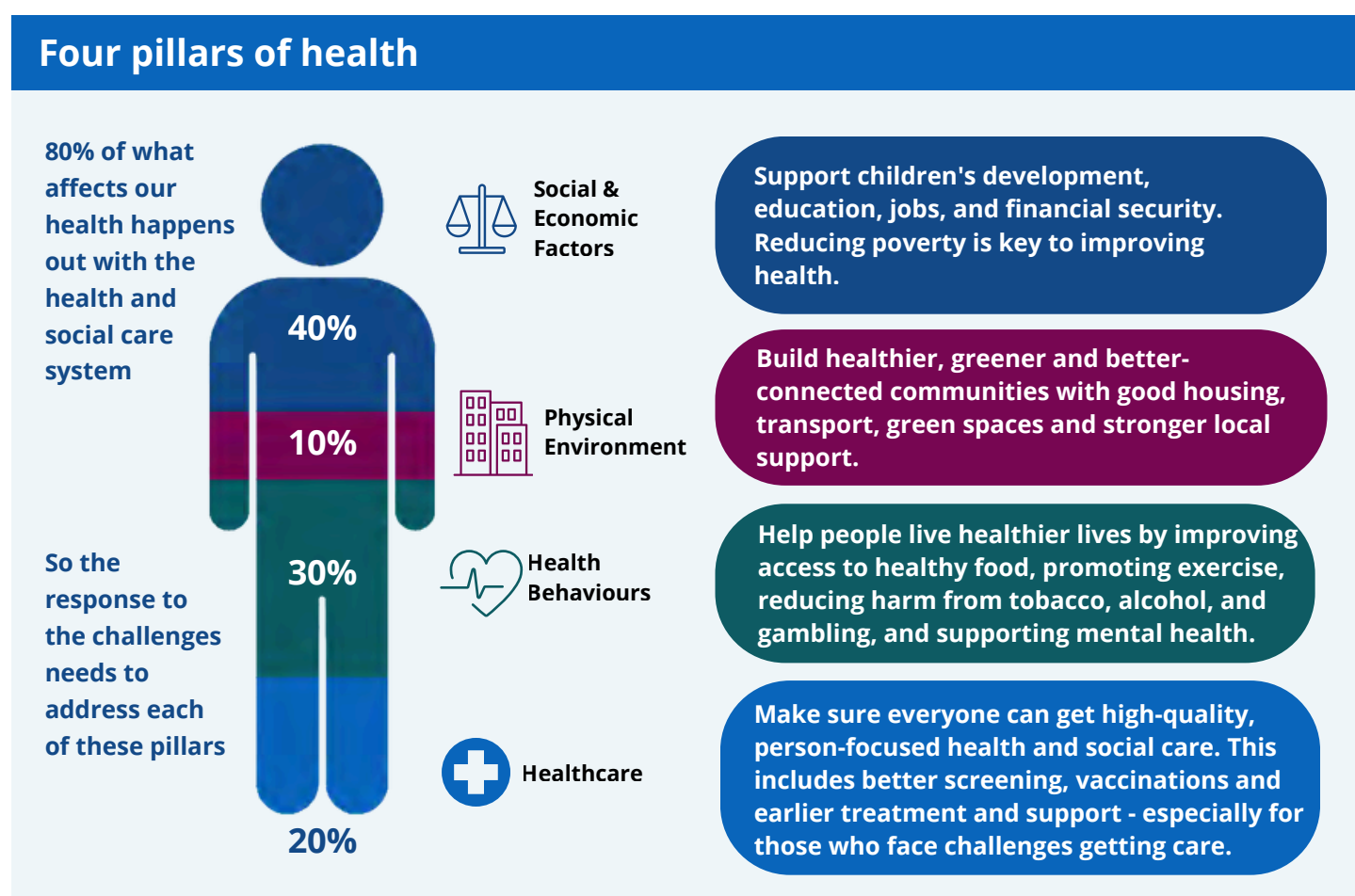
**Ross McGuffie**  
**Chief Executive**  
**NHS Forth Valley**

**Neena Mahal**  
**Chair**  
**NHS Forth Valley**



# Taking a Population Health Approach to Improve Health and Wellbeing

Population health is an approach aimed at improving the health of the people who live in Forth Valley. The health and care services we provide are only one part of what influences health and wellbeing. Where you live; your employment and income; housing and transport; and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important. The 'four pillars of health' show how these factors shape health inequalities. NHS Forth Valley wants to eliminate these unfair and avoidable differences in health across the area.



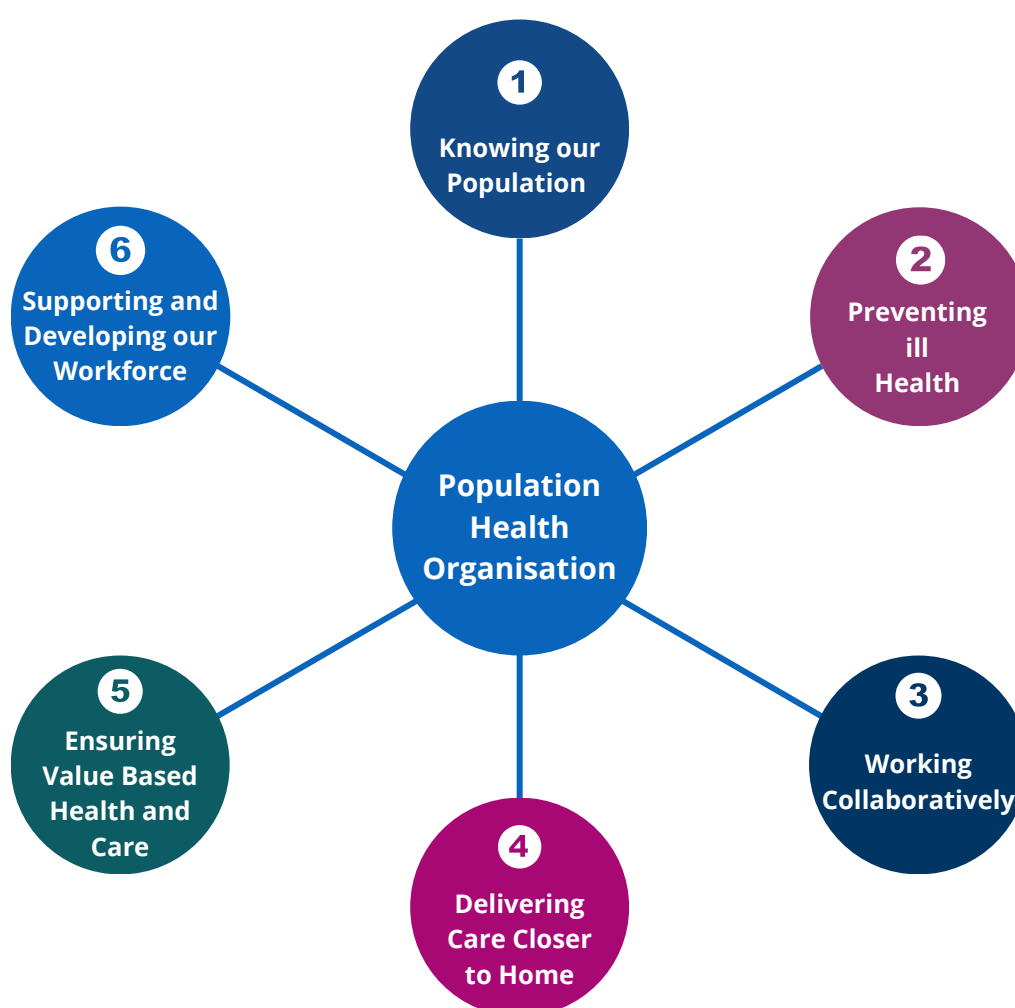
To eliminate health inequalities, it is our vision to become a population health organisation. A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.

As a population health organisation, NHS Forth Valley will work with our partners to:

- Improve and protect the health and wellbeing of the whole population.
- Tackle health inequalities.
- Improve the way services and supports are developed and delivered.
- Deliver high value and sustainable health and care.

By preventing people from becoming unwell or providing support to those of you who are ill at an earlier stage, it means you can enjoy longer, healthier and happier lives. Reducing health and wellbeing inequalities also helps to ease pressures on health and care services. This will free up more resources to develop and improve services in the future. Investing in services which prevent ill health and deliver better health outcomes will help us to respond to future increases in demand, financial and workforce challenges, new technologies and procedures and new medicines.

The key elements in becoming a population health organisation are outlined in the diagram below. These points are developed further within the rest of this Strategy document.



# 1 Knowing our Population

To be able to improve everyone's health, it is important that we understand the health needs of everybody who lives in Forth Valley. There are challenges we need to plan for and there are opportunities to explore, innovate and develop, to deliver modern services that meet the needs of our communities.

Our population is changing. We will have more elderly people and less people of working age across our communities. Many of our older population will live healthy, engaged and independent lives, supporting their families and communities. However, we also know that an aging population means we will have more people who need support with their health issues, have more than one long term health condition and have complex medical needs which will increase demands on our services.



## What you shared with us

- ✓ You want to be more proactive in managing your own health and wellbeing, with the right information, support and input from health care professionals.
- ✓ You want more services to be in your local communities.
- ✓ You would like there to be greater availability of alternatives to attending a face-to-face appointment.
- ✓ You want to be regarded as experts in your own health and wellbeing.



# 1 Knowing our Population

## Why is this Important?

There are challenges we need to plan for and opportunities to explore, to develop and improve our services for the whole of the Forth Valley population.

## Our population is changing:

From 2018 to 2043, the Forth Valley population is projected to increase by 5.9% (from 306,070 to 324,159 people).



People aged over 75 are expected to increase by around 80% (from 25,262 to 45,211 people)



From 2018 to 2043, the number of children aged under 18 in Falkirk and Clackmannanshire is expected to reduce by 5.8% (from 57,300 to 54,000)



## More people are experiencing poorer health. In Forth Valley, the evidence shows that since 2019:

People are dying younger and the number of people dying early is increasing

People are spending more of their life living with ill health

The gap in life expectancy between the poorest and wealthiest people is growing

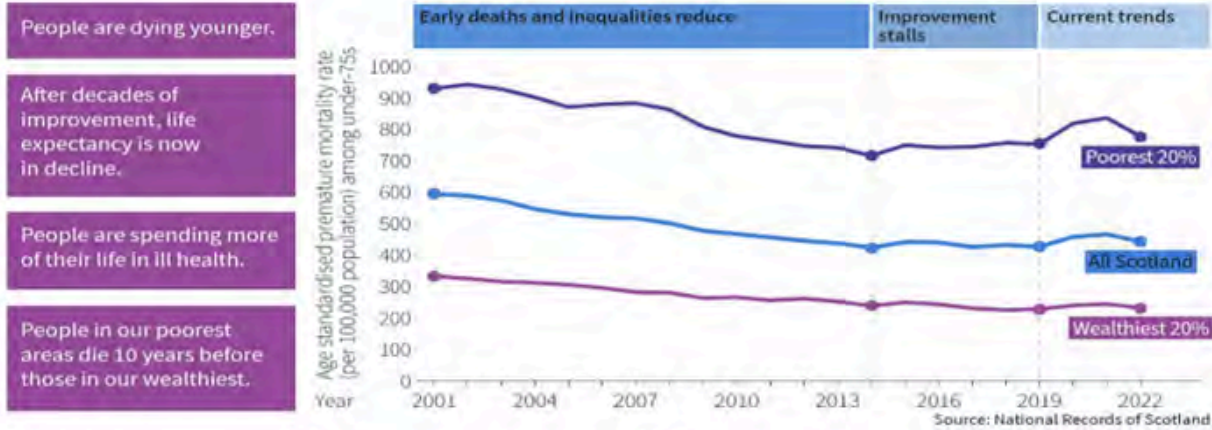
There is a 24-year gap in the time spent in good health between the most affluent and most deprived areas

There will be a 21% increase in the number of people living with long term conditions between 2020 and 2043



## Where are we now and where are we heading if nothing changes?

Improvements in population health have stalled and Scotland's health is worsening.



Burden of disease is forecast to increase by 21% over next 20 years

Two thirds of this increase will be due to increases in:



Cancers



Cardiovascular disease



Neurological conditions



### There are health inequalities across Forth Valley which impact on life expectancy and healthy life expectancy. Examples include:



In Clackmannanshire 38.8% of people living in the most deprived areas are out of work and on benefits compared to 27.9% living in the most deprived areas of Falkirk. In the least deprived areas, the percentage out of work on benefits is 7.6% for Clackmannanshire and 4.3% for Stirling.



Educational attainment is lowest for people living in the most deprived areas of Clackmannanshire and highest in the least deprived communities in Stirling.



The rate of child poverty is highest in the most deprived communities at 45.6% in Clackmannanshire, 38.2% in Falkirk and 32.9% in Stirling and between 6% and 10% in the least deprived communities across Forth Valley.



Approximately 6 in 10 people experience psychological trauma at some point in their lives. It is important we understand how this can affect people and make sure support is easy to find when it's needed. We will work to reduce barriers to care, support recovery and improve outcomes for people affected by psychological trauma.

## 1 Knowing our Population

We are creating detailed community profiles to better understand local needs and plan future services. These profiles will include data on:



Long-term  
health  
conditions



Age  
Profiles



Access to  
personal  
transport



Disabilities



Proximity to  
health and  
care services



wider factors like  
income, education,  
and employment.

Combined with health projections, this information will help us design sustainable services tailored to local communities.



## Equality and Inclusion

We are committed to continuing our work to build an inclusive organisation where everyone is treated with dignity and respect and feels welcome, safe and supported, regardless of background or circumstance. We will take action to tackle inequalities, discrimination and stigma to ensure that NHS Forth Valley is a place where everyone feels included and valued. While our role as a population health organisation is to improve the health of our entire population, we recognise the need to reach out to those who face the greatest barriers to good health, ensuring they receive the additional support they need.

To do this, we will continue to work closely with our communities, our staff and our partners. By listening to the people we serve and work with, we can better understand their needs and make meaningful, lasting improvements.

We have carried out an Equality Impact Assessment (EQIA) to shape this Strategy to ensure that equality has been considered at every step. It has also been informed by the national EQIA carried out on Scotland's Population Health Framework. This means our future plans and actions will be designed to deliver meaningful change, supporting those most affected by inequalities and making our services more inclusive.

In addition, we are committed to meeting relevant legal obligations, including those set out in Fairer Scotland Duty (which considers socioeconomic inequalities) and the United Nations Convention on the Rights of the Child United (Scotland) Act 2024.

This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities. We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use. Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.



### Our Ambitions – we will

- 1 Work closely with our local communities - listening to their experiences, understanding their needs, and using community profile data to develop targeted solutions that help reduce inequalities.
- 2 Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.
- 3 Work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.
- 4 Work with partners to set shared goals for improving community health, using data and research to guide planning and track progress
- 5 Check that future service delivery plans include and support all groups, especially those with protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion of belief; sex; sexual orientation).
- 6 Plan healthcare services based on what the population needs, not just on administrative boundaries, to make care fair and efficient.
- 7 Help to support better coordination in planning healthcare at national, regional, and local levels.

## 2 Preventing Ill Health

Preventing ill health is important for improving the health and wellbeing of the Forth Valley population. We want to empower and support people to take more control of their health and wellbeing, to avoid illness and manage health conditions more effectively. This will help to create a healthier population with fewer people requiring avoidable medical treatments or periods in hospital. This approach not only improves quality of life but also reduces the costs of health and social care significantly.

### What you shared with us

- ✓ You highlighted the challenges you face in improving your health and wellbeing.
- ✓ You want to be fully involved in decisions around your treatment and care.
- ✓ You want to have the right information to manage your own health.
- ✓ You told us that early access to screening and early diagnosis is important.
- ✓ You recognised the health inequalities linked to where you live, your income, your age or your ethnicity.
- ✓ You emphasised the opportunities to promote wellbeing and healthier lifestyles in everything that we do, through more prevention and self-help activities.



### Why is this important?

Prevention is one of the most effective ways to create value in health and care, improving quality of life while also reducing costs of healthcare. Examples include lifestyle advice and support to stop smoking, decrease alcohol intake, or increase the amount of exercise you take as well as support to help manage high blood pressure or cholesterol levels. Prevention can avoid health conditions from developing or becoming worse, avoid you losing your independence or ability to work due to ill health and help you live a longer, healthier life.

There are already many great examples of preventative actions that have helped to improve health and wellbeing, including vaccination programmes, national cancer screening programmes and work with our partners to improve social factors such as education and family income. These efforts have helped reduce the number of preventable deaths, such as from cancer and heart disease, but there are still many more each year that could be avoided.



## 2 Preventing Ill Health

Health and social care services are only one part of what affects your health and wellbeing, which is why it is so important that we work closely with our communities and our partners.

Only 5% of healthcare spend is currently focused on prevention. The cost of failing to put prevention first can be seen in the rising demand for health and social care but also impacts on other public services. That demand, however, is not shared equally across all groups. For example, conditions such as coronary heart disease, diabetes and stroke are among the biggest contributors to health inequalities, being responsible for around 20% of the difference in life expectancy between the most and least deprived communities.



Those with the greatest health needs often find it difficult to access the services and supports they require. For example, people who regularly miss healthcare appointments are known to be at risk of an earlier death. Improving healthcare access, experience, and outcomes for those that need it most can support people to live well longer, while reducing pressure on the health and care system and healthcare costs in the longer-term.



Only 5% of healthcare spend is focused on prevention



Coronary heart disease, diabetes and stroke are among the biggest contributors to health inequalities



## 2 Preventing Ill Health

### Child Poverty

Local Child Poverty Action Reports are developed jointly between NHS and local councils to outline the steps we are taking to meet national child poverty targets. In 2024, 18,663 children in Forth Valley were living in low-income families. This highlights the urgent need for coordinated action. To address this, we are working closely with our partners to make reducing child poverty a core priority. Our efforts include improving financial wellbeing for pregnant women and their families, ensuring they have access to the support they need from the earliest stages. We are also increasing awareness and understanding among frontline health and social care staff, equipping them with the knowledge and tools to identify and respond to child poverty in their daily roles. In addition, we are supporting community wealth building activities that help retain and circulate resources locally.

### Best Start Maternity and Neonatal Care

We are implementing Best Start - the national improvement plan for maternity and neonatal services. This aims to provide family-centred care, building strong family relationships to support confident and capable parenting. This will help to reduce inequalities and deprivation, supporting the best possible outcomes for mothers, babies and the wider family. Person-centred, safe and high-quality care for mothers and babies throughout pregnancy, birth and



following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children, throughout their life.

### Women's Health Plan

The national Women's Health Plan acknowledges that women face particular health inequalities and, in some cases, disadvantages because they are women. Women do not always receive equal healthcare to men and health outcomes are poorer for women than those for men for some conditions. NHS Forth Valley will continue to take action and make changes to improve women's health and reduce inequalities in health outcomes for girls and women, for sex-specific conditions and women's health in general.



### Examples of preventative activity already underway

#### Type 2 diabetes prevention and early intervention - Healthier Future Team

Since 2015, the number of people with type 2 diabetes in Forth Valley has increased by 27%, (rising from 14,314 to 19,533 people). Type 2 diabetes is more common in people who are overweight or obese, people living in deprived areas, and is increasingly common as people get older. Type 2 diabetes can lead to poorer health and shorter life expectancy but is often preventable. Around 6.4% of the people in Forth Valley now have type 2 diabetes, and hospital admissions are rising. The type 2 diabetes Healthier Future Team promotes person-led care, helping people take control of their health through prevention, self-management, improved glucose control and support for disease remission. They work with partners to reach those people who are most at risk.

#### Hip fracture prevention

Hip fractures in older adults often lead to poor outcomes, with 27% dying, 16% admitted to hospital and 5% suffering another fracture within 12 months. Many individuals are unable to return to living independently and require additional social care support at home or a place in a local care home. A Forth Valley study reviewed current falls and fracture prevention activities and explored future options for improvement. With £11.5m spent annually on hip fractures, some funding could be redirected to prevention, including community exercise classes, home hazard assessments, frailty and bone health screening and self-management tools for those at risk. A Falls and Fracture Prevention Plan will be developed to support a further shift towards prevention activities.



### Our Ambitions – we will

- 1 Embed ill health prevention in all health and care services and Community Planning Partnership work.
- 2 Prioritise areas for ill-health prevention activity.
- 3 Target the causes of inequalities within the Forth Valley area together with our local partners.
- 4 Ensure fair access to healthcare, screening and vaccinations.
- 5 Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol.
- 6 Develop social prescribing to further connect people to activities, groups, and services in their communities.
- 7 Increase the percentage of our collective resources spent on ill health prevention activities each year.

### 3 Working Collaboratively

We know that a range of factors contribute to health inequalities and poor health. As a Population Health Organisation, NHS Forth Valley must work closely with our communities, our staff and our partners to agree population health priorities, describe the outcomes we want to see, measure outcomes to help monitor change and deliver improvements in health and wellbeing.



#### What you shared with us

- ✓ You want stronger collaboration across all partners and sectors to improve population health together.
- ✓ You told us that services should communicate better and share data to reduce duplication and improve coordination.
- ✓ You value the involvement of people with lived experience in designing services.
- ✓ You want more locally available and community-led services.
- ✓ You want transport to be available when you need to travel to appointments.
- ✓ You want transport to be available when you need to travel to appointments. You recognise that your health and wellbeing is affected by things like housing, income and the areas where you live.



### Why is this important?

#### Community Planning

Community Planning is a statutory framework that brings together public sector organisations to work together with local communities to improve health, wellbeing, and reduce inequalities. These include NHS Boards, Health and Social Care Partnerships, councils, police, fire and rescue services, colleges and universities.

We will ensure that we provide the strongest possible contribution to the three local Community Planning Partnerships in Forth Valley and work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing, children and young people, healthy weight and cardiovascular disease prevention.

Our whole system approach will focus on preventing ill health and decreasing inequalities together, supported by prevention focused licensing and planning decisions.

Together with Community Planning partners, we will use the national Place Standard Tool to help better understand what matters to local communities. The tool helps people to think about the physical and social aspects of places and the important relationship between them, to assess and identify areas for improvement.

#### Anchor Institution

Anchor institutions are large organisations that have a significant stake in their local area. They have sizeable assets that can be used to support their local communities to tackle health inequalities and support health and wellbeing. As a large organisation connected to our local communities, we recognise the positive contribution we can make to the health and wellbeing of people in Forth Valley as an anchor institution, beyond the provision of healthcare services. We will collaborate with the other anchor institutions in our communities to help you access fair work, learning and training. We will work together to build a strong local economy and to target support at the most vulnerable people, especially children and families living in poverty.

As an anchor institution, NHS Forth Valley is committed to working to create fair and inclusive employment opportunities by recruiting more people from across Forth Valley and ensuring all staff are paid a living wage. Wherever possible, we will purchase goods and services locally to help support local businesses and the economy. In addition, we will make better use of our land and buildings to benefit local communities, providing spaces that support public services, community initiatives, and wellbeing.



## 3 Working Collaboratively

### Health and Social Care Partnerships

In Forth Valley, there are two Health and Social Care Partnerships, one covering the Falkirk council area and the other covering the Clackmannanshire and Stirling council areas. These were created to improve outcomes for people, their families and carers by creating more integration and seamless health and social care services, reduce duplication and increase efficiency.

We will ensure that we provide the right care in the right place at the right time, across a variety of primary care, community and hospital settings.

We recognise and value the essential role that carers play in our health and care system. Whether they are family members, friends, or neighbours, carers offer support, compassion, and care to those who need it most.

With our partner organisations, we take the Getting it Right for Everyone (GIRFE) approach to providing support and services from young adulthood to end of life care which is delivered by NHS Forth Valley and our partner organisations. This provides a more personalised way to access help and support when it is needed, placing the person at the centre of all the decision making that affects them. We have also embedded Getting it Right for Every Child (GIRFEC) in practice, which provides a consistent approach to improving and safeguarding the wellbeing of children and young people.

### Participation and Engagement

In 2025, we published our Participation and Engagement Strategic Framework. This confirms our commitment to listen to and work with staff, primary care colleagues, carers, partner organisations and communities to improve local health services. Effective engagement helps identify potential issues and opportunities, improve outcomes, and enhance service user experience. The Strategic Framework outlines our approach, based on national standards and legislative requirements, to support best practice in participation and engagement to ensure a stronger voice for our communities.



### Examples where we are building healthier communities together

#### Innovation, Workforce Development and Inclusion

NHS Forth Valley works with the University of Stirling and Forth Valley College to support research, innovation, and career development for health and care staff. Our goal is to grow the future workforce locally, ensuring staff have the skills and experience to meet evolving needs. We are expanding opportunities through a wider range of modern apprenticeships in areas such as administration, estates, and finance. To support parents returning to work, we offer targeted training and placements to help them re-enter the workforce confidently. We also run career sessions and volunteering opportunities for young people, giving them insight into health and care roles and preparing them for future careers in the sector. Recognising the importance of work-life balance, we continue to promote flexible working arrangements that support staff wellbeing and help people thrive both professionally and personally.

#### Working together to support healthy weight in children

NHS Forth Valley's Child Healthy Weight Team is working with a community group in Clackmannanshire, to help children and young people who are at risk of or living with obesity. The Team trained and supported volunteers to run family cooking sessions that help young people learn new skills, build confidence, try healthy foods. It also supports families to learn how to make healthier food choices together and work towards a healthier weight. This collaboration has now grown to include local schools.



### Our Ambitions – we will

- 1 Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.
- 2 Play a full role in the regional Anchor Board to provide greater employment opportunities and support the local economy.
- 3 Take forward work across local health and social care services to deliver improvements in urgent and emergency care.
- 4 Continue to work with our two Health and Social Care Partnerships to further integrate local health and social care services and support.
- 5 Work with carers and carers' organisations - listening to their experiences, learning from their insights, and ensuring they have the support needed to continue their vital role.
- 6 Support the continued development of the three local Community Planning Partnerships to improve the health of local people across Forth Valley.





## 4 Delivering Care Closer to Home

We know that delivering health services in local communities leads to better health outcomes. It is also more equitable and more cost-effective, by reducing the need to refer you for more specialist care and treatment. Providing more local services can also make it easier for you to get the care and support you need, especially if you are more vulnerable.

It is our ambition to move more care and services into your local communities, supported by community-based health and care staff. As we develop more services in your local communities, there is an opportunity to expand the skilled workforce available to meet the needs of those of you with several or more complex health conditions.



### What you shared with us

- ✓ You want strong support for offering more health and care within the community, particularly in outlying areas where transport can be challenging.
- ✓ You told us that it is important to redesign and strengthen primary care and community-based services.
- ✓ You told us about the importance of different types of appointments offered e.g. face to face, telephone and online consultations.
- ✓ You want quicker and more local access to health and care services.
- ✓ You want greater care coordination to reduce duplication and delays.
- ✓ You want more support for people to be knowledgeable about their health conditions and the options for care and treatment.



## 4 Delivering Care Closer to Home

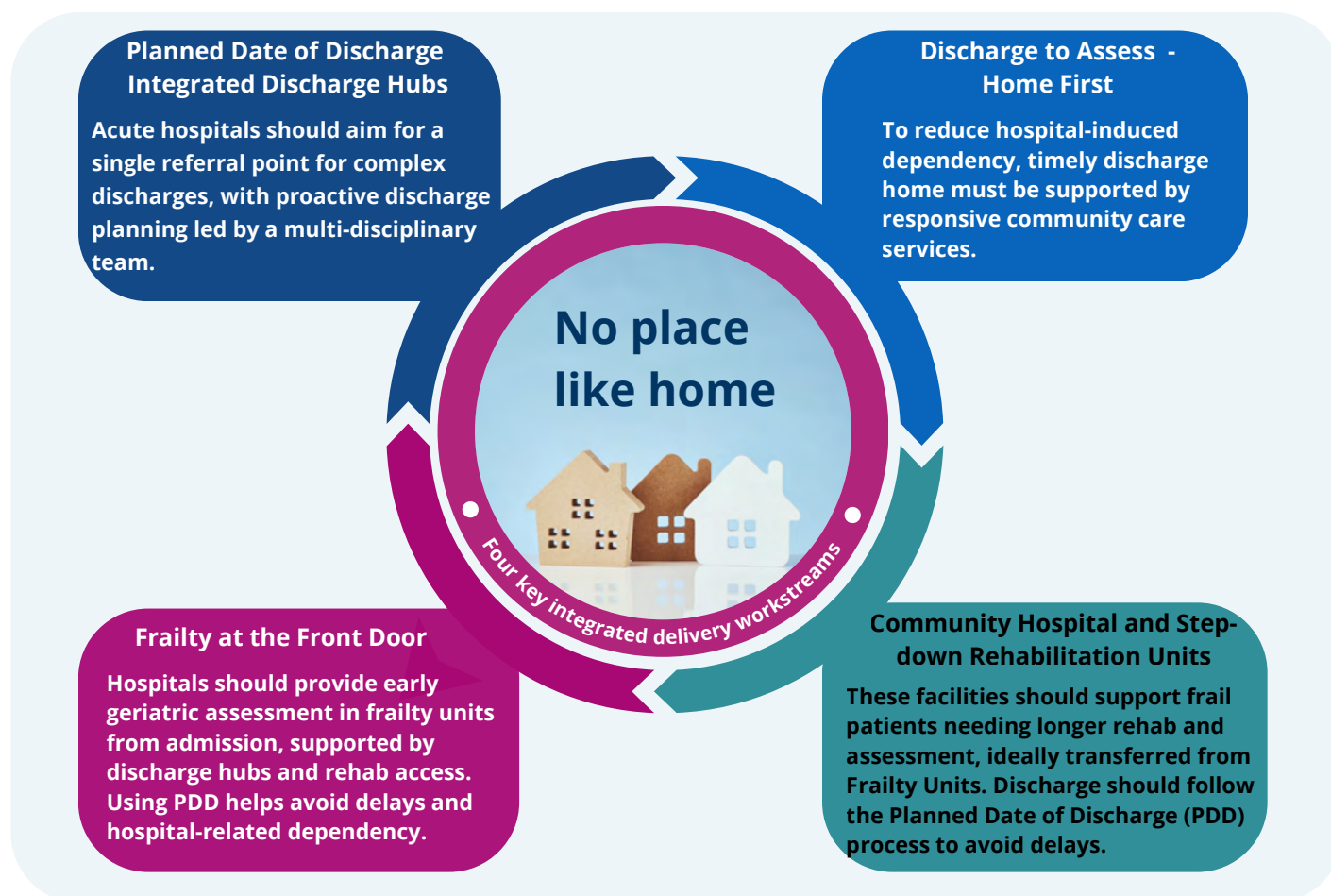
### Why is this important?

Providing you with the right care, in the right place and at the right time, gives the best outcomes. This means that more health services need to be delivered in or nearer to local communities where people live. Providing care closer to home makes services easier to access and helps people stay active and independent in their own homes and local communities. Much of this care is provided by a range of healthcare professionals working in primary care settings, including GP practices, dental surgeries, pharmacies and opticians. These primary care teams work closely with a range of community-based healthcare professionals, including community nurses, community mental health nurses and Allied Health Professionals (AHPs) working in local health centres and GP practices or in people's homes. We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.

If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely. If you do need to stay in hospital, we want to ensure that you can return home as soon as you're well enough, with the right support in place. This 'Home First' approach aims to reduce the length of time patients stay in hospital, avoid any delays in being discharged and support people to continue their recovery at home.



## 4 Delivering Care Closer to Home



The number of people aged over 65 years, particularly those people who are frail, will continue to rise over the next 20 years. It is essential that frail older people are assessed at an early stage, so that services can be put in place to support them, prevent their health from deteriorating and enable them to continue to live safely at home for as long as possible. The Hospital at Home service provides short term hospital-level care in people's own homes, enabling individuals to live at home whilst receiving specialist care. In the Frailty Unit at Forth Valley Royal Hospital, health and social care professionals can provide comprehensive assessments and develop a treatment and care, enabling many older people to return home without having to be admitted to hospital.

Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes. This includes the development of joined up assessment and treatment pathways for people with neurodevelopmental conditions.



### Examples of services that will be provided closer to home

#### Community Glaucoma Service

The Community Glaucoma Service is being established to support patients with stable glaucoma to receive care at local optometry practices instead of hospital. This shift, which will be supported by additional training and equipment, aims to reduce hospital visits, improve access to care and shorten waiting times as the number of people with glaucoma and other eye conditions increases.

#### Preventing the development of heart disease

GP practices will offer a new service to identify people most at risk of heart disease to help prevent it. It will focus on spotting risk factors early - especially in people who may not realise they're at risk - and offer early treatment, advice and support to help reduce those risks. New ways to reach people who don't often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.



### Our Ambitions – we will

- 1 Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.
- 2 Embed a “Home First” approach across our services, building on the work of the national Discharge Without Delay Collaborative.
- 3 Reduce the amount of time people spend in hospital by working with our partners to ensure that when people are ready, they can return home with the right support in place.
- 4 Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.
- 5 Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support.
- 6 Work with partners to further develop mental health and wellbeing services which provide the best outcomes for people.
- 7 Further develop urgent care services which provide timely access to specialists.
- 8 Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.



## 5 Ensuring Value Based Health and Care

We must ensure that services are designed and delivered in ways which prevent ill health, tackle inequalities and achieve the best outcomes for the current population, as well as future generations. Value Based Health and Care provides an approach that aims to ensure best use of the resources available to improve the health and wellbeing of all local people and to achieve better outcomes for everyone.

Investing in prevention - whether it's stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value. Research shows that for every £1 spent, the average return is £14, driven by better health and wellbeing, fewer cases of poor health, and reduced demand for clinical treatment services.

We also need to deliver health services that are sustainable. Work is being taken forward across NHS Forth Valley to help local teams look at how they can use their resources to deliver maximum value for patients. This involves reviewing existing pathways, approaches and services to identify what delivers the biggest impact and best outcomes for patients and any activities that do not add value. It also builds on the considerable work already undertaken locally to deliver Realistic Medicine and to change the way many local services are designed and delivered in response to increasing demand.

### What you shared with us

- ✓ You would like to be seen quickly so that you can receive the correct diagnosis and treatment.
- ✓ You want greater coordination across all services to reduce duplication and avoid delays.
- ✓ You would like more services to be provided in local communities.
- ✓ You want to receive safe and effective care and treatment.
- ✓ You want to see more focus on delivering service which meet the needs, preferences and goals of individual patients and their families.



### Why is this important?

Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.

The programme aims to support all services to review and reform the care they deliver, to ensure they deliver the best possible value. The expected impact and benefits are outlined below.

**Personal value:** Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals. Outcomes should be measured and shared decision making with individuals promoted through staff training and appraisal.

**Waste:** Identify and address all forms of waste, including clinical, time and resources by ensuring services are supported to use capacity appropriately and to work collaboratively with procurement teams. All actions should support sustainable care in line with the NHS Scotland Climate Emergency Strategy.

**Stewardship:** Maximise the effective use of available resources and deliver the best value healthcare.

**Unwarranted variation:** Understand and reduce unwarranted variation, using local and national sources of information, while working with Public Health Scotland and third sector organisations, and address disparities in access, treatment and outcomes.

**Demand optimisation:** Support healthcare professionals to use interventions appropriately. This includes diagnostic tests like CT scans and blood tests and prioritising interventions that add meaningful value to care. All staff need to understand the cost and value of tests, equipment and other resources used in their daily practice.

**Activities of low or limited clinical value:** Understand which procedures or resources meet the definition of low or limited clinical value and plan to reduce the overuse or underuse of interventions, ensuring that resources are allocated effectively to meet people's needs. Reducing the use of medicines with limited clinical value helps reduce the use of unnecessary medications and polypharmacy.

## 5 Ensuring Value Based Health and Care

NHS Forth Valley has a good track record of improving access to outpatient clinics, day case treatments, surgical operations and diagnostic tests. For example, by taking a Value Based Health and Care approach, staff have been able to improve productivity in our operating theatres to help increase capacity and reduce waiting times for surgery, while reducing overall costs. Our theatres have also embraced greener ways of working, including reducing clinical and domestic waste and replacing single use items with reusable alternatives.

We also recognise the importance of being able to offer advice, information and support to help you to keep as well as possible whilst you are waiting for an appointment or an operation.



## 5 Ensuring Value Based Health and Care

### Delivering Speech and Language Therapy Support in Schools & Nurseries

NHS Forth Valley's Speech and Language Therapy service now delivers specialist support directly in schools and nurseries, enabling earlier help without formal referrals. This empowers teachers, support staff, and parents with the skills and confidence to



support children's speech and language needs. The approach has reduced demand, improved access, and helped maintain some of Scotland's lowest waiting times. Families report high satisfaction, greater confidence, and better outcomes - including improved attendance, fewer exclusions, better literacy attainment, and an improvement in the percentage of young people progressing to positive destinations after leaving school. It shows how changing service delivery can improve outcomes without requiring extra resources.

### Rapid Cancer Diagnostic Centre

More than a third of people diagnosed with cancer experience non-specific symptoms, which can delay their diagnosis. To address this, the Forth Valley Rapid Cancer Diagnostic Centre opened in May 2025, offering faster, more direct investigations and assessments. The service enables earlier detection and referral for those with cancer, while providing reassurance and appropriate care pathways for those without cancer. It takes a person-centred approach, giving patients a single point of contact during the diagnostic part of the pathway. Feedback has been positive, highlighting the centre's role in improving access, reducing delays, and supporting better outcomes for people across Forth Valley.

### Adult Weight Management

The Adult Weight Management Service faced a significant challenge with lots of people waiting, often for long periods, to access the service. This negatively affected patient motivation and satisfaction. Access to the service was difficult, and people wanted more choice and better outcomes. Recognising the need for change, the team introduced a series of service improvements. A key innovation was the introduction of group information sessions, supported by a surge in patient-facing activity. These changes made a real impact. People could now attend an information session within just six weeks and start a programme two weeks later. Around 40% of attendees managed their weight independently afterward. The percentage of people who stayed engaged with and completed the weight management programme improved from 53% to 83%. There were fewer missed appointments and there was no negative impact on people from areas of deprivation. Patients felt better informed, and the service gained capacity to deliver more targeted support to those with the greatest need. Staff wellbeing also improved, with reduced stress and improved wellbeing - a positive outcome for everyone involved.



### Our Ambitions – we will

- 1 Implement a value based health and care approach across local health and care services, making the best use of available resources to deliver better health outcomes for local patients.
- 2 Continue to listen and learn from local patients and their families to improve their experience.
- 3 Further improve access to care and treatment through ongoing work to reducing waiting times for outpatient, inpatient and day treatment.
- 4 Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.
- 5 Continue to improve and streamline services and support for people with cancer to speed up diagnosis and treatment.
- 6 Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.



## 6 Supporting and Developing our Workforce

We look after and value all our staff and the contractors who work with us. People are at the heart of our strategy, which aims to attract and retain diverse staff, and improve staff experience and wellbeing. We strive to have a culture which enables and empower our staff to fully participate in the transformational change our strategy will deliver. A motivated workforce supported to grow and given the opportunity to be involved in and inform the changes we are planning will be the foundation for our strategic vision, which aims to improve the health and wellbeing of everyone living in Forth Valley.



### What you shared with us

- ✓ You highlighted the importance of our staff.
- ✓ You told us that people have confidence in our staff.
- ✓ You recognised that the Covid-19 pandemic has had a lasting impact on staff health and wellbeing.
- ✓ You told us that people want more support to help them make decisions about their health.
- ✓ You told us that culture change and strong leadership are key to the future.
- ✓ You reinforced the importance of healthcare professionals actively delivering person-centred care.
- ✓ You recognised the need to build workforce capacity and ensure long term sustainability.



### Why is this important?

The most significant challenges facing us in 2025 and beyond are related to finance and our workforce. The ongoing difficulties in recruiting staff for certain services where there are national shortages and the need to plan ahead in areas with an older workforce profile, where we know staff are likely to retire in the next few years, require us to think and work differently. Increasing demand for health and care services and a growing local population also poses many challenges across hospital, community and primary care services. We need to ensure that our staff and primary care colleagues are able to respond to current and future demands in healthcare.

Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention across health and social care services. This has helped us to understand the future needs of our workforce and we will continue to work collaboratively with the key partners to grow our future workforce and ensure they have access to the training, support and career opportunities they require to meet current and future healthcare needs.

Our workforce ambitions will be based around our core values which put our people at the centre of what we do, maximises inclusion and recognises the strength in diversity to deliver great results.





### Examples of workforce development

#### Developing new roles

NHS Forth Valley is developing new roles such as Medical Associate Professions and Clinical Support Workers. We have appointed Physician Associates to work in anaesthetics and Surgical Care Practitioners provide aspects of urology and breast care. We continue to develop roles for Advanced Nurse Practitioners (ANPs) who have undergone specialist training and gained additional qualifications. The work of ANPs across primary care, hospital and community settings, mental health services and prisoner healthcare services has helped increase capacity and reduce waiting times. It has also freed up GPs and Consultants to focus on patients with more complex healthcare needs. Work continues with our university and college partners to explore new and innovative roles to help meet future demand.

#### Culture and Leadership

Our Culture Change and Compassionate Leadership Programme is an ongoing priority to help improve the experience of local staff at work. Extensive engagement with staff across the organisation has identified key themes and work continues to implement ideas and solutions which staff believe have the potential to make the greatest positive impact. NHS Forth Valley Board has adopted the NHS Scotland values, and work is underway to help embed these across the organisation recognising that living and upholding these values is key for successful culture change.





### Our Ambitions – we will

- 1 Continue to develop as an organisation with compassionate leadership, fostering a culture that supports wellbeing, inclusion, and respect for diversity.
- 2 Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.
- 3 Continue to provide practical health and wellbeing support tailored to the varied needs of our workforce, ensuring everyone has a positive experience of working in Forth Valley.
- 4 Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation.
- 5 Promote a wide range of career pathways and create accessible opportunities for work experience and employment across local health and social care services.
- 6 Set objectives for staff recruitment and retention to address identified workforce challenges and support the development of a sustainable, representative workforce.

## Delivering the Strategy Together

This Strategy sets out our high-level vision, aims and ambitions for the next 10 years. We are changing how we work so we can better support people to live well and stay well. We will focus on preventing illness, reducing inequalities, making sure care is available where and when people need it most and making the most of our available resources. This will not be simple, but we are ready to make the necessary changes.

This transformation will be supported by detailed implementation and annual delivery plans. Progress will be monitored closely, and we will adapt our plans and resources to respond to changing local needs and priorities.

This Strategy has been shaped by feedback from our service users, staff, partners and communities. We thank everyone who contributed. Your input has helped us focus on what matters most. As we move forward, we will continue to listen carefully, learn from experience, and adapt our plans to meet changing needs.

We invite our partners, our staff, and the people of Forth Valley to work with us to help deliver this Strategy. We all have a role to play in shaping our healthcare system so that it continues to meet our local needs and supports the people of Forth Valley to live longer, healthier lives.



|                                        |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Allied Health Professionals</b>     | Allied Health Professions are healthcare professionals who apply their expertise to diagnose, treat and rehabilitate people of all ages and all specialties. AHPs are distinct from medicine, pharmacy and nursing and include professions such as physiotherapy, dietetics, speech and language therapy, occupational therapy, podiatry. |
| <b>Anchor Institution</b>              | Anchor Institutions is a term used to describe large organisations, such as NHS Boards, colleges, universities the police and local councils that have the potential to support their local economy and communities through the creation of jobs, training opportunities and the purchase of goods and services.                          |
| <b>Benchmarking</b>                    | Benchmarking is the practice of comparing processes and performance with national best standards and practices in other organisations.<br>Capacity means the number of hospital beds, staff or facilities which are available.                                                                                                            |
| <b>Building Blocks of Health</b>       | A source of information on unfair differences in income, wealth and power, which are important drivers of health and health inequalities in Scotland.                                                                                                                                                                                     |
| <b>Burden of Disease</b>               | This describes the total impact of illness on the lives of people, including poor health, disability and premature death. It helps the NHS understand where services and support are most needed.                                                                                                                                         |
| <b>Capacity</b>                        | Capacity means the number of hospital beds, staff or facilities which are available.                                                                                                                                                                                                                                                      |
| <b>Carer</b>                           | A carer is anyone who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.                                                                                                                                                                    |
| <b>Community Nursing</b>               | Describes staff who provide nursing care to people in the community, for example in their own homes. They aim to enable them to remain at home, where possible and assist individuals to improve, maintain or recover their health and provide support and care to those with life limiting illnesses.                                    |
| <b>Community Planning Partnerships</b> | Community Planning Partnerships bring together public sector organisations like councils, NHS boards, enterprise agencies and colleges to work together.                                                                                                                                                                                  |
| <b>Community Wealth Building</b>       | This is an approach to economic development. It aims to change how economies function so that more wealth is directed back to local economies, communities have more control over decision-making and local people receive more benefits from economic development.                                                                       |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Consultations</b>                                   | Meeting with an expert or professional, such as a medical doctor or physiotherapist, in order to seek advice.                                                                                                                                                                                                                                                                             |
| <b>Day case</b>                                        | A day case refers to a patient admitted to a hospital or clinic for treatment, such as surgery or procedures, but is expected to be discharged and return home on the same day, without needing an overnight stay.                                                                                                                                                                        |
| <b>Deprivation</b>                                     | Deprivation is a term used to describe areas of population which have a lower income and a reduced standard of living, which can often lead to health inequalities.                                                                                                                                                                                                                       |
| <b>Discharge Without Delay</b>                         | Discharge without delay refers to the process of releasing a patient from a hospital as soon as they are medically stable and ready, minimising any unnecessary delays in their discharge. This initiative aims to improve the patient experience, reduce hospital bed occupancy, and free up resources for other patients                                                                |
| <b>Early intervention</b>                              | Early intervention is about taking action as soon as possible to tackle problems for people and their families before they escalate further and then become more difficult to treat.                                                                                                                                                                                                      |
| <b>Elective admission</b>                              | This is an admission to hospital which is planned in advance and is also sometimes referred to as planned or scheduled admission                                                                                                                                                                                                                                                          |
| <b>Emergency Department</b>                            | The Emergency Department provides care for people with symptoms of serious illness or who have been badly injured. Patients arrive without prior appointment, either by their own means or by ambulance.                                                                                                                                                                                  |
| <b>Engagement</b>                                      | Engagement is a term used to describe the involvement of stakeholders in any project to seek views and sharing of information.                                                                                                                                                                                                                                                            |
| <b>Equality Impact Assessment (EQIA)</b>               | An equality impact assessment (EQIA) is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.                                                                                                                                                                                                               |
| <b>Family Nurse Partnership</b>                        | The Family Nurse Partnership has specially trained nurses working with young, first-time mothers to prepare them for motherhood and throughout the first two years of their child's life. They support mothers and their families from early pregnancy until the child's second birthday. The program aims to improve the health and life chances of both the child and the young parent. |
| <b>Forth Valley University College NHS Partnership</b> | The Forth Valley University College NHS Partnership is between NHS Forth Valley, the University of Stirling and Forth Valley College. With a focus on research, innovation, learning and career development, it aims to drive forward innovation to improve the health and wellbeing of local staff, patients and communities across Forth Valley and beyond                              |

## **General Practitioners (GPs)**

A GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their healthcare needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met.

## **Health and Social Care Partnerships**

Health and Social Care Partnerships (HSCPs) are the organisations formed as part of the integration of services provided by NHS Boards and local councils.

## **Health inequalities**

Health inequalities are differences in health status or in the factors that affect health between different population groups. For example, differences in mobility between elderly people and younger people or differences in mortality rates between people from different social classes.

## **Home First**

Is an approach to support the delivery of care closer to home; avoid unnecessary hospital stays and support early planning for discharge for those who do need to be admitted to hospital through joined-up working between local health and social care teams.

## **Inpatient services**

Inpatient services refer to medical care and treatment provided within a hospital setting where the patient stays overnight or for a longer period.

## **Integration Joint Boards**

Integration Joint Boards oversee the health and social care partnerships and are responsible for planning, resourcing and operational oversight of a wide range of health and social care services.

## **Local Authorities**

Scotland's local authorities (or councils) are responsible for providing a range of public services. This includes education, social care, roads and transport, economic development, housing and planning, environmental protection, waste management, cultural and leisure services.

## **Long term health conditions**

Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care-group or age category and long term conditions become more prevalent with age.

## **Modern Apprenticeships**

A Modern Apprenticeship is a job which lets people earn a wage while they are training and gain an industry-recognised qualification.

|                                                    |                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Multidisciplinary Team</b>                      | A multidisciplinary team is a group of healthcare workers who are members of different disciplines (professions) e.g. psychiatrists, nurses or social workers. The team members work together to assess and agree a care and treatment plan for individual patients.                                                                                          |
| <b>Optometry</b>                                   | Optometry is a healthcare profession focused on the diagnosis, treatment and management of eye conditions, as well as the prescription and fitting of glasses and contact lenses.                                                                                                                                                                             |
| <b>Outpatient clinics</b>                          | A hospital outpatient department or clinic provides treatment for people with health problems who visit for a consultation, diagnosis or treatment, but do not require to stay overnight in hospital.                                                                                                                                                         |
| <b>Partner Organisations (Overview)</b>            | Our partners cover the public sector & government, education & research, third sector & community organisations, healthcare providers and other health-related organisations, and economic & social stakeholders.                                                                                                                                             |
| <b>Partners - Economic and Social Stakeholders</b> | Organisations including local businesses, employers and training providers                                                                                                                                                                                                                                                                                    |
| <b>Partners - Education and Research</b>           | Includes University of Stirling, Forth Valley College, local schools and nurseries.                                                                                                                                                                                                                                                                           |
| <b>Partners - Healthcare</b>                       | Includes primary care providers, such as GPs, dentists, pharmacists, optometrists, and other NHS Boards.                                                                                                                                                                                                                                                      |
| <b>Partners - Public Sector and Government</b>     | Includes local councils (Falkirk, Clackmannanshire, Stirling); Health and Social Care Partnerships (Falkirk HSCP and Clackmannanshire & Stirling HSCP); Scottish Government; Police Scotland; Scottish Fire and Rescue Services; Public Health Scotland.                                                                                                      |
| <b>Third Sector and Community Partners</b>         | Third sector organisations are non-governmental, not-for-profit organisations that are not part of the public and private sectors. They encompass a wide range of groups like charities, social enterprises, community organisations, voluntary organisations and cooperatives, all of which are driven by social or environmental values rather than profit. |



|                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pharmacist</b>                      | A pharmacist is a healthcare professional specialising in medications and providing expert advice to patients and other healthcare professionals. They play a crucial role in ensuring the safe and effective use of drugs, offering guidance on dosage, storage, and potential risks. Pharmacists may also manage drug stocks, see patients in clinics and the community and prescribe medications. |
| <b>Physiotherapy / Physiotherapist</b> | A physiotherapist is a healthcare profession that helps people restore, maintain, and improve their physical abilities through movement, exercise, and other techniques. It aims to help individuals manage pain, improve function, and prevent further injuries or disabilities.                                                                                                                    |
| <b>Podiatry / Podiatrist</b>           | Podiatrists specialise in diagnosing, treating and preventing foot and ankle problems. They diagnose and treat a wide range of conditions, e.g. injuries, skin and nail problems, and conditions related to underlying medical issues like diabetes. Podiatrists may also perform surgery to correct foot and ankle problems.                                                                        |
| <b>Polypharmacy</b>                    | Polypharmacy refers to the use of multiple medications by a single individual, often five or more. While it can be beneficial and necessary for certain health conditions, it also carries risks related to drug interactions and side effects, especially in older adults. Polypharmacy can also result in people not taking their prescribed medication correctly.                                 |
| <b>Population Health Organisation</b>  | A population health organisation is dedicated to improving the health of entire populations, focusing on preventative measures, addressing health inequalities, and promoting overall wellbeing.                                                                                                                                                                                                     |
| <b>Prevention</b>                      | Prevention refers to actions taken to prevent illness. It includes primary prevention (reducing the risk of disease), secondary prevention (early detection and intervention), and tertiary prevention (managing ongoing illness).                                                                                                                                                                   |
| <b>Primary Care</b>                    | Primary care refers to the first point of contact for individuals seeking healthcare advice or treatment. It includes services provided by GP Practices, pharmacies, dental services and optometry. It focuses on providing accessible, general health and wellbeing advice and treatment, as well as managing long term conditions and promoting preventative care.                                 |
| <b>Psychological Trauma</b>            | Psychological trauma can occur when an individual experiences or witnesses seriously distressing events such as violence or abuse. This can cause intense emotional distress and a range of physical and emotional symptoms.                                                                                                                                                                         |

|                                      |                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Resources</b>                     | Resources is a term used to describe money, materials, staff, and other assets available to an organisation.                                                                                                                                                                                                                          |
| <b>Social Prescribing</b>            | A way to help people improve their wellbeing by connecting them to non-medical support or activities in their local community. This includes local exercise or walking group, art or gardening classes, support with housing, debt, or loneliness, volunteering opportunities, mental health or peer support groups.                  |
| <b>Speciality</b>                    | Specialty is a specific area of healthcare and treatment. For example, Psychiatry, Cardiology, Orthopaedics and Learning Disabilities are all specialties.                                                                                                                                                                            |
| <b>Speech and Language Therapy</b>   | Speech and language therapy helps individuals of all ages who have difficulties with communication, including speech, language, and swallowing.                                                                                                                                                                                       |
| <b>Third sector organisation</b>     | Third sector organisations are non-governmental, not-for-profit organisations that are not part of the public and private sectors. They encompass a wide range of groups like charities, social enterprises, community organisations, and cooperatives, all of which are driven by social or environmental values rather than profit. |
| <b>Unscheduled Care</b>              | Unscheduled care cannot reasonably be foreseen or planned in advance and is sometimes referred to as emergency care.                                                                                                                                                                                                                  |
| <b>Value Based Health &amp; Care</b> | Value based health and care is about achieving the best possible outcomes for patients using the resources available in the most effective and fair way.                                                                                                                                                                              |



# NHS Forth Valley Equality Impact Assessment (EQIA)

Please complete electronically and answer all questions unless instructed otherwise. Once complete please email to [FV.EQIA@nhs.scot](mailto:FV.EQIA@nhs.scot) and we will be in touch shortly.

## Section A – What's being assessed?

### 1. Title of EQIA being completed i.e., name of policy, project etc.

NHS Forth Valley Population Health and Care Strategy

### 2. What is it? Please select the primary function.

- |                                                        |                                         |                                              |
|--------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Guidance                      | <input type="checkbox"/> Policy         | <input type="checkbox"/> Project             |
| <input type="checkbox"/> Protocol                      | <input type="checkbox"/> Service Change | <input checked="" type="checkbox"/> Strategy |
| <input type="checkbox"/> Other, please detail below... |                                         |                                              |

### 3. What is the purpose or objective(s) of the proposed work? Tell us about the main aim(s) of the work and the intended outcome(s).

#### 3.1 Background and Purpose

NHS Forth Valley is committed to improving the health and wellbeing of our population. This Strategy outlines our vision, aims and ambitions. Our vision is to become a population health organisation - helping people live longer, healthier lives, reducing inequalities, and delivering high-quality, sustainable services within available resources. It is important to note that the development of our strategy will be informed by our Equality & Inclusion Strategic Framework (2025-2029), with the aim to ensure that delivery of our strategy will positively contribute to the delivery of our Equality Outcome Aims over this period. As this Strategy is a ten-year outline, we will endeavour to align with our future Equality and Inclusion Strategic Frameworks throughout the duration.

### **3.2 Aims and Objectives**

Through the development of the strategy, we aim to:

- Ensure that our high level aims and objectives explicitly include commitments to equality and inclusion, highlighting the importance of addressing health inequalities among different demographic groups.
- Express how our aims and objectives in terms of collaboration and transformation efforts will address the needs of marginalised or easy-to-miss groups.
- Ensure stewardship includes appropriate and fair resource distribution.
- Evaluate how these values are upheld in interactions with diverse populations.
- Ensure dignity and respect are maintained across all services.
- Develop the strategy in collaboration with various partners including organisations representing minority and easy-to-miss groups and assess how local and national plans address equality, ensuring lived experience voices and partnership working.
- By adopting a population health approach, we will improve health for the entire population. This will include evaluating how the approach addresses health inequalities and ensuring plans are inclusive of all demographic groups and protected characteristics.
- Through our strategy engagement activity, we will assess the inclusivity of engagement methods and ensure feedback from diverse groups is considered.
- As a population health organisation we will work with various partners and evaluate how partnerships will address health inequalities and ensure diverse representation in decision-making processes.
- Through work to know our population we will consider demographic changes including aging population and health disparities to assess the specific needs of diverse populations and tailor interventions accordingly.
- Our collaborative work with Community Planning Partnerships will focus on addressing population health and inequalities. We will evaluate whether community planning includes diverse voices and ensure the strategy implementation develops to be inclusive of all community members.
- Through our focus on prevention, we will empower people to manage their own health. We will assess how prevention strategies address health inequalities and ensure access to preventative services for all groups.
- The Strategy will emphasise a community first approach through local services to deliver better health outcomes, reduce inequalities and improve cost-effectiveness.
- This work will involve evaluating how local services address the needs of marginalized groups and ensure equitable access to community-based care.
- We will work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.
- With Value Based Health Care Principles at the heart of the Strategy to prevent ill health, tackle inequalities and achieve best outcomes, we will

assess how this approach will address health disparities and ensure equitable resource allocation.

### 3.3 Measurement of Intended Outcomes

Measuring the success of the strategy will involve using Performance Targets to monitor achievements and measure impact. Evaluating how performance targets include measures of equality will ensure success metrics reflect improvements in health equity.

The Population Health and Care Strategy outlines our vision, aims and ambitions for NHS Forth Valley for the next 10 years. This Strategy It will be supported by detailed implementation plans and annual delivery plans, with regular monitoring and updates to ensure we remain responsive to local and national priorities. As we move forward, we will continue to engage with service users, communities, staff and partners on key service developments and changes. We will regularly monitor progress and adjust these implementation plans to meet changing needs.

As we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities. We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use. Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.

### 4. Who will be affected by the proposed work? Please select all that apply.

|                                                           |                                                              |                                                             |
|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> Colleagues            | <input checked="" type="checkbox"/> Patients / Service Users | <input checked="" type="checkbox"/> Family, Friends, Carers |
| <input checked="" type="checkbox"/> External Stakeholders | <input checked="" type="checkbox"/> Students                 | <input checked="" type="checkbox"/> Organisation            |

☐ Other, please specify below...

## 5. What is the scope of the proposed work?

☒ NHS Forth Valley/Health and Social Care Partnership Wide

☒ Service / Team Specific

☒ Discipline / Role Specific

☐ Other, please specify below...

Strategy for future direction for all services – NHS Forth Valley and 2 Health and Social Care Partnerships (in addition to continuing to work closely with our Integrated Joint Board colleagues and relevant third-sector and community stakeholders).

## Section B – how have you involved people?

### 1. Tell us about how you involved people in the development of your proposed work?

A Strategy Steering Group was formed to lead the development of the Strategy and support engagement with staff, partners and other stakeholders. The group included senior leaders such as the Medical Director, Director of Public Health, Acting Director of Strategic Planning and Performance, Child Health Commissioner, and Head of Communications. Staff-side representatives also took part, along with colleagues from both Health and Social Care Partnerships (H&SCPs), Primary Care, Human Resources, the Quality Team, and the Corporate Governance Team.

A comprehensive engagement plan was prepared, with further engagement planned for a 6 week period during May and June 2025, which built on previous engagement processes. This included patients, people in local communities (including hard to reach groups), staff, advisory groups, professional groups, community planning partners, third sector via 3rd sector interface organisations and carers. A variety of engagement methods were used to obtain feedback from the people who live and work in Forth Valley, ensuring engagement methods are inclusive to reflect feedback from diverse groups to inform the final strategy.

Our approach to engagement on the Strategy is informed by the NHS Forth Valley Participation & Engagement Framework 2025-2028 which was approved by the Board in March 2025.

A Task and Finish Group was established to support the development of the strategy and the engagement plan. This included a selection of Executive Members and Non-Executive Members of the NHS Board, the Acting Director of Strategic Planning and Performance, and the Head of Planning.

All draft strategy documents and engagement plans have been and will continue to be discussed by the Strategic Planning Performance and Resources Committee (SSPRC). All documents and engagement plans have been and will continue to be approved by the NHS Board.

## 2. Provide a summary of your findings.

### a. Background – Initial Research and Evidence Gathering

We undertook a period of initial research to help us review the information we already held or could access to help build a better picture of our local population and their health and care needs. We conducted extensive review of population and organisation data, including exploring current strategic workstreams to ensure our Strategy aligned with existing organisation aims and objectives. A summary of this can be found below:

### b. Assessment of Population Needs

**Scottish Burden of Disease (SBOD) Forecasting Briefing:** NHS Forth Valley reviewed the Scottish Burden of Disease (SBOD) Forecasting Briefing (November 2022) to understand how demographic changes over the next 20 years may affect Scotland's disease burden. Although the analysis was at a national level, its insights on trends, assumptions, and drivers were relevant locally. The review highlighted two key points:

- Preventative measures and early interventions are crucial to avoid the projected rise in disease burden.
- Health inequalities are expected to widen unless proactive mitigations are implemented.

[Scottish Burden of Disease Forecasting Briefing](#)

**Forth Valley Population Health Strategic Needs Assessment:** NHS Forth Valley conducted a strategic needs assessment (December 2024), focusing on: forecasted disease burden - by condition, age group, and local authority; health inequalities - particularly those driven by socioeconomic factors and rising extreme poverty; and population projections to 2043 - highlighting the impact of an ageing population.

The assessment emphasised the implications for: service planning; care provision; workforce requirements; targeting deprivation; and preventative, upstream interventions. The recommendations for NHS Forth Valley were:

- Adopt a population health approach integrating prevention, cross-sector collaboration, and data-driven planning.
- Prioritise resources for areas with the greatest health inequalities and highest projected disease burden.

### c. Equality and Inclusion Strategic Framework 2025-2028

Our Equality and Inclusion Strategic Framework (2025-2029) outlines our approach to working collaboratively with people, 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 and drive 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.

#### **d. Participation and Engagement Strategic Framework 2025-2028**

In 2025 we published a Participation and Engagement Strategic Framework. This confirms the commitment to listen to and work with staff, primary care colleagues, carers, partner organisations including the third sector, and local communities to improve the way local health services are designed and delivered.

Effective engagement and participation are important to help identify potential issues and areas for improvement. We also know that by working together we can address some of the challenges we face, achieve better outcomes and improve the experience of people who use our services. This Strategic Framework outlines our approach to engagement based on national standards for community engagement as well relevant legislative requirements to help ensure best practice.

#### **e. Engagement Process**

##### **Phase 1 – Initial Engagement Process (April 2022- April 2025)**

Over the past three years, NHS Forth Valley and the two local Health and Social Care Partnerships (Falkirk and Clackmannanshire and Stirling) have engaged widely with communities, staff, and partners to understand what matters most to people when using health services and what is important to help improve people's own health and wellbeing. This work was also informed by national engagement led by the Scottish Government.

**Strategy Engagement Plan (April 2025):** This was developed to outline the communication actions required to support the launch and dissemination of the new Population Health and Care Strategy across Forth Valley, including our staff our partners and local communities. This included internal groups and external stakeholders, service users, carers, public and media. A wide range of channels and formats were used in the engagement plan to ensure broad and inclusive outreach.

##### **Phase 2 – Additional Engagement Process (1 May 2025 to 15 June 2025)**

In May and June 2025, we shared the draft Forth Valley Population Health and Care Strategy with people across Forth Valley and gathered detailed feedback. This included:

- Patient and staff surveys.
- Awareness and engagement events.
- Feedback from care opinion and complaints.
- Meetings and workshops.

The questionnaire included the following questions:

- Does the draft Population Health and Care Strategy for Forth Valley address what is most important to you? If it does not, please tell us why.
- How can you help to deliver the priorities and ambitions set out the Strategy? Please give us your suggestions.
- Is there anything else that you think would help improve the health and wellbeing of local people?
- Is there anything else you would like to tell us before we finalise our Health and Care Strategy?

All responses were reviewed and carefully considered to help inform the development of the final Strategy. Feedback reinforced earlier themes, highlighting the importance of ill health prevention, timely access to services, clear communication, patient-centred care, strong partnerships and well co-ordinated services.

### Engagement Themes

Several themes emerged from the engagement. These main themes included:

- **Taking a population health approach and focussing on prevention:** there was strong support for a population health approach focused on prevention, early intervention, and reducing health inequalities. Key themes included understanding local health needs, promoting self-management and encouraging healthy lifestyle choices. Prevention accounted for 24% of all feedback.
- **Strategy document:** 17% of feedback focused on the strategy document itself, highlighting suggestions around format, clarity, use of infographics, level of detail, feasibility, timescales, funding, and service sustainability.
- **Partnership working:** 10% of feedback focused on partnership working, with calls for improved integration, joint working across services and sectors and better coordination of care.
- **Mental Health:** Feedback highlighted the need for reform in mental health services, with emphasis on addressing psychological trauma and supporting neurodiversity.
- **Primary and community care:** The response included strengthening primary and community care, recognising the vital role of GPs and multi-disciplinary teams, promoting prevention and social prescribing and adopting a “home first” approach.
- **Access:** Improving access to services was important, including quicker, easier and more local access to emergency, planned, primary care, and imaging services, leading to faster treatment and better outcomes.
- **Suggested areas for focus:** These included long waiting times, reform of mental health services, infrastructure challenges, opportunities to improve digital systems and specific service-level challenges not covered in this high-level strategy.
- **Communication:** Clearer communication and greater involvement in care decisions, along with improved co-ordination across services were seen as important.
- **Infrastructure:** Feedback included better use of data and digital systems to understand population needs, expand access to digital systems (e.g. online booking), use digital solutions to support self-help and improve system integration. Physical infrastructure concerns such as transport, parking and developing service capacity in line with population growth and increasing demand were also highlighted, along with making use of green spaces.
- **Equality & inclusion:** Key issues included tackling inequalities related to deprivation, child poverty and ensuring services meet the needs of people with protected characteristics.

- **Workforce:** Themes included fostering a positive organisational culture, ensuring workforce sustainability, strengthening primary and community care workforce, supporting health education and prevention, promoting respect for everyone and practicing person-centred care.
- **Person-centred care:** Emphasis was placed on treating people as individuals, with respect and compassion at the heart of care delivery.
- **National issues:** Broader societal challenges were recognised, with calls for national co-ordination, NHS reform and expansion of national screening programmes.

### **Review of the National Frameworks – national direction of travel for the next 10 years (June 2025)**

The SG published two key documents on 17 June 2025:

- Scotland's Population Health Framework 2025-2035
- Health & Social Care Service Renewal Framework 2025-2035

These two key national documents outline future care improvements. These have been reviewed and used to inform the draft Forth Valley Population Health and Care Strategy. Amendments were made to reflect the essential elements from these documents.

### **3. Did you make any changes to your proposed work as a result of this feedback or evidence?**

#### **Updates to the draft Forth Valley Population Health and Care Strategy (July to September 2025)**

It is important that the Strategy reflects the expressed needs of people living in Forth Valley. We have listened to the feedback from the engagement and used it to shape our Population Health and Care Strategy for 2025–2035. We summarised the key themes from the feedback and how this was used to shape the draft Strategy (at Appendix 3). This document shows the changes that were made to the draft Strategy document in response to the feedback and evidence received. This summary document will be published on our website and available on request from our Planning Team. As a population health organisation, we will keep listening and working with local people, staff and partners as we plan and make improvements.



## Section C – what's the impact of your work?

When looking at the impact of our work on equality groups, the Equality Act 2010 asks us to consider how our work will help to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between different groups;
- Foster good relations between different groups.

This doesn't need to be complicated. With your work in mind, consider the ways in which it may have a positive, negative or neutral impact on different groups. For example:

- **Positive** – does your work reduce discrimination or stigma, promote participation and involvement, improve access or increase tolerance?
- **Neutral** – does your work have no impact on this specific group
- **Negative** – although it may be unintentional, does your work discriminate against particular groups, add barriers to access or put people at a disadvantage / make their lives worse?

Please refer to NHS FV EQIA Checklist for further support and guidance.

### 1. EQIA Checklist

| Groups                      | Positive | Neutral | Negative | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------|----------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. People of different Ages | x        |         |          | <p><b>Overview:</b><br/>We know that age can have an impact on an individual's experience of health. Our strategy is expected to have a positive impact on people of all ages by taking a life-course approach, recognising the specific health needs and challenges experienced at different stages of life. Through development of our Equality and Inclusion Strategic Framework, we know from engagement and evidence that different age groups can experience barriers to inclusion and discrimination, and the aims of this Strategy would seek to reduce such experiences through tailored services, preventative programmes and education and awareness. In addition, local engagement and national evidence both highlight that age-related disparities persist, and this Strategy seeks to address them through targeted, inclusive, and equitable health services.</p> <p><b>Example:</b><br/>We acknowledge that within Forth Valley, we have an aging population and this Strategy and associated workstreams will help to address the</p> |

|                                       |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------|---|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       |   |  | resulting increase in complex health needs and multiple comorbidities/health issues that our aging population will experience, including frailty, loneliness poor mental health. It will also be mindful of ensuring additional barriers are not introduced, such as digital exclusion, with active input to mitigate against this and increase accessibility to services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>2. People with a Disability</b>    | x |  | <p><b>Overview:</b><br/>We anticipate a positive impact on people with a disability as our Equality and Inclusion Strategy takes into consideration the varying needs and experiences of disabled people. This includes promoting and striving for better access, better understanding and increased awareness. Evidence and engagement highlight the barriers disabled people face, including physical access issues, communication challenges, digital exclusion and lack of consistent adjustments. This strategy commits to embedding inclusive design, addressing systemic barriers, and ensuring that services are person-centred, responsive, and accessible to all.</p> <p><b>Example:</b><br/>We acknowledge that not just within Forth Valley, but nationally across Scotland, people with disabilities are more likely to suffer from poorer health outcomes and experience higher levels of poverty, unemployment and social isolation. This Strategy and associated workstreams will help to address these inequalities by promoting better awareness of these additional barriers, considering the wider factors of influence such as travel, housing and employment.</p> |
| <b>3. Trans and Non-Binary People</b> | x |  | <p><b>Overview:</b><br/>We anticipate a positive impact on trans and non-binary people as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for varying needs and experiences of trans and non-binary people. This Strategy supports a more inclusive approach to healthcare by recognising the specific barriers faced by trans and non-binary people, including experiences of discrimination, misgendering, and a lack of culturally competent care. Through inclusive policy, training and practice, it aims to build staff confidence, reduce stigma, and ensure trans and non-binary individuals feel respected, safe and able to access care without fear of prejudice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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|                                                                   |   |  | <p><b>Example:</b></p> <p>We acknowledge that not just locally, but nationally, transgender and non-binary individuals report poor experiences with accessing healthcare, such as not feeling heard or understood, and this can result in barriers that prevent essential healthcare. This, coupled with the higher instances of poor mental health and poverty, result in health inequalities that must be addressed. This Strategy and associated workstreams will help to address these inequalities by creating a more inclusive NHS to ensure trans and non-binary individuals feel safe and supported, with respectful and person-centred healthcare interactions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>4. People who are Pregnant or on Maternity Leave</b></p>    | x |  | <p><b>Overview:</b></p> <p>We anticipate a positive impact on people who are pregnant or on maternity leave as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. This will include support for pregnant individuals and new mothers accessing healthcare services in a person-centred way.</p> <p><b>Example:</b></p> <p>We acknowledge the importance of maternal health and are committed to reducing inequalities in pregnancy and maternity outcomes, particularly for marginalised groups, as we know pregnancy can increase the likelihood of living in poverty or experiencing abuse. This Strategy and associated workstreams will help to address these inequalities by ensuring a preventative and person-centred approach underpins service delivery, including early intervention and culturally appropriate maternity care. The Strategy also supports equitable access to healthcare, flexible pathways, and workplace policies that consider the needs of pregnant individuals and new parents.</p> |
| <p><b>5. People who are Married or in a Civil Partnership</b></p> | x |  | <p><b>Overview:</b></p> <p>We anticipate a positive impact on people who are married or in a civil partnership as our Strategy will account for their varying needs and experiences, ensuring that relationship status does not result in differential access to services or support. It reflects a rights-based approach to inclusion and commits to fair treatment across family-related healthcare and workplace policies.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|                                                           |   |  | <p>This includes upholding protections for all couples, regardless of marital or civil partnership status, in line with our Equality and Inclusion Strategic Framework.</p> <p><b>Example:</b><br/>We acknowledge that marital or civil partnership status can influence a person's experience of health and have cultural significances that must be accounted for. We know that individuals who are divorced, separated or widowed are more likely to experience poverty and socio-economic barriers, as are those from the LGBTQ+ community or adults who are cohabiting. This Strategy and associated workstreams will help to address these inequalities by ensuring a commitment to equal workplace benefits and protections for all marital statuses by ensuring equal treatment particularly in family related healthcare services.</p>                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>6. People from different Ethnic Backgrounds</b></p> | x |  | <p><b>Overview:</b><br/>We anticipate a positive impact on people from different ethnic backgrounds as our Strategy will help to tackle the disproportionate health inequalities experienced by some ethnic minority groups and seek to actively reduce these through targeted action. It is informed by our Equality and Inclusion Strategic Framework and aligns with national priorities to embed anti-racist approaches, address systemic barriers, and improve racial equity in both healthcare access and employment.</p> <p><b>Example:</b><br/>We acknowledge that not just locally, but nationally, people from minority ethnic backgrounds are more likely to experience poor health and more likely to suffer from endocrine or cardiac-related illnesses, many of which can be linked to an increased incidence of poverty, cultural and language barriers and discrimination that is more prevalent amongst members of minority ethnic groups. This Strategy and associated workstreams will help to address these inequalities by ensuring the development of our Anti-Racism Plan supports the delivery of these objectives across the organisation and our wider community.</p> |

|                                                      |   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>7. People with Religious or Protected Beliefs</b> | x |  | <p><b>Overview:</b><br/>We anticipate a positive impact on people with religious or protected beliefs, accounting for their varying needs and experiences. Our Strategy is informed by our Equality and Inclusion Strategic Framework, which recognises the importance of respecting and accommodating diverse religious beliefs and practices. The Strategy promotes culturally sensitive care and inclusive environments across NHS Forth Valley, ensuring that services are delivered in ways that uphold dignity, recognise spiritual and cultural needs, and support equitable access for people of all faiths and none.</p> <p><b>Example:</b><br/>We acknowledge that not just locally, but nationally, different faiths may have specific requirements and practices that impact upon experience of health. For example, diet, cultural sensitivities and end-of-life practices can influence the way in which an individual experiences health and engages with healthcare. This Strategy and associated workstreams will direct linkage to relevant supporting policies to assess equity of access to services for those from different religions or faiths and accommodating religious beliefs in healthcare settings, acknowledging and responding to potential discrimination that may contribute to poorer health outcomes.</p> |
| <b>8. Men and / or Women</b>                         | x |  | <p><b>Overview:</b><br/>We anticipate a positive impact on men and women as our Strategy will encourage gender equality, allowing everyone's voice to be heard to ensure they feel safe and experience validity of concerns and support. It will also include delivery and evaluation of specialised Women's and Men's Health Services, which recognise the need to address gender-related barriers and support equitable access to healthcare and workplace opportunities.</p> <p><b>Example:</b><br/>We acknowledge that not just locally, but nationally, a person's sex can influence their experience of health. Men are more likely to experience poor mental health and avoidance of accessing essential healthcare, whilst also more likely to have hazardous health behaviours such</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|                                         |   |  |  | as drinking and smoking. Women are more likely to experience poorer socio-economic outcomes as a result of employment-related interruptions or barriers such as maternity leave, caring responsibilities and menopause. This Strategy and associated workstreams will seek to address these inequalities through the continued development and evaluation of targeted services, including Women's and Men's Health programmes, to meet diverse health and wellbeing needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>9. A person's sexual orientation</b> | x |  |  | <p><b>Overview:</b><br/>We anticipate a positive impact relating to sexual orientation as our Strategy's outcomes will direct actions and workstreams that aim to eliminate discrimination and promote LGBT+ inclusion in patient care and the workplace, with training support to achieve these aims, recognising the varying needs and experiences of different sexual orientations. This Strategy will support targeted training and foster safe, welcoming environments for patients and staff of all sexual orientations.</p> <p><b>Example:</b><br/>We acknowledge that not just locally, but nationally, members of the LGBTQ+ community are more likely to experience poor mental health, be subjected to discrimination, and/or to live in poverty. This Strategy and associated workstreams will seek to address the subsequent impact on health by ensuring a focus on reducing health inequalities, and improving access to inclusive, respectful, and non-discriminatory services.</p> |
| <b>10 People who work with us</b>       | x |  |  | <p><b>Overview:</b><br/>We anticipate a positive impact on our workforce as our Strategy will reflect the diverse needs and experiences of our staff. Inclusive workplaces ensure staff feel valued, supported, and empowered to progress in their careers. The development of our culture is a key enabler of our strategy creating the conditions for staff to fully engage in our strategic ambitions. It will promote fairness in career development, strengthen leadership accountability, and prioritise workforce wellbeing.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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|                                                                   |   |  | <p><b>Example:</b></p> <p>We acknowledge that our many of our workforce also make up our local community and will have varying experiences of health and wellness, that may be further impacted by the protected characteristic group(s) they belong to. This Strategy and associated workstreams will seek to recognise the health inequalities of our workforce, providing training in key areas such as cultural competence, neurodiversity and anti-racism—all shaped by lived experience—that underpin efforts to build equity and confidence across our organisation.</p>                                                                                                                                                                                                                                                                                                                          |
| <p><b>11. People who are Carers or Care Experienced</b></p>       | x |  | <p><b>Overview:</b></p> <p>We anticipate a positive impact on people who are Carers or Care Experienced as our Strategy recognises the disproportionate challenges they may face in accessing health, education, employment and support services. Guided by our Equality and Inclusion Strategic Framework, we will work to ensure more equitable access to services, promote trauma-informed approaches, and embed flexibility to accommodate caring responsibilities.</p> <p><b>Example:</b></p> <p>We know Carers and Care Experienced individuals are more likely to experience poor mental health and face additional access barriers when trying to support their own health and wellbeing. The Strategy supports the delivery of inclusive engagement opportunities, enabling the voices of Carers and Care Experienced individuals to shape policy and practice and address this inequality.</p> |
| <p><b>12. People who are socio-economically disadvantaged</b></p> | x |  | <p><b>Overview:</b></p> <p>We anticipate a positive impact on people who are socio-economically disadvantaged as our Strategy explicitly recognises the links between poverty and poor health outcomes. Informed by the Equality and Inclusion Strategic Framework and Fairer Scotland Duty, the Strategy will support targeted actions to reduce barriers to access, promote early intervention, and tackle health inequalities experienced by individuals and communities facing financial hardship. We will also consider the cumulative impact of disadvantage and embed inclusive approaches to address these.</p>                                                                                                                                                                                                                                                                                  |

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|-----------------------------------------------------------------------------------------------------------|---|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                           |   |  | <p><b>Example:</b></p> <p>Furthermore, we know the additional socio-economic factors that influence health throughout an individual's life-course, including a higher likelihood of mental health-related hospital admissions for those living in more deprived areas locally or experiencing poverty, and will take steps throughout the duration of this Strategy and beyond, to address these inequalities.</p>                                                                                                                                                                                                                                      |
| <p><b>13. People living in poverty</b></p>                                                                | x |  | <p><b>Overview:</b></p> <p>We anticipate a positive impact on people living in poverty as our Strategy aims to reduce health inequalities and remove structural barriers that prevent equitable access to services.</p> <p><b>Example:</b></p> <p>We acknowledge that people living in poverty have poorer health outcomes for a number of factors. Informed by national data and local engagement, the Strategy will support targeted approaches to improve outcomes for people experiencing poverty, including enhanced access to preventative care, social support, and community-led initiatives that address the wider determinants of health.</p> |
| <p><b>14. Other, please state...</b><br/>(e.g. Homeless or no fixed abode individuals, Veterans etc.)</p> | x |  | <p>We anticipate a positive impact on people who may experience marginalisation due to housing instability, veteran status, or other intersecting factors. Our Strategy will seek to embed inclusive, trauma-informed approaches that acknowledge the complex needs of these groups. This includes working in partnership with community services, improving access to healthcare, and recognising the role of safe housing, social connection, and continuity of care in supporting health and wellbeing.</p>                                                                                                                                          |



## **2. Having considered the various groups above, what's the overall difference / impact your work will make?**

This assessment provides a high-level overview of how the Population Health and Care Strategy seeks to improve outcomes for all, with a particular focus on reducing health inequalities and addressing barriers faced by marginalised and underrepresented groups. It reflects our commitment to embedding equality, inclusion, and human rights across strategic priorities and acknowledges that this is the beginning of a continuous process.

As the Strategy progresses, additional EQIAs will be undertaken for specific programmes, policies, and service redesigns, ensuring that detailed and meaningful consideration is given at every stage. We recognise that individuals experience multiple, overlapping factors that can shape access and outcomes, and we are committed to taking an intersectional approach—recognising the complexity of people's lives and tailoring our responses accordingly, while also recognising the impact of these intersectional experiences and the need for inclusive data collection.

While aiming for a positive overall impact, we recognise that some workstreams may have neutral or negative effects. These will be assessed individually, with appropriate actions and mitigations put in place. Equality will remain central to our strategic approach over the next ten-years, supported by robust review, monitoring, and governance processes.

## Section D – does your work impact children?

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people a comprehensive set of rights. Examples of these rights include the right to health and education, fair and equal treatment, protection from exploitation and the right to a voice in decisions that affect them. In Scotland, as of 2024 we have a duty to consider how our work will impact children and young people. Further information can be found here: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

Having considered the various UNCRC Rights, what's the overall difference / impact your work will make? Thinking about this will help you to complete the table below. It may be that not all of the UNCRC Rights are applicable.

It's important to remember that although not directly affecting, a service or project may have an impact on the life of a child or young person. For example, if it impacts upon a parent or carer. If you still feel your work does not impact children/young people, please move to section E.

| <b>1. Overview. Having considered the information above and the UNCRC Rights, what's the overall difference / impact your work will make?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>As part of this Strategy, a Children's Population Health and Care Strategy is being developed and will align to our overarching objectives and strategic vision.</p> <p>Whilst not all workstreams associated with this Strategy will directly impact children, we acknowledge and recognise the importance of considering the wider implications that exist and the need to ensure the best interests of the child are a key aspect of our considerations when designing, developing and delivering services as part of this ten-year Strategy. We must ensure we do not view the child in isolation, but as a part of the wider family unit, which will be impacted by all our decisions and approaches.</p> <p>We would anticipate that the work associated with the Strategy should have a positive impact on helping to further the Rights of the Child, with our children and young people being considered in everything that we do. We do however acknowledge that the EQIAs of individual workstreams may at times illustrate a restriction in a particular Right and on these occasions, it will be our strategic approach to work together both with our Child Health Commissioner, relevant stakeholders and of course, our children and young people, to address this and provide mitigations.</p> <p>Summary of Findings from UNCRC Rights Analysis:</p> <ul style="list-style-type: none"><li>- The strategic plan strongly supports the best interests of the child, with a vision and guiding principles that prioritise children's wellbeing, safety, and voice.</li><li>- The plan furthers rights to health, education, family guidance, and participation by focusing on early intervention, family-centred support, and involving children and young people in service design.</li></ul> |

- Some restrictions may arise due to resource limitations, service gaps, or barriers to access, particularly for children with disabilities, those in poverty, or with complex needs.
- The plan recognises the importance of not viewing the child in isolation, but as part of the wider family and community, and aims to address inequalities and ensure fairness for all groups.
- Ongoing engagement, monitoring, and collaboration with children, families, and stakeholders will be essential to maximise positive impacts and address any potential restrictions on rights as the strategy is implemented.

## 2. EQIA Checklist (UNCRC)

| UNCRC Right                                   | How might your work further this right?                                                                        | How might your work restrict this right?                                             | Are there any particular groups impacted? e.g. children with disabilities     |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>1. Best interests of the child</b>         | The strategic plan places children's best interests at the centre through inclusive systems and early support. | Limited resources or disjointed services may prevent full realisation of this right. | Children with disabilities, complex needs, or in poverty.                     |
| <b>2. Making rights real</b>                  | The plan promotes active involvement of children and families in shaping services.                             | Tokenistic engagement or inaccessible formats may hinder realisation.                | Children in care, with communication needs, or from minority backgrounds.     |
| <b>3. Family guidance as children develop</b> | Family-centred approaches and digital empowerment support parental guidance.                                   | Inconsistent or culturally insensitive support may limit effectiveness.              | Families with language barriers or low digital literacy.                      |
| <b>4. Life, survival and development</b>      | Early intervention and health support promote survival and development.                                        | Long waiting times or gaps in services may restrict access.                          | Premature babies, children with chronic conditions, and those in deprivation. |
| <b>5. Name and nationality</b>                | The strategic plan supports this right through inclusive and preventative approaches.                          | Challenges like funding and infrastructure may limit full realisation.               | Children with complex needs or facing systemic barriers.                      |
| <b>6. Identity</b>                            | The strategic plan supports this right through inclusive and preventative approaches.                          | Challenges like funding and infrastructure may limit full realisation.               | Children with complex needs or facing systemic barriers.                      |
| <b>7. Keeping families together</b>           | The strategic plan supports this right through inclusive and                                                   | Challenges like funding and infrastructure may limit full realisation.               | Children with complex needs or facing systemic barriers.                      |

|                                                         |                                                                                       |                                                                                   |                                                          |
|---------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|
|                                                         | preventative approaches.                                                              |                                                                                   |                                                          |
| <b>8. Contact with parents across countries</b>         | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>9. Protection from kidnapping</b>                    | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>10. Respect for children's views</b>                 | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>11. Sharing thoughts freely</b>                      | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>12. Freedom of thought and religion</b>              | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>13. Freedom of association and peaceful assembly</b> | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>14. Protection of privacy</b>                        | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>15. Access to information</b>                        | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>16. Responsibility of parents</b>                    | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.            | Children with complex needs or facing systemic barriers. |
| <b>17. Protection from violence</b>                     | Creating safe homes, schools, and communities is a guiding principle.                 | If trauma-informed care is not fully implemented, children may remain vulnerable. | Children exposed to domestic violence or neglect.        |

|                                                               |                                                                                       |                                                                            |                                                                              |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>18. Children without families</b>                          | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>19. Children who are adopted</b>                           | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>20. Refugee children</b>                                   | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>21. Disabled children</b>                                  | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>Enjoyment of the highest attainable standard of health</b> | Goals include improving mental and physical health and reducing hospital visits.      | Health inequalities or inaccessible services may limit outcomes.           | Disabled children, those with long-term conditions, and from deprived areas. |
| <b>22. Review of a child's placement</b>                      | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>23. Social and economic help</b>                           | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>24. Food, clothing and safe home</b>                       | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation.     | Children with complex needs or facing systemic barriers.                     |
| <b>25. Access to education</b>                                | Support from early years and transitions helps readiness for learning.                | Reactive systems and lack of coordination may hinder educational progress. | Children with additional support needs or in unstable environments.          |
| <b>26. Aims of education</b>                                  | Support from early years and transitions helps readiness for learning.                | Reactive systems and lack of coordination may hinder educational progress. | Children with additional support needs or in unstable environments.          |
| <b>27. Minority culture,</b>                                  | The strategic plan supports this right                                                | Challenges like funding and                                                | Children with complex needs or                                               |

|                                               |                                                                                       |                                                                        |                                                          |
|-----------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|
| <b>language and religion</b>                  | through inclusive and preventative approaches.                                        | infrastructure may limit full realisation.                             | facing systemic barriers.                                |
| <b>28. Rest, play, culture, arts</b>          | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>29. Protection from harmful work</b>       | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>30. Protection from harmful drugs</b>      | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>31. Protection from sexual abuse</b>       | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>32. Prevention of sale and trafficking</b> | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>33. Protection from exploitation</b>       | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>34. Children in detention</b>              | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>35. Protection in war</b>                  | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |
| <b>36. Recovery and reintegration</b>         | The strategic plan supports this right through inclusive and preventative approaches. | Challenges like funding and infrastructure may limit full realisation. | Children with complex needs or facing systemic barriers. |

## Section E – anything else?

### Is there anything else you want to share with us?

This high-level Equality Impact Assessment (EQIA) has helped to shape this Strategy to ensure that equality has been considered at every step. Our plans and actions will be designed to deliver meaningful change, supporting those most affected by inequalities and making our services more inclusive.

In addition, we are committed to meeting relevant legal obligations, including those set out in Fairer Scotland Duty (which considers socioeconomic inequalities) and the United Nations Convention on the Rights of the Child United (Scotland) Act 2024.

This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.

We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use.

Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.

### Details of those co-ordinating the completion of this EQIA document

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Please now save this form and send a copy to [FV.EQIA@nhs.scot](mailto:FV.EQIA@nhs.scot) Someone will then be in touch to provide further guidance and support.

#### Useful Resources:

- Have you checked your document meets current accessibility requirements? Check the Guide for more information. If still unsure, email [FV.equality@nhs.scot](mailto:FV.equality@nhs.scot) and we can support.
- You may find this video helpful: [Scottish Government: EQIA - 'IT'S ALL ABOUT PEOPLE' \(youtube.com\)](#)
- Or this guide: [Fairer Scotland and equality impact assessments | NHS Education](#)

| Equality, Inclusion and Wellbeing Service Response and Next Steps:                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EQIA received, information sufficient and adequate considerations in place to support implementation. As Strategy is a 10-year outline, we acknowledge that additional EQIAs will be undertaken for associated work as required. No negative or adverse impacts identified therefore more detailed actions and mitigations not needed presently. Review date in place. Filed and returned to author. |
| <b>EQIA Number: FVEQIA-25/033</b>                                                                                                                                                                                                                                                                                                                                                                    |



## **Forth Valley Population Health & Care Strategy (2025 - 2035)**

### **Engagement Summary**

#### **1. Engagement Process**

##### **1.1. Phase 1**

Over the past three years, NHS Forth Valley and the two local Health and Social Care Partnerships (Falkirk, and Clackmannanshire and Stirling) have engaged widely with communities, staff, and partners to understand what matters most to people when using health services and what is important to help improve people's own health and wellbeing. This work was also informed by national engagement led by the Scottish Government.

##### **1.1.1. Health and Social Care Partnership**

The two Health and Social Care Partnerships (HSCPs) undertook considerable public, partnership, patient, carer and staff engagement when preparing the HSCP Commissioning Plans, published in 2022. The HSCPs have continued to build on this engagement and collaboration, with the development of approaches to locality and community engagement generally, and on specific topics including mental health and palliative care.

##### **1.1.2. Patient Feedback and Engagement**

Patient feedback and engagement include the following:

- The NHS Forth Valley Healthcare Experience Survey, which was carried out in 2022, to explore what matters most to local people who use our services, how the public expect to be treated by staff along with feedback on local improvements they would like to see. This identified a number of key themes around access, person-centred care, and staff communication.
- The Health and Care Experience Survey 2023/2024 asked about people's experiences of accessing and using their General Practice and other local healthcare services; receiving care support and help with everyday living; and caring responsibilities. Results can be viewed at GP practice, GP cluster, Health and Social care Partnership and NHS Board level.
- Local patient experience surveys were undertaken which informed our response to the HIS report on Forth Valley Royal Hospital.
- Patient complaints and feedback on Care Opinion.

Public engagement has included the following areas:

- Public and partner engagement carried out to inform the development of NHS Forth Valley's Quality Strategy.
- Local public involvement meetings set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare improvements across Forth Valley.
- Public and community engagement carried out to inform the development of Strategic Plans of our two local Integration Joint Boards.
- Mental Health Strategic Plan engagement.

### **1.1.3. Staff Feedback and Engagement**

Staff feedback and engagement include the following:

- NHS Forth Valley staff events and development sessions (June 2022 and August 2022).
- NHS Forth Valley - staff experience survey (carried out in 2022), this identified key themes around increased staffing levels, workload training and development as well as highlighting the importance of kindness, compassion and respect.
- iMatter survey results – 2023 and 2024.
- Staff engagement carried out to inform the development of the Quality Strategy.
- Discussion with key stakeholders including:
  - o Programme Boards, including Primary Care, Unscheduled Care, Infrastructure.
  - o SLT members and their Teams e.g. Primary Care, Women and Children, Mental health.
  - o Whole System Leadership Team.
- Culture Change and Compassionate Leadership Programme – surveys, presentations from Executive Directors to Teams and Departments, Focus Groups. Discovery phase completed July 2023 and reviewed August and September 2023. Key themes shared with staff and design solution workshops took place in May and June 2024. Action Plan developed and working towards collaborative implementation.
- Mental Health Strategic Plan engagement with staff, patients, public, 3<sup>rd</sup> and voluntary sector, quarter 4, 2024.

### **1.2. Phase 2**

In May and June 2025, we shared the draft Forth Valley Population Health and Care Strategy with people across Forth Valley and gathered detailed feedback. This included:

- Patient and staff surveys.
- Awareness and engagement events.
- Feedback from care opinion and complaints.

- Meetings and workshops.

Feedback reinforced earlier themes, highlighting the importance of ill health prevention, timely access to services, clear communication, patient-centred care, strong partnerships and well co-ordinated services.

A number of themes emerged from the engagement. These main themes included:

- **Taking a population health approach and focussing on prevention:** there was strong support for a population health approach focused on prevention, early intervention, and reducing health inequalities. Key themes included understanding local health needs, promoting self-management and encouraging healthy lifestyle choices. Prevention accounted for 24% of all feedback.
- **Strategy document:** 17% of feedback focused on the strategy document itself, highlighting suggestions around format, clarity, use of infographics, level of detail, feasibility, timescales, funding, and service sustainability.
- **Partnership working:** 10% of feedback focused on partnership working, with calls for improved integration, joint working across services and sectors and better coordination of care.
- **Mental Health:** Feedback highlighted the need for reform in mental health services, with emphasis on addressing psychological trauma and supporting neurodiversity.
- **Primary and community care:** The response included strengthening primary and community care, recognising the vital role of GPs and multi-disciplinary teams, promoting prevention and social prescribing and adopting a “home first” approach.
- **Access:** Improving access to services was important, including quicker, easier and more local access to emergency, planned, primary care, and imaging services, leading to faster treatment and better outcomes.
- **Suggested areas for focus:** These included long waiting times, reform of mental health services, infrastructure challenges, opportunities to improve digital systems and specific service-level challenges not covered in this high-level strategy.
- **Communication:** Clearer communication and greater involvement in care decisions, along with improved co-ordination across services were seen as important.
- **Infrastructure:** Feedback included better use of data and digital systems to understand population needs, expand access to digital systems (e.g. online booking), use digital solutions to support self-help and improve system integration. Physical infrastructure concerns such as transport, parking and developing service capacity in line with population growth and increasing demand were also highlighted, along with making use of green spaces.
- **Equality & inclusion:** Key issues included tackling inequalities related to deprivation, child poverty and ensuring services meet the needs of people with protected characteristics.
- **Workforce:** Themes included fostering a positive organisational culture, ensuring workforce sustainability, strengthening primary and community

care workforce, supporting health education and prevention, promoting respect for everyone and practicing person-centred care.

- **Person-centred care:** Emphasis was placed on treating people as individuals, with respect and compassion at the heart of care delivery.
- **National issues:** Broader societal challenges were recognised, with calls for national co-ordination, NHS reform and expansion of national screening programmes.

### **1.3. National Frameworks – national direction of travel for the next 10 years**

The SG published two key documents on 17 June 2025:

- Scotland's Population Health Framework 2025-2035
- Health & Social Care Service Renewal Framework 2025-2035

These two key national documents outline future care improvements. These have been reviewed and used to inform the draft Forth Valley Population Health and Care Strategy. Amendments were made to reflect the essential elements from these documents.

## **2. Updates to the draft Forth Valley Population Health and Care Strategy**

We have listened to the feedback from the engagement and used it to shape our Population Health and Care Strategy for 2025–2035. It is important that the Strategy reflects the expressed needs of people living in Forth Valley. As a population health organisation, we will keep listening and working with local people, staff and partners as we plan and make improvements. The tables below show the key themes and comments and how these have helped to shape the Strategy or will be used to guide future implementation plans.

| <b>1. Strategy Document</b> |                                                                                                                                                                              | <b>(general comments)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|                             | <b>Feedback</b>                                                                                                                                                              | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1                           | <ul style="list-style-type: none"> <li>Current model is unsustainable due to workforce shortages, long waits, and poor service access.</li> </ul>                            | <ul style="list-style-type: none"> <li>This acknowledged throughout the Strategy.</li> <li>Page 5: 'As a population health organisation, NHS Forth Valley will work with our partners to:               <ul style="list-style-type: none"> <li>Improve and protect the health and wellbeing of the whole population.</li> <li>Tackle health inequalities. Improve the way services and supports are developed and delivered.</li> <li>Deliver high value and sustainable health and care.'</li> </ul> </li> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> <li>Page 27: 'We also need to deliver health services that are sustainable.'</li> <li>'...enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.' Page 28</li> <li>Page 31: We will 'Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.'</li> <li>Page 35: We will 'Set objectives for staff recruitment and retention to address identified workforce challenges and support the development of a sustainable, representative workforce.'</li> </ul> |
| 2                           | <ul style="list-style-type: none"> <li>Strong feedback that without proper funding—especially for community, prevention, and primary care—the strategy will fail.</li> </ul> | <ul style="list-style-type: none"> <li>Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'</li> <li>Page 26: We will 'Move more care from hospitals into local communities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|   |                                                                                                                                                                                                                                                                                                                                                                           | <p>by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</p> <ul style="list-style-type: none"> <li>• Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.'</li> <li>• Page 26: We will "Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support."</li> </ul> |
| 3 | <ul style="list-style-type: none"> <li>• Comments that the Strategy is seen as too vague, more like a framework than a plan. Needs: <ul style="list-style-type: none"> <li>o Specific actions</li> <li>o Timelines</li> <li>o Measurable outcomes</li> </ul> </li> <li>• Without a clear delivery plan, there's a risk the strategy remains aspirational only.</li> </ul> | <ul style="list-style-type: none"> <li>• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> <li>• Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.'</li> </ul>                                                                            |
| 4 | <ul style="list-style-type: none"> <li>• Too many managers, not enough frontline staff—calls for redirecting resources to service delivery.</li> </ul>                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> <li>• Page 28: The 'Value Based Health and Care' section notes our aim to "use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'</li> </ul>                                                  |

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| 5 | <ul style="list-style-type: none"> <li>Title “Population Health &amp; Care Strategy” seen as unclear. Noted some preference for simpler language like “Healthcare Strategy”.</li> </ul> | <ul style="list-style-type: none"> <li>This suggestion was carefully considered, but the title of the document remains unchanged.</li> </ul>                                               |
| 6 | <ul style="list-style-type: none"> <li>Many respondents found the strategy comprehensive and aligned with their values.</li> </ul>                                                      | <ul style="list-style-type: none"> <li>We appreciate that many people felt the strategy was thorough and reflected what matters to them. This feedback has been taken on board.</li> </ul> |
| 7 | <ul style="list-style-type: none"> <li>Housing’s impact on health noted, though perhaps not fully reflected in priorities.</li> </ul>                                                   | <ul style="list-style-type: none"> <li>We recognise that housing plays an important role in people’s health. The Strategy does refer to housing in several sections.</li> </ul>            |
| 8 | <ul style="list-style-type: none"> <li>Positive personal experiences shared, with encouragement to keep improving.</li> </ul>                                                           | <ul style="list-style-type: none"> <li>People shared positive experiences and encouraged us to keep making things better. We’ve listened to this feedback.</li> </ul>                      |

| <b>2. Suggested areas for focus</b> |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                                     | <b>Feedback</b>                                                                                                                                                                                  | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1                                   | <ul style="list-style-type: none"> <li>No mention of services for hearing and sight-impaired residents, particularly in Falkirk.</li> </ul>                                                      | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> </ul>                                                                                                                                                                                                                                                                                                                                      |
| 2                                   | <ul style="list-style-type: none"> <li>No reference to adult access to neurodevelopmental assessments and services.</li> </ul>                                                                   | <ul style="list-style-type: none"> <li>Page 24: Added 'The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes. This includes the development of joined up assessment and treatment pathways for people with neurodevelopmental conditions.'</li> </ul>                                                |
| 3                                   | <ul style="list-style-type: none"> <li>Difficulties accessing GP appointments and issue about restricted access to preventative medication.</li> </ul>                                           | <ul style="list-style-type: none"> <li>Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'</li> <li>Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> </ul>                                                                                                                            |
| 4                                   | <ul style="list-style-type: none"> <li>No mention of A&amp;E waiting times (challenge/improvement).</li> </ul>                                                                                   | <ul style="list-style-type: none"> <li>Page 21: We will: 'Take forward work across local health and social care services to deliver improvements in urgent and emergency care.'</li> <li>Page 23: 'If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely.'</li> <li>Page 26: We will: "Further develop urgent care services which provide timely access to specialists."</li> </ul> |
| 5                                   | <ul style="list-style-type: none"> <li>Specialist Services Coordination: Unclear how local links to centralised specialist services will be improved, including training and support.</li> </ul> | <ul style="list-style-type: none"> <li>Page 34: 'We continue to develop roles for Advanced Nurse Practitioners (ANPs) who have undergone specialist training and gained additional qualifications. The work of ANPs across primary care, hospital and community settings, mental health services and prisoner</li> </ul>                                                                                                                                                                                                      |



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|   |                                                                                                                                                                                                                              | healthcare services has helped increase capacity and reduce waiting times. It has also freed up GPs and Consultants to focus on patients with more complex healthcare needs.'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6 | <ul style="list-style-type: none"> <li>No detail on infrastructure plans (e.g. new hospitals or new GP Practices/ GP services) - especially to support areas of population growth linked to housing developments.</li> </ul> | <ul style="list-style-type: none"> <li>Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'</li> <li>Page 27: '...change the way many local services are designed and delivered in response to increasing demand.'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |
| 7 | <ul style="list-style-type: none"> <li>Principles are broadly supported, but the strategy lacks specific detail e.g. child poverty is mentioned but needs more detail.</li> </ul>                                            | <ul style="list-style-type: none"> <li>Page 8: 'The rate of child poverty is highest in the most deprived communities at 45.6% in Clackmannanshire, 38.2% in Falkirk and 32.9% in Stirling and between 6% and 10% in the least deprived communities across Forth Valley.'</li> <li>Page 14: Significant 'Child Poverty' included, which highlights our collaboration with local councils to tackle child poverty, by improving support for families, raising awareness among staff, and helping communities build local wealth.</li> </ul>                                                                                                                                                                                                        |
| 8 | <ul style="list-style-type: none"> <li>Concerns raised about the adequacy of current mental health services.</li> </ul>                                                                                                      | <ul style="list-style-type: none"> <li>Page 18: '...work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing, ...'</li> <li>Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'</li> </ul> |

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|  |  | <ul style="list-style-type: none"> <li>• Page 23: We reference that care is 'provided by a range of healthcare professionals working in primary care settings.' We note that 'primary care teams work closely with a range of community-based healthcare professionals, including community nurses, community mental health nurses.'</li> <li>• Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'</li> </ul> |
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| <b>3. Prevention</b> |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                      | <b>Feedback</b>                                                                                                                                                                                                       | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1                    | <ul style="list-style-type: none"> <li>There is a need for accessible, understandable data to design effective, prevention services.</li> </ul>                                                                       | <ul style="list-style-type: none"> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> <li>Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'</li> </ul> |
| 2                    | <ul style="list-style-type: none"> <li>Strategy lacks detail on how prevention will be addressed.</li> <li>Key areas needing attention: child poverty, vaccination, oral health, obesity.</li> </ul>                  | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> <li>Page 14: See "Child Poverty" section.</li> <li>Page 16: We will "Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol."</li> </ul>                                                                                           |
| 3                    | <ul style="list-style-type: none"> <li>Housing impacts health but needs stronger emphasis.</li> <li>Housing is acknowledged as a health factor but not viewed as a priority.</li> </ul>                               | <ul style="list-style-type: none"> <li>We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.</li> </ul>                                                                                                                                                                                                                                                                                                                                       |
| 4                    | <ul style="list-style-type: none"> <li>There was support for self-help approaches and better access to health-related information.</li> </ul>                                                                         | <ul style="list-style-type: none"> <li>Themes of prevention, self-help, and self-management are prominent throughout the Strategy document.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                |
| 5                    | <ul style="list-style-type: none"> <li>24% of the engagement feedback was about Prevention.</li> <li>There was appreciation for inclusion of physical activity and long-term, population-focused thinking.</li> </ul> | <ul style="list-style-type: none"> <li>Page 12: 'You emphasised the opportunities to promote wellbeing and healthier lifestyles in everything that we do, through more prevention and self-help activities.'</li> <li>Page 12: The "Preventing Ill Health" section states that 'We want to empower and support people to take more control of their health and wellbeing, to avoid illness and manage health conditions more effectively.'</li> </ul>                                                                 |

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|   | <ul style="list-style-type: none"> <li>• Emphasis on encouraging individuals to take more responsibility for their health, especially regarding lifestyle choices.</li> <li>• Suggestions for healthier food options in hospitals (for staff, visitors and patients) and local partnerships to promote staff physical activity.</li> </ul> | <ul style="list-style-type: none"> <li>• The Strategy highlights how lifestyle choices - like smoking, drinking alcohol, eating well and staying active - can affect our health.</li> <li>• Page 20: The 'Healthy Weight in Children' example emphasises the importance of trying healthy foods and supporting families to learn how to make healthier food choices together and working towards a healthier weight.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6 | <ul style="list-style-type: none"> <li>• Support for more joined-up care, especially from people who are unpaid carers.</li> <li>• Informal carers are vital to home care and need more focus.</li> <li>• Aging carers (often in their 70s) are under-supported.</li> </ul>                                                                | <ul style="list-style-type: none"> <li>• Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.'</li> <li>• Page 19: 'We recognise and value the essential role that carers play in our health and care system. Whether they are family members, friends, or neighbours, carers offer support, compassion, and care to those who need it most.'</li> <li>• Page 19: "HSCPs... were created to improve outcomes for people, their families and carers by creating more integration and seamless health and social care services, reduce duplication and increase efficiency."</li> <li>• Page 19: "...our Participation and Engagement Strategic Framework... confirms our commitment to listen to and work with staff, primary care colleagues, carers, partner organisations and communities to improve local health services.'</li> <li>• Page 21: We will 'Work with carers and carers' organisations - listening to their experiences, learning from their insights, and ensuring they have the support needed to continue their vital role.'</li> </ul> |

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| 7  | <ul style="list-style-type: none"> <li>• There was a call for proper funding of prevention and screening.</li> </ul>                                                             | <ul style="list-style-type: none"> <li>• Page 12: “You told us that early access to screening and early diagnosis is important.”</li> <li>• Page 16: We will ‘Ensure fair access to healthcare, screening and vaccinations.’</li> <li>• Page 27: ‘Investing in prevention - whether it’s stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value.’</li> </ul>                                                                                                                                                                                                                       |
| 8  | <ul style="list-style-type: none"> <li>• Concern over centralisation of services (e.g. immunisations) suggestion that this leads to poorer outcomes and higher costs.</li> </ul> | <ul style="list-style-type: none"> <li>• Page 31: We will ‘Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.’</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                    |
| 9  | <ul style="list-style-type: none"> <li>• Strong support for further investment in schools and charities to promote healthier lifestyles among children.</li> </ul>               | <ul style="list-style-type: none"> <li>• We have included 2 examples of where we are working with schools: <ul style="list-style-type: none"> <li>• Page 20; Working Together to Support Healthy Weight in Children.</li> <li>• Page 30: Delivering Speech and Language Therapy Support in Schools &amp; Nurseries.</li> </ul> </li> <li>• Page 14: The ‘Preventing Ill Health’ section includes focus on “Child Poverty” and ‘Best Start Maternity and Neonatal Care’</li> <li>• Page 19: The “Working Collaboratively” section emphasises our joint working with Community Planning and Anchor Partners; GIRFE/ GIRFEC to ensure the wellbeing of children.</li> </ul> |
| 10 | <ul style="list-style-type: none"> <li>• Suggestion for wellness clinics (e.g. Well Man/ Woman) for the 50+ age group to support early intervention and prevention.</li> </ul>   | <ul style="list-style-type: none"> <li>• Page 26: We will “Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support.”</li> <li>• Page 25: New example added: ‘Preventing the development of heart disease - GP practices will offer a new service to identify people most at risk of heart disease to help prevent it. It will focus on spotting risk factors early - especially in people who may not</li> </ul>                                                                                                                                           |

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|  |  | <p>realise they're at risk - and offer early treatment, advice and support to help reduce those risks. New ways to reach people who don't often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.'</p> |
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| 4. Workforce |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|              | Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Our response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1            | <ul style="list-style-type: none"> <li>Strong call for a clearer commitment to culture change across NHS Forth Valley and the two HSCPs.</li> <li>Culture change should be a central priority, not a minor point.</li> <li>Call for leaders to model the culture they want to see and ensure their teams are included in the delivery planning process.</li> </ul>                                                                                                                       | <ul style="list-style-type: none"> <li>Pages 34 and 35: Culture change is a key element of the 'Supporting and Developing our Workforce' section.</li> <li>Page 32: We added 'You told us that culture change and strong leadership are key to the future.'</li> <li>Page 34: Additional example provided 'Culture Change and Compassionate Leadership programme' emphasises the importance of successful culture change.</li> </ul>                                                                              |
| 2            | <ul style="list-style-type: none"> <li>Emphasis on building a workforce to deliver on health education and health promotion activities - especially for young people.</li> <li>Proposal for a "Health Improvement &amp; Prevention Academy" to <u>build workforce capacity</u> and support culture change, including: <ul style="list-style-type: none"> <li>Tiered training</li> <li>Mentoring and coaching</li> <li>Leadership development for radical thinking</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Page 35: We will 'Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.'</li> <li>Page 35: We will "Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation."</li> </ul>                                                                                              |
| 3            | <ul style="list-style-type: none"> <li>While staff commitment remains invaluable, there is growing recognition that sustainable service delivery requires appropriate funding.</li> </ul>                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> <li>Page 32: "You recognised the need to build workforce capacity and ensure long term sustainability."</li> <li>Page 34: "Work continues with our university and college partners to explore new and innovative roles to help meet future demand."</li> </ul> |
| 4            | <ul style="list-style-type: none"> <li>Primary care contractors and prevention/ screening strategies need adequate investment.</li> </ul>                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.'</li> <li>Page 26: We will "Use our community spaces to support more prevention</li> </ul>                                                                                                                                                                       |

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|   |                                                                                                                                                                                | <p>and early intervention activities including a range of health assessments, along with tailored advice and support.”</p> <ul style="list-style-type: none"> <li>• Page 27: ‘Investing in prevention - whether it’s stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value.’</li> </ul>                                                                                                                                                                                                                                                                                                                                      |
| 5 | <ul style="list-style-type: none"> <li>• Strategy must go beyond addressing issues in theory—health professionals need to actively practice person-centred care.</li> </ul>    | <ul style="list-style-type: none"> <li>• Page 27: ‘You want to see more focus on delivering service which meet the needs, preferences and goals of individual patients and their families.’</li> <li>• Page 28: ‘Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals.’</li> <li>• Page 32: ‘You reinforced the importance of health care professionals actively delivering person-centred care.’</li> <li>• Page 35: We will ‘Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.’</li> </ul> |
| 6 | <ul style="list-style-type: none"> <li>• Investment in Occupational Health is essential to support a motivated, healthy workforce and ensure service sustainability</li> </ul> | <ul style="list-style-type: none"> <li>• Page 35: We will ‘Continue to provide practical health and wellbeing support tailored to the varied needs of our workforce, ensuring everyone has a positive experience of working in Forth Valley.’</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



| 5. Communication |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                  | Feedback                                                                                                                                                                                                                                                                                                                                           | Our response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1                | <ul style="list-style-type: none"> <li>• A complete overhaul of communication with patients is needed including more accessible information on current health issues.</li> <li>• Care should be patient-led, with communities actively involved in service design and delivery—not just consulted.</li> </ul>                                      | <ul style="list-style-type: none"> <li>• Page 11: We will ‘Work closely with our local communities - listening to their experiences, understanding their needs, and using community profile data to develop targeted solutions that help reduce inequalities.’</li> <li>• Page 11: We will ‘Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.’</li> <li>• Page 17: ‘You want more locally available and community-led services.’</li> <li>• Page 17: ‘You value the involvement of people with lived experience in designing services.’</li> </ul>                                  |
| 2                | <ul style="list-style-type: none"> <li>• Communication must be integrated across all contacts, both digital and in-person.</li> <li>• Current system is still fragmented, often with poor communication between specialities.</li> <li>• Need for better coordination between primary and secondary care and with community pharmacies.</li> </ul> | <ul style="list-style-type: none"> <li>• Page 17: ‘You want stronger collaboration across all partners and sectors to improve population health together.’</li> <li>• Page 18: ‘Our whole system approach will focus on preventing ill health and decreasing inequalities together, supported by prevention focused licensing and planning decisions.’</li> <li>• Page 17: ‘You told us that services should communicate better and share data to reduce duplication and improve coordination.’</li> <li>• Page 26: We will ‘Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.’</li> </ul> |
| 3                | <ul style="list-style-type: none"> <li>• Clackmannanshire Council could contribute housing data to align strategies and improve health outcomes.</li> </ul>                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• We recognise that housing plays an important role in people’s health. The Strategy does refer to housing in several sections.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 6. Infrastructure & Digital |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                             | Feedback                                                                                                                                                                                                                                                                                                                                                                             | Our response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1                           | <ul style="list-style-type: none"> <li>Digital teams should be involved early in planning across all six strategy strands to:               <ul style="list-style-type: none"> <li>Align digital goals with strategic priorities.</li> <li>Avoid duplication or implementation of conflicting systems.</li> <li>Ensure timely scheduling of digital projects.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> <li>Page 11: We will 'Work with partners to set shared goals for improving community health, using data and research to guide planning and track progress'</li> <li>Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.'</li> <li>Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'</li> </ul> |
| 2                           | <ul style="list-style-type: none"> <li>Need for shared access to data and systems across sectors to enable more effective, joined-up care.</li> <li>Communication must be integrated across all contacts, both digital and in-person.</li> </ul>                                                                                                                                     | <ul style="list-style-type: none"> <li>Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3                           | <ul style="list-style-type: none"> <li>Strong demand for user-friendly digital tools:               <ul style="list-style-type: none"> <li>View appointments and test results via an app. Book appointments as easily as ordering groceries.</li> <li>A single, clear point of access for navigating care pathways.</li> </ul> </li> </ul>                                           | <ul style="list-style-type: none"> <li>Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4                           | <ul style="list-style-type: none"> <li>Proposal for a free NHS self-help app:               <ul style="list-style-type: none"> <li>Tailored activity programmes.</li> <li>Self-help videos and tips.</li> </ul> </li> </ul>                                                                                                                                                          | <ul style="list-style-type: none"> <li>The suggestions were noted.</li> <li>Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|   | <ul style="list-style-type: none"> <li>• Integration with smartwatches and smartphones.</li> <li>• NHS self-help app could be cost-effective alternative to paid fitness apps.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5 | <ul style="list-style-type: none"> <li>• Concerns about parking stress at appointments.</li> </ul>                                                                                        | <ul style="list-style-type: none"> <li>• The feedback was noted.</li> <li>• Page 23: 'Providing care closer to home makes services easier to access and helps people stay active and independent in their own homes and local communities.'</li> <li>• Page 22: 'You want strong support for offering more health and care within the community, particularly in outlying areas where transport can be challenging.'</li> </ul>                                                                                                         |
| 6 | <ul style="list-style-type: none"> <li>• Need for additional GP services in areas with rapid housing growth (e.g. Bo'ness).</li> </ul>                                                    | <ul style="list-style-type: none"> <li>• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> <li>• Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.'</li> </ul> |
| 7 | <ul style="list-style-type: none"> <li>• Suggestion for early consultation between councils and health boards before approving new developments.</li> </ul>                               | <ul style="list-style-type: none"> <li>• Page 18: 'Together with Community Planning partners, we will use the national Place Standard Tool to help better understand what matters to local communities. The tool helps people to think about the physical and social aspects of places and the important relationship between them, to assess and identify areas for improvement.'</li> </ul>                                                                                                                                           |
| 8 | <ul style="list-style-type: none"> <li>• Recommissioning of green spaces and community clubs is important for wellbeing and retention.</li> </ul>                                         | <ul style="list-style-type: none"> <li>• Page 4: The importance 'green spaces' is acknowledged.</li> <li>• Page 25: 'New ways to reach people who don't often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.'</li> </ul>                                                                                                                                                                                                                                   |

| 7. Primary & Community Care |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                             | Feedback                                                                                                                                                                                                                                                                                                                                                                                                                        | Our response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1                           | <ul style="list-style-type: none"> <li>General Practice is central to achieving better health outcomes in Forth Valley.</li> <li>Funding should prioritise GPs rather than shifting responsibilities to other roles, which may be cheaper but less effective long-term.</li> </ul>                                                                                                                                              | <ul style="list-style-type: none"> <li>Page 22: 'You told us that it is important to redesign and strengthen primary care and community-based services.'</li> <li>Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'</li> <li>Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> </ul> |
| 2                           | <ul style="list-style-type: none"> <li>Declining GP numbers and funding.</li> <li>Limited accessibility in rural areas.</li> <li>Only 6.5% of NHS budget allocated to General Practice.</li> </ul>                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> </ul>                                   |
| 3                           | <ul style="list-style-type: none"> <li>GPs deliver lifestyle advice and early detection. → More funding for preventive care via GPs.</li> <li>GPs work in local communities and are a first contact for healthcare. → Expand multidisciplinary teams within practices.</li> <li>General Practice is cost-effective. → Reverse funding decline and invest in infrastructure. Infrastructure (phone systems, premises,</li> </ul> | <ul style="list-style-type: none"> <li>Page 22: 'You told us that it is important to redesign and strengthen primary care and community-based services.'</li> <li>Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> </ul>                                                                                                                                                                                                        |

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|   | check-in/ booking systems) needs investment.                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4 | <ul style="list-style-type: none"> <li>• GPs reach under-served populations. → Support outreach programmes, data analytics, and social prescribing.</li> <li>• GPs connect patients to social care and services. → Fund care navigators/ link workers in all GP practices.</li> </ul>                                                                                                          | <ul style="list-style-type: none"> <li>• Page 16: We will 'Develop social prescribing to further connect people to activities, groups, and services in their communities.'</li> <li>• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> <li>• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> </ul>                                                                                                                                                                                                                                                                                                                                                             |
| 5 | <ul style="list-style-type: none"> <li>• Education is important</li> <li>• Gender inequality is an issue.</li> <li>• Concern for frail elderly without carers (role for wider community to support?)</li> <li>• Support for devolving care to local specialist nurses in the community to ease hospital pressures.</li> <li>• Emphasis on using community pharmacies appropriately.</li> </ul> | <ul style="list-style-type: none"> <li>• Feedback noted.</li> <li>• Page 10: 'Equality and Inclusion' section redrafted. This section covers all groups, especially those with protected characteristics.'</li> <li>• Page 10: 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.'</li> <li>• Page 24: 'It is essential that frail older people are assessed at an early stage, so that services can be put in place to support them, prevent their health from deteriorating and enable them to continue to live safely at home for as long as possible.'</li> <li>• Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'</li> </ul> |

| <b>8. Mental Health</b> |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                         | <b>Feedback</b>                                                                                                                                                                                                                                                               | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1                       | <ul style="list-style-type: none"> <li>Mental health services have been identified as requiring improvement, with calls for transformation that includes evolving professional attitudes to better meet current needs.</li> </ul>                                             | <ul style="list-style-type: none"> <li>Page 18: ‘...work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing ...’</li> <li>Page 24: ‘Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.’</li> </ul> |
| 2                       | <ul style="list-style-type: none"> <li>Suicide and drug-related death rates are higher than the national average in Clackmannanshire and Falkirk.</li> <li>Specific mention of suicide prevention and drug death prevention is recommended.</li> </ul>                        | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 24: ‘Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.’</li> </ul>                                                                                                                 |
| 3                       | <ul style="list-style-type: none"> <li>No reference to trauma-informed care, despite its importance in national policy.</li> <li>No mention of the impact of adverse childhood experiences (ACEs), intergenerational trauma, or complex trauma on health outcomes.</li> </ul> | <ul style="list-style-type: none"> <li>Page 7: Added ‘Approximately 6 in 10 people experience psychological trauma at some point in their lives. It is important we understand how this can affect people and make sure support is easy to find when it’s needed. We will work to reduce barriers to care, support recovery and improve outcomes for people affected by psychological trauma.’</li> </ul>                                                                                                                                                                                                                                                                                                                                        |
| 4                       | <ul style="list-style-type: none"> <li>Lack of inclusion of neurodiverse individuals,</li> </ul>                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Page 24: ‘This includes the development of joined up assessment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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|   | especially children and young people referred to paediatric services.                                                                                     | and treatment pathways for people with neurodevelopmental conditions.'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5 | <ul style="list-style-type: none"> <li>Falkirk Alcohol and Drug Partnership (ADP) can lead trauma-informed practice in substance use services.</li> </ul> | <ul style="list-style-type: none"> <li>Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'</li> </ul>                          |
| 6 | <ul style="list-style-type: none"> <li>Expand education and outreach on mental health and substance use in schools and communities.</li> </ul>            | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'</li> </ul> |
| 7 | <ul style="list-style-type: none"> <li>Involve people with lived experience in service design to align with community-focused ambitions.</li> </ul>       | <ul style="list-style-type: none"> <li>Page 11: We will 'Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.'</li> <li>Page 17: 'You value the involvement of people with lived experience in designing services.'</li> </ul>                                                                                                                                                                                                                                                         |

| 9. Equality & inclusion |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                         | Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Our response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1                       | <ul style="list-style-type: none"> <li>• Trans Healthcare Concerns: <ul style="list-style-type: none"> <li>• Potential withdrawal of GP-led blood test monitoring for hormone treatment is a serious risk.</li> <li>• Long wait times (5–6+ years) for NHS Gender Services already harm mental health.</li> <li>• Further service erosion could increase suicide risk in the Trans community.</li> <li>• Emphasis on ensuring equality, inclusion, dignity, and respect - especially for Trans people in light of legal rulings.</li> <li>• Healthcare settings must treat Trans people with dignity and respect, without unnecessary barriers or forced disclosure.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Feedback noted.</li> <li>• Page 10: ‘Equality and Inclusion’ section redrafted. This section covers all groups, especially those with protected characteristics.’</li> <li>• Page 10 ‘This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.’</li> <li>• Page 10: ‘We are committed to continuing our work to build an inclusive organisation where everyone is treated with dignity and respect and feels welcome, safe and supported, regardless of background or circumstance.’</li> <li>• Page 10: ‘We will take action to tackle inequalities, discrimination and stigma to ensure that NHS Forth Valley is a place where everyone feels included and valued.’</li> <li>• Page 10: ‘To do this, we will continue to work closely with our communities, our staff and our partners. By listening to the people we serve and work with, we can better understand their needs and make meaningful, lasting improvements.’</li> <li>• Page 10: ‘We have carried out an Equality Impact Assessment (EQIA) to shape this Strategy to ensure that equality has been considered at every step.’</li> <li>• Page 10: ‘Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.’</li> </ul> |



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|   |                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Page 31: General ambition to: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2 | <ul style="list-style-type: none"> <li>Overlapping Disadvantages: Strategy should better reflect how poverty, trauma, and ethnicity intersect to affect health.</li> </ul>                                                                                                                                                           | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3 | <ul style="list-style-type: none"> <li>Call to focus on deprived areas and vulnerable groups, including: <ul style="list-style-type: none"> <li>Children and young people (CYP) with postnatal depression (PND)</li> <li>Older adults with dementia</li> <li>Ethnic minorities and those with drug dependence</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.</li> </ul>                                                                                                                                                                                                                                                                                                                                    |
| 4 | <ul style="list-style-type: none"> <li>Lack of detail on how universal proportionalism and wider determinants of health will be addressed.</li> </ul>                                                                                                                                                                                | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> <li>Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.'</li> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.</li> </ul> |
| 5 | <ul style="list-style-type: none"> <li>Need for clearer action on preventative care (e.g. vaccination, oral health, obesity).</li> </ul>                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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|  |  | <ul style="list-style-type: none"> <li>• Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.'</li> <li>• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.' These developing community profiles will help us design sustainable services tailored to each community.</li> </ul> |
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| 10. Person-Centred |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | Feedback                                                                                                                                                                                                                                                                                                                             | Our response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1                  | <ul style="list-style-type: none"> <li>Patients feel treated like numbers; a shift toward empathy, compassion, and respect is essential.</li> <li>Staff require intensive training in person-centred approaches.</li> </ul>                                                                                                          | <ul style="list-style-type: none"> <li>Page 17: 'You value the involvement of people with lived experience in designing services.'</li> <li>Page 28: 'Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals.'</li> <li>Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."</li> </ul>                                                                                                                                                                                                                                        |
| 2                  | <ul style="list-style-type: none"> <li>Access and Experience: <ul style="list-style-type: none"> <li>Suggestions for walk-in GP clinics to improve access.</li> <li>Desire to get quicker GP appointments</li> </ul> </li> <li>Would like longer appointments for older adults who need more time and clear explanations.</li> </ul> | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> <li>Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."</li> <li>Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'</li> <li>Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> </ul> |
| 3                  | <ul style="list-style-type: none"> <li>Concerns were expressed about avoidable overnight hospital stays, which may be linked to limited access to diagnostic scans such as CT and MRI during nighttime hours.</li> </ul>                                                                                                             | <ul style="list-style-type: none"> <li>The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.</li> <li>Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."</li> <li>Page 26: We will 'Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.'</li> </ul>                                                                                                                                                                                                                                           |
| 4                  | <ul style="list-style-type: none"> <li>AHPs contribute to nutrition, cardiovascular disease prevention, and employability support, highlighting their key role in holistic care.</li> </ul>                                                                                                                                          | <ul style="list-style-type: none"> <li>Page 23: We note the importance of allied health professionals as part of our multidisciplinary healthcare teams.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| <b>11. National Issues</b> |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | <b>Feedback</b>                                                                                                                                                                                                                                            | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1                          | <ul style="list-style-type: none"> <li>Influences Beyond NHS Control: Many well-being issues stem from broader societal factors (e.g. online safety, car use), requiring action from Scottish and UK Governments to support prevention efforts.</li> </ul> | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2                          | <ul style="list-style-type: none"> <li>Public Health Screening Suggestions: Proposals for universal prostate cancer screening for men and osteoporosis screening.</li> </ul>                                                                               | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 12: You told us that early access to screening and early diagnosis is important.</li> <li>Page 16: We will 'Ensure fair access to healthcare, screening and vaccinations.'</li> <li>Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'</li> </ul>                                                                                                                                                                                                          |
| 3                          | <ul style="list-style-type: none"> <li>Call for System-Wide Action: Emphasis that change must occur at all levels, not just within statutory services.</li> </ul>                                                                                          | <ul style="list-style-type: none"> <li>Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.'</li> <li>Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'</li> </ul>                                      |
| 4                          | <ul style="list-style-type: none"> <li>Strong sentiment that "the NHS is broken", indicating a need for deep systemic reform.</li> </ul>                                                                                                                   | <ul style="list-style-type: none"> <li>Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'</li> <li>Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand. The programme aims to support all services to review and reform the care they deliver, to ensure they deliver the best possible value.'</li> </ul> |

| <b>12. Access</b> |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <b>Feedback</b>                                                                                                                                                                                                                                                                                                                                              | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1                 | <ul style="list-style-type: none"> <li>• Long delays for GP appointments (up to 4 weeks), mental health assessments (4 months), surgery (12+ months), and emergency services (12+ hours in A&amp;E).</li> <li>• Easier access to GPs as well as hospital staff.</li> <li>• These delays are seen as unacceptable and harmful to patient outcomes.</li> </ul> | <ul style="list-style-type: none"> <li>• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</li> <li>• Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'</li> </ul>                                                                                                                              |
| 2                 | <ul style="list-style-type: none"> <li>• A&amp;E should be reserved for true emergencies; others should be redirected to appropriate services (e.g. pharmacists, minor injuries units).</li> <li>• Stronger triage and public education needed to reduce inappropriate A&amp;E use.</li> </ul>                                                               | <ul style="list-style-type: none"> <li>• Page 21: We will: 'Take forward work across local health and social care services to deliver improvements in urgent and emergency care.'</li> <li>• Page 23: 'If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely.'</li> <li>• Page 26: We will: "Further develop urgent care services which provide timely access to specialists."</li> </ul> |
| 3                 | <ul style="list-style-type: none"> <li>• Overwhelmed services due to population growth from new housing developments, with poor communication between health services and local authorities.</li> </ul>                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'</li> <li>• Page 27: '...change the way many local services are designed and delivered in response to increasing demand.'</li> </ul>                                                                                                                                                          |
| 4                 | <ul style="list-style-type: none"> <li>• Comments regarding resource allocation, with suggestions to reduce management roles and redirect funds to frontline service provision.</li> </ul>                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'</li> </ul>                                                                                                                                                                                                      |

|   |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 5 | <ul style="list-style-type: none"> <li>Better IT systems for communication between medical professionals.</li> </ul>                          | <ul style="list-style-type: none"> <li>Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'</li> </ul>                                                                                                                                                                                                                                            |
| 6 | <ul style="list-style-type: none"> <li>Reduce gatekeeping of preventative medications (e.g. weight loss treatments like Mounjaro).</li> </ul> | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'</li> <li>Page 30: Adult Weight Management example added, which demonstrates the impact that this type of approach has on wellbeing.</li> </ul> |

| <b>13. Partners</b> |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | <b>Feedback</b>                                                                                                                                                                                                    | <b>Our response</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1                   | <ul style="list-style-type: none"> <li>Strong support for collaborative working between NHS Forth Valley, local authorities, and third sector organisations to improve health and wellbeing.</li> </ul>            | <ul style="list-style-type: none"> <li>Page 17: 'You want stronger collaboration across all partners and sectors to improve population health together.'</li> </ul>                                                                                                                                                                                                                                                                           |
| 2                   | <ul style="list-style-type: none"> <li>Emphasis on aligning housing priorities and council policies with health strategies (especially around prevention agenda).</li> </ul>                                       | <ul style="list-style-type: none"> <li>We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.</li> </ul>                                                                                                                                                                                                                                                               |
| 3                   | <ul style="list-style-type: none"> <li>Interest in rolling out community activity programmes like "Park Play" and "WildStrong's Nature Moves" to promote physical activity and social connection.</li> </ul>       | <ul style="list-style-type: none"> <li>Feedback noted.</li> <li>Page 4: The importance 'green spaces' is acknowledged.</li> <li>Page 4: We acknowledge "Where you live; your employment and income; housing and transport; and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important."</li> </ul>                                                                                             |
| 4                   | <ul style="list-style-type: none"> <li>Allied Health Professionals (AHPs), such as physiotherapists, are eager to support these efforts.</li> </ul>                                                                | <ul style="list-style-type: none"> <li>Page 23: We note the importance of allied health professionals as part of our multidisciplinary healthcare teams.</li> </ul>                                                                                                                                                                                                                                                                           |
| 5                   | <ul style="list-style-type: none"> <li>Support for closer ties with the DWP, especially Disability Employment Advisers in GP surgeries.</li> </ul>                                                                 | <ul style="list-style-type: none"> <li>Throughout the Strategy document, there's a strong focus on how employment and income maximisation can positively impact people's health and wellbeing.</li> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.</li> </ul> |
| 6                   | <ul style="list-style-type: none"> <li>Highlighting the role of services like Falkirk Council's Sensory Services Team in supporting independence and employability for people with sensory impairments.</li> </ul> | <ul style="list-style-type: none"> <li>Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.</li> </ul>                                                                                                                                                                  |
| 7                   | <ul style="list-style-type: none"> <li>Need for shared access to data and systems across</li> </ul>                                                                                                                | <ul style="list-style-type: none"> <li>Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved</li> </ul>                                                                                                                                                                                                                                                                                         |

|   |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|   | sectors to enable more effective, joined-up care.                                                                                                                                                                                                                    | access to health and care services and help people monitor and manage their own health.'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8 | <ul style="list-style-type: none"> <li>• Concern over the high number of hospital patients with dementia.</li> <li>• Call for more support in preventing dementia, with recognition that organisations like Alzheimer Scotland cannot address this alone.</li> </ul> | <ul style="list-style-type: none"> <li>• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)</li> <li>• Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.'</li> </ul> |



| 14. Service Renewal Framework & Public Health Framework |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | Feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Our response                                                                                                                                                                                                                                                        |
| 1                                                       | <ul style="list-style-type: none"><li>• Empowering people to be more in in charge of the care they receive (SRF page 3)</li><li>• “They will also be more in charge of how this care is delivered, participating in shared decision-making to make informed choices about the treatment and care that is right for them.” (SRF page 14)</li><li>• “People Principle: Care designed around people rather than the ‘system’ or ‘services’” (SRF page 24)</li></ul> | <ul style="list-style-type: none"><li>• Page 11: We will ‘Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.’</li></ul> |
| 2                                                       | <ul style="list-style-type: none"><li>• “Population Principle: Population planning, rather than along boundaries.” (SRF page 6)</li></ul>                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>• Page 11: We will ‘Plan healthcare services based on what the population needs, not just on administrative boundaries, to make care fair and efficient.’</li></ul>                                                           |
| 3                                                       | <ul style="list-style-type: none"><li>• “Our planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level” (SRF page 34)</li></ul>                                                                                                                                                                                                                                 | <ul style="list-style-type: none"><li>• Page 11: We will ‘Help to support better coordination in planning healthcare at national, regional, and local levels.’</li></ul>                                                                                            |
| 4                                                       | <ul style="list-style-type: none"><li>• Reference to “care closer to home”. (SRF page 27)</li></ul>                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"><li>• “Community First” section changed to “Delivering Care Closer to Home” section. Page 22</li></ul>                                                                                                                            |
| 5                                                       | <ul style="list-style-type: none"><li>• “We are shifting funding and workforce capacity into primary and community care.” (SRF page 23, page 27)</li></ul>                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"><li>• Page 26: We will ‘Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.’</li></ul>            |
| 6                                                       | <ul style="list-style-type: none"><li>• “Hospitals will focus on the most complex and acute areas of care and treatment that cannot be delivered at home or in the community.” (SRF page 30)</li></ul>                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"><li>• Page 26: We will ‘Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.’</li></ul>                                                                                                            |
| 7                                                       | <ul style="list-style-type: none"><li>• “First, strengthen integration across the system, and second, to improve access to services and a wider range of treatments in the community.” (SRF page 28)</li></ul>                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"><li>• Page 26: We will ‘Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.’</li></ul>        |

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| 8  | <ul style="list-style-type: none"> <li>• “Value Based Health and Care delivers better outcomes through the equitable, sustainable, appropriate and transparent use of available resources. Value Based Health and Care in Scotland is based on the primary principle of person centred care that is not only high in quality but also delivers the outcomes and experiences that really matter to people, defined by and reported by them.” (SRF page 6)</li> </ul>                                                                                                    | <ul style="list-style-type: none"> <li>• Page 28: ‘Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.’</li> </ul> |
| 9  | <ul style="list-style-type: none"> <li>• “People’s experience and priorities will be key in shaping the future of our health and care services. Over recent years there has been extensive engagement with the public about their experiences of health and care, and they have already told us what matters most to them. We have listened, and we are taking bold steps in this Framework to deliver.” (SRF page 12)</li> <li>• “...understand what matters most to the patient... learn and evolve the model building on user experience.” (SRF page 23)</li> </ul> | <ul style="list-style-type: none"> <li>• Page 31: We will “Continue to listen and learn from local patients and their families to improve their experience.”</li> </ul>                                                                                                                                                        |
| 10 | <ul style="list-style-type: none"> <li>• “...we must address the causes of low engagement in healthcare, including ‘missingness’” (PHF page 33 and page 34)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Page 11: ‘Work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.’</li> </ul>                                                  |
| 11 | <ul style="list-style-type: none"> <li>• “...supporting the generation, circulation and retention of more wealth in local economies.” (PHF page 5)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>• Page 14: ‘In addition, we are supporting community wealth building activities that help retain and circulate resources locally.’</li> </ul>                                                                                                                                           |
| 12 | <ul style="list-style-type: none"> <li>• “...healthcare inequalities”; “We will continue to address the barriers and inequalities that exist in vaccination and screening” (PHF page 33)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Page 16: We will ‘Ensure fair access to healthcare, screening and vaccinations.’</li> </ul>                                                                                                                                                                                           |

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| 13 | <ul style="list-style-type: none"> <li>• References to “Social Prescribing” (PHF pages 6, 25 &amp; 26)</li> </ul>                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Page 16: We will ‘Develop social prescribing to further connect people to activities, groups, and services in their communities.’</li> </ul>                                                            |
| 14 | <ul style="list-style-type: none"> <li>• Reference to “digitally enabled access to information, resources, treatment and services” (PHF page 19)</li> <li>• Reference to “maximise opportunities to improve system and outcomes” (PHF pages 17 and 19)</li> </ul> | <ul style="list-style-type: none"> <li>• Page 21: We will ‘Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.’</li> </ul> |

## NHS Forth Valley

Forth Valley NHS Board

### 10. Forth Valley's Mental Health & Wellbeing Strategic Plan 2025-35

**Purpose:** This report is for Endorsement

**Executive Sponsor:** Joanna Macdonald, Interim Chief Officer - Clackmannanshire & Stirling IJB

**Author:** Dr Jennifer Borthwick Director of Psychological, Mental Health & Learning Disability Services & Paul Smith, Senior Planning Manager

#### Executive Summary

The Forth Valley Mental Health & Wellbeing (MH&WB) Strategic Plan 2025–2035 sets out a ten-year vision to improve mental health and wellbeing across the region. Developed through extensive engagement and aligned with national priorities, the plan adopts a life-course approach, addressing the needs of children, adults, and older people.

It prioritises prevention, early intervention, and support for complex needs, underpinned by a whole-system model that promotes collaboration across NHS, local authorities, HSCPs, third sector partners, and people with lived experience. The strategy responds to increasing demand, workforce and financial pressures, and the need for integrated, person-centred care.

The final MH&WB Strategic Plan will be distributed to all stakeholder groups and communication through all partner's internal and external media methods.

Delivery will be supported by a robust governance structure and a performance framework.

Key actions include:

- Establishing the MH&WB Strategy Board to provide overall accountability.
- Creating a Strategic Planning Group to translate priorities into operational plans.
- Forming a Forth Valley-wide Commissioning Consortium to align investment with strategic priorities.
- Developing a Performance Framework incorporating national and local measures.

Membership of these groups will reflect the whole system, ensuring representation from HSCPs, Community Planning Partnerships, NHS, local authorities, third sector organisations, and people with lived experience.

#### Next steps

Delivery of the MH&WB Strategic Plan will be supported by a robust whole-system governance structure, underpinned by a performance framework and detailed implementation plans. Transitioning from strategy to implementation will require clear governance and reporting arrangements, including:

1. Publishing the MH&WB Strategic Plan by October 2025. This will include communications through all partners internal and external media and the distribution of the final strategic plan to all stakeholder groups.
2. Establishment of the MH&WB Strategy Board – providing overall accountability for delivery of the Strategic Plan.
3. Creation of the MH&WB Strategic Planning Group – responsible for translating strategic priorities into operational plans.
4. Formation of a Forth Valley-wide Commissioning Consortium – to develop commissioning intentions and ensure investment decisions align with the Strategic Plan.
5. Development of a Performance Framework – incorporating nationally reportable metrics and locally agreed measures informed by commissioning priorities.

Membership of these governance groups will reflect the whole system, including representation from HSCPs, Community Planning Partnerships, NHS, local authorities, third sector organisations, and people with lived experience. Representation will vary by group and level of seniority to ensure appropriate expertise and accountability.

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### Action Required

The Forth Valley NHS Board is asked to:

- (1) **endorse** the Mental Health & Wellbeing Strategic Plan 2025-2035
  - (2) **note** the communication intentions post approval
  - (3) **note** the key governance and implementation actions
- 

### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Clackmannanshire & Stirling IJB Strategic Planning Group (23<sup>rd</sup> April 2025) - Draft strategic plan for engagement to inform the final version.
  - Strategic Planning Performance Resources Committee (29<sup>th</sup> April) - Draft strategic plan for engagement to inform the final version.
  - Clackmannanshire Alliance (2<sup>nd</sup> May 2025) - Draft strategic plan for engagement to inform the final version.
  - Falkirk IJB Strategic Planning Group (14<sup>th</sup> May 2025) - Draft strategic plan for engagement to inform the final version.
  - Stirling Community Planning Partnership (4<sup>th</sup> June 2025) - Draft strategic plan for engagement to inform the final version.
  - Falkirk Community Planning Partnership (4<sup>th</sup> June 2025) - Draft strategic plan for engagement to inform the final version.
  - Clackmannanshire & Stirling Integration Joint Board (13<sup>th</sup> August 2025) - The final Strategic Plan was endorsed for approval subject to minor changes
  - Falkirk Integration Joint Board (5<sup>th</sup> September 2025) - The final Strategic Plan was endorsed for approval.
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### Risk Assessment and Mitigation

Nil to note

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### Impact Assessments

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#### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? Yes

If yes, please confirm this is attached. Attached ☒ Not required ☐

NB. The attached EQIA follows Clackmannanshire and Stirling IJB's template.

| Impact Area                              | Summary of Impact                                                                        | Mitigating Actions                                                      |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Age                                      | Positive impact, especially for older adults.                                            | Inclusive engagement and tailored interventions across life stages.     |
| Disability                               | Positive impact for people with sensory loss, learning disabilities, and mental illness. | Targeted engagement and accessibility considerations in service design. |
| Gender Reassignment & Sexual Orientation | Positive impact due to recognition of higher mental health risks in LGBTQ+ communities.  | Inclusive language, trauma-informed approaches, and tailored support.   |
| Pregnancy & Maternity                    | Identified gap in perinatal mental health.                                               | Addressed in final strategy draft with increased focus.                 |
| Race/Ethnicity                           | Positive impact, but limited data availability.                                          | Commitment to improve data collection and reporting.                    |
| Sex/Gender                               | Positive impact with recognition of gender-based differences in mental health needs.     | Strategy includes gender-sensitive interventions.                       |

|                                      |                                                        |                                                                         |
|--------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------|
| Care Experienced People              | Positive impact: higher vulnerability acknowledged.    | Strategy informed by national data and targeted support.                |
| Unpaid Carers                        | Positive impact through dedicated engagement sessions. | Flexible engagement and inclusion in planning.                          |
| Low Income / Poverty                 | Positive impact: socio-economic factors addressed.     | Strategy includes equity-focused actions and locality-based engagement. |
| Rural Areas                          | Positive impact: rural needs considered.               | Locality engagement and tailored service planning.                      |
| Third & Independent Sector           | Positive impact; involved in strategy development.     | Continued collaboration in implementation.                              |
| Language / Literacy / Social Origins | Positive impact: barriers identified.                  | Use of translation, accessible formats, and inclusive communication.    |

### Financial and Infrastructure Implications

The strategic plan acknowledges the complexity of funding across NHS, Local Authority, third sector, and independent providers. While exact financial impacts are difficult to quantify, implementation plans will outline resource requirements and assumptions. Infrastructure implications include the need for integrated systems and facilities that support collaborative, person-centred care across the region.

### Workforce Implications

The strategy highlights the need for a diverse, multidisciplinary workforce to collaborate in an integrated way across services and sectors. This approach supports continuity of care and shared responsibility but may require a realignment of resources and capacity. It also presents opportunities to improve staff wellbeing and build a more resilient system.

### Quality / Patient Care Implications

By focusing on early intervention, prevention, and support for complex needs, the strategy is expected to improve the quality and consistency of care. It promotes a person-centred approach and aims to reduce fragmentation across services, leading to better outcomes and experiences for service users.

### Population Health & Care Strategy

The strategic plan aligns closely with the Population Health & Care Strategy, incorporating principles of Realistic Medicine and Value-Based Health & Care. It addresses social determinants of health and aims to improve population wellbeing through integrated, preventative approaches.

### Climate Change / Sustainability Implications

While not a primary focus, the strategy's emphasis on local, community-based care and digital engagement may contribute to reduced travel and more sustainable service models. Future implementation plans could explore further opportunities to align with climate and sustainability goals.

### Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☒ No ☐

- Two phases of engagement were completed, involving Locality Planning Groups, carers, third sector partners, and the wider public. This ensured the strategy was co-produced with stakeholders and reflects the needs and priorities of the Forth Valley population.

**Appendices**

Appendix 1 – Forth Valley Mental Health & Wellbeing Strategic Plan 2025-35

Appendix 2 – EQIA

## **Forth Valley's Mental Health & Wellbeing Strategic Plan 2025-35**





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# Foreword

We are proud to present this 10-year Mental Health and Wellbeing Strategic Plan for Forth Valley.

This strategy represents our shared commitment to work together to improve the mental health and wellbeing of everyone who lives in our communities, across all ages and stages of life. It is a strategy for the whole population, shaped by the voices of those who use our services, and informed by national policy, local needs assessments, and the lived experiences of individuals, families, and carers.

We recognise that there is a need for change. Too many people still face barriers to accessing the right support at the right time. This strategy sets out a clear direction for how we will work together to build a system that is more joined-up, preventative, and person-centred.

Our approach is grounded in the strategic priorities of the Clackmannanshire & Stirling and Falkirk Integration Joint Boards and aligns with NHS Forth Valley's Population Health and Care Strategy. It strengthens our collective focus on prevention, early intervention, and high-quality specialist care, delivered in the right place and at the right time.

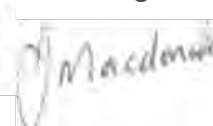
Central to this strategy is the voice of lived experience. The insights of people who use services and those who care for them will continue to shape our actions and inform the implementation plans that follow.

Forth Valley's mental health and wellbeing system is complex and diverse. It includes two Integration Joint Boards, three local authorities and their Community Planning Partnerships, NHS Forth Valley, and a wide range of third sector organisations. This complexity reinforces a simple truth: mental health and wellbeing is everyone's business. Only by working together can we deliver lasting improvements and better outcomes for our population.

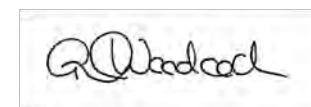
Ross McGuffie  
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Chief Officer  
Falkirk HSCP



## Introduction

The development of the Mental Health and Wellbeing Strategic Plan has been a truly collaborative effort, involving all our partners across the region. We are committed to delivering a comprehensive strategy that supports the mental wellbeing of people of all ages, from children and young people to adults and older people.

It is inclusive by design, ensuring that individuals with specific needs, such as those with learning disabilities or substance use challenges, are considered and supported. The strategy sets out a clear vision for improving mental wellbeing, promoting equity, and aligning with national standards and legislative reforms.

A core principle is that no single organisation can meet the diverse needs of the population alone. Meaningful and lasting change requires strong collaboration across public bodies, third sector organisations, community planning partners, and the voluntary sector. Together, we can create services that are better integrated, more accessible, and responsive to the needs of individuals, families, and communities.

This strategy is based on a population health approach, which recognises that mental wellbeing is shaped by a wide range of social, economic, and environmental factors. While individual choices are important, access to health and social care services only plays a small role in overall wellbeing. The strategy provides a flexible framework that can be adapted to meet the needs of different groups in the population. It will help guide more detailed plans to support people living with dementia, individuals with learning disabilities, and children, young people, and adults with neurodevelopmental needs.

This work aligns with key national frameworks, including the Scottish Government's Mental Health and Wellbeing Strategy and the Care Reform (Scotland) Bill. It also reflects broader legislation that supports rights, choice, and care for individuals and carers across Scotland.

Delivering this strategy requires a transformational approach that embraces workforce diversity, improves service effectiveness, and takes a whole-system, preventative view. It must also be responsive to changing public health needs and make use of technological innovation. To make the most

effective use of our resources, there will be a change in how we deliver flexibly in response to people's needs. This needs to be backed up by an aligned leadership that enables collaboration through focusing on collective outcomes for the population.

To succeed, we need strong partnerships across the system. We must also acknowledge the challenges, including limited funding and the reliance on short-term investment for many third sector services. This affects not only service providers and the workforce, but also the continuity and stability of support for individuals and communities.

These realities cannot be ignored. This strategy will be implemented with a clear understanding of the context we are working in, ambitious in its goals but grounded in the challenges we face.

# A Population Health Approach

This strategic plan is underpinned by the principles of Scotland's Population Health Framework, which sets out a long-term, collective approach to improving health and reducing inequalities. It recognises that mental health and wellbeing are shaped by a wide range of social, economic, and environmental factors, and that improving outcomes requires action across the whole system. By aligning with this framework, we are committed to tackling the root causes of poor mental health such as poverty, discrimination, and social isolation, while strengthening protective factors like community connection, early support, and access to high-quality care. This strategy contributes to the national ambition of a fairer, healthier Scotland, where everyone can thrive.

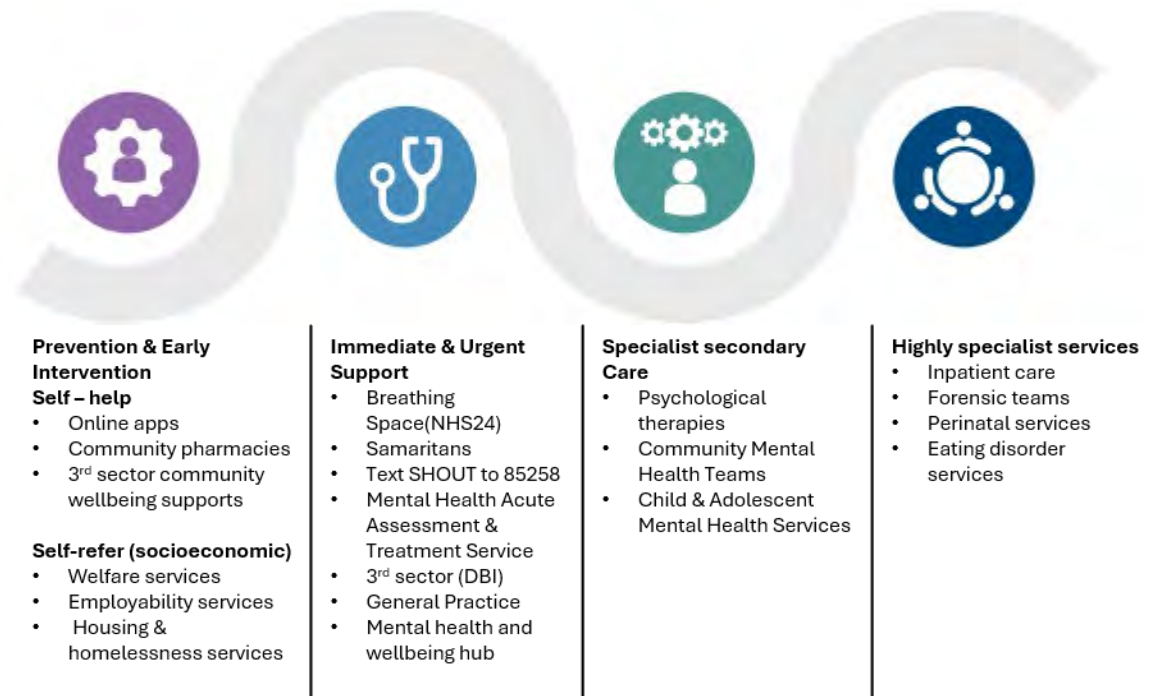
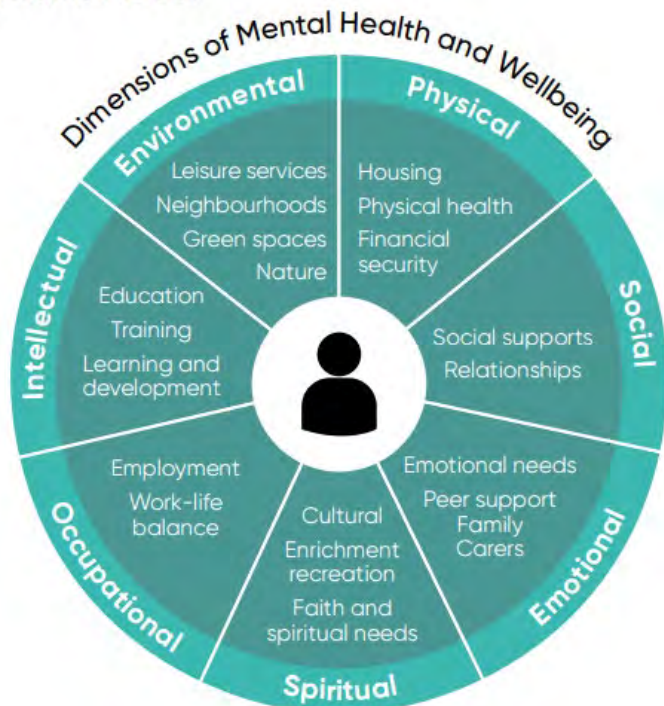


A key pillar of this population health approach is ensuring our system is prevention focused. This means shifting our efforts and investments upstream, prioritising early intervention, anticipatory care, and the conditions that support good mental health before problems arise. A prevention-focused system works across sectors to address the wider determinants of health, reduce avoidable harm, and build resilience within individuals and communities. By embedding prevention into policy, planning, and service delivery, we aim to reduce demand on crisis services and create a more sustainable, equitable system that promotes wellbeing for all.

# What do we mean by whole system?

Taking a whole system approach to mental health and wellbeing means aligning and integrating services across the entire continuum of care from specialist inpatient and urgent care services to community-based support, primary care, self-management and prevention. It recognises that no single service or sector can meet the diverse and complex needs of individuals alone. By fostering collaboration across health, social care, education, housing, the third sector, and communities, we can create a joined-up system that delivers timely, person-centred, and preventative support. This approach ensures that people can access the right help, in the right place, at the right time, and that support is coordinated around their needs, not organisational boundaries.

## Whole Systems Model



## Forth Valley's Shared Vision for Mental Health & Wellbeing

›A.Forth.Valley.where.every.person.thrives.and.is.empowered.to.live.  
well.with.positive.mental.health.and.wellbeing;"

# What is Mental Health and Wellbeing?

Mental illness includes a range of conditions like depression, PTSD, and schizophrenia. These conditions affect people in different ways and can last for a short time or be long-term. Some are mild, while others can be more serious or lifelong.

**Mental health** is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.

**Mental wellbeing** is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose.

**Mental illness** is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

*Extract from [Scotland's Mental Health and Wellbeing Strategy \(Scottish Government, 2023\) page 12.](#)*

Mental health, mental wellbeing, and mental illness are influenced by a mix of factors:

- Biological (either through genetics or physical health)
- Psychological (thoughts and emotions),
- Social (poverty, discrimination or culture)

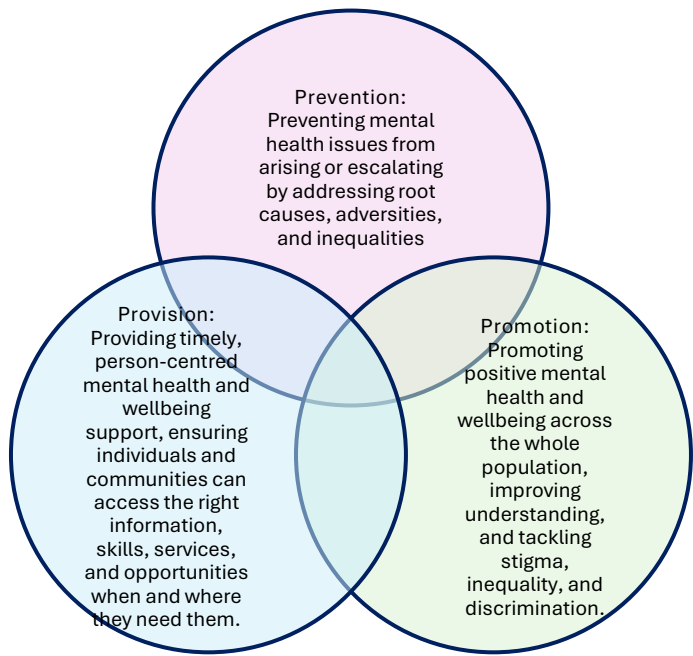
These factors, along with personal life experiences, shape how we feel and cope. Everyone's experience is different, and mental health can change over time.

## National and Local Context



Our vision is closely aligned with the Scottish Government’s Mental Health and Wellbeing Strategy (2023), which envisions a Scotland free from stigma and inequality, where everyone can realise their right to the best possible mental health and wellbeing.

The national strategy has a strategic focus on three key areas:



Forth Valley’s Strategic Plan is structured around these three priority areas. It is inclusive of all people across Forth Valley and recognises the importance of alignment with other strategic plans that support individuals with additional or specialist needs.

We also acknowledge that the Scottish Government’s approach may evolve over the next decade. As such, this plan will be regularly reviewed to ensure continued alignment with national strategic priorities.

## Understanding Forth Valley’s Strategic Needs for Mental Health & Wellbeing

To help shape this strategy, we carried out a detailed Strategic Needs Assessment (SNA): a way of looking at the factors that affect people's mental health and wellbeing in our area.

This work is based on Scotland's Population Health Framework (2025–2035), which encourages a broad view of health. It looks not just at illness, but at the things that help people stay well, like good housing, strong communities, fair work, and access to support when it's needed.

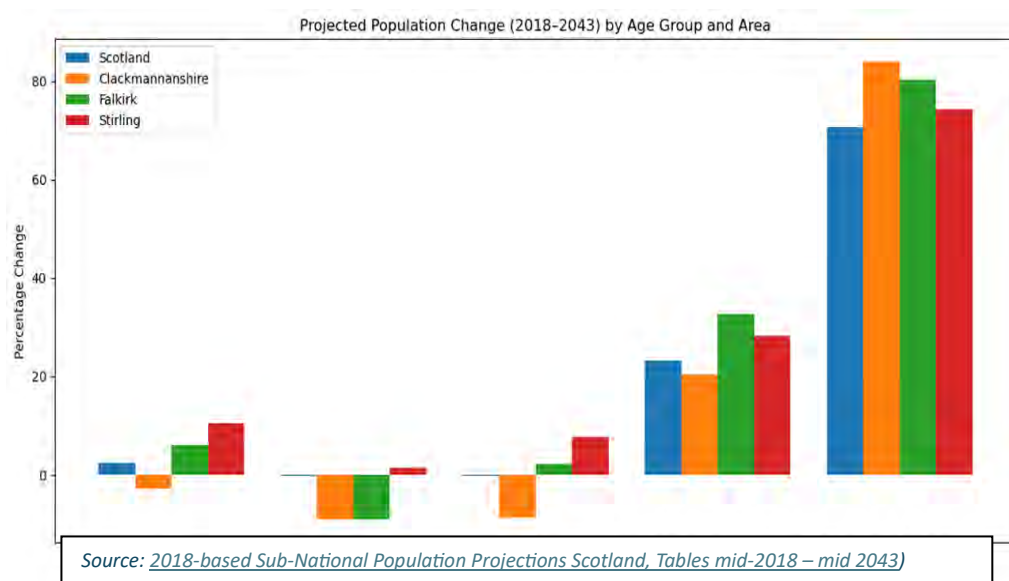
We used a wide range of publicly available data to understand what's happening locally and nationally. This included information about people's health, lifestyles, and the services they use, as well as social and economic factors like poverty and inequality. We also listened to people with lived experience and those working in mental health services to make sure the data reflects real-life experiences.

Where possible, we looked at data specific to each local area. When that wasn't available, we used national figures. We know that no single set of numbers tells the full story, so we combined different types of information to get a clearer picture of what's working well and where more support is needed.

This assessment helps us focus on prevention, acting early to support mental health and reduce the need for crisis care. It gives us the evidence we need to plan services that are fair, effective, and tailored to the needs of our communities.

Population projections to 2043: Forth Valley compared with Scotland

Official data from National Records of Scotland shows how the population in different age groups is likely to change between 2018 and 2043. These projections can help us plan for the future, making sure services and support are in place for people of all ages. Between 2018 and 2043, the population across Forth Valley is expected to change in different ways depending on age and geographical area:



**Older Adults** - The number of people aged 75 and over is expected to grow significantly across all areas. Clackmannanshire is projected to see an increase of over 13% in this age group by 2043, which is higher than the national average increase for this group.

**Children and Young People** - The number of children and young people is expected to fall in Clackmannanshire and Falkirk. Stirling may see a small rise.

**Working-Age Adults** - Clackmannanshire is likely to see a drop of nearly 9% in working-age adults. In contrast, Falkirk and Stirling are expected to see growth in this group.

**Overall Population Growth** - Stirling is projected to grow the most (10.5%), followed by Falkirk (6%). Clackmannanshire may see a small decline of around 2.9%. Scotland is expected to grow by 2.5%.

These changes highlight the need to plan ahead, especially to support an ageing population and ensure services are in place where they're needed most.

## Mental Health and Wellbeing in Scotland – Insights from the Scottish Health Survey 2023

The Scottish Health Survey (SHS) provides a national overview of the health and wellbeing of people living in Scotland.

Mental wellbeing was measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), where higher scores indicate better wellbeing. In 2023, scores improved across all age groups compared to 2022 but remained below pre-pandemic levels. Younger adults (aged 16–44) continued to report lower wellbeing than older age groups.

The General Health Questionnaire (GHQ-12) was used to assess the likelihood of psychiatric disorders. The proportion of adults with a GHQ-12 score of 4 or more, suggesting possible mental health issues, fell from 27% in 2022 to 21% in 2023. While this marks a positive shift, it remains above pre-pandemic levels (14–19% between 2003–2019). Adults in the most deprived areas were more likely to report higher GHQ-12 scores.

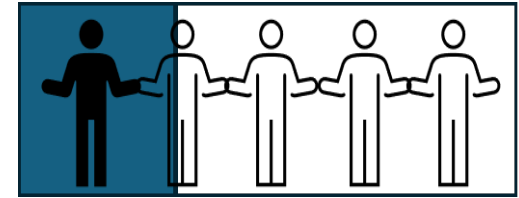
Although data on depression, anxiety, and self-harm were not collected in 2023, previous years showed rising trends, particularly among young adults and females aged 16–24.

Loneliness remains a key concern. In 2023, 10% of adults reported feeling lonely ‘most’ or ‘all of the time’ in the previous week. This was highest among 16–24-year-olds (19%) and those living in the most deprived areas (14%), compared to just 5–6% among those aged 65+ and in the least deprived areas.

Overall, the 2023 SHS highlights gradual improvements in mental wellbeing but reinforces the persistent inequalities linked to age and deprivation. These findings underline the importance of targeted mental health support for young people and communities facing socioeconomic challenges.

## Mental Health and Wellbeing in Forth Valley – Scottish Burden of Disease Survey 2022

According to the most recent study in 2022, more than 1 in 5 (22%) of all health problems in Forth Valley are linked to mental health conditions. This includes depression, anxiety, schizophrenia, dementia, alcohol and drug use. In fact, anxiety and depression are among the top four causes of poor health in Clackmannanshire, Stirling, and Falkirk.



Across Forth Valley, people experience different levels of health and wellbeing, and this includes mental health and wellbeing. One way we understand this is through a measure called Disability Adjusted Life Years (DALY), which shows the impact of illness and early death.

- o Clackmannanshire faces the greatest challenges, with higher levels of mental health issues like anxiety and depression, and higher levels of substance use.
- o Falkirk also sees higher needs in areas like alcohol and drug use, but to a lesser extent than Clackmannanshire.
- o Stirling has lower levels of mental health challenges and less reliance on related medication.

But DALY alone doesn't tell the full story. The Strategic Needs Assessment shows that these issues are strongly linked to higher levels of deprivation and inequalities in these areas, replicating the national findings at a local level.

## Social and Economic Factors

There are a range of social and economic factors that can influence the mental health and wellbeing of people living in the Forth Valley area. These include income, employment, education, social supports, stress, social isolation and housing and food insecurity.

### Child poverty

More children in Clackmannanshire and Falkirk are living in poverty compared to the Scottish national average. This is based on income levels after essential costs like housing are deducted, offering a clearer picture of the resources families have to meet basic needs. Growing up in poverty can expose children to chronic stress, social exclusion, and limited access to essentials such as nutritious food, safe play spaces, and mental health support. These disadvantages can have lasting effects, increasing the risk of mental health challenges later in life due to ongoing stress and reduced opportunities.

### Employment and sickness absence

Sickness absence levels can provide valuable insight into the health and wellbeing of staff. While not a complete measure on their own, they are a useful indicator when considered alongside other data, such as staff surveys, retention rates, and access to support services.

In public health and workforce planning, consistently high sickness absence rates can highlight the need for better support systems, healthier working environments, and targeted action to improve wellbeing.

Recent data from the Community Planning Outcomes Profile shows that Clackmannanshire and Stirling have higher-than-average sickness absence rates in both education and non-education roles, while Falkirk's rates are broadly in line with national figures. When viewed alongside other indicators, this helps build a fuller picture of workforce wellbeing and where support may be most needed.

## Outdoor spaces and facilities

Only Falkirk and Stirling residents appeared to be satisfied with current library, leisure and green spaces, with people living in Clackmannanshire reporting dissatisfaction with their leisure facilities ([Local.Government.Benchmarking.Framework](#)). As these are supportive elements to the promotion of positive mental wellbeing, experiencing an unsatisfactory level of leisure facilities can have a negative impact on people's wellbeing.

## Inequalities

As evidenced from the Strategic Needs Assessment, mental health challenges don't affect everyone equally. People facing economic disadvantages in life like poverty or poor housing, are more likely to experience mental health problems.

Research shows that children and adults in the lowest income groups are 2 to 3 times more likely to develop mental health issues than those in the highest income groups. Evidence from the Mental Welfare Commission highlights a strong correlation between poor mental health and social deprivation, with individuals living in more disadvantaged areas disproportionately affected by severe mental health challenges.

We know that deprivation plays a significant role in shaping health outcomes. By recognising this, we can better target support and work together to improve mental health and wellbeing for everyone in Forth Valley, especially in the communities that need it most.

## Mental Health Inpatient Admissions

Analysis of mental health inpatient activity data for 2023/24 shows that NHS Forth Valley has a higher rate of admissions for individuals aged 65 and over (910 per 100,000) compared to the Scottish average (787 per 100,000), across both men and women. Conversely, admission rates for those aged 40–64 are lower in Forth Valley (406 per 100,000) than the national rate (529 per 100,000). Among younger populations, men under 40 have slightly higher admission rates than the national average, while rates for women aged 0–17 and 18–24 are lower. A clear link between deprivation and admission rates is evident, with higher rates observed in the most deprived areas of Forth Valley.

# Mental Health Detentions

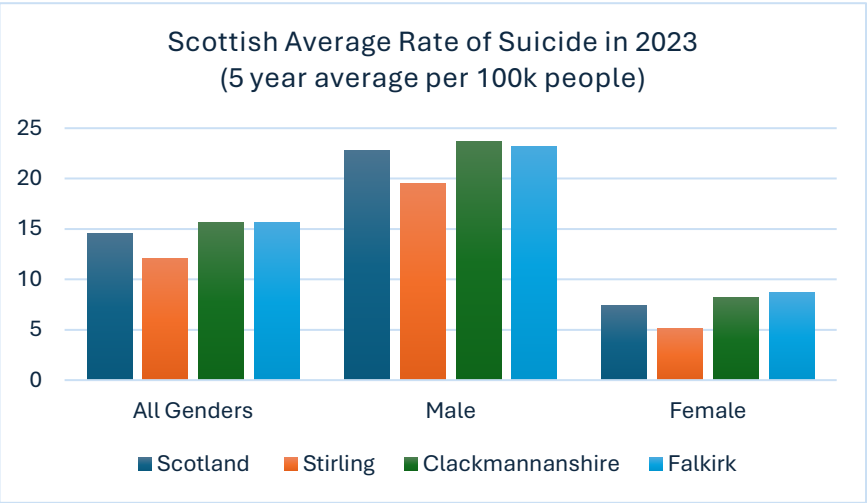
Mental health services are increasingly supporting individuals with serious and long-term mental health conditions, some of whom require treatment under legal safeguards to ensure safety and wellbeing

The Mental Welfare Commission’s Mental.Health.Act.Monitoring.Report.8687- 88. was reviewed to understand the use of legal detentions for mental health assessment and treatment. These include emergency, short-term, and compulsory treatment orders, which are used only as a last resort when individuals are unable or unwilling to accept necessary care. The report identified a significant rise in detentions across Scotland and within Forth Valley. In 2021–22, Forth Valley recorded the third highest rate of Emergency Detention Certificates (EDCs) in Scotland at 60.2 per 100,000 population, closely aligned with NHS Tayside (59.1 per 100,000). Further local detail is available in the Strategic Needs Assessment.

## Suicide

There are clear differences in suicide rates across Forth Valley. According to [National Records Scotland probable suicides report 2023](#) the Scottish average suicide rate is 14.6 per 100,000 people. Within Forth Valley, Stirling has the lowest rate at 12.1 per 100,000, while Falkirk and Clackmannanshire both exceed the national average (14.6), with rates of 15.6 and 15.7 per 100,000 respectively.

Men are approximately three times more likely to die by suicide than women. This highlights the importance of addressing gender-specific mental health challenges and ensuring that support services are accessible, inclusive and responsive to the needs of individuals.





## Understanding Self-Harm and Why It Matters for Mental Health

Self-harm is when someone intentionally hurts themselves. This could include things like cutting, burning, or taking too much medication. It's not always about wanting to end life. Often, it's a way of coping with overwhelming emotions, stress, or trauma.

The Scottish Government defines self-harm as any act of self-injury or self-poisoning, regardless of the reason behind it. It's a sign that someone is struggling and needs support.

Self-harm is often a way for people to deal with emotional pain they can't express in words. It can help them feel in control, release tension, or punish themselves when they feel guilt or shame.

Crucially, self-harm can also be a warning sign of suicidal thoughts, and it is important to take it seriously and offer support early.

A recent review of emergency department visits at Forth Valley Royal Hospital (FVRH) examined self-harm cases between May 2019 and July 2024. The analysis revealed a sharp increase in cases between February 2020 and February 2022, aligning with national trends during the height of the COVID-19 pandemic. Women aged 19 to 30 were identified as the most affected group, with females accounting for 64.2% of all self-harm presentations during this period. Although the number of cases had returned to pre-pandemic levels by July 2024, self-harm remains a significant concern. In response, the Scottish Government introduced its first dedicated Self-Harm Strategy to address the issue through targeted support and prevention efforts.

## People With Complex Issues and Additional Risk Factors

### Substance Use

A review of the literature and evidence concluded that many individuals in Scotland with substance use disorders also struggle with mental health conditions, such as depression, anxiety, or PTSD. These co-occurring disorders complicate treatment, as traditional approaches often focus only on the substance abuse without addressing the trauma that underlies it. It is essential that a trauma-informed approach to dealing with substance use is promoted, which recognises the importance of addressing underlying trauma rather than just the substance use issue itself.

In terms of alcohol related hospital admissions, Falkirk has a slightly higher rate than the national average, with Clackmannanshire and Stirling rates lower than the national average. There is a strong correlation between deprivation and alcohol related hospital admissions, with the highest rate of admissions from the most deprived areas.

Taken from Public Health Scotland (PHS) data (Scottish Morbidity Record (SMR) 01) up to 2022/23, substance related hospital admissions across Falkirk, Clackmannanshire and Stirling are all higher than the Scottish average rate.

Over the past decade, drug-related deaths (DRDs) have increased across all three local authorities, reflecting the national trend. However, when focusing specifically on women, drug-related deaths in Clackmannanshire have consistently exceeded the national average since 2019 and continue to rise each year. In contrast, rates in Stirling and Falkirk have remained below the national level.

## Children and Young People

Children and young people's mental health continues to be a key priority in Scotland. According to the Children & Young People's Commissioner Scotland, almost one-quarter of young people in Scotland experienced two or more psychological problems in a single week in 2020. About 1 in 10 children and young people between the ages of five and 16 had a mental illness that could be diagnosed clinically. The situation was exacerbated due to the Covid-19 pandemic and its aftermath, as well as the current cost of living crisis. Approximately one-quarter of children in Scotland live in poverty, which can cause poorer physical and mental health, impacting their education and access to other rights.

Care experienced children and young people are those who are, or have been, in the care of a local authority. This includes a wide range of experiences such as being looked after at home under a supervision order, living with foster carers, in residential care, in kinship care, or having been adopted from care. The term recognises that the impact of care experience can be lifelong, and it is used to ensure that services are inclusive, responsive, and shaped by the voices and rights of those with lived experience.

Across Scotland, approximately 13,000 children and young people were care experienced in 2024, with figures varying slightly year to year. This definition aligns with Scotland's national commitment to Keep the Promise, ensuring that every care experienced child and young person grows up feeling loved, safe, and respected.

In Forth Valley, the coordination of children's services remains the responsibility of local councils and NHS Forth Valley and is not currently delegated to the Integration Joint Boards (IJB). As such, it is essential that strong and effective links are maintained with local authorities and NHS-led children's services and health and wellbeing plans to ensure a cohesive and responsive approach to meeting the needs of children and young people, including those who have experienced local authority care.

## People Living with Neurodevelopmental Conditions and Mental Health Issues

Across Forth Valley, we recognise the growing need to better understand and support neurodivergent individuals of all ages. Neurodevelopmental conditions such as autism and ADHD typically manifest in early childhood and affect how people think, learn, and interact with others. These conditions are lifelong and can vary widely in how they present and impact daily life.

Recent data from the [2024 Scottish Government school census](#) shows that 2 in every 5 children and young people now have additional support needs—including autism, dyslexia, or mental health challenges—double the figure reported in 2014. This trend is reflected in the increasing number of referrals for neurodevelopmental assessments across NHS Forth Valley and our community planning partners.

Getting the right support early can make a significant difference to a young person's wellbeing, education, and social development. However, many families face long waits for assessments and struggle to access the help they need.

Forth Valley has a Paediatric Neurodevelopmental Disorder pathway which focuses on the assessment and diagnosis of conditions such as autism and ADHD. Unlike CAMHS and psychological therapies, it is not currently subject to national waiting time targets. Assessments are often complex and involve multiple professionals, which can lead to longer waiting times. Continued attention is needed to ensure timely and effective support for children and families.

We also recognise that neurodevelopmental conditions do not end in childhood. Many adults live with autism, ADHD, or other forms of neurodivergence, often without a formal diagnosis, and face significant barriers in accessing appropriate support. These challenges can contribute to poorer outcomes in mental health, employment, and overall wellbeing, particularly for those also affected by trauma, poverty, or social exclusion.

It is estimated that around [1 in 7 people](#) (more than 15% in the UK) have neurodevelopmental differences. However, these figures likely significantly underrepresent the true scale of neurodivergence, as increasing numbers of children, young people, and adults are identifying with neurodivergent traits or seeking formal assessment. A 2023 guide from the National Autism Implementation Team (NAIT) notes that referral rates for autism and ADHD assessments have increased by up to 1000% in some areas, driven by growing societal awareness, improved understanding of neurodevelopmental conditions, and broader recognition that traits exist across a spectrum—not limited to those with formal diagnoses.

Many individuals are only diagnosed later in life, often after years of facing challenges without understanding why. Adults with neurodevelopmental conditions are more likely to experience anxiety, depression, suicidal thoughts, and substance use issues. These difficulties are frequently linked to feeling misunderstood or isolated, sensory and communication barriers, delays in diagnosis, or limited access to mental health support that meets their needs.

A 2023 report by the National Autism Implementation Team (NAIT) found that many adults with neurodevelopmental conditions also have co-occurring mental health conditions, but services are not always joined up or easy to access. There is also evidence that neurodivergent individuals are more likely to experience psychiatric illness, substance misuse, and involvement with the justice system, which can further complicate access to the right support.

As such, services must adapt to meet both diagnosed and self-identifying individuals' needs, ensuring inclusive, affirming, and accessible support across education, health, and community settings

## Older People

With the changing age profile of our communities highlighted above, mental wellbeing and mental health issues in older people will become an increasingly important area to consider. Within this demographic, dementia is a key consideration (although clearly dementia can also occur in younger people) with the number of people with dementia aged over 65 predicted to increase by 50% in the next 20 years (Source: Dementia in Scotland: Everyone's Story, Scottish Government, 2023).

However, it is essential that the focus on dementia does not come at the cost of supporting older people with other mental health and wellbeing needs. While there is some evidence to suggest that older people have slightly better mental wellbeing and lower rates of mental illness than younger adults, it remains unclear how much of this is related to reporting patterns rather than to the absence of difficulties. There is also evidence to suggest that the Covid-19 pandemic had a negative impact on older people's mental health, in particular around loneliness, and that older people with physical health conditions report poorer mental wellbeing and increased loneliness (Source: Older Adults' Mental Health Before & During the Covid-19 Pandemic, Scottish Government, 2022).

## People from Ethnic Minority Backgrounds

Unfortunately, the available data around the mental health and wellbeing of people from ethnic minorities in Scotland is poor. Improving both local and national recording and reporting of mental health presentations and outcomes for people from ethnic minorities is recognised as a priority, in support of compliance with the Equality Act (2010). A recent Mental Welfare Commission report (Racial Inequality & Mental Health in Scotland, 2021) highlighted the complex relationship between deprivation, socio-economic status, ethnicity and health outcomes in Scotland. It also highlighted the importance of including people from ethnic minority backgrounds in the design of health promotion campaigns and strategies, to ensure that such campaigns and strategies are fully inclusive.

## People with Sensory Impairment

Sensory impairments are associated with poorer mental health and wellbeing, and people with hearing or visual impairments may be at increased risk of developing mental health conditions such as anxiety and depression. At the same time, people with sensory difficulties are also likely to face additional barriers to accessing appropriate support for their mental health and wellbeing. (Source: Shoham et al, BJPsych, 2019).

## LGBTQ+ People

According to the [Mental Health Foundation](#), people who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex and may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality. It is essential that people's individual differences and experiences are recognised, and that support and treatment address these appropriately.

## People with Learning Disabilities

Evidence suggests that rates of mental health difficulties are higher in people with a learning disability than in those without. There are a variety of reasons for this, including biological/genetic factors, a higher incidence of negative life events, access to fewer resources and coping skills and the impact of other people's attitudes (Source: Mencap, 2025). We need to ensure that, in addition to specific strategic plans for the wider support of people with learning disabilities and their families, that wherever possible mental health and wellbeing support and services are fully accessible to them.

## People with lived experience of the justice system

Forth Valley houses three national prisons; His Majesty's Prison (HMP) & Young Offender Institution (YOI) Stirling, HMP Glenochil and HMP & YOI Polmont.

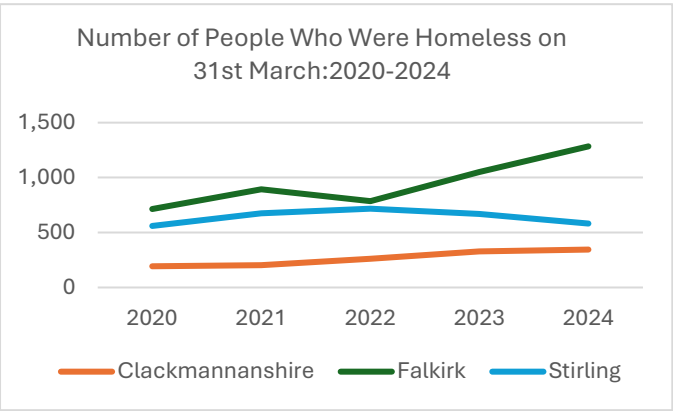
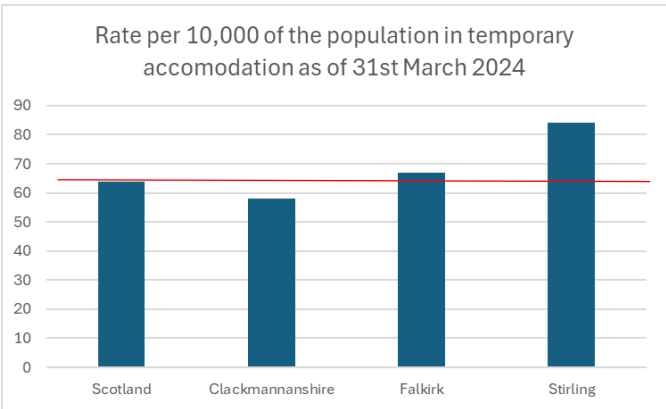
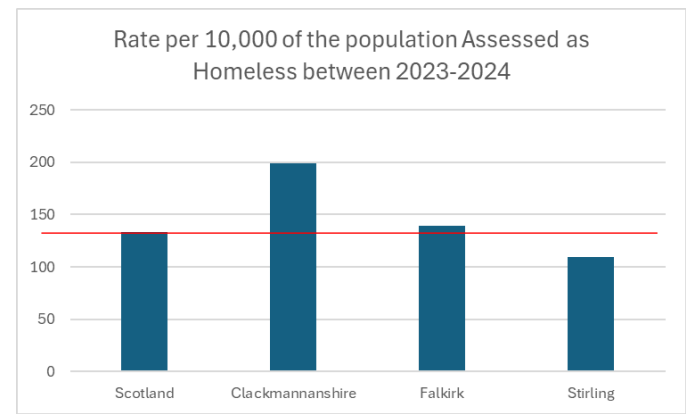
People in prison experience numerous and often complex mental health and physical difficulties at a higher rate than people in the community. The Scottish Prisoner Survey 2019 found that 15% of the prison population reported having a long-term mental health condition, 17% had a history of self-harm, 30% experienced issues with alcohol use, 16% reported symptoms of anxiety, and 18% reported symptoms of depression within the past week.

For many individuals, these issues precede imprisonment and are thought to be associated with predisposing factors such as higher rates of traumatic or adverse life experiences, head injury and substance use. Individuals who come into prison are also more likely to be from communities characterised by multiple deprivation, to have spent time in local authority care, and to have experienced interpersonal victimisation. Imprisonment itself, however, can also be damaging to someone's mental health.

Working independently, but often in partnership with NHS colleagues, to support mental health and wellbeing of people in prison in Scotland is a range of third and voluntary sector organisations. These organisations operate within the prison and offer throughcare support for people leaving prison. This strategic plan will align with [The Scottish Prison Service's Mental Health Strategy 2024-34](#).

# Homelessness

According to the Homelessness in Scotland: 2023-24<sup>1</sup> report by Scottish Government local homeless applications are set out in the chart below



Mental health contributed to over a quarter of tenancy breakdowns. In more than half of cases, the loss of tenancy was beyond the person’s control, often compounded by a lack of support from family or friends.

Homelessness has risen significantly in Falkirk and Clackmannanshire, while Stirling has seen a notable decrease. These contrasting trends highlight the need for targeted, localised responses to housing insecurity across the region.

<sup>1</sup> [Supporting documents - Homelessness in Scotland: 2023-24 - gov.scot](#)



## Waiting times

There are two national waiting times standards for mental health, for Psychological Therapies and for Child and Adolescent Mental Health Services.

### Psychological Therapies

In NHS Forth Valley, the national standard for psychological therapies is that 90% of people should begin treatment within 18 weeks of referral. Over the past year (as of May 2025), performance in Forth Valley has ranged between 68% and 78%, which is below the national target. This highlights the need for continued focus on improving access and reducing waiting times.

### Child and Adolescent Mental Health Services (CAMHS)

Forth Valley is currently (May 2025) meeting the national standard for CAMHS, with over 90% of children and young people starting treatment within 18 weeks of referral. This is a positive achievement, but it will be important to keep monitoring performance closely, especially as changes in service capacity may affect future delivery.

## Workforce

A sustainable, skilled, and inclusive workforce is central to delivering high-quality mental health and wellbeing support across Forth Valley. This workforce is broad and diverse, encompassing not only those in formal employment but also unpaid carers, volunteers, and people with lived experience. Each plays a vital role in supporting individuals and communities, and together they form the foundation of a compassionate and responsive mental health system.

## Volunteers

Volunteering is a vital intervention in supporting the mental health and wellbeing of our communities, as recognised in [Scotland's National Volunteering Framework and Action Plan \(Scottish Government, 2022–23\)](#). The Framework highlights the dual benefit of volunteering- not only does it empower individuals to contribute meaningfully to society, but it also enhances the mental health and wellbeing of both volunteers and those they support.

The supporting [Literature Review](#) for the Development of Scotland's Volunteering Action Plan found that volunteering can reduce stress, anxiety, and depression, while also increasing feelings of self-worth and social connection. Volunteers play a crucial role in supporting people with mental health challenges by offering companionship, reducing stigma, and helping individuals navigate difficult periods. Volunteering can also help people maintain good mental health by promoting regular social interaction, building confidence, and tackling loneliness and social isolation, as shown in Volunteer Scotland's report "[Volunteering, Health and Wellbeing](#)".

Beyond the benefits to mental health, volunteering offers life-changing personal benefits, especially for those who are unemployed. Evidence from the [Royal Voluntary Service](#) shows that volunteering helps people gain experience, build new skills, and grow in confidence.

Volunteers are not just helpers; and in this plan we recognise them as essential partners in delivering care and support. Their contributions will be recognised, supported, and embedded into how we plan and deliver services.

## Unpaid Carers

Unpaid carers are essential to the health and wellbeing of our communities, providing vital support to people with physical and mental health needs, often without formal recognition or financial compensation. According to the 2022 Scotland Census, 627,700 people identified as unpaid carers, with the largest increase among those aged 50–64, and women making up the majority.

In Forth Valley, unpaid carers represent around 12.6% of the population. While specific data on those caring for someone with mental health needs is limited, they are likely to be a significant proportion of the total number of carers in the area.

Caring can be deeply rewarding, but it can also take a toll on a person's own mental health and wellbeing. Many carers experience stress, isolation, and emotional fatigue, especially when support is limited. This strategy recognises unpaid carers as key partners in care and commits to supporting their wellbeing, involving them in service design, and ensuring they are not left without support.

## People with Lived Experience

People with lived experience of mental health challenges bring unique insight and value to the design, delivery, and evaluation of services. A major review commissioned by the [Department of Health and Social Care in 2024](#) concluded that peer support roles can improve outcomes, enhance engagement, and support recovery. Co-production is a guiding principle of this strategy, and we are committed to embedding the meaningful involvement of people with lived experience throughout the life of this plan and beyond, ensuring that services are shaped by those who use them.

## Advocacy

Independent advocacy is an essential part of ensuring that individuals are supported to express their views, understand their rights, and make informed decisions. NHS Boards and Local Authorities have a statutory duty to provide access to independent advocacy for people receiving children's and adult services, including those with mental health needs.

In Forth Valley, we aim to strengthen access to advocacy by implementing a consistent Model of Care for Independent Advocacy. This will ensure equitable, timely, and meaningful support across the region.

By embedding advocacy into our mental health and wellbeing strategy, we aim to uphold rights, reduce inequalities, and ensure that every voice is heard and respected in decisions that affect care and recovery.

## Employed Workforce

The mental health and wellbeing workforce in Forth Valley spans NHS Forth Valley, Clackmannanshire, Falkirk and Stirling Councils, and a wide range of third and independent sector organisations. While the full scale is difficult to capture, current figures show the equivalent of around 925 full-time staff work in adult mental health and learning disability services across Clackmannanshire & Stirling and Falkirk Health & Social Care Partnerships. A further approximately 75 full-time equivalent staff support children and young people through NHS Forth Valley's Child and Adolescent Mental Health Services (CAMHS).

These figures don't include the many professionals in social work, education, housing, third sector, and community-based roles who also contribute to mental wellbeing. Many staff in these sectors, and in health roles out with mental health services (e.g. Primary Care), provide significant support to people with mental health issues.

Careers in this field are not only vital to population health, they also strengthen the local economy. Our strategy is committed to developing, supporting, and retaining this diverse workforce, ensuring all staff, regardless of role or sector, feel valued, supported, and equipped to deliver high-quality care.

## Financial Context and Sustainability of Mental Health & Wellbeing Services

The data presented highlights a clear and concerning rise in mental ill-health across Forth Valley, alongside growing challenges in supporting mental wellbeing. At the same time, public sector financial resources are under increasing pressure, making current models of service delivery unsustainable. Comprehensive whole system review and reform of how services are planned and delivered is essential to ensure best value, not only in financial terms, but also in how we support our workforce, service users, and carers.

The outline plan presented later in this paper, is designed to deliver improved mental health and wellbeing outcomes for the people of Forth Valley. However, we must acknowledge the significant challenges of implementing this plan within the current fiscal climate.

### Complexity of Funding

Funding for mental health and wellbeing services is complex and fragmented, spanning NHS, local authorities, Health & Social Care Partnerships, third sector, and independent sector contributions. This makes it difficult to determine the total whole system investment in mental health and wellbeing across Forth Valley.

Specifically in relation to NHS Mental Health services, the Scottish Government has directed Health Boards to allocate:

- o 10% of their total budget to mental health services
- o 1% of their total budget to children and young people's mental health services.

At the most recent reporting point NHS Forth Valley allocated:

- o 9.16% of its total budget to mental health services.
- o 0.71% of its total budget to children and young people's mental health services.

While these figures are slightly below the national targets, it is important to note that there is currently no standardised methodology for calculating these percentages, limiting the ability to make meaningful national comparisons as different health boards may use different assumptions in relation to items such as treatment of overhead costs.

In addition, all three local authorities in Forth Valley allocate funding to mental health services. Some of this is delegated to the Health & Social Care Partnerships, while other elements are retained, further complicating efforts to establish a clear picture of total mental health expenditure.

### **Towards Sustainable Delivery**

To ensure the long-term sustainability of mental health and wellbeing services, all partners involved in their delivery must themselves be sustainable. This includes financial sustainability, workforce capacity, and organisational resilience. Further collaborative work is required across all sectors to clarify the financial landscape and support effective, integrated, and equitable service delivery across Forth Valley.

## Who Did We Engage With?

As part of the development of this Strategic Plan, the Strategic Planning Group undertook a comprehensive engagement process to ensure the voices of people and communities across Forth Valley were heard and reflected. The third sector plays a vital role in mental health and wellbeing - as a delivery partner, a major part of the workforce through staff and volunteers, and a key driver of strong, connected communities. To reflect this, third sector organisations helped shape the plan through targeted consultation, with efforts to involve service users and communities. The CEO of Stirlingshire Voluntary Enterprise also joined the strategic planning group, ensuring the sector's voice was included at a strategic level. Ongoing engagement with Stirlingshire Voluntary Enterprise, Clackmannanshire Third Sector Interface, and CVS Falkirk and District will continue to strengthen collaboration and ensure the third sector's role is recognised throughout the plan's delivery. We consulted a wide range of stakeholders, including:

- People with lived experience of mental health challenges
- Carers and young carers
- Locality planning groups
- Community planning partners
- Executive and senior leadership teams
- Third sector organisations
- Staff working in mental health and wellbeing services across Forth Valley
- People with a sensory loss

## What We Heard

### Early Years and Perinatal Mental Health

- Need to consider MH&WB needs of children & young people
- Parenting support

### Neurodivergence Priorities

- Address waiting times for ADHD/ASD diagnoses
- Lack of tailored support for neurodivergent people across the lifespan
- Need for peer support and inclusive services

### Homelessness & Housing

- Need to better integrate mental health support with housing services
- Address housing insecurity (recognising impact on MH&WB)
- Reflect Housing (Scotland) Act 2024

### Trauma-Informed Practice

- Gaps in public awareness and workforce training
- Need clearer implementation strategies for the whole system

### Lived-Experience & Co-Design

- Need to embed peer support roles
- Develop co-production mechanisms
- Ensure engagement is authentic not tokenistic

### Access & Equity

- Address the barriers ie digital exclusion, rural isolation
- Improve the cultural competence of services

### Justice Involved Populations

- Need to consider prison populations
- Community justice pathways for mental health support

### Older Adults

- Actions for dementia and older adult mental health needs

### Whole System Approach

- Need to understand and use our total resources efficiently
- Need to work in partnership with 3<sup>rd</sup> sector creating diverse roles and opportunities

### Prevention & Early Intervention

- Need clear actions to improve MH&WB including physical activity collaborations
- Need to know where to go for information and help

### Accessibility

- Need to look at services through an accessibility lens
- People with sensory loss have additional barriers to accessibility
- Need to make the language simple and easy to understand

### Resources

- No additional/new money
- Consider how we do things differently
- Work on the right things & do those things right



## Our Guiding Principles

Six fundamental principles have been defined to ensure that the strategic plan is both focused and values driven. All the principles should be evident in the work we do across all parts of our mental health and wellbeing system. Although ambitious, embedding them in everyday practice will create the conditions needed to achieve the best outcomes possible.

### 1. Informed by the voice of people with lived experience, including marginalised groups and children and young people

We are committed to placing the voice of lived experience at the centre of all planning, design, and delivery of services, across the life course and inclusive of all communities. This means actively listening to and learning from children, young people, adults, families, carers, and marginalised groups, ensuring that their insights shape the systems and supports intended to serve them.

For children and young people, this principle is grounded in the United Nations Convention on the Rights of the Child (UNCRC), which affirms every child's right to be heard and to participate in decisions that affect them. It also reflects the ambitions of The Promise, which calls for services to be shaped around the voices and needs of care experienced children and young people and aligns with the Getting It Right for Every Child (GIRFEC) approach, which places the child at the centre of planning and support.

For adults and families, particularly those with complex or long-term needs, lived experience provides critical insight into how services can be more accessible, compassionate, and effective. We recognise that meaningful involvement must be inclusive of age, ability, background, and identity, and tailored to the needs and preferences of individuals at every stage of life.

We are especially committed to ensuring that children, adults, families, and carers are actively involved in decision-making at all stages of their care, support, and treatment. This promotes dignity, autonomy, and better outcomes, and helps build services that are truly person-centred. By embedding participation at every level, from assessment and planning to delivery and review, we aim to build trust, improve outcomes, and ensure that services are responsive, respectful, and rights based. We will continue to work collaboratively with partners across sectors to learn from what works and to ensure that the voice of lived experience remains a guiding principle in all that we do.

**To achieve this, we will:**

- Establish inclusive participation frameworks that enable children, young people, adults, families, carers, and marginalised groups to shape services through co-design, consultation, and feedback.
- Embed the UNCRC, The Promise, and GIRFEC principles into all engagement and decision-making processes involving children and young people.
- Ensure individuals and families are involved in decisions at every stage of their care, support, and treatment, from initial assessment to planning, delivery, and review.
- Develop and promote accessible engagement tools (e.g. visual, digital, and trauma-informed methods) to ensure people of all ages and abilities can contribute meaningfully.
- Work in partnership with third sector organisations, advocacy groups, and community networks to reach those whose voices are often underrepresented.
- Provide training and support for staff to build confidence and skills in facilitating meaningful participation across age groups.
- Monitor and evaluate the impact of lived experience involvement, using feedback to continuously improve how we listen and respond.

## 2. Trauma informed and trauma responsive.

We are committed to developing a trauma-informed and trauma-responsive system that is compassionate, effective, and inclusive. This involves recognising the profound and lasting impact trauma can have on individuals, and ensuring our services are designed to reduce barriers to access, promote recovery, and improve outcomes for those affected. We will also ensure that a diverse range of support and treatment options are available to meet the psychological needs of people experiencing trauma.

### **To achieve this, we will:**

- o Collaborate with key partners, including the Resilience Learning Partnership and local Trauma Champions to implement *A Roadmap for Creating Trauma-Informed and Responsive Change*, developed by the National Trauma Transformation Programme.
- o Meaningfully involve people with lived experience of trauma in shaping and guiding change at all levels of the organisation; strategically, through policy development, and operationally, through service design, ensuring their voices are central to decision-making and transformation.
- o Embed trauma-informed principles across all service areas through workforce development, leadership commitment, and co-designed service pathways that prioritise safety, trust, choice, collaboration, and empowerment.
- o Invest in workforce development to ensure staff have the knowledge, skills, and confidence to work in trauma-responsive ways.
- o Design and deliver services through a trauma-informed lens, ensuring that interactions and environments are sensitive to the needs of those affected by trauma.
- o Establish strong governance structures and ensure that leadership actively models trauma-informed values and behaviours.

### 3. Developed and delivered in partnership with community planning partners, stakeholders and the public.

We are committed to developing and delivering mental health and wellbeing priorities in close partnership with Community Planning Partners, stakeholders, and the public. We recognise the wealth of knowledge, skills, and lived experience within our communities, and believe that harnessing this collective strength is essential to achieving better outcomes for all. The Mental Health and Wellbeing Strategy will take full account of the Children's Services Plans currently in place across the three local authorities, helping to reinforce and advance the mental health priorities outlined for children and young people. NHS Forth Valley also benefits from the leadership of a dedicated Children's Commissioner, who works collaboratively with children and families to ensure that child health services are responsive, equitable, and aligned with Scotland's broader vision of nurturing every child to reach their full potential.

#### **To achieve this, we will:**

- o Ensure alignment of Mental Health and Wellbeing (MH&WB) priorities with our local Health and Social Care Partnership's strategic commissioning plans, Community Planning Partnership's Local Outcome Improvement Plans (LOIPs), NHS Forth Valley's strategic plans embedding mental health as a shared responsibility across all sectors.
- o Work collaboratively with our communities and stakeholders to co-design and co-deliver prevention programmes, services, and supports that reflect local needs and aspirations.
- o Maximise the use of local assets and resources, ensuring that efforts are coordinated, efficient, and impactful.
- o Promote transparency and accountability in decision-making, with clear mechanisms for community input and feedback.
- o Celebrate and build on what works well, sharing learning and success stories across the partnership to inspire and inform continuous improvement.

#### 4. Promote accessibility.

We have a shared responsibility to ensure that all our services, supports, and communications are fully accessible to everyone. Accessibility is a fundamental right and a shared responsibility, one that requires proactive, inclusive, and sustained action across all areas of our work. There are many accessibility barriers to consider. These include –



#### To achieve this, we will:

- o Ensure all strategies, commissioning plans, letters, leaflets, and conversations can be translated or adapted into the format requested by the individual (e.g., British Sign Language, other languages, Easy Read).
- o Embed inclusive design principles from the outset of all planning and service development.
- o Regularly consult with people with lived experience of accessibility barriers to co-design solutions and monitor progress.
- o Provide ongoing training and support for staff to build confidence and competence in inclusive practice.

## 5. Achieve health equity with a focus on people at greater risk of developing long term mental illness

According to [Public Health Scotland](#), men in the most deprived areas live 13 years less than those in the least deprived areas, and women live 10 years less. The gap in healthy life expectancy is even wider: 23 years for men and 24 years for women.

There is a clear need to take a targeted and inclusive approach to mental health support, particularly for individuals and communities at greater risk of developing long-term mental illness. Evidence consistently shows that people living in areas of high deprivation, those managing long-term physical and mental health conditions, individuals from diverse ethnic backgrounds, and those in rural or remote areas face significant and often compounding barriers to accessing timely, effective care. Without tailored interventions that address these specific challenges, health inequalities are likely to persist or worsen.

### **To achieve this, we will:**

- o Take a targeted and inclusive approach to supporting individuals and communities at greater risk of developing long-term mental illness, including those:
  - o Living in areas of high deprivation
  - o Managing long-term physical and mental health conditions
  - o From diverse ethnic backgrounds
  - o Living in rural or remote areas
- o Conduct comprehensive Equality Impact Assessments (EQIAs) to ensure that services and supports are designed and delivered in ways that actively reduce inequalities including those related to poverty, discrimination, LGBTQ+ status, and access.
- o Implement the National Antiracism Framework for Action. This includes delivering the NHS Forth Valley Anti-Racism Plan with a focus on:
  - o Supporting and educating the workforce to deliver culturally competent care
  - o Embedding equity-focused principles into service planning and delivery
  - o Challenging systemic barriers and promoting inclusive practice

## 6. Interventions are driven by evidence, local community knowledge and best value

Effective planning and delivery of mental health and wellbeing interventions require a comprehensive understanding of the challenges we face, both now and in the future. This understanding must be grounded in robust evidence, local community insight, and a commitment to best value.

### To achieve this, we will:

- o Adopt a best practice approach to strategic planning that:
  - o Takes a whole system perspective, recognising the interconnections across services and sectors.
  - o Analyses emerging trends and population needs in relation to current service provision and demand.
  - o Anticipates future challenges, ensuring that interventions are proactive, sustainable, and responsive to long-term needs.
  - o Incorporates innovation, using research and evaluation to test and scale new approaches.
  - o To support this, we will draw on national resources such as Healthcare Improvement Scotland's strategic planning portfolio, which provides tools and frameworks to equip professionals across health and social care with the skills needed for effective strategic planning. Explore the resource: [hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care](https://hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care)

## Our Mental Health & Wellbeing Priorities

**PREVENT - Focus on tackling the root causes of poor mental health and wellbeing and health inequalities so everyone in the community can enjoy better mental health and wellbeing.**

**Ensure people, services, and organisations understand and can respond to health inequalities, social and economic factors, so everyone can get help no matter where they go.**

1. Develop whole system initiatives to address root socio-economic factors contributing to mental ill-health including poverty, housing, employment, and maximisation of income.
2. Coordinate a Forth Valley wide signposting system that enables anyone to access the right services i.e. housing, benefits, employment.

Across Forth Valley, a wide range of initiatives are working to improve mental health and wellbeing by addressing the broader social and economic factors that influence it. Through Community Planning Partnerships and Local Outcome Improvement Plans, we continue to embed whole-family and individual approaches that support positive mental health at every stage of life.

We are committed to preventing homelessness wherever possible by supporting people to remain in safe, secure, and sustainable housing. Our approach places strong emphasis on prevention and early intervention, promoting financial and housing security, building resilience and strong relationships, and fostering social connection and inclusion.

We will continue to build on strong partnerships with housing and homelessness services across Forth Valley to ensure timely and effective support for those at risk. This includes advancing the implementation of the Ask.<sup>™</sup> Act duties introduced in the Housing (Scotland) Bill. These new statutory duties mark a significant step forward in making homelessness prevention a shared responsibility across the public sector. Public bodies, including social landlords, health boards, Police Scotland, and the Scottish Prison Service, will be required to proactively ask about an individual's housing situation and take early action to prevent homelessness. This proactive approach is designed to ensure people receive the support they need before reaching crisis point, reducing the trauma and disruption associated with homelessness.



Local third sector organisations play a vital role in engaging communities through initiatives that support employability, skills development, income maximisation, and access to advice and support. We remain committed to making the most of our community assets to tackle health inequalities and promote inclusion.

We also recognise that accessing the right advice and support can be challenging, particularly where barriers such as language, stigma, sensory loss, or rural isolation exist. While each local authority in Forth Valley maintains its own directories and signposting systems, we are committed to improving these to ensure information is clear, consistent, and accessible to everyone.

**To achieve this, we will:**

- o Embed prevention and early intervention across all services, focusing on financial security, housing stability, and social inclusion.
- o Strengthen partnerships with third sector organisations to support community-led initiatives that address the wider determinants of mental health.
- o Advance implementation of Ask & Act duties, ensuring public bodies take proactive steps to prevent homelessness.
- o Improve access to information and support, by mapping and enhancing local signposting systems to be clear, up to date, and accessible to all.
- o Tackle health inequalities by making better use of community assets and ensuring services reach those most at risk.

**PREVENT** - Focus on tackling the root causes of poor mental health and wellbeing and health inequalities so everyone in the community can enjoy better mental health and wellbeing

**Reduce the risks of developing serious mental health conditions and minimise their impact on overall wellbeing**

3. Build resilience and confidence by helping people of all ages manage life's challenges and seek support when needed.
4. Support the mental & physical health and wellbeing needs of people including those living with long term mental health conditions, complex needs or a learning disability

We are committed to preventing poor mental wellbeing by equipping individuals with the confidence and skills they need to navigate life's difficulties. This means helping people believe in their ability to manage everyday pressures, build resilience, and seek support when needed, at every stage of life.

Prevention begins with empowerment. By fostering resilience, self-belief, and strong social connections, we can help individuals and communities thrive through education, peer support, and community-based activities. Strong local support starts with strong communities. National frameworks such as Scotland's Volunteering Action Plan and Public Health Scotland's Community-Led Approaches to Health Improvement highlight the importance of investing in local assets, such as buildings, outdoor spaces, and volunteer-led initiatives, as foundations for healthier, more resilient communities.

However, disparities in access to funding, infrastructure, and capacity, particularly in areas of high deprivation, can limit this potential. That's why we are working with Community Planning Partners to build the capacity of grassroots organisations so they can continue to play a vital role in supporting mental health and wellbeing.

A whole-system approach is essential for early prevention and, where needed, early intervention. Education services across all three local authorities are central to this, offering a wide range of supports for children and young people, from digital wellbeing tools and counselling services to evidence-

based resources and the SHOUT! text service for those in distress. These supports are already making a difference by helping young people manage challenges, reduce distress, and build the skills they need to stay well.

We also recognise that mental health is as important as physical health, especially for individuals with additional health needs. Understanding the gaps and opportunities to improve both physical and mental health, particularly in communities with the greatest need, will be key to improving wellbeing across Forth Valley.

**To achieve this, we will:**

- o Promote resilience and self-belief through education, peer support, and community-based initiatives.
- o Invest in local assets and infrastructure to support community-led health and wellbeing activities.
- o Work with Community Planning Partners to build the capacity of grassroots organisations, especially in areas of high deprivation.
- o Support schools, colleges and universities to deliver accessible, evidence-based mental health and wellbeing support for children, young people and adults.
- o Improve early access to support through whole-system approaches that prioritise prevention and early intervention.
- o Address inequalities by identifying and responding to gaps in both physical and mental health support, particularly for those with additional needs.

## PROMOTE - Promote positive mental health & wellbeing free from stigma or discrimination

**Raise awareness and understanding of mental health and wellbeing across the whole system, providing the right support when needed.**

1. Maximise community-based health improvement opportunities that improve mental health and wellbeing and reduce social isolation across Forth Valley
2. Promote mental health education by using campaign resources that foster understanding, encourage openness, and support inclusive attitudes
3. Empower peer-led initiatives and community champions that enable us to talk about mental health and wellbeing and recovery, within local communities.

We recognise the growing demand for community-based mental health and wellbeing support, particularly services that promote peer support, social connection, and inclusive spaces where mental health can be openly discussed. These services play a vital role in tackling isolation and loneliness, reducing stigma, and ensuring people can access the right information and resources.

This need has been consistently highlighted through increased applications to local Mental Health and Wellbeing Funds and through engagement with people with lived experience, including focus groups. Across Forth Valley, a wide range of community-led initiatives are already making a difference. These include:

- Befriending services for people from refugee, asylum-seeking, and resettled backgrounds, addressing trauma, isolation, and low confidence.
- Wellbeing and employability programmes for isolated young people, focusing on healthy living, life skills, and personal development.

However, many of these initiatives rely on short-term funding, which limits their sustainability and long-term impact.

We are committed to working collaboratively with Community Planning Partners to strengthen and sustain these efforts, recognising that strong community support is essential for long-term mental wellbeing.

### Addressing Stigma and Discrimination

We know that stigma and discrimination remain significant barriers to mental health and wellbeing. Negative attitudes and misconceptions can prevent people from seeking help, accessing services, or feeling included in their communities. Tackling stigma is essential to creating environments where mental health is understood, respected, and supported.

#### **To achieve this, we will:**

- o Increase access to community-based supports through social prescribing and Community Link Worker programmes, working with partners such as CTSI, SVE, and FDAMH.
- o Promote physical activity and active living by partnering with organisations like sportscotland and Active Stirling to support inclusive, mental health–friendly opportunities.
- o Champion the SAMH Mental Health Charter for Physical Activity & Sport, encouraging local sport and fitness organisations to remove barriers and promote participation for all.
- o Collaborate with partners to deliver targeted mental health education to groups at greater risk of poor mental health, including people experiencing homelessness, those affected by substance use, individuals living in poverty or deprivation, people with disabilities or sensory loss, and minority communities
- o Improve access to meaningful local activities, including volunteering, creative arts, gardening, and healthy eating across homes, communities, and care settings.
- o Support the sustainability of community-led initiatives by advocating for longer-term funding and investment in local infrastructure and capacity.
- o Embed anti-stigma principles across all community engagement and education activities, ensuring that campaigns, training, and resources actively challenge misconceptions and promote inclusive attitudes.

**PROMOTE** - Promote positive mental health & wellbeing free from stigma or discrimination

**Deliver population mental health and wellbeing information and support across our communities that promotes positive mental health & wellbeing**

4. Coordinate accessible mental health & wellbeing information and support that aids everyone to make informed decisions about their own mental wellbeing needs
5. Sustain digital based platforms improving the range of remote options to access the right level of information and supports

We aim to improve how people connect with mental health and wellbeing information, services, and self-management resources. This includes reviewing the range of digital platforms currently in use to identify gaps, barriers, and opportunities for long-term sustainability. Alongside this, we will map existing supports and develop a clear, user-friendly approach to communicating this information, making it easier for individuals to find and navigate the help they need.

A variety of effective and well-used digital tools are already available to support mental health and wellbeing. These include open-access applications that provide support for sleep and anxiety, as well as referral-based platforms offering CBT-based interventions for both young people and adults. In addition, schools offer a range of digital supports and structured interventions tailored to the needs of children and their families. We also recognise the important role of community pharmacies as regular points of contact within communities. By working closely with them, we can enhance access to advice and self-management tools at a local level.

**To achieve this, we will:**

- o Assess and review digital platforms available across the life course to identify gaps, barriers, and opportunities for sustainable delivery.
- o Map existing supports and develop a clear, accessible system for signposting mental health and wellbeing resources.
- o Promote the use of trusted digital tools, including Sleepio, Daylight, Silvercloud, and parenting resources.
- o Support schools in continuing to deliver tailored digital and in-person mental health supports for children and families.
- o Strengthen partnerships with community pharmacies to improve access to local advice and self-management tools.

## PROVIDE - People can confidently access mental health & wellbeing supports and services whenever they

### **Deliver evidence-based mental health and wellbeing services in partnership with experts, people with lived experience, carers, and communities**

1. Strengthen community integrated services through collaboration with all partner organisations to maximise independence within communities
2. Improve access to mental health crisis intervention services, taking account of issues of access, equity and the needs of high-risk populations
3. Provide high quality, coordinated specialist mental health care and treatment at the right time and in the right place with a focus on promoting recovery and independence

We are committed to working collaboratively with housing and wider support services to help people live independently at home and to support timely, well-planned discharges from hospital. Our approach focuses on delivering tailored, sustainable solutions for individuals experiencing poor mental health or living with long-term conditions. This includes ensuring access to safe, appropriate housing and wraparound support that promotes stability, recovery, and wellbeing.

By strengthening these partnerships, we aim to reduce delayed discharges, prevent avoidable admissions, and support people to thrive in their communities.

We also recognise that each person's experience of substance use and mental health is unique. Effective support must be shaped by individual needs and circumstances, and grounded in care that is person-centred, trauma-informed, and non-judgemental.

Both Alcohol and Drug Partnerships (ADPs) in Forth Valley are supporting work to make substance use support available in line with the Medication-Assisted Treatment (MAT) Standards and other relevant guidelines. Importantly, the principles of this Mental Health and Wellbeing Strategic Plan will

be embedded within ADP planning and delivery. This ensures a consistent, joined-up approach to supporting people with co-occurring mental health and substance use needs across Forth Valley.

Lastly, specialist mental health services must be effective, person-centred, and aligned with the needs of our local population. To ensure they are fit for purpose and deliver real value, we need a clear understanding of how services are performing, and the flexibility to adapt as population needs evolve.

**To achieve this, we will:**

- o Work in partnership with housing, homelessness and wider support services to enable independent living, prevent homelessness and support timely, well-planned transitions from hospital to home.
- o Ensure access to safe, appropriate housing and wraparound support for people with mental health challenges or long-term conditions.
- o Work in partnership with ADPs to deliver integrated, accessible, and person-centred services that meet individual mental health and substance use needs.
- o Improve access to timely crisis support through the continued delivery and development of the Distress Brief Intervention (DBI) programme in partnership with third sector organisations.
- o Review the delivery of key services to ensure they provide the best value and meet the needs of those who use them. This includes and is not limited to mental health inpatient and rehabilitation services, community mental health services for older adults, learning disability services, waiting times for community mental health including psychology and CAMHS
- o Co-design community-level support with Primary Care and third sector partners for individuals with mild to moderate mental health needs, while ensuring timely access to specialist interventions in the least restrictive setting.



**PROVIDE** - People can confidently access mental health & wellbeing supports and services whenever they need them, for as long as necessary.

**Ensure seamless, barrier-free access to and transitions between organisations, services and supports**

4. Streamline referral and treatment pathways for all mental health services and supports.
5. Improve transitions of care for child, adult and older adult services

Our vision for mental health care across Forth Valley is rooted in the delivery of high-quality, person-centred support that is timely, coordinated, and responsive to individual needs. This will be guided by the implementation of the Core Mental Health Quality Standards (2023) and the Psychological Therapies & Interventions Specification (2023).

A locally developed delivery plan will ensure that people receive the right support at the right time, with improved access and smoother transitions between services. These transitions—whether between child and adult services, primary and specialist care, or prison and community, are critical moments in a person’s care journey. Strengthening existing protocols will help ensure continuity of care, coordinated planning, and support that is tailored to each individual’s needs.

**To achieve this, we will:**

- o Implement the Core Mental Health Quality Standards (2023) and the Psychological Therapies & Interventions Specification (2023) to guide consistent, high-quality care.
- o Develop and deliver a local implementation plan to improve access and ensure timely, appropriate support across all services.
- o Strengthen transition protocols between services and life stages to ensure continuity of care and reduce the risk of people falling through gaps.
- o Promote coordinated, person-centred planning that supports individuals through key transitions, including from child to adult services, primary to specialist care, and prison to community.

## Other Key Priority Areas

### Suicide Prevention

Suicide continues to have a profound impact on individuals, families, and communities. Preventing suicide is a vital part of our commitment to improving mental health and wellbeing across Forth Valley. Suicide prevention efforts not only aim to reduce preventable deaths but also to provide compassionate support to those affected and help address the wider inequalities that contribute to suicide risk.

Forth Valley's emerging Suicide Prevention Action Plan is closely aligned with the priorities of this Mental Health and Wellbeing Strategy. With a vision to reduce suicide and its associated harms, the plan takes a whole-system, multi-agency approach. It focuses on building community resilience, improving awareness and responses to suicide risk, and ensuring timely, compassionate support for those affected. The plan also emphasises the importance of using local data and lived experience to shape suicide prevention activity that is well-planned, collaborative, and responsive to community needs.

This work will complement and strengthen our broader efforts to promote mental wellbeing, early intervention, and inclusive support across the region.

#### **To achieve this, we will:**

- o Implement Forth Valley's Suicide Prevention Action Plan, ensuring alignment with the wider Mental Health and Wellbeing Strategy.

## Our Public Health Approach to Neurodiversity

Across Forth Valley, we recognise the growing need to better understand and support neurodivergent individuals throughout their lives, from childhood into adulthood. As children transition into adult services, support can often become fragmented. In 2021, a national need was identified to improve the experiences and outcomes for autistic adults, adults with ADHD, and those with co-occurring neurodevelopmental conditions, both before and after diagnosis. It is essential to adopt a lifespan approach to neurodiversity, one that ensures continuity of care, timely access to support, and inclusive environments at every stage of life. In response, we are embracing a public health approach to neurodiversity, moving beyond a medical model focused solely on diagnosis and deficits. Instead, we are adopting a strengths-based model that values neurodiversity as a natural and important part of human variation. This approach promotes early intervention, reduces health inequalities, and fosters inclusive environments in schools, workplaces, and communities.

### **To achieve this, we will:**

- Scope the existing neurodevelopmental pathway across Forth Valley to identify strengths, gaps, and opportunities for improvement across the lifespan.
- Develop a refreshed model of support aligned with the National Neurodevelopmental Standards, the NAIT Adult Neurodevelopmental Pathways report, and the UN Convention on the Rights of the Child (UNCRC).
- Embed prevention, early intervention, and equity as core principles in all neurodiversity-related planning and service delivery.
- Prioritise staff education, training, and development to ensure all professionals are equipped to understand, support, and work effectively with neurodivergent individuals.

## Enabling Priorities

### Developing our workforce.

We recognise that our workforce is large, diverse, and spans a wide range of experiences, skills, and organisations, including the third sector, local authorities, health services, volunteers, unpaid carers, and people with lived experience. This workforce is at the heart of delivering our shared vision for mental health and wellbeing across Forth Valley.

To achieve meaningful and lasting change, we are committed to a whole-system approach that actively supports and engages all our diverse workforce. supporting everyone involved. This strategic plan will be shaped by, and aligned with, wider programmes of work, such as workforce wellbeing initiatives and leadership development efforts. It aims to complement these by ensuring that everyone, regardless of role or background, feels supported, valued, and heard, helping to prevent burnout and build a more sustainable, resilient workforce.

This includes strengthening collaboration with the third sector and creating formal recognition frameworks to acknowledge the vital roles of unpaid carers, volunteers, and people with lived experience.

The wider workforce must be central to planning and decision-making around service delivery. Their insights and lived experiences are essential to shaping services that are inclusive, responsive, and effective.

This work will align with and support broader initiatives such as the Culture Change & Compassionate Leadership Programme, which aims to embed a compassionate, values-driven culture across health and social care in Forth Valley.

## Financial Sustainability and Best Value

To deliver this strategy effectively and responsibly, we must make the best use of available resources while ensuring services deliver meaningful outcomes for individuals and communities. Achieving financial sustainability and best value requires a clear focus on ethical commissioning, value-based care, and long-term planning.

Our commissioning approach across Forth Valley is guided by shared principles of collaboration, fairness, and a focus on what matters most to people. While each Health and Social Care Partnership (HSCP) may tailor its commissioning arrangements to local context, all are committed to delivering person-centred, inclusive, and sustainable services. We work in partnership with people with lived and living experience, third and independent sector organisations, and professionals across health and social care to co-design services that are responsive to local needs and aligned with national priorities.

An example of this in practice is the Dementia Commissioning Consortium, which has developed a hub-and-spoke model of support for people living with dementia and cognitive impairment. This model promotes early intervention, community-based care, and shared learning between clinicians and third sector partners. Building on this success, we will establish a Mental Health & Wellbeing Commissioning Consortium as a key action from this strategy, further embedding co-production and collaboration into how we plan and deliver services.

We are also committed to a Value-Based Health and Care (VBHC) approach, focusing on outcomes that matter most to people, such as improved wellbeing, independence, and quality of life. This means using our resources wisely to deliver care that is effective, person-centred, and sustainable. It involves listening to people's experiences, measuring real-life outcomes, reducing duplication, and investing in prevention and early support to avoid crisis and reduce long-term costs.

Finally, we recognise the importance of long-term funding models that support stability and sustainability, particularly for our third sector partners. We will explore opportunities to strengthen financial planning and ensure that commissioned services are supported to deliver lasting impact.

## Digital Transformation and Innovation

Digital tools and data-driven approaches are essential to modernising mental health and wellbeing services across Forth Valley. By embracing innovation, we can improve access, empower individuals, and make services more responsive to changing needs.

However, we recognise that digital resources do not suit everyone. In Forth Valley, digital solutions will form part of a range of options, supporting prevention and early intervention while complementing in-person care where this is needed. This approach can also help reduce pressure on specialist services, ensuring that face-to-face support remains available for those who need it most.

At the same time, we acknowledge that digital exclusion remains a significant barrier, particularly for vulnerable groups such as older adults, people living in poverty, and those with neurodevelopmental conditions. Without reliable access to technology or the skills to use it, many individuals are unable to benefit from digital health services, online support, or virtual care pathways. This not only limits their ability to manage their wellbeing but also deepens existing health inequalities. Addressing digital exclusion is therefore critical to ensuring that mental health services are inclusive, equitable, and truly accessible to everyone.

To achieve this, we will:

- **Build in a Digital-First Approach**  
Consider digital options when designing services to give people more choice and control over how and where they access information and support—while ensuring face-to-face options remain available.
- **Maximise Innovation for Population Wellbeing**  
Make the most of new technologies and innovative approaches to strengthen our efforts in improving mental health and wellbeing across communities.
- **Tackle Digital Exclusion**  
Work with partners to improve digital access, skills, and confidence, ensuring that no one is left behind as services evolve.

## Measuring and Monitoring Quality

Success will be defined by our ability to deliver meaningful and measurable improvements in mental health and wellbeing across Forth Valley. To achieve this, we will establish a robust and transparent approach to measuring progress and driving continuous improvement across the system. A performance and quality framework will be developed alongside the strategy and its implementation plans. This framework will provide a structured way to track progress over time, ensure accountability and align efforts across services and partners

It will include clearly defined short, medium, and long-term outcomes and indicators, tailored to local priorities and guided by the national Mental Health and Wellbeing Strategy's outcomes framework.

To ensure we are delivering high-quality, person-centred care, our approach will focus on four key priorities:

### Develop a Clear Measurement Framework

We will create a system to monitor progress toward our goals, helping us understand what's working and where we need to improve.

### Use Agreed Quality Methods

We will apply consistent, evidence-based methods to plan, measure, and monitor quality, ensuring we are doing the right things and doing them well.

### Align Outcomes with National and Local Needs

Our outcome measures will reflect both national standards and the unique needs of our local communities.

### Improve Data Sharing for System Insight

Better data and information sharing will support a whole system understanding of performance, enabling continuous improvement and high-quality care.

## Moving Forward with the Strategic Plan

To deliver meaningful change in mental health and wellbeing across Forth Valley, we will take bold and collaborative action to transform service delivery, increase capacity, and improve outcomes. Strengthening relationships, improving communication, and enhancing understanding of available supports will be central to this work. We will prioritise person-centred future care planning, involving individuals, families, and carers to ensure wishes are known and respected across services. Key areas such as workforce development, commissioning, service redesign, and outcome measurement will be addressed through detailed implementation plans. Ongoing monitoring and evaluation will ensure services remain effective, responsive, and aligned with agreed person-centred outcomes.

### Short-Term Goals (1–2 years)

*Laying the foundation for system-wide change*

**Establish a governance framework** to oversee mental health and wellbeing strategy delivery.

**Develop a detailed implementation plan** to guide actions and monitor progress.

**Establish a commissioning consortium** to coordinate mental health and wellbeing services across sectors.

**Strengthen collaboration** with community planning partners, including pharmacy, sport, education, and housing.

**Roll out trauma-informed training** across all sectors to build a shared understanding and approach.

**Improve access to information** through digital tools and

### Medium-Term Goals (3–5 years)

*Embedding practices and expanding access*

**Embed trauma-informed and equity-focused approaches** across all services and settings.

**Expand early intervention and prevention programmes**, especially for children, young people, and vulnerable groups.

**Improve service transitions**, such as from CAMHS to adult services or from prison to community care.

**Enhance access to psychological therapies** and sustain reduced waiting times.

**Implement a refreshed neurodevelopmental pathway** aligned with national standards.

**Strengthen community-based supports** to reduce reliance on inpatient care

### Long-Term Goals (6–10 years)

*Achieving sustainable, system-wide impact*

**Reduce mental health inequalities** across Forth Valley through targeted, data-informed action.

**Demonstrate improved mental health outcomes** using population-level data and evaluation.

**Secure sustainable funding and workforce capacity** across all sectors involved in mental health and wellbeing.

**Fully integrate mental health & wellbeing into strategic planning** and service delivery at all levels.

**Foster a culture of co-production and innovation**, ensuring continuous improvement across the system.



## Governance

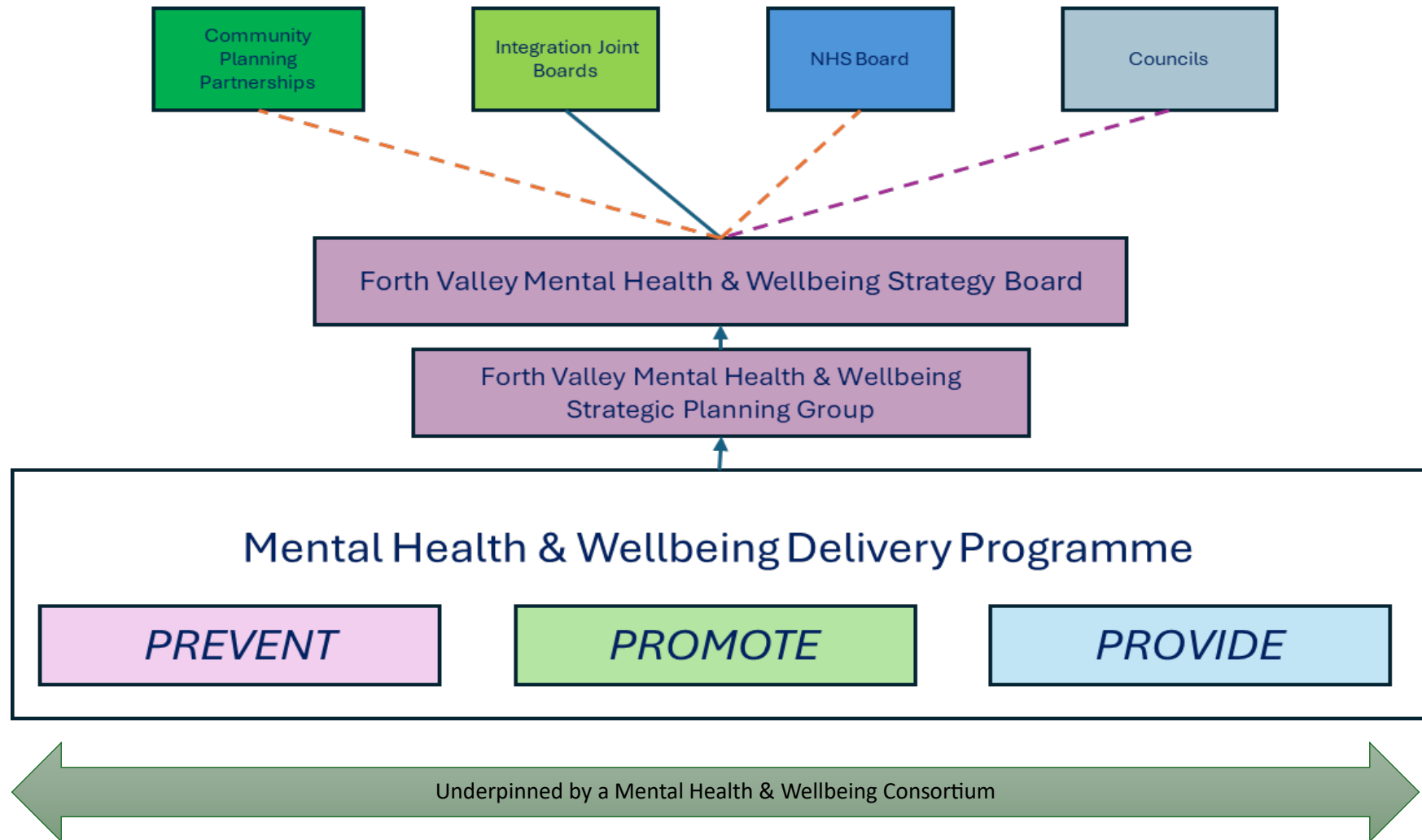
An outline of the proposed governance structure is set out below. A key factor in the success of this strategy will be ensuring inclusive representation from all stakeholders, including the vital voice of lived experience.

Oversight will be provided by a Mental Health and Wellbeing Strategy Board, with system-wide representation. Integration Joint Boards (IJBs) will retain overall accountability for the programme, ensuring alignment with both local priorities and national direction. We will also work in close consultation and collaboration with Community Planning Partnerships and NHS Forth Valley, recognising the importance of collective leadership and shared responsibility. This approach will provide assurance that strategic priorities are being progressed, including where appropriate within services that are not delegated to the IJBs.

To support delivery, the programme will be structured around a series of workstreams. While the illustrative headings Prevent, Promote, and Provide have been used at this stage, the final structure and focus of each workstream will be confirmed as the governance arrangements are formalised. Each workstream will be underpinned by clear local commissioning approaches to ensure accountability, alignment with strategic priorities, and effective implementation.

While this ten-year strategy acknowledges that meaningful change takes time, our shared ambition is clear:

To build a system that promotes positive mental health and wellbeing for everyone, enabling every person in Forth Valley to live well.



## Appendix 1 - Key strategic drivers and references

There are a range of strategies, policies and reviews that this plan with need to align with (hyperlinks to documents are accessed by clicking on the underlined sections).

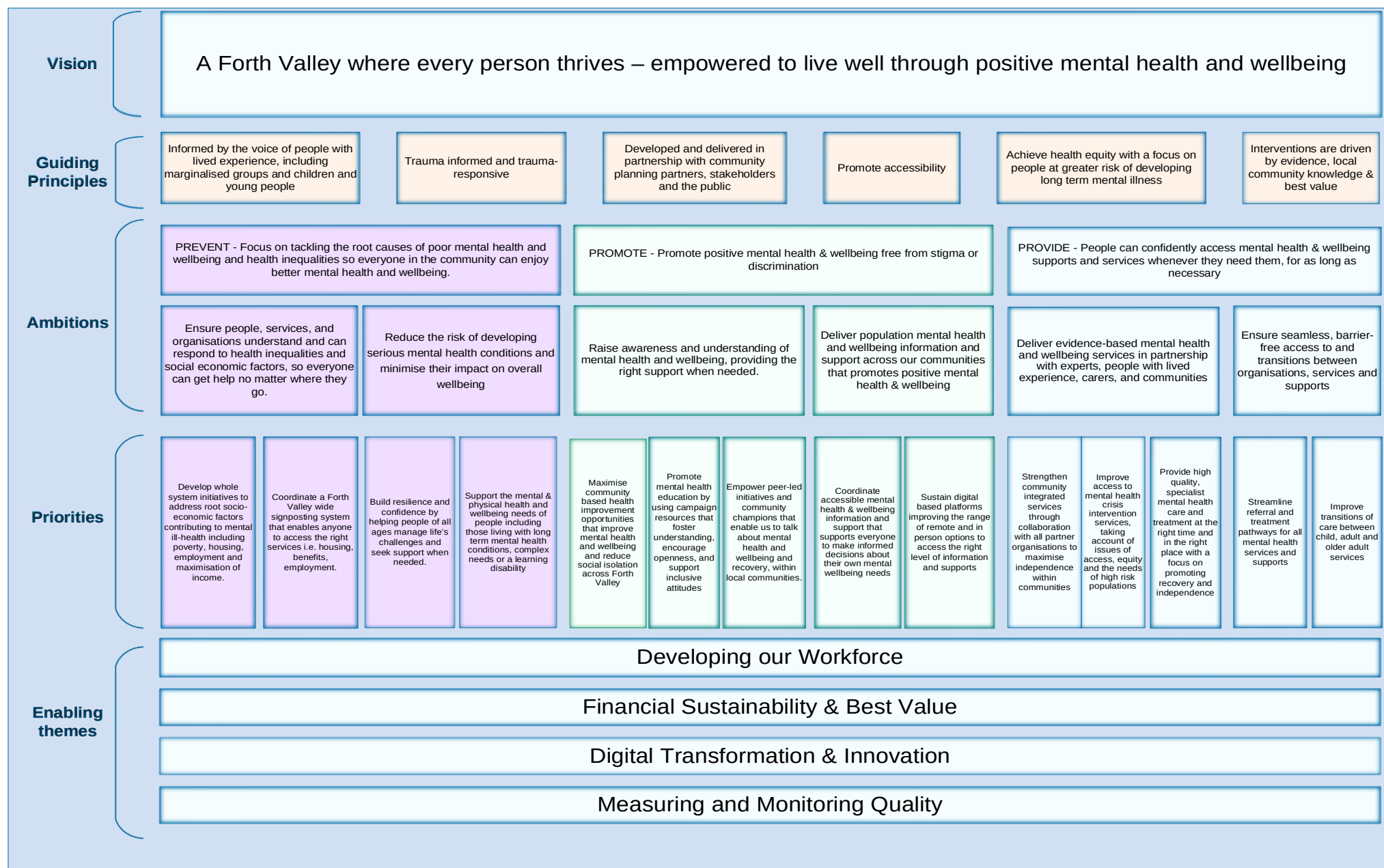
### National

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Assisted Dying for Terminally Ill Adults (Scotland) Bill
- Care Reform (Scotland) Bill 2025
- Carers (Scotland) Act 2016
- Creating Hope Together: suicide prevention strategy 2022 - 2032
- Health & Care (staffing), (Scotland) Act 2019
- Health and Social Care Service Renewal Framework
- HM Inspectorate of Constabulary in Scotland (HMICS) Thematic review of policing mental health in Scotland Review
- Housing (Scotland) Bill
  - o Ask & Act Duties for public bodies
- Independent Review into the Delivery of Forensic Mental Health Services (Scott review/Barron)
- Keys to life: Improving quality of life for people with learning disabilities
- Learning Disabilities, Autism and Neurodivergence (LDAN) Bill
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health Strategy 2017-2027
- National Social Work Leadership: Establishment of a Chief Social Work Adviser and a National Social Work Agency.
- National Specifications for:
  - o Core Mental Health Quality Standards
  - o Psychological Therapies and Interventions
  - o Child and Adolescent Mental Health Services (CAMHS):national service specification
  - o Care and Treatment of Eating Disorders
  - o Children & Young People - Neurodevelopmental Specification
- New dementia strategy for Scotland: Everyone's Story
- Scottish Government Mental health and wellbeing strategy
- Scotland's Population Health Framework
- Self-harm strategy and action plan 2023 to 2027
- BNHS Scotland - Blueprint for good governance: second edition
- Social Care (Self Directed Support) (Scotland) Act 2013

## Local

- Autism strategy
- Creating a Healthier Falkirk: Strategic Plan 2023 – 2026
- Clackmannanshire and Stirling Strategic Commissioning Plan 2023 – 2033
- Clackmannanshire Council Local Outcome Improvement Plan
- Clackmannanshire and Stirling Dementia Commissioning Plan
- Clackmannanshire Housing Strategy
- Community (safety/justice) planning
- Falkirk Council Local Outcome Improvement Plan
- Falkirk Local Housing Strategy 2023-2028
- Forth Valley Palliative and End of Life Care Commissioning Plan
- Learning Disability Strategy/Dementia/Alcohol and Drug Partnership Falkirk
- Occupational health strategy
- Old Age Psychiatry Plan
- Professionals' strategy (AHP etc)
- Reprovision of inpatient services
- Self-harm strategy
- Stirling Council Local Outcome Improvement Plan
- Stirling Local Housing Strategy
- Transitions Policy and guidance
- Workforce wellbeing plans
- West of Scotland/Regional plans CYP etc

## Appendix 2 – Forth Valley’s Mental Health & Wellbeing Strategic Plan 2025-35



## References

A pro bono bonus: The impact of volunteering on wages and productivity, Pro Bono Economics, Dr Jansev Jemal. 2024

A Roadmap for Creating Trauma-Informed and Responsive Change, National Trauma Transformation Programme

Children and young people - national neurodevelopmental specification: principles and standards of care

Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. Mental Health Foundation and Joseph Roundtree Foundation (2016)

Scottish Government Mental health and wellbeing strategy (2023)

Social Care (Self-directed Support) (Scotland) Act 2013 Statutory Guidance

Social isolation and loneliness: Recovering our Connections 2023 to 2026

## Appendix 2

### Equality Impact Assessment Process

| Equality & Diversity Impact Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                       |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|--------------------------|
| <p>Guidance on how to complete an EQIA can be found here:</p> <p><a href="https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities">https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities</a></p> <p>and here</p> <p><a href="https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty">https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                       |                          |
| <b>Q1: Name of EQIA being completed i.e. name of policy, function etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                       |                          |
| Mental Health and Wellbeing Strategic Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                       |                          |
| <b>Q1 a; Function</b> <input type="checkbox"/> <b>Guidance</b> <input type="checkbox"/> <b>Policy</b> <input type="checkbox"/> <b>Project</b> <input type="checkbox"/> <b>Protocol</b> <input type="checkbox"/> <b>Service</b> <input type="checkbox"/><br><b>Other, please detail</b> <input checked="" type="checkbox"/><br>Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                       |                          |
| <b>Q2: What is the scope of this SIA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                       |                          |
| Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mental Health & Wellbeing Services  | Other (Please Detail) | <input type="checkbox"/> |
| <b>Q3: Is this a new development? (see Q1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                       |                          |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> |                       |                          |
| <b>Q4: If no to Q3 what is it replacing?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                       |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                       |                          |
| <b>Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                       |                          |
| Jennifer Borthwick (NHS Forth Valley) <a href="mailto:jennifer.borthwick@nhs.scot">jennifer.borthwick@nhs.scot</a> ;<br>Nabila Muzaffar (NHS Forth Valley) <a href="mailto:nabila.muzaffar@nhs.scot">nabila.muzaffar@nhs.scot</a> ;<br>Lesley Fulford (NHS Forth Valley) <a href="mailto:lesley.fulford@nhs.scot">lesley.fulford@nhs.scot</a> ;<br>Paul Smith <a href="mailto:paul.smith@nhs.scot">paul.smith@nhs.scot</a> ;<br>Scott Williams (NHS Forth Valley) <a href="mailto:scott.williams@nhs.scot">scott.williams@nhs.scot</a> ;<br>Sharon Horne-Jenkins (NHS Forth Valley) <a href="mailto:sharon.horne-jenkins@nhs.scot">sharon.horne-jenkins@nhs.scot</a><br>Julia Ferrari (NHS Forth Valley) <a href="mailto:julia.ferrari@nhs.scot">julia.ferrari@nhs.scot</a> ;<br>Fiona Bartley <a href="mailto:fiona.bartley@nhs.scot">fiona.bartley@nhs.scot</a> ;<br>Lesley MacArthur <a href="mailto:lesley.macarthur@falkirk.gov.uk">lesley.macarthur@falkirk.gov.uk</a> ;<br>Hazel Meechan (NHS Forth Valley) <a href="mailto:hazel.meechan@nhs.scot">hazel.meechan@nhs.scot</a> .<br>Natalie Masterson <a href="mailto:natalie@sventerprise.org.uk">natalie@sventerprise.org.uk</a> |                                     |                       |                          |
| <b>Q6: Main person completing EQIA's contact details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                       |                          |

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| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lesley Fulford                                       | Telephone Number:                            | 07929374335                                                          |
| Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HSCP Strategic Planning Department                   | Email:                                       | <a href="mailto:lesley.fulford@nhs.scot">lesley.fulford@nhs.scot</a> |
| <b>Q7: Describe the main aims, objective and intended outcomes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                              |                                                                      |
| To promote positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                              |                                                                      |
| <b>Q8:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                              |                                                                      |
| <b>(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                              |                                                                      |
| Staff<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Service Users<br><input checked="" type="checkbox"/> | Other<br><input checked="" type="checkbox"/> | Please identify ____ Providers, third sector, independent sector     |
| <b>(ii) Have they been involved in the development of the function/service development/other?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                              |                                                                      |
| Yes <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | <input type="checkbox"/>                     |                                                                      |
| <b>(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                              |                                                                      |
| <p>Jennifer Borthwick (NHS Forth Valley) <a href="mailto:jennifer.borthwick@nhs.scot">jennifer.borthwick@nhs.scot</a> ;<br/> Nabila Muzaffar (NHS Forth Valley) <a href="mailto:nabila.muzaffar@nhs.scot">nabila.muzaffar@nhs.scot</a>;<br/> Lesley Fulford (NHS Forth Valley) <a href="mailto:lesley.fulford@nhs.scot">lesley.fulford@nhs.scot</a>;<br/> Paul Smith <a href="mailto:paul.smth@nhs.scot">paul.smth@nhs.scot</a>;<br/> Scott Williams (NHS Forth Valley) <a href="mailto:scott.williams@nhs.scot">scott.williams@nhs.scot</a> ;<br/> Sharon Horne-Jenkins (NHS Forth Valley) <a href="mailto:sharon.horne-jenkins@nhs.scot">sharon.horne-jenkins@nhs.scot</a><br/> Julia Ferrari (NHS Forth Valley) <a href="mailto:julia.ferrari@nhs.scot">julia.ferrari@nhs.scot</a> ;<br/> Fiona Bartley <a href="mailto:fiona.bartley@nhs.scot">fiona.bartley@nhs.scot</a> ;<br/> Lesley MacArthur <a href="mailto:lesley.macarthur@falkirk.gov.uk">lesley.macarthur@falkirk.gov.uk</a> ;<br/> Hazel Meechan (NHS Forth Valley) <a href="mailto:hazel.meechan@nhs.scot">hazel.meechan@nhs.scot</a>,<br/> Natalie Masterson <a href="mailto:natalie@sventerprise.org.uk">natalie@sventerprise.org.uk</a></p> <p>The people above were part of a Strategic Planning Group to develop the strategic plan. This included initial engagement with multiple people across over 30 groups.</p> <p>Engagement groups across the Forth Valley area were with individuals with lived experience, unpaid carers, third sector, locality planning groups, sensory loss, community planning partnerships, senior leaders, staff engagement event and children and young people.</p> <p>Subsequent to this the group engaged with a significant number of individuals and their families across a large number of groups on the draft plan, including online through Citizen Space an online engagement platform.</p> |                                                      |                                              |                                                                      |
| <b>(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                              |                                                                      |
| <b>Mental Health and Wellbeing in Forth Valley: Key Insights and Engagement Feedback Comments and Context</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                              |                                                                      |



Engagement sessions aligned closely with the high-level messages from the Strategic Needs Assessment, particularly the recognition that **socio-economic factors play a significant role in determining mental health and wellbeing**.

Data analysis was conducted at both **local authority** and **intermediate zone** levels, revealing important differences across the three local authorities. For example:

#### **Substance Use and Drug-Related Harm**

- **Hospital Admissions:** Clackmannanshire and Stirling have drug-related hospital admission rates higher than the Scottish average.
- **Drug-Related Deaths (DRDs):** Clackmannanshire consistently reports higher DRDs than Falkirk, Stirling, and the national average.
- **Women and DRDs:** Since 2019, drug-related deaths among women in Clackmannanshire have exceeded the national rate, with the gap continuing to widen.
- **Deprivation Link:** Deprivation is strongly associated with higher rates of substance use and related harms across all health behaviours.

#### **Mental Health and Suicide**

- **Suicide Rates:** Clackmannanshire has the highest suicide rates in Forth Valley. Falkirk also exceeds the national rate, particularly among the 11–25 age group.
- **Emergency Department Presentations:** While male attendance has remained stable, there has been a significant increase in female presentations for intentional self-harm, now returning to pre-pandemic levels.
- **Inpatient Activity:**
  - Decrease in admissions to mental health facilities.
  - Increase in admissions to non-mental health (acute) hospitals.
  - Rise in longer-stay admissions and detentions, indicating more severe mental illness requiring extended and compulsory care.

#### **Prevalence and Burden of Mental Illness**

- **Burden of Disease in Forth Valley:**
  - Depression (3.71%)
  - Anxiety (2.56%)
  - Schizophrenia (0.62%)
  - Other mental health conditions (0.5%)
  - Drug use (5.3%)
  - Alcohol-related conditions (1.85%)
  - Alzheimer's and other dementias (5.32%)
  - Self-harm and interpersonal violence
- **Local Prevalence:**
  - **Clackmannanshire** has the highest prevalence of anxiety, depression, schizophrenia, substance use disorders, self-harm, and prescribed medication rates.
  - **Falkirk** aligns with national averages but has higher prescribing rates for depression, anxiety, and psychosis.
  - **Stirling** reports lower-than-national rates across all indicators.

#### **Sensory Impairment and Mental Health**

- There is a significant association between visual impairment and depression, with prevalence estimates ranging from 12.4% to 43% among adults with visual impairment.
- **Engagement Feedback:**
  - *"Apple Pay is life-changing and promotes inclusivity."*
  - *"Physical spaces need consistency of design."*

- o *"Audio description of a menu in a restaurant is a great example."*
- o *"Learning the language of BSL requires resources, and any initiatives need to be sensory-loss led."*
- o *"QR codes for welcome desks are another example of what could be put in place."*

### **Community Engagement and Lived Experience**

- **Guiding Principles** (informed by engagement sessions):
  - o Trauma-informed approach
  - o Co-production with community planning partners and people with lived experience
  - o Focus on health equity and accessibility
  - o Lifelong approach from birth to old age
  - o Evidence-based and community-informed interventions
- **Direct Quotes:**
  - o *"Needs to be more about trauma and its impact and prevalence in Scotland and the role this plays in people's mental health." – Resilience Learning Partnership*
  - o *"It's massive but amazing." – Carer*
  - o *"People need to first consider accessing 3rd sector mental health supports such as FDAMH and then being referred on to GP-based services when 3rd sector feels they have reached the limit of their capabilities." – GP*
  - o *"We may need to step back from trying to support people with mild mental health 'issues' as we are medicalising things that need to be managed in other ways." – GP*

### **Strategy Development Feedback**

- **Concerns Raised:**
  - o Lack of implementation detail
  - o Access and equity issues
  - o Workforce wellbeing
  - o Limited third sector presence in Stirling
- **Balance of Strategy:**
  - o "Provide" section well-developed; "Prevent" section underdeveloped
  - o Need for clarity, realism, and recognition that self-care does not replace services
  - o *"Accessibility and inclusion are key – the use of QR codes excludes most of our populations."*
- **Identified Gaps:**
  - o Early years and perinatal mental health
  - o Neurodivergent support
  - o Lived experience and peer support
  - o Workforce wellbeing
  - o Support for prison and homeless populations

### **Collaboration and Next Steps**

- **Offers of Support:**
  - o Strong interest from third sector organisations to contribute to implementation.
  - o Education and housing sectors expressed willingness to collaborate.
  - o *"There requires to be cultural and systemic change and a shift from punitive to ones of encouragement and empowerment."*
- **Final Draft:**

- o All feedback has been incorporated into the final draft strategy, with the aim of addressing the concerns and priorities raised through engagement.

**Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:**

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

| What impact has your review had on the following 'protected characteristics':                                   | Positive | Adverse/<br>Negative | Neutral | Comments<br>Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|----------|----------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                                                                                                             | x        |                      |         | Older people expressed support for this strategy and suggested it would benefit them greatly.                                                                                                                                                                                                                      |
| Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment) | x        |                      |         | A number of engagement sessions have been held which included people with disabilities for example sensory loss, learning disability and mental illness to develop this commissioning plan.<br><br>Staff across statutory, independent and third sector have been involved in the development of this strategy.    |
| Gender Reassignment                                                                                             | x        |                      |         | People who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex, however may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because |

|                                       |   |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|---|--|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       |   |  |   | of their sexuality. It is essential that people's individual differences and experiences are recognised, and that support and treatment addresses these appropriately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Marriage and Civil partnership</b> |   |  | x | Not relevant to this strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Pregnancy and Maternity</b>        | x |  |   | Perinatal mental health was a gap in the first draft, and this is an important area that needs greater focus.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Race/Ethnicity</b>                 | x |  |   | The available data around the mental health and wellbeing of people from ethnic minorities in Scotland is poor. Improving both local and national recording and reporting of mental health presentations and outcomes for people from ethnic minorities is recognised as a priority, particularly in pursuit of complying with the Equality Act.                                                                                                                                                                                                                                                                                                                                   |
| <b>Religion/Faith</b>                 |   |  | x | Not relevant to this strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Sex/Gender (male/female)</b>       | x |  |   | <p>The strategic needs assessment highlighted there were significant sex differences in the prevalence of specific needs. This is evident at both national and local levels</p> <p>E.g.</p> <ul style="list-style-type: none"> <li>• Prevalence for reported symptoms of anxiety, depression and self-harm was significantly higher in females than in males.</li> <li>• Prevalence of suicide in Scotland was significantly higher in males than females.</li> <li>• Men were almost twice as likely to exceed recommended weekly limits for alcohol consumption than women.</li> </ul> <p>These findings will be taken into account as the strategic plan is implemented, in</p> |

|                                                                                                                   |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------|---|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                   |   |  |  | particular when considering targeted interventions/support.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Sexual orientation</b>                                                                                         | x |  |  | People who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex, however may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality. It is essential that people's individual differences and experiences are recognised, and that support and treatment addresses these appropriately.                                                                                |
| <b>Staff (This could include details of staff training completed or required in relation to service delivery)</b> | x |  |  | Staff across statutory, independent and third sector have been involved in the development of this strategy.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Care Experienced people</b>                                                                                    | X |  |  | <p>Although data quality is improving it is still limited. According to The Independent Care Review (2020), care experienced people in Scotland are:</p> <ul style="list-style-type: none"> <li>• Almost twice as likely to have poor health</li> <li>• More than twice as likely to have experienced homelessness,</li> <li>• Over one and a half times more likely to experience severe multiple, disadvantage (homelessness, substance use, mental health, offending, domestic abuse). (The Money report, 2020; 10)</li> </ul> <p>Data found <a href="#">here</a></p> |

**Cross cutting issues: Included are some areas for consideration. Please **delete** or **add** fields as appropriate. Further areas to consider in Appendix B**

|               |   |  |  |                                                                                           |
|---------------|---|--|--|-------------------------------------------------------------------------------------------|
| Unpaid Carers | x |  |  | Two specific engagement sessions in the morning and at night for unpaid carers to support |
|---------------|---|--|--|-------------------------------------------------------------------------------------------|

|                                                                              |   |  |  |                                                                                                      |
|------------------------------------------------------------------------------|---|--|--|------------------------------------------------------------------------------------------------------|
|                                                                              |   |  |  | them at different times of the day on international carers day.                                      |
| Homeless                                                                     | x |  |  | Housing leads were involved in the consultation and put in views to citizen space.                   |
| Language/ Social Origins                                                     | x |  |  | Unpaid carers session had an Urdu speaker and a translator who fed back their views.                 |
| Literacy                                                                     | x |  |  | Strategy will work to promote accessibility.                                                         |
| Low income/poverty                                                           | x |  |  | Engagement sessions in each of the localities covered this aspect                                    |
| Mental Health Problems                                                       | x |  |  | Engagement sessions in each of the localities covered this aspect                                    |
| Rural Areas                                                                  | x |  |  | Engagement sessions in each of the localities covered this aspect                                    |
| Armed Services Veterans, Reservists and former Members of the Reserve Forces | x |  |  | One locality group session included a representative from Wee County Veteran's and Supporters Group. |
| Third Sector                                                                 | x |  |  | TSIs were invited to staff engagement events.                                                        |
| Independent Sector                                                           | x |  |  | Were involved in the consultation and put in views to citizen space.                                 |

**Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?**

Yes ☐

No ☐

**Date EQIA Completed**

18/ 08 / 2025

**Date of next EQIA Review**

DD / MM / YYYY

**Signature**



Print Name

Jennifer Borthwick

**Department or Service**

C&S HSCP

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:

[fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

## Equality & Diversity Impact Assessment Action Plan

Name of document being  
EQIA'd:

Mental Health and Wellbeing Strategic Plan

| Date | Issue | Action Required | Lead (Name, title, and contact details) | Timescale | Resource Implications | Comments |
|------|-------|-----------------|-----------------------------------------|-----------|-----------------------|----------|
|      |       |                 |                                         |           |                       |          |
|      |       |                 |                                         |           |                       |          |
|      |       |                 |                                         |           |                       |          |

Further  
Notes:

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Signed:

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Date:

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## NHS Forth Valley

Forth Valley NHS Board



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### 11. Governance Report: Committee Membership & IJB Appointments

**Purpose:** This report is for Decision

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

**Author:** Jack Frawley, Board Secretary

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#### Executive Summary

Following the appointment of new Non-Executives to the Board the Chair has reviewed the Committee memberships and proposes these changes for approval. There are also appointments to both IJBs recommended.

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#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **approve** the appointment of Alison Jaap to the Staff Governance Committee and to the Remuneration Committee;
  - (2) **approve** the appointment of Clare McKenzie to the Clinical Governance Committee;
  - (3) **approve** the appointment of Finlay Scott to the Audit & Risk Committee;
  - (4) **approve** the appointments of Alison Jaap to the Falkirk Integration Joint Board, and of Clare McKenzie and Finlay Scott to the Clackmannanshire & Stirling Integration Joint Board, noting that Gordon Johnston has stood down from the Clackmannanshire & Stirling IJB with immediate effect;
  - (5) **note** that the Clinical Governance and Staff Governance Committees will extend their attendees to have representatives from the Health & Social Care Partnerships in attendance, providing whole system assurance;
  - (6) **note** that these appointments are made with immediate effect, and
  - (7) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.
- 

#### Governance Route to the Meeting and Previous Board Consideration

This report builds on previous governance reporting to the Board. The outcome of the review of Committee memberships was considered by the Board in November 2024.

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#### Risk Assessment and Mitigation

If the Board's Committees do not have a full membership with balanced skillsets, they will be less able to fulfil their assurance duty.

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#### Impact Assessments

##### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

##### Financial and Infrastructure Implications

There are no financial, digital or infrastructure implications arising from this report.

##### Workforce Implications

There are no workforce implications arising from this report.



**Quality / Patient Care Implications**

High functioning Governance Committees of the Board positively impact on providing appropriate scrutiny and assurance on the quality of care and services. They also enable assurance of staff and patient experience. Having a full complement of Health Board Non-Executives on both IJBs also impact positively on decision making which may impact on quality of care.

**Population Health & Care Strategy**

There are no specific implications arising from this report.

**Climate Change / Sustainability Implications**

There are no climate change implications.

**Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

**Appendices**

Appendix 1 – Considerations

Appendix 2 – Non-Executive Member Portfolios

Appendix 3 – Committee Memberships

## Considerations

Following approval from the Cabinet Secretary: Alison Jaap, Clare McKenzie and Finlay Scott joined the Board as Non-Executive Directors from 21 July 2025. The Board Chair has undertaken a review of Committee memberships considering the skills and experiences of the new Non-Executives.

### **Audit & Risk Committee**

It is recommended that Finlay Scott is appointed to the Audit & Risk Committee.

### **Clinical Governance Committee**

It is recommended that Clare McKenzie is appointed to the Clinical Governance Committee.

### **Staff Governance Committee**

It is recommended that Alison Jaap is appointed to the Staff Governance Committee and is also appointed to its sub-committee, the Remuneration Committee.

### **Integration Joint Boards**

There is currently a vacancy for a Voting Member to be appointed to the Falkirk Integration Joint Board and it is recommended that Alison Jaap is appointed to this position.

Gordon Johnston has indicated that he will stand down from the Clackmannanshire & Stirling Integration Joint Board with immediate effect. It is recommended that Clare McKenzie and Finlay Scott are appointed to the positions to ensure a full complement of NHS Forth Valley Voting Members on the IJB.

### **HSCP Representation**

It has been agreed that there will be representation from the Health & Social Care Partnerships at the Clinical Governance and Staff Governance Committees. The Executive Leads for these Committees will work with their Committee Chairs to make arrangements to ensure this representation is in place.

**Non-Executive Member Portfolios at 30 September 2025****Neena Mahal**

| <b>Appointments</b>                                                        |
|----------------------------------------------------------------------------|
| NHS Board Chair                                                            |
| Chair of Strategic Planning, Performance and Resources Committee           |
| Member of Remuneration Committee                                           |
| Ex-officio Member of Clinical Governance Committee                         |
| Ex-officio Member of Staff Governance Committee                            |
| Ex-officio member Population Health Task and Finish Group                  |
| In attendance at Audit and Risk Committee                                  |
| Member of 3 Community Planning Partnerships across the 3 Local Authorities |

**Allan Rennie**

| <b>Appointments</b>                                                                 |
|-------------------------------------------------------------------------------------|
| Board Vice-Chair                                                                    |
| Chair of the Remuneration Committee (including Chair of Discretionary Points Group) |
| Chair of the Organ Donation Committee                                               |
| Member of the Endowments Sub Committee                                              |
| Vice-Chair of the Clackmannanshire & Stirling IJB                                   |
| Chair of the Population Health Task and Finish Group                                |
| Member of the Strategic Planning, Performance and Resources Committee               |

**Kirstin Cassells**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Chair of the Area Clinical Forum                                      |
| Member of the Clinical Governance Committee                           |
| Member of the Endowments Sub Committee                                |
| Member of the Strategic Planning, Performance and Resources Committee |

**Robert Clark**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Chair of the Area Partnership Forum                                   |
| Member of the Staff Governance Committee                              |
| Member of the Audit and Risk Committee                                |
| Member of the Remuneration Committee                                  |
| Member of the Strategic Planning, Performance and Resources Committee |

**Martin Fairbairn**

| <b>Appointments</b>                                                    |
|------------------------------------------------------------------------|
| Chair of the Staff Governance Committee                                |
| Member of the Audit and Risk Committee                                 |
| Member of the Remuneration Committee                                   |
| Joint Chair of the Pharmacy Practices Committee/GP Practices Committee |
| Member of the Clackmannanshire & Stirling IJB                          |
| Member of the Strategic Planning, Performance and Resources Committee  |

**Alison Jaap**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Member of the Staff Governance Committee                              |
| Member of the Remuneration Committee                                  |
| Member of the Strategic Planning, Performance and Resources Committee |
| Member of the Falkirk IJB                                             |

**Gordon Johnston**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Board Whistleblowing Champion                                         |
| Member of the Staff Governance Committee                              |
| Member of the Clinical Governance Committee                           |
| Member of the Population Health Task and Finish Group                 |
| Chair Falkirk IJB                                                     |
| Member of the Strategic Planning, Performance and Resources Committee |

**Stephen McAllister**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Member of the Audit and Risk Committee                                |
| Member of the Clinical Governance Committee                           |
| Member of the Population Health Task and Finish Group                 |
| Member of the Falkirk IJB                                             |
| Member of the Clackmannanshire & Stirling IJB                         |
| Member of the Strategic Planning, Performance and Resources Committee |

**Clare McKenzie**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Member of the Clinical Governance Committee                           |
| Member of the Clackmannanshire & Stirling IJB                         |
| Member of the Strategic Planning, Performance and Resources Committee |

**Finlay Scott**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Member of the Audit & Risk Committee                                  |
| Member of the Clackmannanshire & Stirling IJB                         |
| Member of the Strategic Planning, Performance and Resources Committee |

**John Stuart**

| <b>Appointments</b>                                                    |
|------------------------------------------------------------------------|
| Chair of the Clinical Governance Committee                             |
| Member of the Staff Governance Committee                               |
| Member of the Endowments Sub Committee                                 |
| Joint Chair of the Pharmacy Practices Committee/GP Practices Committee |
| Member of the Clackmannanshire & Stirling IJB                          |
| Member of the Strategic Planning, Performance and Resources Committee  |

**Councillor Fiona Collie**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Chair of the Audit and Risk Committee                                 |
| Chair of the Endowments Sub Committee                                 |
| Member of the Strategic Planning, Performance and Resources Committee |

**Councillor Fiona Law**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Member of the Clinical Governance Committee                           |
| Board Champion Climate Change and Sustainability                      |
| Member of the Strategic Planning, Performance and Resources Committee |

**Councillor David Wilson**

| <b>Appointments</b>                                                   |
|-----------------------------------------------------------------------|
| Member of the Audit and Risk Committee                                |
| Member of the Clinical Governance Committee                           |
| Member of the Strategic Planning, Performance and Resources Committee |

## COMMITTEE MEMBERSHIP SEPTEMBER 2025

| <b>Audit &amp; Risk Committee</b>                                                                                                          | <b>Clinical Governance Committee</b>                                                                                                                                                               | <b>Staff Governance Committee</b>                                                                                                                                                                                                              | <b>Strategic Planning, Performance &amp; Resources Committee</b>                                                                                                                                                                 | <b>Remuneration Committee</b>                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Members</b><br>Cllr Fiona Collie (Chair)<br>Robert Clark<br>Martin Fairbairn<br>Stephen McAllister<br>Finlay Scott<br>Cllr David Wilson | <b>Members</b><br>John Stuart (Chair)<br>Kirstin Cassells<br>Cllr Fiona Law<br>Stephen McAllister<br>Clare McKenzie<br>Gordon Johnston<br>Cllr David Wilson<br><br>Neena Mahal (Ex-officio member) | <b>Members</b><br>Martin Fairbairn (Chair)<br>Robert Clark<br>Alison Jaap<br>Gordon Johnston<br>John Stuart<br>Nicholas Hill (Staff Side)<br>Karren Morrison (Staff Side)<br>Janet Sneddon (Staff Side)<br><br>Neena Mahal (Ex-officio member) | <b>Members</b><br>Neena Mahal (Chair)<br>All Non-Executive Members                                                                                                                                                               | <b>Members</b><br>Allan Rennie (Chair)<br>Martin Fairbairn<br>Alison Jaap<br>Robert Clark<br>Neena Mahal |
| Q – 3 Non-Executive Directors                                                                                                              | Q – 3 Non-Executive Directors                                                                                                                                                                      | Q – 3 Non-Executive Directors                                                                                                                                                                                                                  | Q – 3 Non-Executive Directors                                                                                                                                                                                                    | Q – 3 Non-Executive Directors                                                                            |
| <b>Executive Lead</b><br><br>Scott Urquhart                                                                                                | <b>Executive Lead</b><br><br>Andrew Murray<br>Karen Goudie                                                                                                                                         | <b>Executive Lead</b><br><br>Kevin Reith                                                                                                                                                                                                       | <b>Executive Lead</b><br><br>Kerry Mackenzie (liaising with Scott Urquhart and Jennifer Champion)                                                                                                                                | <b>Executive Lead</b><br><br>Kevin Reith                                                                 |
| <b>Organ Donation Committee</b><br><br><b>Member</b><br>Allan Rennie (Chair)                                                               | <b>Pharmacy Practices Committee &amp; GP Practices Committee</b><br><br><b>Members</b><br>John Stuart (Joint Chair)<br>Martin Fairbairn (Joint Chair)                                              |                                                                                                                                                                                                                                                | <b>Population Health – Task and Finish Group</b><br><br><b>Members</b><br>Allan Rennie (Chair)<br>Gordon Johnston<br>Stephen McAllister<br><br>Neena Mahal (Ex-officio member)<br><br><b>Executive Lead</b><br>Jennifer Champion |                                                                                                          |

| <b>Endowments Trustees</b>                                 | <b>Endowments Sub-Committee</b>                                                                                                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Members</b><br>Neena Mahal (Chair)<br>All Board Members | <b>Members</b><br>Cllr Fiona Collie (Chair)<br>Kirstin Cassells<br>John Stuart<br>Allan Rennie<br>Scott Urquhart (Executive Director)<br>Andrew Murray (Executive Director) |

| <b>Falkirk Integration Joint Board</b>                                                | <b>Clackmannanshire &amp; Stirling Integration Joint Board</b>                                                                                | <b>Falkirk Community Planning Partnership</b>                                       | <b>Clackmannanshire Community Planning Partnership</b>                              | <b>Stirling Community Planning Partnership</b>                                      |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Voting Members</b><br>Gordon Johnston (Chair)<br>Alison Jaap<br>Stephen McAllister | <b>Voting Members</b><br>Allan Rennie (Vice-Chair)<br>Martin Fairbairn<br>Stephen McAllister<br>Clare McKenzie<br>John Stuart<br>Finlay Scott | <b>Members</b><br>Board Chair<br>Board Chief Executive<br>Director of Public Health | <b>Members</b><br>Board Chair<br>Board Chief Executive<br>Director of Public Health | <b>Members</b><br>Board Chair<br>Board Chief Executive<br>Director of Public Health |

30 September 2025



## NHS Forth Valley

Forth Valley NHS Board

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### 12. Finance Report

**Purpose:** This report is for Decision

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**Executive Sponsor:** Ross McGuffie, Chief Executive

**Author:** Scott Urquhart, Director of Finance and Jillian Thomson, Deputy Director of Finance

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### Executive Summary

This report provides an overview of the month 5 financial results and forecast outturn at year-end.

An overspend of £6.8m is reported for the 5-month period ending 31 August 2025 which reflects a range of ongoing financial pressures, primarily within the Acute Services Directorate.

As previously reported, the 2025/26 year-end projections prepared at Quarter 1 identified a forecast overspend in the region of £10m. Mitigating actions including development of further targeted cost improvement plans are being put in place to minimise in-year risk as far as possible. Updated financial projections will be completed following Quarter 2 results, with improvement actions factored into a recovery plan.

In terms of the financial planning process for 2026/27, initial calculations based on anticipated funding and cost profiles are being prepared based on local and national planning parameters, with a draft financial plan expected to be presented to the SPP&RC in February 2026 followed by a final version to the NHS Board for approval in March 2026.

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### Action Required

The Forth Valley NHS Board is asked to:

- (1) **note** the level of ongoing financial risk and pressure for the first five months of the year to 31 August 2025.
  - (2) **note** as previously advised, an overspend of around £10m is forecast for financial year 2025/26, which will be subject to a detailed reassessment during October based on the Quarter 2 position.
  - (3) **note** that an updated 2025/26 outturn forecast will be presented to the October SPP&RC meeting, together with a plan setting out options and actions to bring the position back into balance.
  - (4) **approve** planned capital spend and contract variations summarised in Section 4 of the report in relation to anti-ligature and theatre ventilation works.
  - (5) **approve** the delegation of authority to the Director of Facilities and Director of Finance to take forward remaining phases of the Anti-Ligature work subject to confirmation of funding availability.
  - (6) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.
- 

### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The Strategic Planning, Performance & Resources Committee in terms of further scrutiny of the financial position and forecast outturn – as highlighted above an in-depth reassessment of the forecast outturn will be presented at the October 2025 meeting of the SPPRC.
  - The NHS Board receives updates on the financial position, plans and risk as a standing agenda item.
-

### **Risk Assessment and Mitigation**

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 demand pressures.

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### **Impact Assessments**

#### **Equality & Diversity and Fairer Scotland Duty**

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

#### **Financial and Infrastructure Implications**

The Capital and Revenue 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 costs account for a significant proportion of total operating expenditure and is therefore a key financial risk area.

#### **Quality / Patient Care Implications**

It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy aligned to the principles of Value Based Health and Care.

#### **Population Health & Care Strategy**

It is recognised that improving population health outcomes and shifting resources to early intervention/more preventative measures can reduce future demand on services. Adopting the principles of values-based health and care and Realistic Medicines is a key feature of our financial planning process.

#### **Climate Change / Sustainability Implications**

There are no direct climate change/sustainability implications arising from this report. Climate Change and Sustainability initiatives contribute to efficiency savings, reducing waste, cost avoidance and productivity gains across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities). A range of climate change and sustainability initiatives are already included in our cost improvement programme.

#### **Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

This report was prepared in consultation with Senior Finance colleagues.

#### **Appendices**

Appendix 1 – Overview of Financial Performance

## Appendix 1 - Overview of Financial Performance

### 1. NHS FV Financial Performance

An overspend of £6.8m is reported for the 5-month period ending 31<sup>st</sup> August 2025 as summarised in Table 1 below:

| <b>TABLE 1: NHS Forth Valley 2025/26<br/>Financial performance</b> | <b>Annual<br/>Budget<br/>£m</b> | <b>April -<br/>August<br/>Budget<br/>£m</b> | <b>April -<br/>August<br/>Expenditure<br/>£m</b> | <b>Underspend/<br/>(Overspend)<br/>£m</b> |
|--------------------------------------------------------------------|---------------------------------|---------------------------------------------|--------------------------------------------------|-------------------------------------------|
| <b><u>Set Aside &amp; Non-Delegated Functions*</u></b>             |                                 |                                             |                                                  |                                           |
| Acute Services                                                     | 254.712                         | 105.155                                     | 115.299                                          | (10.143)                                  |
| Woman Children and Families                                        | 64.166                          | 26.513                                      | 28.247                                           | (1.734)                                   |
| Cross Boundary Flow/External SLAs                                  | 70.318                          | 29.234                                      | 30.396                                           | (1.161)                                   |
| Non-delegated Community Services                                   | 41.848                          | 17.494                                      | 17.748                                           | (0.254)                                   |
| Facilities                                                         | 113.632                         | 47.572                                      | 48.365                                           | (0.793)                                   |
| Digital                                                            | 26.977                          | 11.180                                      | 10.562                                           | 0.618                                     |
| Corporate Functions                                                | 43.125                          | 16.043                                      | 15.365                                           | 0.678                                     |
| Ringfenced and Contingency Budgets                                 | 53.510                          | 6.000                                       | 0.000                                            | 6.000                                     |
| Income                                                             | (36.059)                        | (14.482)                                    | (14.479)                                         | (0.003)                                   |
| <b>Sub total</b>                                                   | <b>632.228</b>                  | <b>244.711</b>                              | <b>251.504</b>                                   | <b>(6.793)</b>                            |
|                                                                    |                                 |                                             |                                                  |                                           |
| <b><u>Delegated Functions</u></b>                                  |                                 |                                             |                                                  |                                           |
| Operational Services                                               | 149.261                         | 63.229                                      | 60.034                                           | 3.195                                     |
| Universal Services                                                 | 186.038                         | 79.836                                      | 82.749                                           | (2.914)                                   |
| IJB reserves                                                       | 3.702                           | (0.282)                                     | 0.000                                            | (0.282)                                   |
| <b>Sub total</b>                                                   | <b>339.001</b>                  | <b>142.783</b>                              | <b>142.783</b>                                   | <b>0.000</b>                              |
|                                                                    |                                 |                                             |                                                  |                                           |
| <b><u>Reserve transfers (to)/from IJB</u></b>                      |                                 |                                             |                                                  |                                           |
| Clackmannanshire & Stirling IJB                                    | 0.000                           | 0.000                                       | 0.000                                            | 0.000                                     |
| Falkirk IJB                                                        | 0.000                           | 0.000                                       | 0.000                                            | 0.000                                     |
| <b>Sub total</b>                                                   | <b>0.000</b>                    | <b>0.000</b>                                | <b>0.000</b>                                     | <b>0.000</b>                              |
|                                                                    |                                 |                                             |                                                  |                                           |
| <b>TOTAL</b>                                                       | <b>971.229</b>                  | <b>387.494</b>                              | <b>394.287</b>                                   | <b>(6.793)</b>                            |

\* 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 £632.2m above is £87.7m. An overspend of £4.086m is reported at month 5.

An overspend of £6.8m is reported for the 5-month period ended 31<sup>st</sup> August 2025. As previously reported, the majority of the overspend relates to ongoing pressures within the Acute Services Directorate, however material overspends are also reported for Women, Children and Families, Externals and Facilities. Further information and detail is provided in Section 3 of this report.

In arriving at the total annual funding position, and in line with previous years, a number of outstanding revenue allocations have been anticipated, which carry a level of risk until such time as they are formally agreed and confirmed by Scottish Government.

The 2025/26 Financial Plan approved by NHS Forth Valley set out a break-even position, based on planned delivery of savings totalling £38m, and every effort must be made to deliver a balanced financial outturn by 31 March 2026. The current

projection based on the spend profile to date is an overspend of c£10m and work is ongoing to minimise any deficit as far as possible. Budget managers have been tasked with identifying further savings plans with a focus on reducing waste and inefficiencies. An updated assessment on the savings position and outturn forecast will be presented to the SPP&RC meeting in October.

As part of the ongoing work on improving financial stewardship, historic savings budgets are being reviewed with the intention of realigning those budgets against available offsetting central budget balances. The purpose of doing this is to ensure that budget managers have full clarity of the current financial resources available, and to improve financial reporting. The impact of this would be a transfer of budget from the 'ringfenced and contingency' area, to Directorate budgets.

With regard to supplementary pay costs, expenditure is £4.1m or 24% lower than the same period in the previous year, largely driven by the continued cessation of nurse agency usage as summarised in Table 2 below. Nurse bank cost reductions are also a positive factor with expenditure down £1.5m compared to the same period in the previous year. This reflects targeted work in this area by the Nursing Workforce Governance group. The position will be kept under review to ensure that nurse bank usage remains appropriately authorised and cross referenced against sickness absence, vacancies and backfill requirements.

| <b>Table 2: Non-Core Staffing Costs</b> | <b>Apr 24 to Aug 24<br/>£</b> | <b>Apr 25 to Aug 25<br/>£</b> | <b>Better/<br/>(Worse)<br/>£</b> | <b>%<br/>Change</b> |
|-----------------------------------------|-------------------------------|-------------------------------|----------------------------------|---------------------|
| Admin agency                            | 64,584                        | 3,846                         | 60,739                           | 94.0%               |
| Admin bank                              | 599,585                       | 450,672                       | 148,912                          | 24.8%               |
| Medical agency                          | 2,120,935                     | 2,390,267                     | (269,333)                        | (12.7%)             |
| Medical bank                            | 982,775                       | 1,371,860                     | (389,086)                        | (39.6%)             |
| Medical locum                           | 943,678                       | 499,376                       | 444,301                          | 47.1%               |
| Nurse agency                            | 2,301,569                     | (41,776)                      | 2,343,345                        | 101.8%              |
| Nurse bank                              | 8,696,636                     | 7,205,000                     | 1,491,636                        | 17.2%               |
| Other agency                            | 50,275                        | 113,673                       | (63,398)                         | (126.1%)            |
| Other bank                              | 562,181                       | 529,883                       | 32,298                           | 5.7%                |
| Overtime                                | 873,897                       | 540,312                       | 333,585                          | 38.2%               |
| <b>Total</b>                            | <b>17,196,114</b>             | <b>13,063,113</b>             | <b>4,133,001</b>                 | <b>24.0%</b>        |

Medical supplementary pay costs remain higher than the previous year and action is underway to recruit to additional substantive posts to reduce costs in key specialities as part of an invest to save proposal.

## 2. Efficiency Savings

The Financial Sustainability Action Plan for 2025/26 sets out the broad range of local and national cost improvement initiatives and efficiency schemes to mitigate the £38.0m funding gap identified as part of the development of our 2025/26 financial plan.

The action 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 £9.6m have been delivered and it is recognised that the pace of savings delivery is behind the planned trajectory by £6.7m

as at 31 August 2025. The majority of workstreams are behind plan to varying degrees with the exception of prescribing where excellent progress has been made in relation to technical switches and the review of stock management and off-contract spend.

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 delivery of cash releasing savings. Service redesign and reform through the Value Based Health and Care programme is now underway, with the savings delivered to date relating to the closure of ward A11 as part of whole system work to shift the balance of care.

Table 3 provides a high-level summary of savings delivery to date. An in-depth review of the savings plan will be conducted at the midpoint of the year to inform the updated forecast outturn projection.

| Annual plan<br>£m | TABLE 3: 2025/26 Financial Sustainability Action Plan -<br>YTD saving delivery | Apr - Aug<br>plan<br>£m | Apr - Aug<br>actual<br>£m | Variance<br>£m |
|-------------------|--------------------------------------------------------------------------------|-------------------------|---------------------------|----------------|
|                   | <b>15 Box Grid: Innovation &amp; Value-Based Healthcare</b>                    |                         |                           |                |
| 0.035             | Clinical Variation Review                                                      | 0.003                   | 0.024                     | 0.021          |
| 0.392             | Digital savings                                                                | 0.163                   | 0.049                     | (0.114)        |
| 1.965             | Energy Efficiency Schemes                                                      | 0.819                   | 0.000                     | (0.819)        |
| 3.691             | Prescribing savings                                                            | 1.183                   | 1.506                     | 0.323          |
| <b>6.083</b>      | <b>Sub total: Innovation &amp; Value-Based Healthcare</b>                      | <b>2.168</b>            | <b>1.579</b>              | <b>(0.589)</b> |
|                   | <b>15 Box Grid: Workforce Optimisation</b>                                     |                         |                           |                |
| 0.999             | Agency Reduction                                                               | 0.000                   | 0.000                     | 0.000          |
| 4.949             | Sustainable staff bank usage                                                   | 2.062                   | 0.931                     | (1.131)        |
| 0.500             | Sickness absence reduction                                                     | 0.208                   | 0.000                     | (0.208)        |
| 1.044             | Non-compliant rotas review                                                     | 0.435                   | 0.000                     | (0.435)        |
| 0.000             | Central functions job family review                                            | 0.000                   | 0.000                     | 0.000          |
| <b>7.492</b>      | <b>sub total: Workforce Optimisation</b>                                       | <b>2.705</b>            | <b>0.931</b>              | <b>(1.774)</b> |
|                   | <b>15 Box Grid: Service Optimisation</b>                                       |                         |                           |                |
| 0.500             | Theatres optimisation                                                          | 0.208                   | 0.000                     | (0.208)        |
| 1.909             | Remote outpatient appointments                                                 | 0.795                   | 0.000                     | (0.795)        |
| 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                                                           | 0.093                   | 0.038                     | (0.055)        |
| <b>2.830</b>      | <b>sub total: Service Optimisation</b>                                         | <b>1.096</b>            | <b>0.038</b>              | <b>(1.058)</b> |
|                   | <b>Other local savings plans</b>                                               |                         |                           |                |
| 2.482             | Estates & Infrastructure                                                       | 1.668                   | 1.152                     | (0.516)        |
| 8.603             | Service redesign & reform                                                      | 3.585                   | 1.393                     | (2.192)        |
| 10.409            | Non-pay & other measures                                                       | 5.032                   | 4.453                     | (0.579)        |
| 0.163             | Savings under development                                                      | 0.068                   | 0.000                     | (0.068)        |
| <b>21.657</b>     | <b>sub total: Other local savings plans</b>                                    | <b>10.353</b>           | <b>6.998</b>              | <b>(3.355)</b> |
| <b>38.062</b>     | <b>TOTAL</b>                                                                   | <b>16.323</b>           | <b>9.546</b>              | <b>(6.777)</b> |
|                   |                                                                                |                         |                           |                |
| 21.899            | Recurring                                                                      | 9.617                   | 6.368                     | (3.250)        |
| 16.163            | Non-recurring                                                                  | 6.706                   | 3.216                     | (3.490)        |
| <b>38.062</b>     | <b>TOTAL</b>                                                                   | <b>16.323</b>           | <b>9.583</b>              | <b>(6.740)</b> |

### 3. Directorate Financial Performance

#### 3.1. Clinical Directorates (Set Aside & Non-Delegated Functions)

Clinical Directorates reported a combined overspend of £7.3m as at 31 August 2025 as summarised in Table 4 below.

| TABLE 4: Clinical Directorates*    | Annual Budget  | April - August Budget | April - August Expenditure | Underspend/ (Overspend) |
|------------------------------------|----------------|-----------------------|----------------------------|-------------------------|
|                                    | £m             | £m                    | £m                         | £m                      |
| Acute Services                     | 254.712        | 105.155               | 115.299                    | (10.143)                |
| Woman Children and Families        | 64.166         | 26.513                | 28.247                     | (1.734)                 |
| Cross Boundary Flow/External SLAs  | 70.318         | 29.234                | 30.396                     | (1.161)                 |
| Non-delegated Community Services   | 41.848         | 17.494                | 17.748                     | (0.254)                 |
| Ringfenced and Contingency Budgets | 53.510         | 6.000                 | 0.000                      | 6.000                   |
| Income                             | (36.059)       | (14.482)              | (14.479)                   | (0.003)                 |
| <b>Sub total</b>                   | <b>448.495</b> | <b>169.916</b>        | <b>177.211</b>             | <b>(7.296)</b>          |

\* 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 above is £87.7m. An overspend of £4.086m is reported at month 5.

**Acute services** – an overspend of £10.1m is reported as at end August 2025 (which is broadly in line with the position reported at end July). This reflects a £5.2m overspend in respect of Emergency Care & Inpatient Services and an overspend of £4.4m relating to Planned Care Services. Key pressure areas include pay costs, particularly in respect of medical staffing which is overspent by £3.7m and nurse pay budgets (primarily relating to unregistered nursing staff) which are overspent by £1.0m to date. Pressures are also reported in relation to the cost of drugs and devices (particularly in relation to the uptake of oncology drugs and diabetes technology such as insulin pumps and continuous glucose monitors).

Unachieved historic savings targets from prior years (£4.5m to date) and unfunded service areas are also key contributory factors to the adverse position reported at end August. An options appraisal is currently underway in relation to all unfunded service areas within Emergency Care and Inpatient Services in a bid to bring these areas within budget or agree exit strategies where clinically appropriate.

**Women, Children & Families** – an overspend of £1.7m is reported at end of August 2025 (an adverse movement of £0.2m compared to the position reported at end July). This reflects the impact of uptake of new Paediatric diabetes technologies; pressures associated with paediatric complex care packages and funding reductions imposed by the Scottish Government in relation to CAMHS and immunisation allocations.

**Cross boundary flow/external SLAs** – an overspend of £1.2m is reported at the end of August 2025 (an adverse movement of £0.2m compared to the position reported in July). This includes the cost of several high-cost complex care packages provided out with Forth Valley together with the impact of expected net increased costs for Acute SLAs with NHS Greater Glasgow and Clyde and NHS Lothian.

**Non-delegated community services** – an overspend of £0.3m is reported as at 31 August 2025. This reflects ongoing financial pressures in Prison healthcare settings due the new prison pharmacy contract, changes to working practices and the impact of decisions taken by the Scottish Prison Service (SPS) to realign the prisoner



population across the entire prison estate in order to relieve accommodation pressures (resulting in an additional 260 prisoners being transferred to Polmont and 100 to Glenochil).

**Ringfenced and contingency budgets** – £6.0m of funding has been released from central budgets in respect of a range of anticipated allocations, including to offset the cost of pay awards.

**Income** – income received at end August 2025 is broadly in line with the planned level. Note that work is underway to rebase our SLAs for services we provide for neighbouring NHS Boards.

### 3.2. Set Aside & Non-Delegated Functions - Corporate Directorates

A combined underspend of £0.5m is reported for Corporate Services, Facilities and Digital Directorates as at 31 August 2025 as summarised in table 5 below.

| <b>TABLE 5: Corporate Functions and Facilities &amp; Infrastructure</b> | <b>Annual Budget<br/>£m</b> | <b>April - August Budget<br/>£m</b> | <b>April - August Expenditure<br/>£m</b> | <b>Underspend/<br/>(Overspend)<br/>£m</b> |
|-------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------------------------|-------------------------------------------|
| Facilities                                                              | 113.632                     | 47.572                              | 48.365                                   | (0.793)                                   |
| Digital                                                                 | 26.977                      | 11.180                              | 10.562                                   | 0.618                                     |
| <b>Corporate Functions</b>                                              |                             |                                     |                                          |                                           |
| Director of Finance                                                     | 7.206                       | 3.003                               | 3.074                                    | (0.071)                                   |
| Area Wide Services                                                      | 2.370                       | (0.770)                             | (0.476)                                  | (0.294)                                   |
| Medical Director                                                        | 13.727                      | 5.704                               | 5.039                                    | 0.665                                     |
| Director of Public Health                                               | 3.213                       | 1.343                               | 1.307                                    | 0.035                                     |
| Director of HR                                                          | 6.887                       | 2.899                               | 2.873                                    | 0.026                                     |
| Director of Nursing                                                     | 6.090                       | 2.374                               | 2.270                                    | 0.105                                     |
| Chief Executive                                                         | 0.797                       | 0.322                               | 0.318                                    | 0.004                                     |
| Strategic Planning & Performance                                        | 2.835                       | 1.169                               | 0.961                                    | 0.208                                     |
| Corporate Functions sub total                                           | 43.125                      | 16.043                              | 15.365                                   | 0.678                                     |
| <b>Sub total</b>                                                        | <b>183.733</b>              | <b>74.795</b>                       | <b>74.292</b>                            | <b>0.503</b>                              |

**Facilities** – an overspend of £0.8m is reported at the end of August 2025 which is broadly in line with the position reported in July. This is primarily due to ongoing pressures in relation to non-emergency patient transport, clinical waste, postages and energy. A number of immediate actions have been identified to strengthen financial controls around 1<sup>st</sup> class and 2<sup>nd</sup> class postage, however overall postage costs remain higher than the same period in the previous year. Further work is now focussed on parcels and other bulky deliveries as part of the additional 2% savings requirement.

**Digital** - an underspend of £0.6m is reported at the end of August 2025 which is broadly in line with the position reported at end July which reflects non-recurring underspends in Health Records and eHealth due to timing issues in filling vacancies.

**Corporate Functions** – a combined overspend of £0.7m is reported at the end of August (an improvement of £0.2m compared to the position reported in July). This is largely driven by non-recurring underspends in the Medical Director budget in relation to vacancies in Pharmacy, Quality and Innovation and the Information Governance

teams. This is offset by timing issues relating to legal claims and associated provisions which accounts for the overspend reported against the Area Wide Services budget.

### 3.3. Delegated Functions – Health & Social Care Partnerships

Delegated health functions reported under the Health and Social Care Partnerships (HSCPs) returned a combined overspend of £1.4m as at 31 August 2025 as summarised in table 6 below, however this is assumed to be offset by corresponding reserve movements which brings both HSCPs to breakeven.

| <b>TABLE 6: Health &amp; Social Care Partnerships</b> | <b>Annual Budget</b> | <b>April - August Budget</b> | <b>April - August Expenditure</b> | <b>Underspend/ (Overspend)</b> |
|-------------------------------------------------------|----------------------|------------------------------|-----------------------------------|--------------------------------|
|                                                       | <b>£m</b>            | <b>£m</b>                    | <b>£m</b>                         | <b>£m</b>                      |
| <u><i>Clackmannanshire and Stirling HSCP</i></u>      |                      |                              |                                   |                                |
| Operational Services                                  | 67.655               | 27.880                       | 26.200                            | 1.680                          |
| Universal Services                                    | 94.011               | 40.276                       | 42.519                            | (2.243)                        |
| Ringfenced and Contingency Budgets                    | 2.008                | 0.563                        | 0.000                             | 0.563                          |
| Subtotal                                              | 163.673              | 68.719                       | 68.719                            | 0.000                          |
| <u><i>Falkirk HSCP</i></u>                            |                      |                              |                                   |                                |
| Operational Services                                  | 81.606               | 35.349                       | 33.834                            | 1.515                          |
| Universal Services                                    | 92.027               | 39.560                       | 40.230                            | (0.670)                        |
| Ringfenced and Contingency Budgets                    | 1.694                | (0.845)                      | 0.000                             | (0.845)                        |
| Subtotal                                              | 175.327              | 74.065                       | 74.065                            | 0.000                          |
| <b>TOTAL</b>                                          | <b>339.001</b>       | <b>142.783</b>               | <b>142.783</b>                    | <b>0.000</b>                   |

The HSCP budgets summarised in table 6 exclude budgets in respect of large hospital services, also referred to as Set Aside, which amount to £87.7m. Responsibility for the operational and financial management of Set Aside functions currently resides with NHS Forth Valley.

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCPs continues to relate to Primary Care prescribing which accounts for the overspend reported under universal services in table 6. This reflects ongoing demand, tariff adjustments as part of the Community Pharmacy settlement and short supply issues. Delays in achieving prescribing efficiency savings also contribute to the adverse position reported to date.

As reported in table 6, the pressure on the primary care prescribing budget is partially offset by non-recurring underspends on operational services in Clackmannanshire and Stirling HSCP due to vacancies and slippage in recruitment within community District Nursing Services, Mental Health services and community based AHP services.

Similarly, Falkirk HSCP are also experiencing ongoing vacancies and associated non-recurring underspends in community Mental Health services, community based AHP services, community Learning Disability services and Health Improvement. In addition, continued slippage in service developments linked to re-purposing part of the FCH closed ward budgets also contributes to the favourable position reported in respect of operational services.



#### 4. Capital Financial Performance

The total net capital budget for 2025/26 is currently estimated at £12.2m as summarised in table 7 below. This reflects the core formula allocation of £6.7m as advised by the Scottish Government, together with £5.5m of net anticipated allocations (including £4.8m of approved funding through the Business Continuity Plan submission).

| TABLE 7: 2025/26 NHS Forth Valley Capital Position | Annual Budget<br>£m | April - August<br>Budget<br>£m | April - August<br>Expenditure<br>£m | Underspend/<br>(Overspend)<br>£m |
|----------------------------------------------------|---------------------|--------------------------------|-------------------------------------|----------------------------------|
| Elective Care                                      | 0.000               | 0.257                          | 0.257                               | 0.000                            |
| Information Management & Technology                | 5.761               | 0.598                          | 0.598                               | 0.000                            |
| Medical Equipment                                  | 2.945               | 0.090                          | 0.090                               | 0.000                            |
| Facilities & Infrastructure                        | 5.098               | 0.286                          | 0.286                               | 0.000                            |
| NHS Board corporate projects                       | (0.908)             | 0.000                          | 0.000                               | 0.000                            |
| Right of Use Assets IFRS16                         | 0.314               | 0.233                          | 0.233                               | 0.000                            |
| <b>Total Available Capital Funding</b>             | <b>13.210</b>       | <b>1.464</b>                   | <b>1.464</b>                        | <b>0.000</b>                     |
| Indirect Capital Charged to Revenue                | (0.992)             | 0.000                          | 0.000                               | 0.000                            |
| <b>Forecast NET Capital Resource Limit</b>         | <b>12.218</b>       | <b>1.464</b>                   | <b>1.464</b>                        | <b>0.000</b>                     |

As reported in Table 7 above, a balanced position is reported against the Capital Resource Limit (CRL) for the first 5 months of the year, with total expenditure of £1.5m reported to date, leaving a net balance of £10.7m to be spent over the remainder of the financial year.

Key areas of expenditure to date are described below:

**Elective Care** – £0.3m has been incurred to date on advisor and professional fees due to ongoing delays associated with the new National Treatment Centre Inpatient Ward. This reflects 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 £0.6m 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 and Max Fax dental equipment. Procurement of other medical equipment, in line with the planned replacement plan, is scheduled for later in the year in line with supplier lead in times.

**Facilities & Infrastructure** – to date the sum of £0.3m has been spent on improvements works at Dunblane Health Centre, professional fees in relation to the proposed ASDU extension, improvements to the footpaths at the Bungalows, Legionella Remedial works and staff costs charged to Capital. Whilst expenditure to date is relatively low, this is expected to increase significantly in the coming months as a number of projects progress

**Board approval is sought** in relation to two high-cost capital programmes which have funding confirmed through the Business Continuity Plan process. Work on both programmes are expected to extend beyond 2025/26:

- Falkirk Community Hospital Theatre Ventilation works: Estimated capital spend £0.3m in-year, with a further £1.2m to complete the works in 2026/27.
- Anti-ligature works at Forth Valley Royal Hospital: Estimated spend for first phase (Ward 3) £0.6m with approval sought for contract variations 516 to 518. It is recommended that the NHS Board delegate authority to the Director of Facilities and Director of Finance to take forward all remaining phases of this work, subject to affordability as per the capital plan and/or approved business continuity plan as confirmed by the Scottish Government.

| <b>TABLE 8: Anti-ligature works - ward 3 FVRH</b> |                       |                           |                                             |                           |            |
|---------------------------------------------------|-----------------------|---------------------------|---------------------------------------------|---------------------------|------------|
| <b>Variation No.</b>                              | <b>Description</b>    | <b>Capital Cost<br/>£</b> | <b>Operational<br/>(Revenue) Cost<br/>£</b> | <b>Other Costs*<br/>£</b> | <b>TBC</b> |
| 499                                               | Design & Tender       | 10,971.33                 | 0                                           | 0                         |            |
| 516                                               | Ward 3 Bedroom Doors  | 388,427.49                | 7,870.26                                    | 3,316.00                  | Lifecycle  |
| 517                                               | Ward 3 Bathroom Doors | 33,952.40                 | 1,158.92                                    | 3,316.00                  | Lifecycle  |
| 518                                               | Ward 3 Windows        | 203,452.60                | 8,615.18                                    | 3,316.00                  | Lifecycle  |
| <b>Total</b>                                      |                       | <b>636,803.82</b>         | <b>17,644.36</b>                            | <b>9,948.00</b>           |            |

\* indicative

**NHS Board Corporate Projects and Property Sales** – the overall budget includes planned capital to revenue grants (reported as a negative budget in table 7 above). 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 with a preferred bidder identified subject to governance approvals, however this is not expected to conclude until late 2026/27.

## NHS Forth Valley

Forth Valley NHS Board

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### 13. Performance Report

**Purpose:** This report is for Assurance

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**Executive Sponsor:** Ross McGuffie, Chief Executive

**Author:** Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Claire Giddings, Corporate Performance Manager; Marie Gardiner, Head of Acute Services, Catherine Dunn, Planned Care, Martyna Jablonska, Business Manager Planned Care

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#### Executive Summary

NHS Forth Valley routinely reports on our performance against a range of non-financial performance metrics. The Performance Report is presented to update the NHS Board 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.

The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The scorecard provides an '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.

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#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **consider** the latest performance data within the Performance Report noting the Area of Focus – Planned Care and Priority Areas of Performance.
- (2) **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) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.

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#### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning, Performance & Resources Committee received the Performance Report on 26 August 2025 with questions invited.

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#### Risk Assessment and Mitigation

Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

##### SRR.002 Urgent & Unscheduled Care

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

#### **SRR.004 Scheduled Care**

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

#### **SRR.016 Out of Hours**

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

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – Psychological Therapies and the 62-day cancer target.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented as a standing item to NHS Board Assurance Committees and the NHS Board.

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### **Impact Assessments**

#### **Equality & Diversity and Fairer Scotland Duty**

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

#### **Financial and Infrastructure Implications**

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- **SRR.005: Financial Breakeven**

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

#### **Workforce Implications**

Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

#### **Quality / Patient Care Implications**

There are no specific quality or patient care implications in respect of this paper.

#### **Population Health & Care Strategy**

Monitoring performance and the ongoing development of relevant performance frameworks will support the monitoring of local and national strategy implementation.

#### **Climate Change / Sustainability Implications**

Describe any implications in relation to climate change / sustainability.

## **Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

## **Appendices**

Appendix 1: Performance Report August 2025

- o Section 1: Performance Summary
- o Section 2: Area of Focus – Planned Care
- o Section 3: Performance Report
- o Section 4: Performance Scorecard

# **Performance Report**

**August 2025**

### **Report format**

- The report is split into 4 sections
  - o Section 1: Performance Summary
  - o Section 2: Area of Focus
  - o Section 3: Performance Report
    - Priority Areas of Performance
    - Other Areas of Performance
  - o Section 4: Performance Scorecard
- Section 1: Performance Summary
  - o Section 1 provides a summary overview of key areas of performance.
- Section 2: Area of Focus
  - o Section 2 will focus on a particular area of performance with a detailed discussion in respect of areas of challenge and key areas of improvement.
- Section 3: 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 4: 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: Performance Summary**

### **Access Policy Update**

In July 2025, Forth Valley NHS Board approved the new iteration of the NHS Forth Valley Access Policy aligned to the National Access Policy published in December 2023. The national policy guidance introduced changes to the management and recording of waiting times with Public Health Scotland (PHS) highlighting that data would be gathered in accordance with the 2023 guidance in August 2025, with the first publication under the revised guidance in November 2025.

The TrakCare team have undertaken a period of system testing to support implementation of the updated module in October 2025. It has however been confirmed that this testing environment has highlighted issues in respect of the impact of the change on service areas not in scope. The TrakCare team escalated this to InterSystems (ISC) to understand the options and were advised by ISC that they were not aware of this guidance at the time the developments were requested, and so this was not factored into the change in logic.

A number of options have been scoped and presented to the Senior Leadership Team. It was agreed that the October upgrade will be postponed whilst NHS Forth Valley works collaboratively with ISC and other Boards to develop a system customisation that will allow for all Boards to comply with the 2023 Waiting Times Guidance. Once the development is in place this would be tested, and a system upgrade would be planned thereafter.

In terms of the November 2025 deadline, it was confirmed PHS had agreed to interpret NHS Forth Valley data to enable the November 2025 deadline to be met.

### **Area of Focus – Planned Care**

The Scottish Government target for financial year 2025/26 is to eradicate all waits over 52 weeks in New Outpatients and Inpatient Day Case by 31<sup>st</sup> March 2026. Enhanced national scrutiny of the Health Boards' performance is being carried out on a weekly basis.

The Planned Care team has employed several productive opportunities, and improvement plans to ensure capacity is maximised and that NHS Forth Valley deliver their planned activity whilst reducing longest waits:

- Active Clinical Referral Triage, Patient Focussed Booking, and Patient Initiated Review are implemented across specialties and ongoing improvement is ongoing in those areas.
- Three stage validation process is in place to ensure appropriate waiting list management.
- Additional funding awarded from Scottish Government aimed at reducing the IPDC waits and list size to meet 0 waits 52 weeks target – Waiting List Initiative theatres taking place.
- National Theatre Productivity workstream has commenced.
- Implementation of the National Theatre Scheduling System – Infix – across all specialties.

### **Priority Areas of Performance**

#### ***Unscheduled Care***

Overall compliance with the 4-hour emergency access standard (EAS) in July 2025 was 62.5%; Minor Injuries Unit 99.6%, Emergency Department 49.8%. A total of 2,642 patients waited longer



than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,101 waits longer than eight hours, 371 waits longer than 12 hours and 8 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 1,692 patients, noting this was 1,428 in July 2024. Wait for a bed accounted for 494 patients waiting beyond 4 hours with Clinical reasons accounting for 177 breaches. In July 2025 there were 515 new attendances to Rapid Assessment and Care Unit (RACU), 117 of which were via ED.

### ***Delayed Discharges***

The July 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 56 delays; this is compared to 91 in July 2024. There was a total of 49 code 9 and guardianship delays, with the total number of delayed discharges noted as 105. The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the July 2025 census was 1,880, this is a reduction from 3,400 in July 2024.

### ***Scheduled Care***

At the end of July 2025, the number of patients on the waiting list for a first outpatient appointment was 15,273 (15,232 excluding mutual aid) compared with 13,740 in July 2024 with the number waiting beyond 12 weeks 3,926 (3,897 excluding mutual aid) compared to 4,311 in July 2024.

In July 2025, the number of inpatients/daycases waiting stayed the same (increased excluding mutual aid and NTC) at 6,942 (6,743 excluding mutual aid and NTC) from 6,924 (6,644 excluding mutual aid and NTC) the previous month and increased from 5,378 in July 2025. An increase from the previous year in those waiting beyond 12 weeks from 3,048 to 4,204 was also noted.

At the end of July 2025, 2,561 patients were waiting beyond the 6-week standard for imaging with 123 patients were waiting beyond 6 weeks for endoscopy.

Cancer target compliance in June 2025:

- 62-day target – 77.4% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the June 2024 position of 81.5%.
- 31-day target – 99.4%.

The position for the January to March 2025 quarter is that 72.5% of patients were treated within 62 days of referral with a suspicion of cancer. This is an increase from 71.0% the previous quarter. During the same period, 99.2% of patients were treated within 31 days of the decision to treat.

### ***Psychological Therapies***

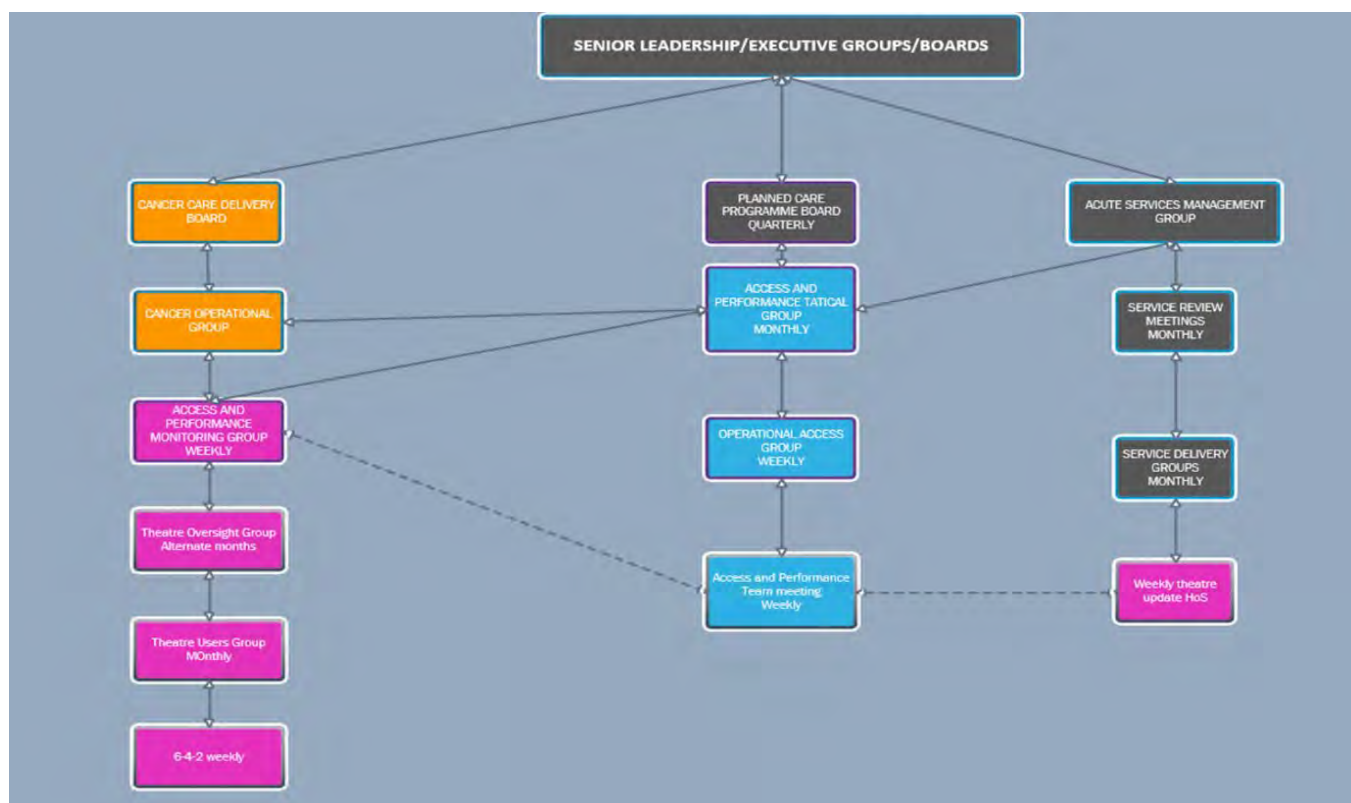
In July 2025, draft data indicates that 73.9% of patients started treatment within 18 weeks of referral.

## Section 2: Area of Focus

### Planned Care

The NHS Forth Valley Planned Care team has a robust management and governance structure, underpinned by weekly management reports and performance meetings, working closely with colleagues in Centre for Sustainable Delivery as well as Scottish Government to ensure priority is placed on meeting the targets.

The structure below highlights the governance in place to scrutinise and monitor progress in achievement of milestone and targets set by Scottish Government.



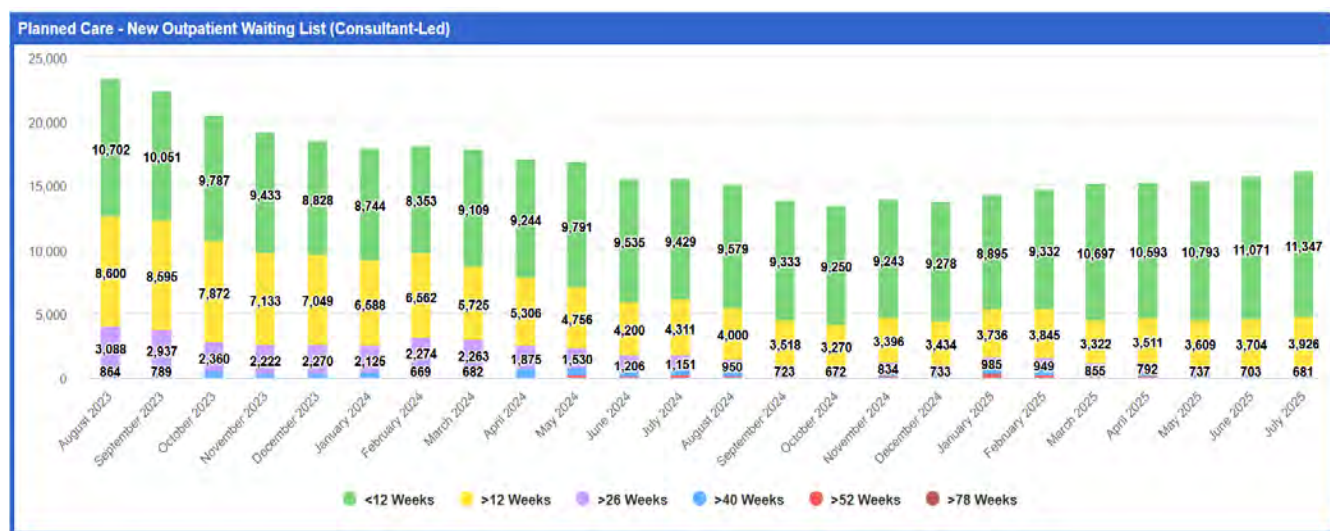
### Outpatients

**Scottish Government target: 0 patients waiting over 52 weeks by 31st March 2026**

Graph 1 shows a progressive reduction in waiting list size and the number of patients waiting over 52 weeks.

There are currently 74% of the total list complying with the 12 week waiting times New Outpatient Standard. Our trajectories show that NHS Forth Valley will be on track to meet the target by 31 March 2026.

*Graph 1: New Outpatients waiting list August 2023-July 2025 with groupings by numbers of weeks waiting*



As per the national cross-boundary flow reporting guidelines, the data shown in the graph above are inclusive of Mutual Aid where NHS Forth Valley is the Board of Treatment for patients from other NHS Boards.

There are currently 48 patients waiting over 52 weeks for an outpatient appointment. 31 patients are waiting for a Rehab Medicine and the remainder are mutual aid patients sitting on NHSFV waiting list.

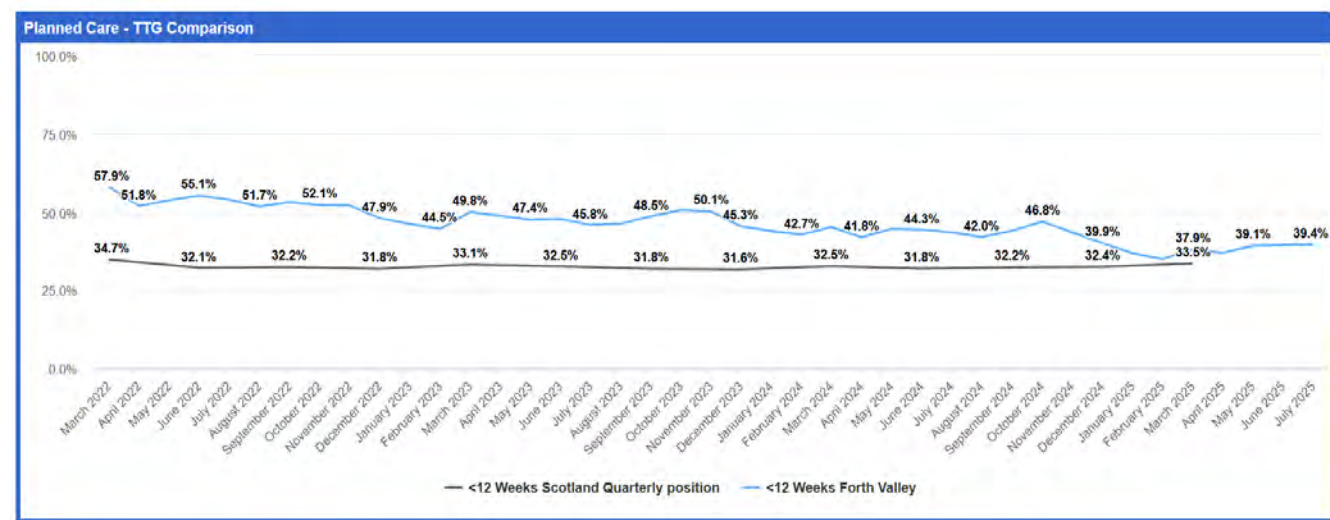
## Inpatients

### Scottish Government target – 0 patients waiting over 52 weeks by 31st March 2026

The Scottish Government target for Inpatient and Day Case is 0 patients waiting over 52 weeks by 31<sup>st</sup> March 2026.

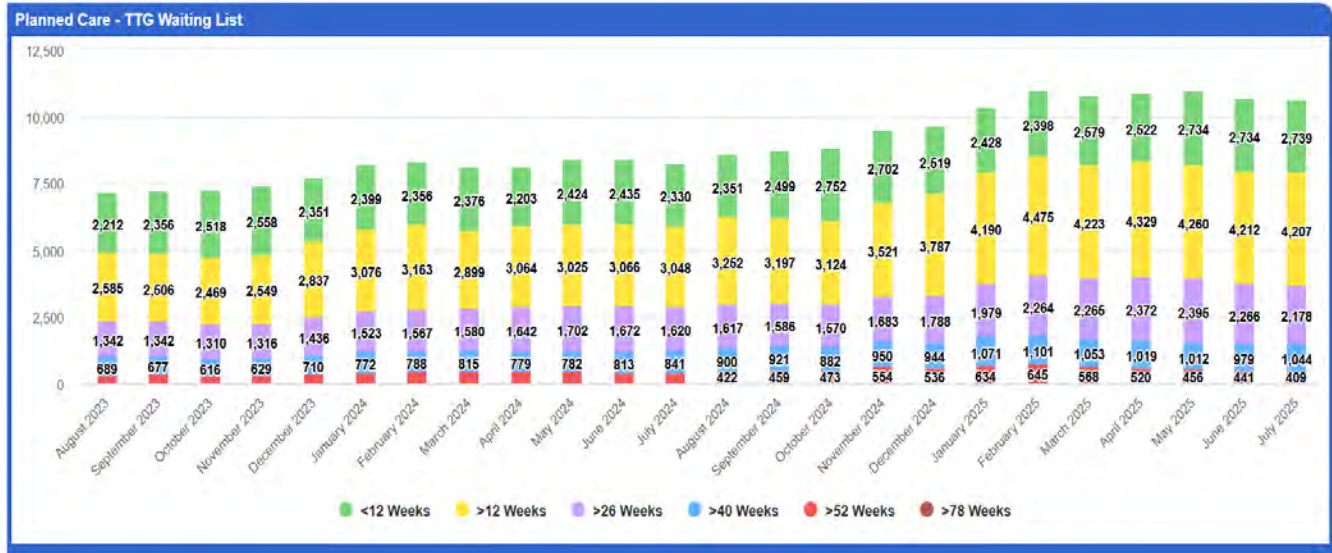
Graph 2 shows the NHS Forth Valley performance against the 12 Week Treatment Time Guarantee compared to that of NHS Scotland.

**Graph 2: Treatment Time Guarantee compliance position for NHS Forth Valley and NHS Scotland March 2022-July 2025**



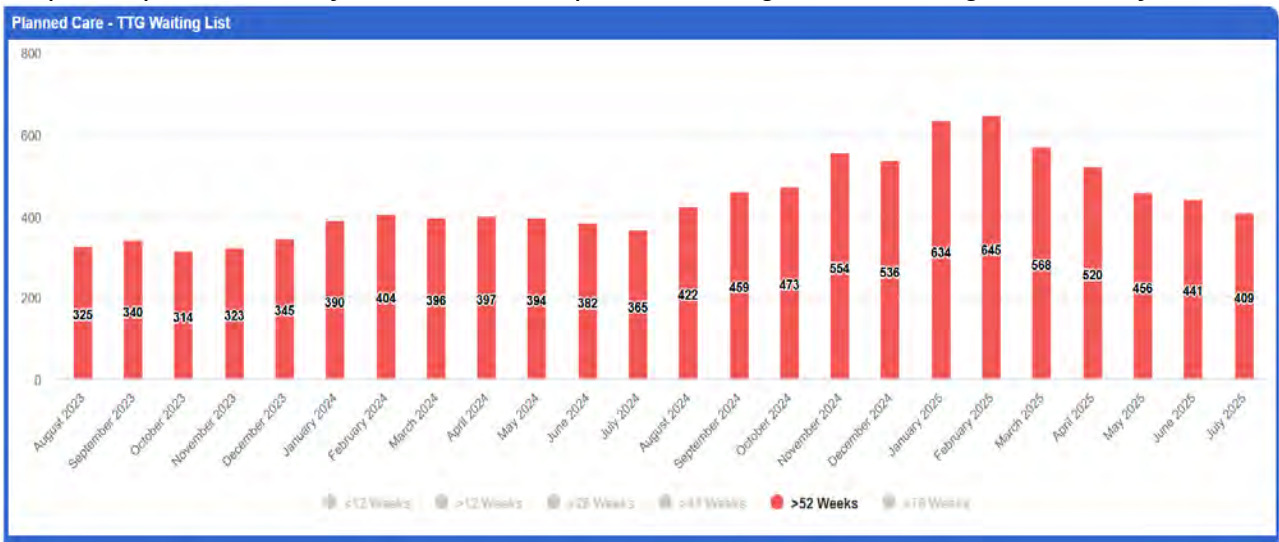
The graph 3 shows the number of patients on the waiting list for Inpatient and Day Case. The waiting list size has increased, however, the number of patients waiting over 52 weeks and 78 weeks has reduced.

*Graph 3: Inpatient and Day Case waiting list August 2023-July 2025 with groupings by numbers of weeks waiting*



The waiting list validation programme of work is near completion for every patient waiting over 52 weeks. This involves an administrative review, patient review and a clinical review which provides a patient management plan for every patient in this cohort. The graph 4 shows the impact on patients waiting over 52 weeks.

*Graph 4: Inpatient and Daycase – number of patients waiting >52 weeks August 2023-July 2025*



Tables 1 - 5 show the performance management waiting times data which is used in the weekly governance waiting times meetings for delivery of the national targets. This is a management information report which allows detailed weekly scrutiny of waiting times and performance.

The five high risk specialties are highlighted below with graphs 5 – 9 reflecting the reduction in longest waits.

Following improvement plans are in place within those five specialties:



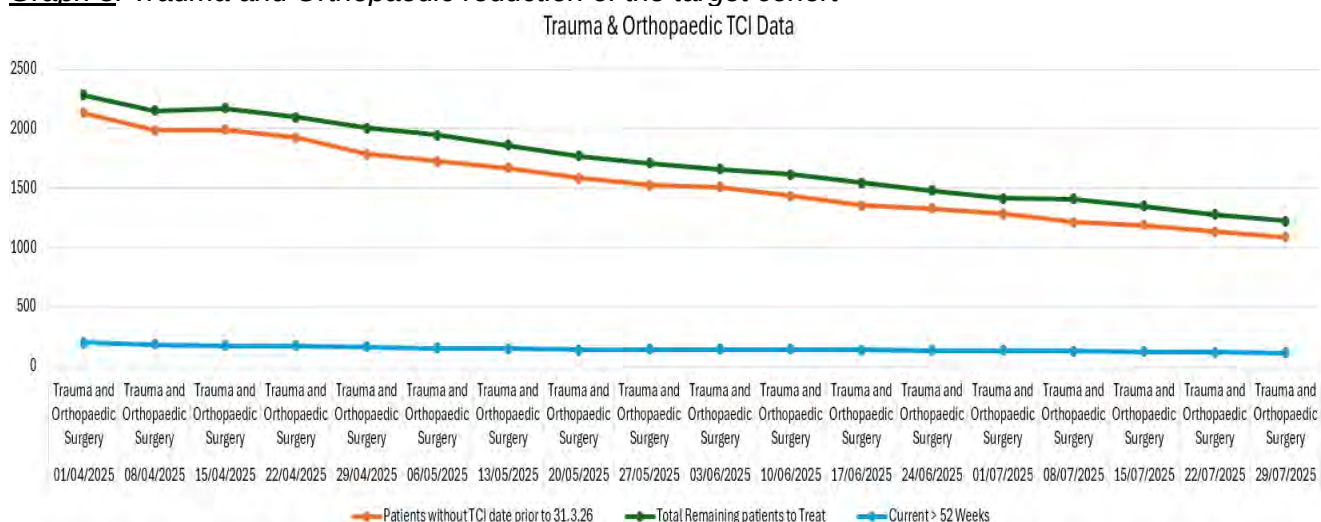
- Trauma and Orthopaedics – maximising bed capacity and protecting the NTC bed base to ensure maximum throughput with focus on arthroplasty.
- General Surgery – waiting list initiative theatres on weekends focusing on high volume low complexity procedures, whilst longest waiting cohort of patients in faecal incontinence sub-specialty is addressed in core capacity.
- Gynaecology - waiting list initiative theatres on weekends focusing on high volume low complexity procedures, whilst longest waiting cohort of patients in urology-gynaecology sub-specialty is addressed in core capacity.
- Urology – sickness absence in the service where there is only one consultant within each sub-specialty have resulted in increased waits, however the longest waiting patients are currently being prioritised. Skill-mix changes in outpatient activity will release consultant capacity to theatres.
- ENT – waiting list initiative theatres held on weekend to increase the inpatient day case (IPDC) activity.

### Trauma and Orthopaedic Surgery

**Table 1: Trauma and Orthopaedic clearance of IPDC >52-week waiters**

|             |                                | Included: Trauma and Orthopaedic Surgery<br>Patients who would be waiting 52 weeks or over<br>at 31st March 2026 |                                                     |                                         |                       |                       |                         |                        |                              |                        |                              |
|-------------|--------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|-----------------------|-----------------------|-------------------------|------------------------|------------------------------|------------------------|------------------------------|
| CensusPoint | SpecialtyName                  | Patients with<br>TCI date prior<br>to 31.3.26                                                                    | Patients<br>without TCI<br>date prior<br>to 31.3.26 | Total Remaining<br>patients to<br>Treat | Current > 52<br>Weeks | Current > 78<br>Weeks | Longest Wait<br>(weeks) | No > 52 Weeks<br>Dated | No > 52 Weeks<br>Unavailable | % of 52 Weeks<br>Dated | % of 52 Weeks<br>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                           |
| 22/07/2025  | Trauma and Orthopaedic Surgery | 147                                                                                                              | 1131                                                | 1278                                    | 118                   | 11                    | 96                      | 22                     | 27                           | 18                     | 22                           |
| 29/07/2025  | Trauma and Orthopaedic Surgery | 140                                                                                                              | 1085                                                | 1225                                    | 115                   | 10                    | 95                      | 17                     | 22                           | 14                     | 19                           |

**Graph 5: Trauma and Orthopaedic reduction of the target cohort**

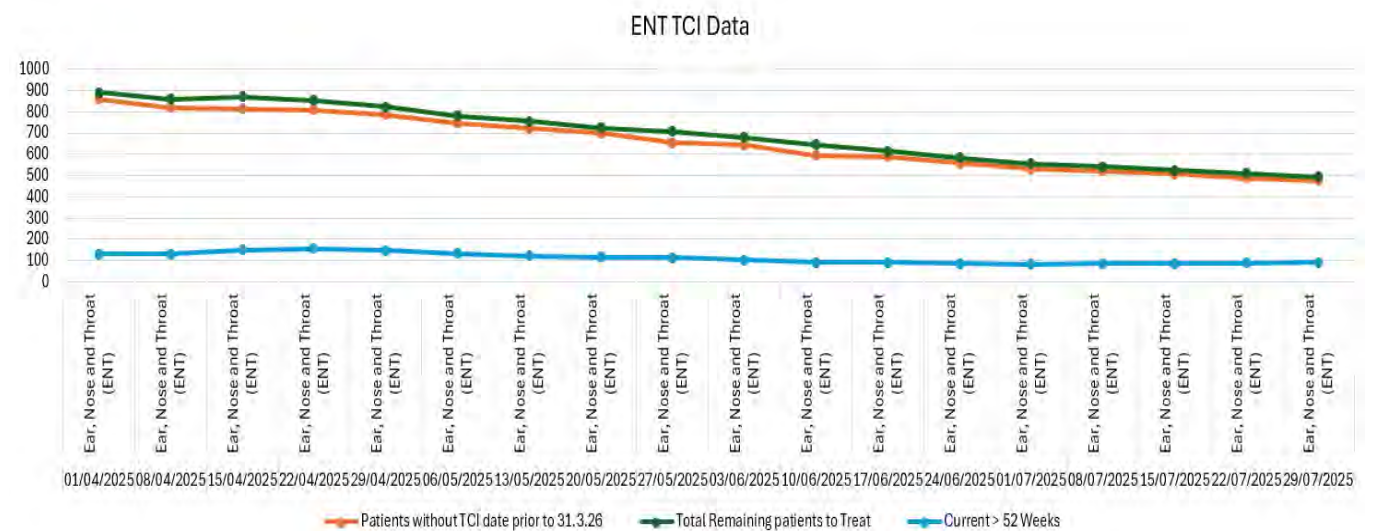


## Ear, Nose and Throat

**Table 2: ENT clearance of IPDC >52-week waiters**

|             |                            | Included: ENT Patients who would be waiting 52 weeks or over at 31st March 2026 |                                            |                                   |                    |                    |                      |                     |                       |                     |                       |
|-------------|----------------------------|---------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|--------------------|--------------------|----------------------|---------------------|-----------------------|---------------------|-----------------------|
| 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 Unavail | % of 52 Weeks Dated | % of 52 Weeks Unavail |
| 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                    |
| 22/07/2025  | Ear, Nose and Throat (ENT) | 22                                                                              | 488                                        | 510                               | 88                 | 16                 | 96                   | 11                  | 11                    | 12                  | 12                    |
| 29/07/2025  | Ear, Nose and Throat (ENT) | 16                                                                              | 477                                        | 493                               | 92                 | 16                 | 91                   | 10                  | 10                    | 10                  | 10                    |

**Graph 6: ENT reduction of the target cohort**

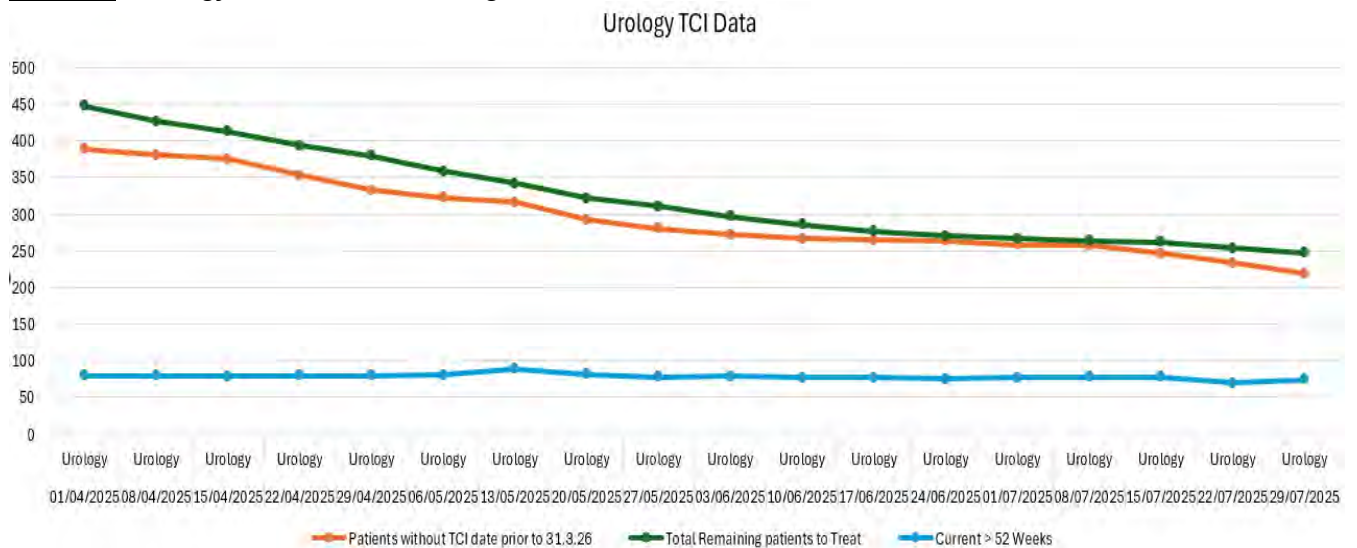


## Urology

**Table 3: Urology clearance of IPDC >52-week waiters**

| Included: Urology Patients who would be waiting 52 weeks or over at 31st March 2026 |               |                                         |                                            |                                   |                    |                    |                      |                     |                           |                     |                           |
|-------------------------------------------------------------------------------------|---------------|-----------------------------------------|--------------------------------------------|-----------------------------------|--------------------|--------------------|----------------------|---------------------|---------------------------|---------------------|---------------------------|
| 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                         |
| 22/07/2025                                                                          | Urology       | 21                                      | 233                                        | 254                               | 70                 | 38                 | 113                  | 7                   | 6                         | 10                  | 8                         |
| 29/07/2025                                                                          | Urology       | 28                                      | 219                                        | 247                               | 74                 | 36                 | 114                  | 15                  | 7                         | 20                  | 9                         |

**Graph 7: Urology reduction of the target cohort**

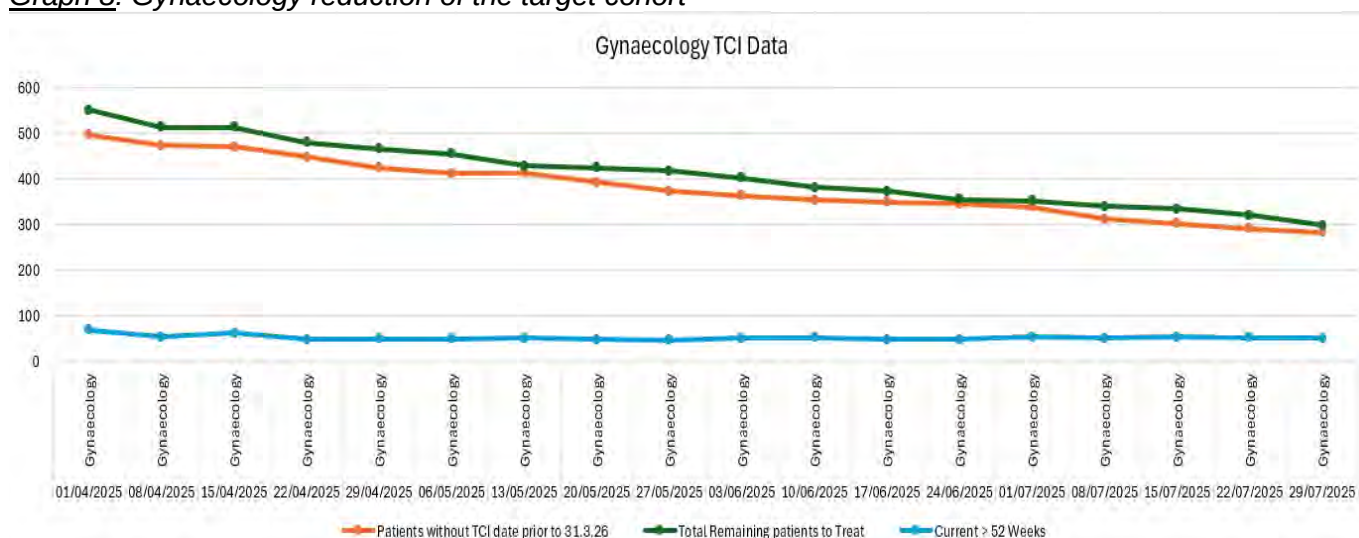


## Gynaecology

**Table 4: Gynaecology clearance of IPDC >52-week waiters**

|             |               | Included: Gynaecology Patients who would be waiting 52 weeks or over at 31st March 2026 |                                            |                                |                    |                    |                      |                     |                          |                     |                           |
|-------------|---------------|-----------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|--------------------|--------------------|----------------------|---------------------|--------------------------|---------------------|---------------------------|
| CensusPoint | SpecialtyName | Patients with TCI date prior to 31.3.26                                                 | Patients without TCI date prior to 31.3.26 | Total Remaining patients to Tr | Current > 52 Weeks | Current > 78 Weeks | Longest Wait (weeks) | No > 52 Weeks Dated | No > 52 Weeks Unavailabl | % 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                         |
| 22/07/2025  | Gynaecology   | 29                                                                                      | 292                                        | 321                            | 53                 | 5                  | 107                  | 5                   | 3                        | 9                   | 5                         |
| 29/07/2025  | Gynaecology   | 15                                                                                      | 283                                        | 298                            | 51                 | 6                  | 108                  | 3                   | 2                        | 5                   | 3                         |

**Graph 8: Gynaecology reduction of the target cohort**



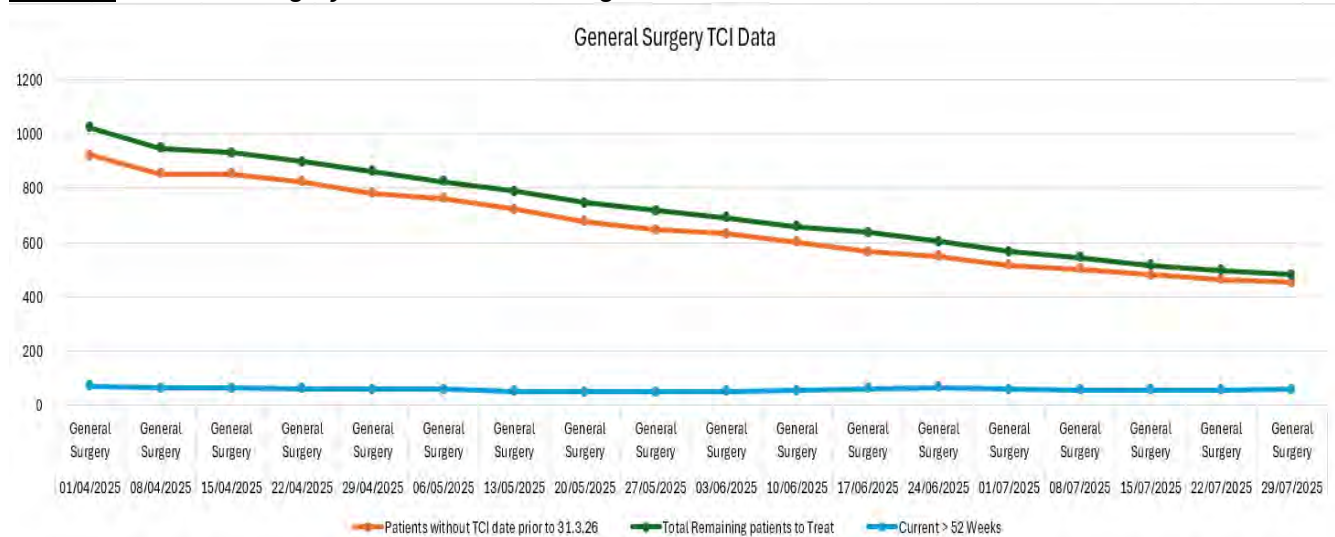


## General Surgery

**Table 5: General Surgery clearance of IPDC >52-week waiters**

|             |                 | Included: General Surgery Patients who would be waiting 52 weeks or over at 31st March 2026 |                                            |                             |                    |                    |                      |                     |                           |                     |                           |
|-------------|-----------------|---------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------|--------------------|--------------------|----------------------|---------------------|---------------------------|---------------------|---------------------------|
| CensusPoint | SpecialtyName   | Patients with TCI date prior to 31.3.26                                                     | Patients without TCI date prior to 31.3.26 | Total Remaining patients to | 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                        |
| 22/07/2025  | General Surgery | 34                                                                                          | 463                                        | 497                         | 55                 | 6                  | 98                   | 3                   | 9                         | 5                   | 16                        |
| 29/07/2025  | General Surgery | 28                                                                                          | 453                                        | 481                         | 57                 | 5                  | 99                   | 4                   | 9                         | 7                   | 15                        |

**Graph 9: General Surgery reduction of the target cohort**



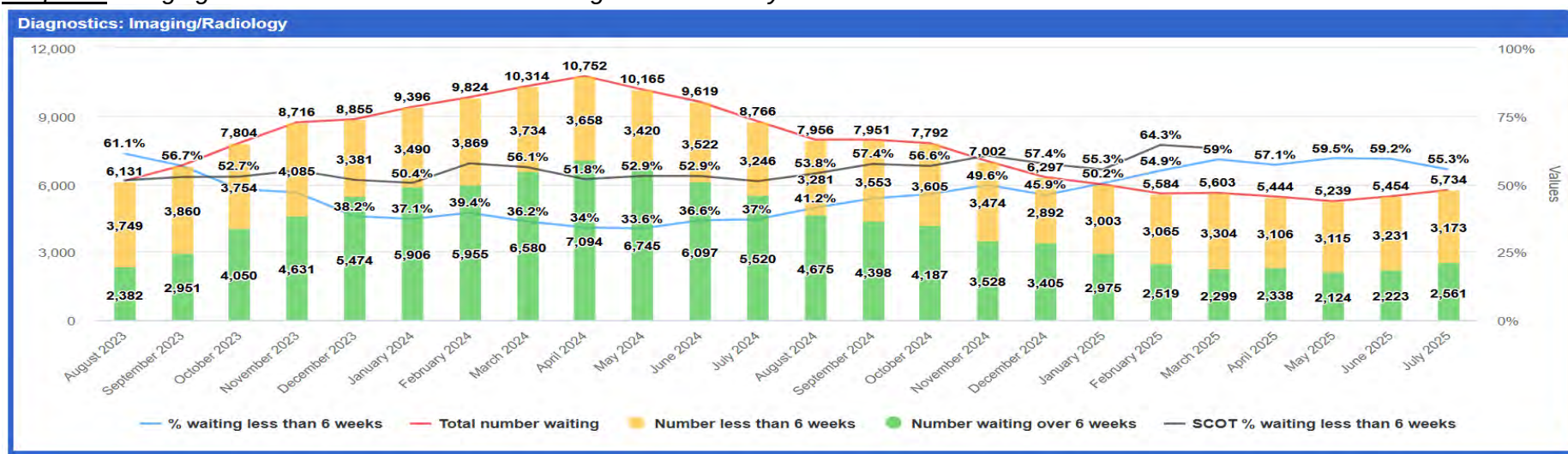
## Diagnostics

The Diagnostic Waiting Times Standard states patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

### Diagnostics: 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-Jul-25 | Reduction | 5,734            | 5,454                     | 8,766         | ▲                                  | -                 | -             |
| Monthly   | Number waiting beyond 42 days - Imaging        | 31-Jul-25 | 0         | 2,561            | 2,223                     | 5,520         | ▲                                  | -                 | -             |
| Monthly   | Percentage waiting less than 42 days - Imaging | 31-Jul-25 | 100%      | 55.3%            | 59.2%                     | 37.0%         | ▲                                  | 63.0%             | 31-Mar-25     |

*Graph 10: Imaging waits over 6 weeks and total – August 2023 to July 2025*



At the end of July 2025, 2,561 patients were waiting beyond the 6-week standard for imaging, a reduction from 5,520 in July 2024. At the end of July 2025, the compliance with the 6 weeks standard was 55.3%.

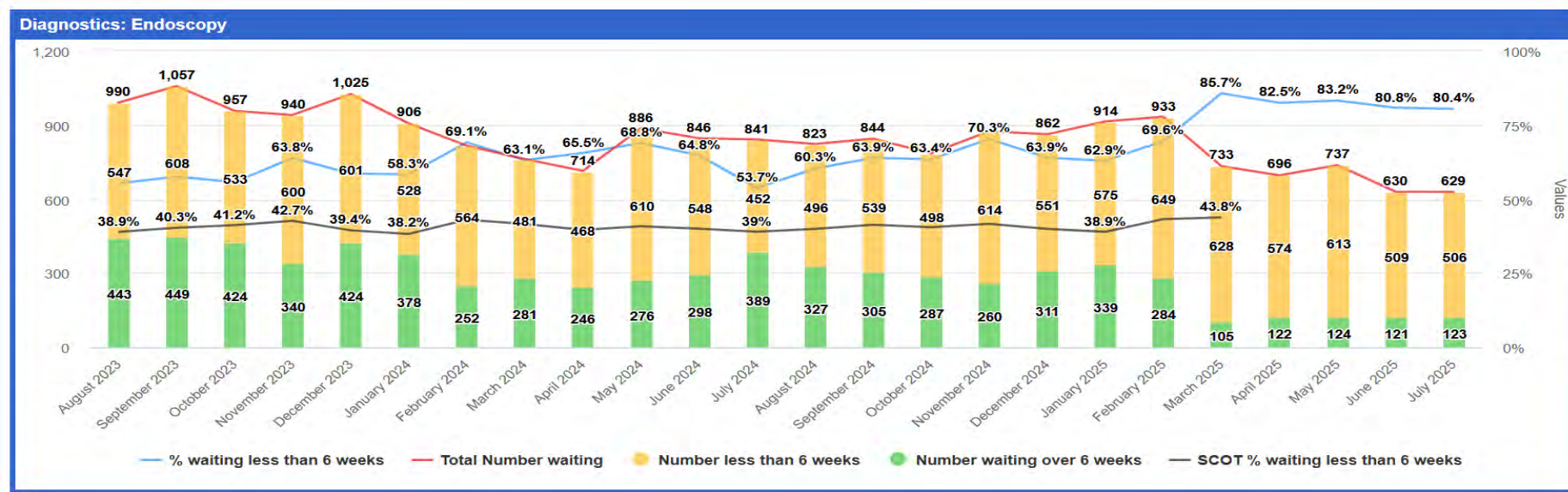
Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in May 2025 was 5,734; compared with 8,766 in July 2024.

## Diagnostics: Endoscopy

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

| 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-Jul-25 | Reduction | 629              | 630                       | 841           | ▲                                  | -                 | -             |
| Monthly   | Number waiting beyond 42 days - Endoscopy        | 31-Jul-25 | 0         | 123              | 121                       | 389           | ▲                                  | -                 | -             |
| Monthly   | Percentage waiting less than 42 days - Endoscopy | 31-Jul-25 | 100%      | 80.4%            | 80.8%                     | 53.7%         | ▲                                  | 43.8%             | 31-Mar-25     |

**Graph 11: Endoscopy waits over 6 weeks and total - August 2023 to July 2025**



The current waiting list size for endoscopy (July 2025) is 629, compared to 841 in July 2024. NHS Forth Valley Endoscopy team is moving towards the 6-week diagnostic standard. The size of the waiting list continues to reduce and the number of patients waiting over 6 weeks is also reducing. Performance is now reported with over 80% of patients accessing endoscopy within 6 weeks. Based on the last published figures the NHS Scotland average performance for Endoscopy is 43.8%.

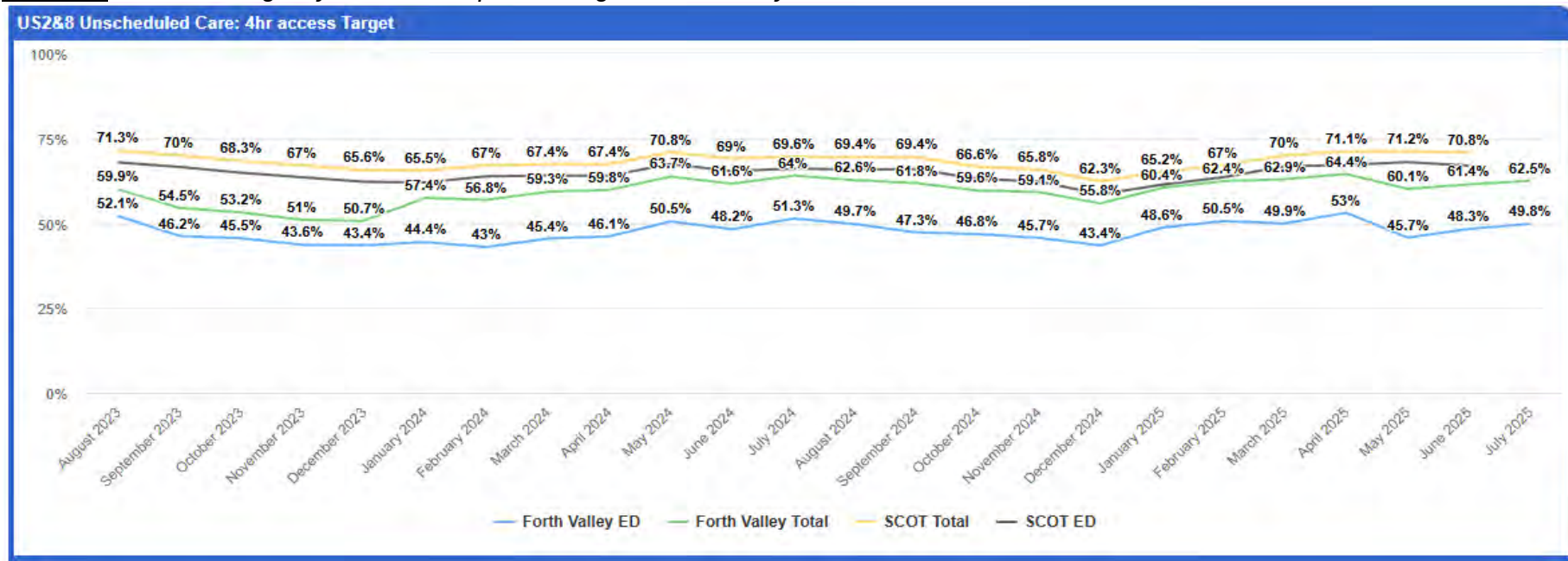
### Section 3: Performance Report - Priority Areas of Performance

#### 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-Jul-25 | 95%    | 49.8%            | 48.3%                     | 49.8%         | ▼                                  | 66.9%             | 30-Jun-25     |
| Monthly   | NHS Forth Valley Overall % compliance against 4 hour target    | 31-Jul-25 | 95%    | 62.5%            | 61.4%                     | 57.6%         | ▲                                  | 70.8%             | 30-Jun-25     |

Graph 12: 4-hour Emergency Access Compliance August 2023 to July 2025

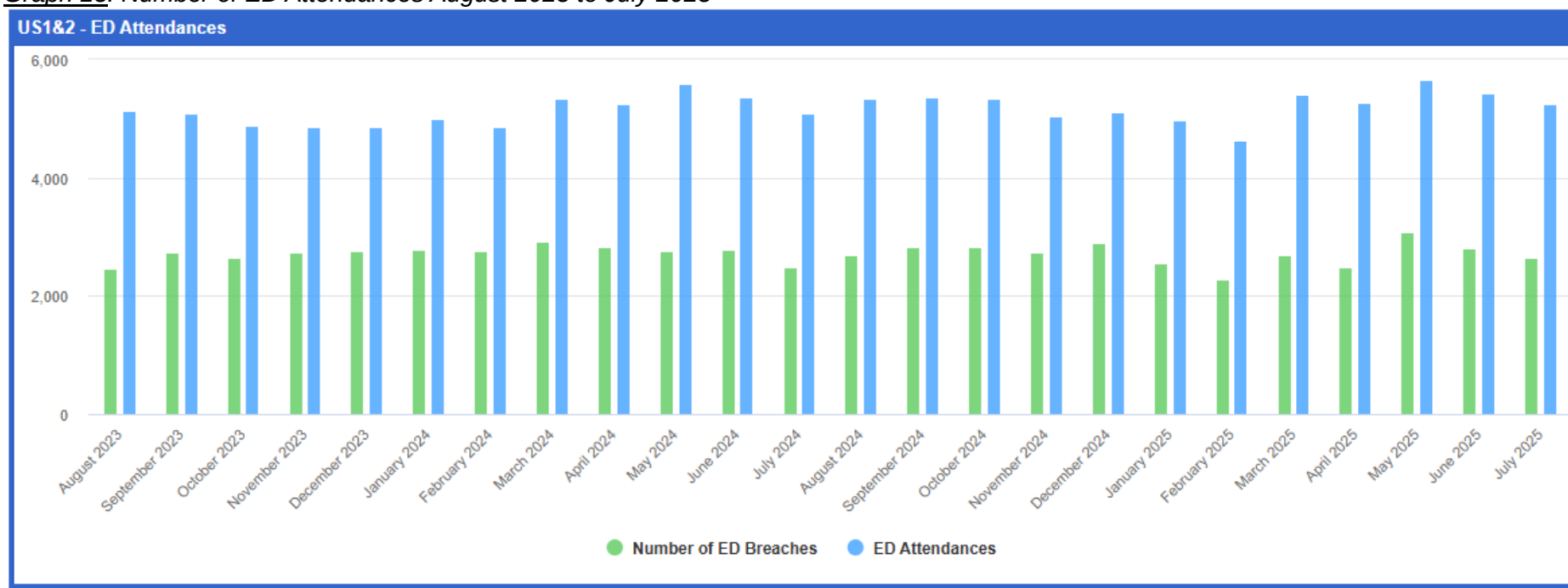


Overall compliance with the 4-hour emergency access standard (EAS) in July 2025 was 62.5%; Minor Injuries Unit 99.6%, Emergency Department 49.8%. A total of 2,635 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,101 waits longer than eight hours, 371 waits longer than 12 hours and 8 waits longer than 23 hours.

### Unscheduled Care: 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-Jul-25 | Reduction | 5,245            | 5,421                     | 5,093         | ▼                                  | -                 | -             |
| Monthly   | Number that waited >4 hours in ED | 31-Jul-25 | Reduction | 2,635            | 2,805                     | 2,467         | ▼                                  | -                 | -             |

*Graph 13: Number of ED Attendances August 2023 to July 2025*





The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,692 patients, noting this was 1,428 in July 2024. Wait for a bed accounted for 494 patients waiting beyond 4 hours with Clinical reasons accounting for 177 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

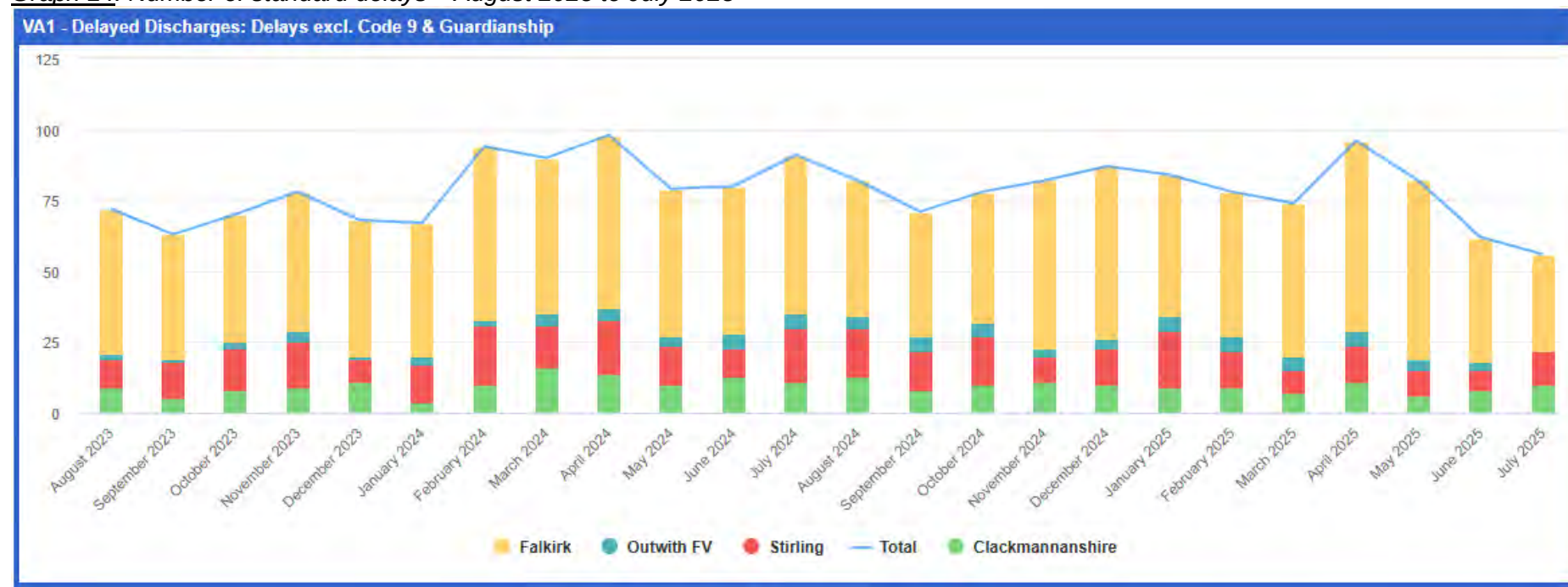
The aim is to improve the patient and staff experience, building towards better performance and flow through the hospital. This in turn will reduce patient length of stay and support a reduction in the financial burden.

In July 2025 there were 515 new attendances to Rapid Assessment and Care Unit (RACU), 117 of which were via ED. This is compared to 460 new attendances in July 2024, 81 of which presented via ED. There were 164 scheduled returns in July 2025 compared with 106 in July 2024. 545 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 10.4% of all ED attendances in July.

## 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-Jul-25 | Reduction | 56               | 62                        | 91            | ▲                                  | -                 | -             |
| Monthly   | Code 9 & Guardianship Delays                                       | 31-Jul-25 | Reduction | 49               | 42                        | 51            | ▲                                  | -                 | -             |
| Monthly   | Total Bed Days Occupied by Delayed Discharges (Standard Delays)    | 31-Jul-25 | Reduction | 1,880            | 2,910                     | 3,400         | ▲                                  | -                 | -             |

**Graph 14: Number of standard delays – August 2023 to July 2025**



The July 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 56 delays; this is compared to 91 in July 2024.

There was a total of 49 code 9 and guardianship delays, with the total number of delayed discharges noted as 105.

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 July 2025 census was 1,880, this is a reduction from 3,400 in July 2024. Local authority breakdown is noted as Clackmannanshire 269, Falkirk 1,336 and Stirling 275. There were no 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.

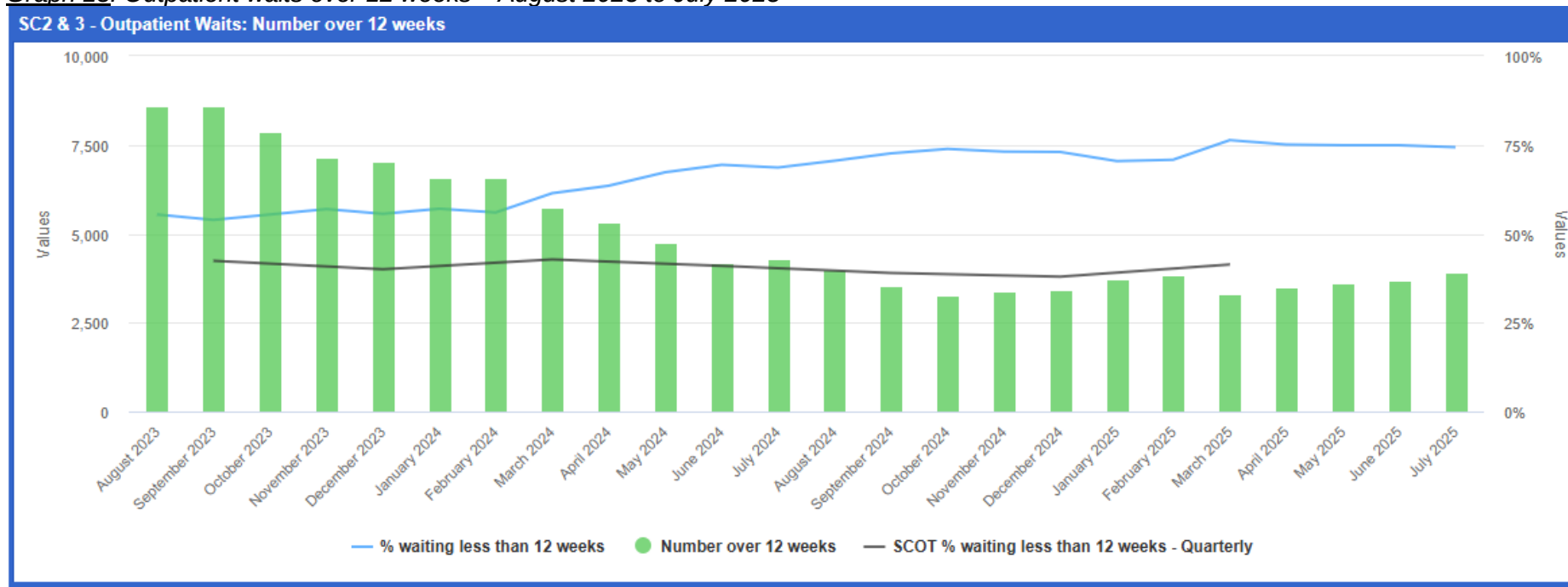
### Scheduled Care: Outpatients

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-Jul-25 | Reduction | 15,273           | 14,775                    | 13,740        | ▼                                  | -                 | -             |
| Monthly   | Number of New Outpatients waiting over 12 weeks | 31-Jul-25 | Reduction | 3,926            | 3,704                     | 4,311         | ▲                                  | -                 | -             |
| Monthly   | Number of New Outpatients waiting over 52 weeks | 31-Jul-25 | 0         | 48               | 59                        | 202           | ▲                                  | -                 | -             |
| Monthly   | New Outpatients waiting under 12 weeks %        | 31-Jul-25 | 95%       | 74.3%            | 74.9%                     | 68.6%         | ▲                                  | 41.4%             | 31-Mar-25     |



**Graph 15: Outpatient waits over 12 weeks – August 2023 to July 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.

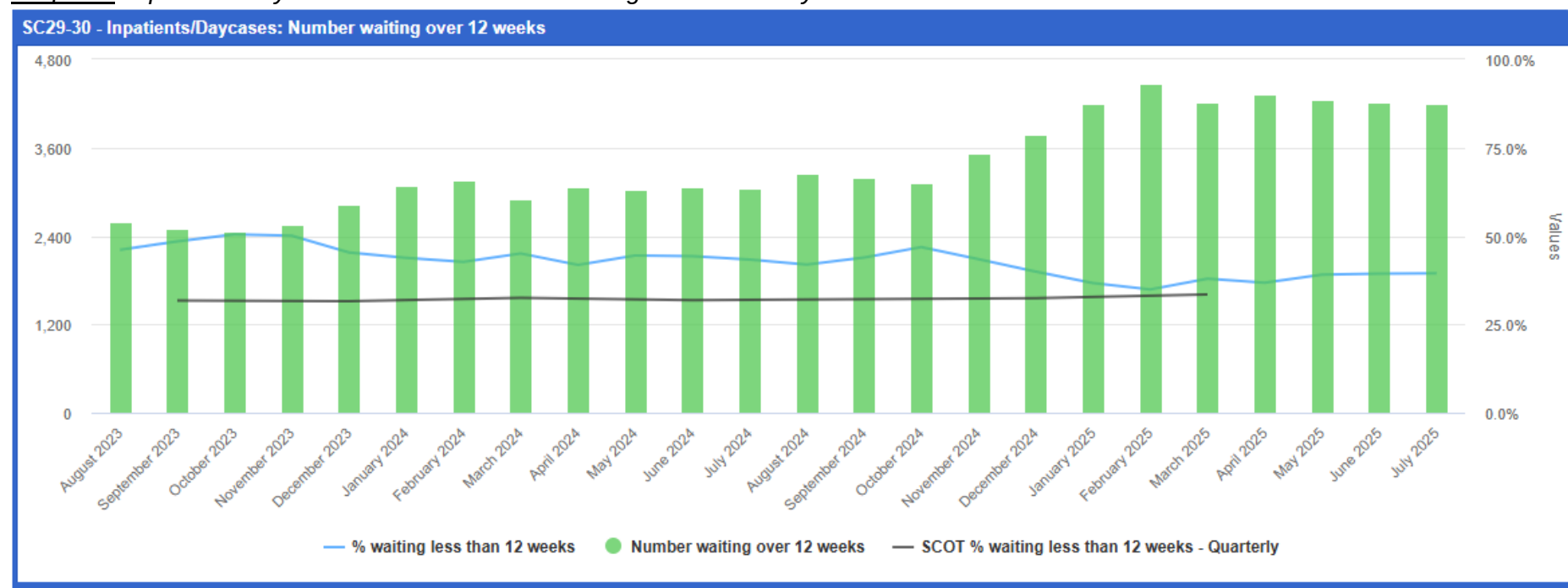
At the end of July 2025, the number of patients on the waiting list for a first outpatient appointment was 15,273 (15,232 excluding mutual aid) compared with 13,740 in July 2024 with the number waiting beyond 12 weeks 3,926 (3,897 excluding mutual aid) compared to 4,311 in July 2024. Note 74.3% (74.4% excluding mutual aid) of patients were waiting less than 12 weeks for a first appointment; an improvement in performance from 68.6% the same period the previous year.

### Scheduled Care: 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 | 30-Jun-25 | 0         | 1,972            | 1,533                     | 1,238         | -                                  | -                 | -             |
| Quarterly | % Compliance with 12 week TTG Standard                    | 30-Jun-25 | 100%      | 34.8%            | 35.5%                     | 47.7%         | ▼                                  | 56.7%             | 31-Mar-25     |
| Monthly   | Total Number of Inpatients/Day cases Waiting              | 31-Jul-25 | Reduction | 6,938            | 6,916                     | 5,378         | ▼                                  | -                 | -             |
| Monthly   | Number of Inpatients/Day cases waiting over 12 weeks      | 31-Jul-25 | Reduction | 4,201            | 4,186                     | 3,048         | ▼                                  | -                 | -             |
| Monthly   | Number of Inpatients/Day cases waiting over 52 weeks      | 31-Jul-25 | 0         | 409              | 440                       | 365           | ▼                                  | -                 | -             |
| Monthly   | Percentage of Inpatients/Day cases waiting under 12 weeks | 31-Jul-25 | 100%      | 39.4%            | 39.5%                     | 43.3%         | ▼                                  | 33.5%             | 31-Mar-25     |

**Graph 16: Inpatients/Daycase waits over 12 weeks – August 2023 to July 2025**

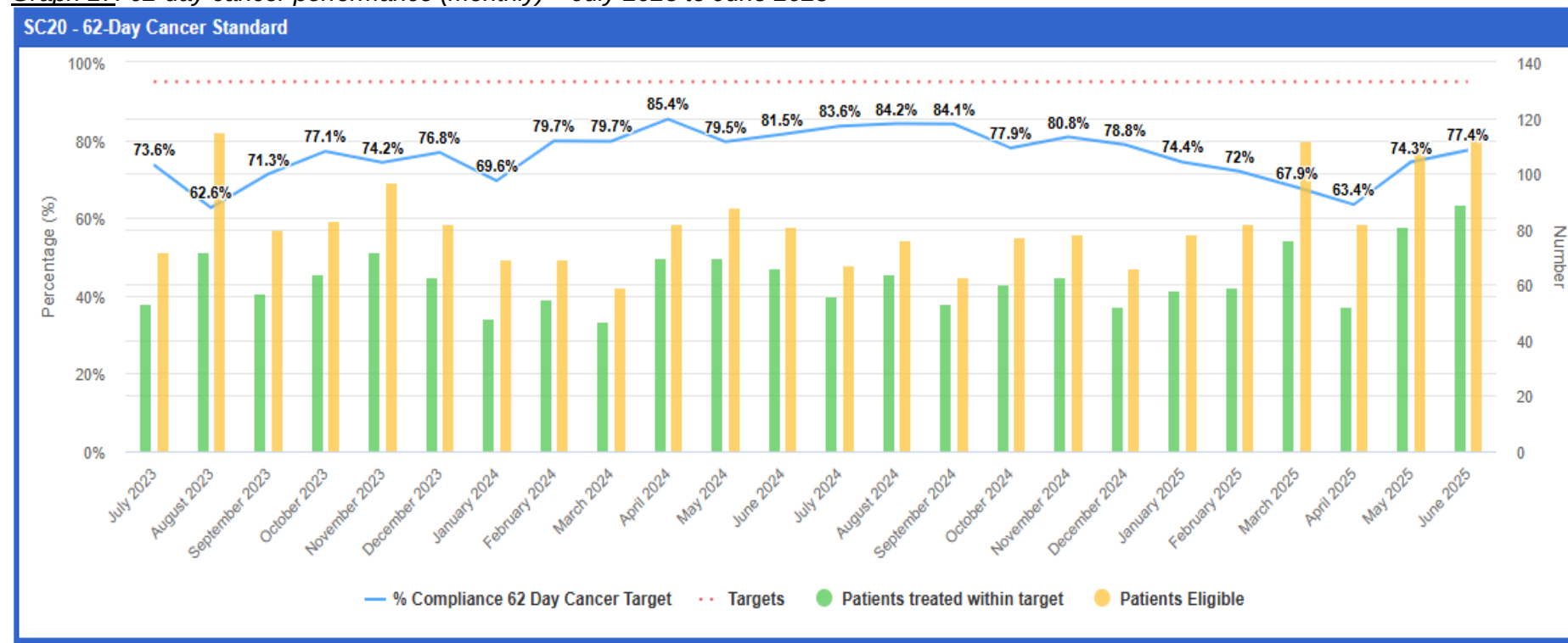


### Scheduled Care: 62-day Cancer Standard

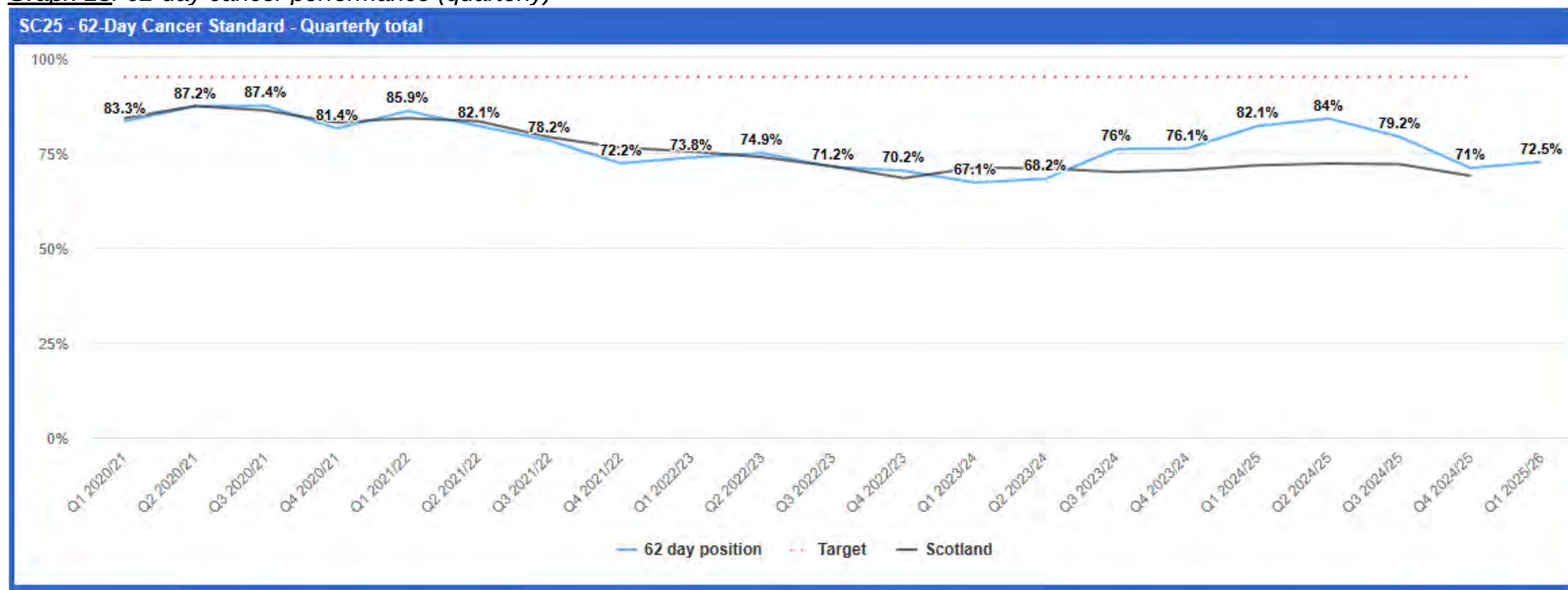
The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

| 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-Jun-25 | 95%    | 77.4%            | 74.3%                     | 81.5%         | ▼                                  | 68.9%             | 30-Jun-25     |
| Monthly   | 62 Day Cancer - Number seen within target against total     | 30-Jun-25 | -      | 89/115           | 81/109                    | 66/81         | -                                  | -                 | -             |
| Quarterly | 62 Day Cancer Target - Percentage compliance against target | 30-Jun-25 | 95%    | 72.5%            | 71.0%                     | 82.1%         | ▼                                  | 68.3%             | 30-Jun-25     |

**Graph 17: 62-day cancer performance (monthly) – July 2023 to June 2025**



**Graph 18: 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 910 of which 16% are confirmed cancer patients.

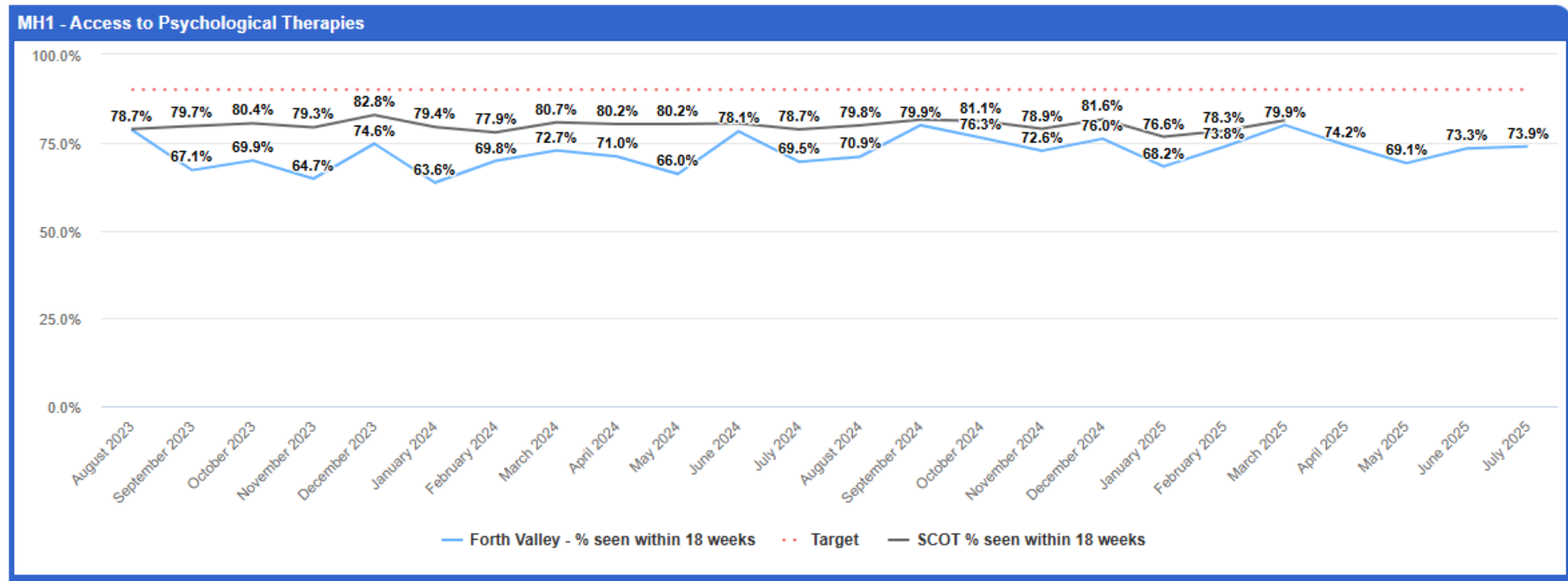
Five of the 10 cancer pathways achieved 100% with head & neck 88.9% (8/9), lung 81.8% (9/11), colorectal 77.3% (17/22), urology 60.0% (24/40) and Cervical 0% (0/1). The highest number of breaches are within the urology pathway with 16 out of 40 patients not meeting the standard.

## 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-Jul-25 | 90%       | 73.9%            | 73.3%                     | 69.5%         | ▲                                  | 79.9%             | 31-Mar-25     |
| Monthly   | Total Number Waiting for Psychological Therapies Initial Assessment | 31-Jul-25 | Reduction | 1,054            | 974                       | 802           | ▼                                  | -                 | -             |
| Quarterly | Psychological Therapies - 18 week RTT compliance                    | 31-Mar-25 | 90%       | 73.8%            | 74.8%                     | 68.9%         | ▲                                  | 78.6%             | 31-Mar-25     |

**Graph 19: Psychological Therapies 18-week RTT – August 2023 to July 2025**



In July 2025, draft data indicates that 73.9% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 73.3% and from 69.5% in July 2024. Variance in the RTT can be explained by seasonal trends; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and group therapy starting for some cohorts of patients who had been waiting a long time.

The number of people awaiting assessment has generally been increasing since quarter 1 of 2023/2024 with 1041 people awaiting assessment in July 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 was submitted to Scottish Government in early June. This detail 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

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 / 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.

Another area of improvement work is focussing on short-term actions to address the longest waits over 104 weeks. Further 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.

A further improvement action aimed at reducing the number of people waiting over 104 weeks APTS will address the pathways whereby cases can be 'stepped up' to a higher intensity therapy, following an initial period of treatment. 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 are 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.

The Secondary Care team have a QI project currently in the evaluation stage. This was supported by the local QI team initially, which enabled the use of robust methodology. The evaluation of this work is due to be presented to the Psychological Services Management Team in the coming months

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 3: 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-Jul-25 | 4.0%   | 7.67%            | 7.45%                     | 8.09%         | ▲                                  | 6.04%             | 30-Jun-25     |
| Rolling 12 mth | Overall Absence | 31-Jul-25 | -      | 7.60%            | 7.64%                     | 7.66%         | ▲                                  | 6.42%             | 30-Jun-25     |

Graph 20: Sickness Absence – August 2023 to July 2025





The sickness absence target is 4.0%. Absence remains above the target at 7.67% in July 2025 noting an improvement from 8.09% in July 2024. The 12-month rolling average August 2024 to July 2025 is noted as, NHS Forth Valley 7.60%; Scotland (July 2024 – June 2025) 6.42%.

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.

### Scheduled Care: 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-Jul-25 | Monitor | 0.9%             | 1.0%                      | 1.0%          | ▲                                  | 0.7%              | 31-Mar-25     |
| Monthly   | Inpatient/Day case Unavailability | 31-Jul-25 | Monitor | 4.6%             | 5.1%                      | 6.9%          | ▲                                  | 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 July 2025 was 0.9% of the total waiting list.
- Inpatient/daycase unavailability in July 2025 was 4.6% a reduction from 6.9% in July 2024. The unavailability rate is less than 6% for all specialties except Oral and Maxillofacial Surgery (12.9%) and Orthopaedics (6.1%). The highest in terms of numbers are Orthopaedics with 143 patients unavailable (6.1%) and General Surgery with 56 patients unavailable (5.8%). This position is monitored on an ongoing basis.

### Scheduled Care: 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-Jul-25 | 5%     | 4.7%             | 4.5%                      | 5.6%          | ▲                                  | 6.0%              | 31-Mar-25     |
| Monthly   | Return Acute Services Outpatient % DNA | 31-Jul-25 | 5%     | 5.1%             | 5.3%                      | 6.6%          | ▲                                  | -                 | -             |

The new outpatient DNA rate across acute services in July 2025 is noted as 4.7% which is an improvement from the position in July 2024 of 5.6%. Variation across specialties continues with rates ranging from 50% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 5.0% (61 patients). New acute outpatient DNAs are detailed in table 3.

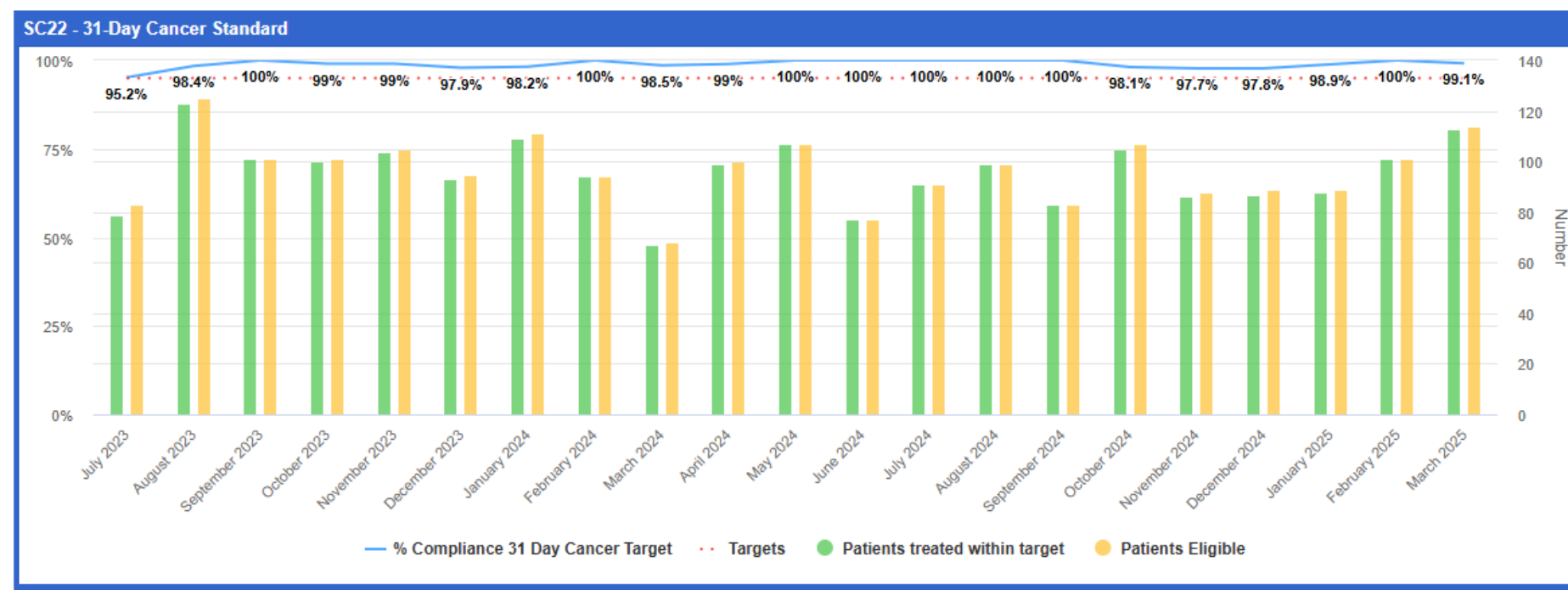
The return outpatient DNA rate across acute services in July 2025 was 5.1%. There continues to be a high number of DNAs in Ophthalmology with 248 patients (3.7%), Orthopaedics 138 patients (6.0%), Dermatology 134 patients (6.0%) and Diabetes 110 patients (8.1%). Return acute outpatient DNAs are detailed in table 4.

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.

### Scheduled Care: 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.

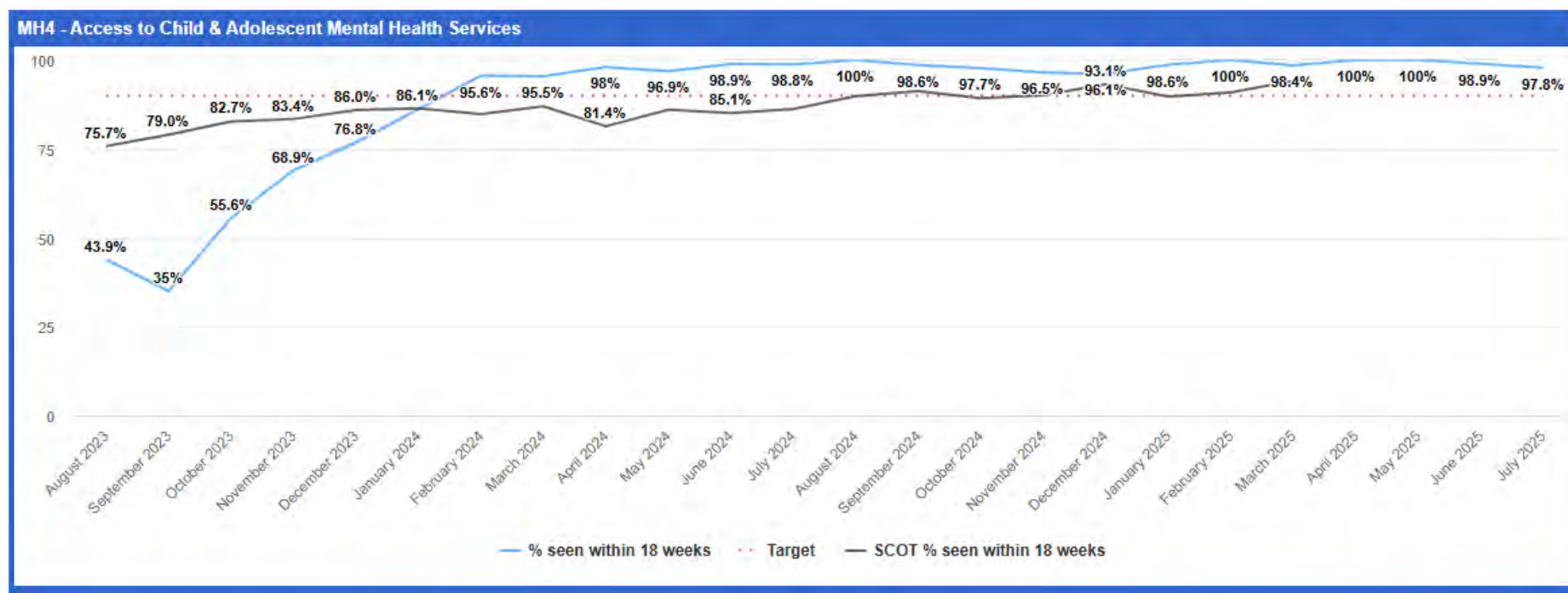
| FREQUENCY | MEASURE                                                        | DATE      | TARGET | CURRENT POSITION | PREVIOUS REPORTING PERIOD | PREVIOUS YEAR | DIRECTION OF TRAVEL (YEAR ON YEAR) | SCOTLAND POSITION | SCOTLAND DATE |
|-----------|----------------------------------------------------------------|-----------|--------|------------------|---------------------------|---------------|------------------------------------|-------------------|---------------|
| Monthly   | 31 Day Cancer Target - Percentage compliance against target    | 30-Jun-25 | 95%    | 99.4%            | 99.2%                     | 100.0%        | ▼                                  | 95.8%             | 30-Jun-25     |
| Monthly   | 31 Day Cancer Target - Number seen within target against total | 30-Jun-25 | -      | 155/156          | 129/130                   | 90/90         | -                                  | -                 | -             |
| Quarterly | 31 Day Cancer Target - Percentage compliance against target    | 30-Jun-25 | 95%    | 99.2%            | 99.3%                     | 99.7%         | ▼                                  | 94.9%             | 30-Jun-25     |



Graph 31: 31-day cancer performance (monthly) – July 2023 to June 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-Jul-25 | 90%       | 97.8%            | 98.9%                     | 98.8%         | ▼                                  | 94.1%             | 31-Mar-25     |
| Monthly   | Total Number Waiting for CAMHS Initial Assessment                  | 31-Jul-25 | Reduction | 42               | 76                        | 110           | ▲                                  | -                 | -             |
| 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 32: CAMHS 18-week RTT – August 2023 to July 2025

July 2025 numbers show we are continuing to perform above target with 97.8% of patients started treatment within 18 weeks of referral.

## Section 4: 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-Mar-25 | <= 1.00   | 0.94             | 0.98                      | 0.94          | ◀▶                                 | 1.00              | 31-Mar-25     | -         | 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.<br>The data is calculated on a rolling 12 months and published quarterly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| UNSCHEDULED CARE                     |             |                |                                                                       |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Total Number of ED Attendances                                        | 31-Jul-25 | Reduction | 5,245            | 5,421                     | 5,093         | ▼                                  | -                 | -             | -         | Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow.<br><br>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.<br><br>The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival.<br>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-Jul-25 | Reduction | 5,245            | 5,421                     | 4,915         | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US2                                  | SG          | Monthly        | Emergency Department % compliance against 4 hour access target        | 31-Jul-25 | 95%       | 49.8%            | 48.3%                     | 49.8%         | ▼                                  | 66.9%             | 30-Jun-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US3                                  | S5          | Monthly        | Number that waited >4 hours in ED                                     | 31-Jul-25 | Reduction | 2,635            | 2,805                     | 2,467         | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US4                                  | SG          | Monthly        | Number that waited >8 hours in ED                                     | 31-Jul-25 | Reduction | 1,101            | 1,244                     | 936           | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US5                                  | SG          | Monthly        | Number that waited >12 hours in ED                                    | 31-Jul-25 | Reduction | 371              | 449                       | 376           | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US6                                  | SG          | Monthly        | Number that waited >23 hours in ED                                    | 31-Jul-25 | Reduction | 8                | 15                        | 52            | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Total Number of MIU Attendances                                       | 31-Jul-25 | Reduction | 1,800            | 1,858                     | 1,816         | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US7                                  | SG          | Monthly        | Number of MIU Attendances (4 hour access target)                      | 31-Jul-25 | Reduction | 1,800            | 1,858                     | 922           | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US8                                  | SG          | Monthly        | Minor Injuries Unit % compliance against 4 hour target                | 31-Jul-25 | 95%       | 99.6%            | 99.8%                     | 99.0%         | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US9                                  | SG          | Monthly        | NHS Forth Valley Overall % compliance against 4 hour target           | 31-Jul-25 | 95%       | 62.5%            | 61.4%                     | 57.6%         | ▲                                  | 70.8%             | 30-Jun-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US12                                 | FV          | Monthly        | Number of Rapid Assessment and Care Unit New Attendances              | 31-Jul-25 | -         | 515              | 498                       | 460           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US13                                 | FV          | Monthly        | Number of Rapid Assessment and Care Unit Scheduled Return Attendances | 31-Jul-25 | -         | 164              | 155                       | 103           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US14                                 | FV          | Monthly        | Number of Re-directions from ED                                       | 31-Jul-25 | -         | 545              | 575                       | 454           | -                                  | -                 | -             | -         | 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-Jul-25 | -         | 10.4%            | 10.6%                     | 8.9%          | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| US16                                 | FV          | Monthly        | Number of Emergency Admissions                                        | 31-Jul-25 | Reduction | 3,265            | 3,211                     | 3,167         | ▼                                  | -                 | -             | -         | 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-Jul-25 | Reduction | 4,344            | 4,824                     | 4,171         | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Advice                                                                | 31-Jul-25 | -         | 2,975            | 3,284                     | 2,865         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Attend OOH Appointment                                                | 31-Jul-25 | -         | 1,119            | 1,223                     | 1,048         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Home Visit                                                            | 31-Jul-25 | -         | 188              | 207                       | 174           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Mental Health                                                         | 31-Jul-25 | -         | 41               | 38                        | 25            | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | SAS in Attendance                                                     | 31-Jul-25 | -         | 20               | 71                        | 57            | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                      | FV          | Monthly        | Remote Consultation                                                   | 31-Jul-25 | -         | 1                | 1                         | 2             | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OH2                                  | FV          | Monthly        | Out of Hours % Rota Fill                                              | 31-Jul-25 | -         | 97%              | 96%                       | 89%           | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| 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-Jul-25 | Reduction | 15,273           | 14,775                    | 13,740        | ▼                                  | -                 | -             | ✓         | 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-Jul-25 | Reduction | 15,232           | 14,687                    |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Mutual Aid                                                            | 31-Jul-25 | Reduction | 41               | 88                        |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC2                     | SG          | Monthly   | Number of New Outpatients waiting over 12 weeks                       | 31-Jul-25 | Reduction | 3,926            | 3,704                     | 4,311         | ▲                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Forth Valley                                                          | 31-Jul-25 | Reduction | 3,897            | 3,652                     |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Mutual Aid                                                            | 31-Jul-25 | Reduction | 29               | 52                        |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             | Monthly   | Number of New Outpatients waiting over 52 weeks                       | 31-Jul-25 | 0         | 48               | 59                        | 202           | ▲                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Forth Valley                                                          | 31-Jul-25 | 0         | 41               | 33                        |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Mutual Aid                                                            | 31-Jul-25 | 0         | 7                | 26                        |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC3                     | SG          | Monthly   | New Outpatients waiting under 12 weeks %                              | 31-Jul-25 | 95%       | 74.3%            | 74.9%                     | 68.6%         | ▲                                  | 41.4%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Forth Valley                                                          | 31-Jul-25 | 95%       | 74.4%            | 75.1%                     |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         |             |           | Mutual Aid                                                            | 31-Jul-25 | 95%       | 29.3%            | 40.9%                     |               |                                    | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC6                     | Audit       | Monthly   | Outpatient Unavailability                                             | 31-Jul-25 | Monitor   | 0.9%             | 1.0%                      | 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-Jul-25 | 5%        | 4.7%             | 4.5%                      | 5.6%          | ▲                                  | 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-Jul-25 | 5%        | 5.1%             | 5.3%                      | 6.6%          | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| DIAGNOSTICS - Imaging   |             |           |                                                                       |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC10                    | SG          | Monthly   | Total number waiting - Imaging                                        | 31-Jul-25 | Reduction | 5,734            | 5,454                     | 8,766         | ▲                                  | -                 | -             | -         | 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-Jul-25 | 0         | 2,561            | 2,223                     | 5,520         | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC12                    | SG          | Monthly   | Percentage waiting less than 42 days - Imaging                        | 31-Jul-25 | 100%      | 55.3%            | 59.2%                     | 37.0%         | ▲                                  | 63.0%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| DIAGNOSTICS - Endoscopy |             |           |                                                                       |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC15                    | SG          | Monthly   | Total number waiting - Endoscopy                                      | 31-Jul-25 | Reduction | 629              | 630                       | 841           | ▲                                  | -                 | -             | -         | Scotland position monthly, available quarterly                                                                                                                                                                                                                                                                                                                                                           |
| SC16                    | SG          | Monthly   | Number waiting beyond 42 days - Endoscopy                             | 31-Jul-25 | 0         | 123              | 121                       | 389           | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC17                    | SG          | Monthly   | Percentage waiting less than 42 days - Endoscopy                      | 31-Jul-25 | 100%      | 80.4%            | 80.8%                     | 53.7%         | ▲                                  | 43.8%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| CANCER                  |             |           |                                                                       |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC20                    | SG          | Monthly   | 62 Day Cancer Target - Percentage compliance against target           | 30-Jun-25 | 95%       | 77.4%            | 74.3%                     | 81.5%         | ▼                                  | 68.9%             | 30-Jun-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-Jun-25 | -         | 89/115           | 81/109                    | 66/81         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Breast - Percentage compliance against target         | 30-Jun-25 | 95%       | 100.0%           | 100.0%                    | 100.0%        | ▲                                  | 90.7%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Breast - Number seen within target against total      | 30-Jun-25 | -         | 16/16            | 22/22                     | 10/10         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Colorectal - Percentage compliance against target     | 30-Jun-25 | 95%       | 77.3%            | 71.4%                     | 100.0%        | ▼                                  | 61.1%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Colorectal - Number seen within target against total  | 30-Jun-25 | -         | 17/22            | 10/14                     | 10/10         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Cervical - Percentage compliance against target       | 30-Jun-25 | 95%       | 0.0%             | 50.0%                     | 100.0%        | ▲                                  | 42.9%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Cervical - Number seen within target against total    | 30-Jun-25 | -         | 0/1              | 1/2                       | 1/1           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Head & Neck - Percentage compliance against target    | 30-Jun-25 | 95%       | 75.0%            | 66.7%                     | 100.0%        | ▼                                  | 66.7%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Head & Neck - Number seen within target against total | 30-Jun-25 | -         | 3/4              | 2/3                       | 3/3           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Lung - Percentage compliance against target           | 30-Jun-25 | 95%       | 81.8%            | 94.7%                     | 77.8%         | ▲                                  | 78.7%             | 30-Jun-25     | -         | 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.                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Lung - Number seen within target against total        | 30-Jun-25 | -         | 9/11             | 18/19                     | 14/18         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Lymphoma - Percentage compliance against target       | 30-Jun-25 | 95%       | 100.0%           | 100.0%                    | 100.0%        | ▲                                  | 90.6%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Lymphoma - Number seen within target against total    | 30-Jun-25 | -         | 4/4              | 1/1                       | 1/1           | -                                  | -                 | -             | -         | 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.                                                                                                                                                                                                                                                                   |
|                         | SG          | Monthly   | 62 Day Cancer - Melanoma - Percentage compliance against target       | 30-Jun-25 | 95%       | 100.0%           | 87.5%                     | 75.0%         | ▲                                  | 92.8%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Melanoma - Number seen within target against total    | 30-Jun-25 | -         | 1/1              | 7/8                       | 3/4           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Ovarian - Percentage compliance against target        | 30-Jun-25 | 95%       | 100.0%           | -                         | 100.0%        | ◄►                                 | 82.6%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Ovarian - Number seen within target against total     | 30-Jun-25 | -         | 1/1              | 0/0                       | 1/1           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Upper GI - Percentage compliance against target       | 30-Jun-25 | 95%       | 100.0%           | 100.0%                    | 100.0%        | ◄►                                 | 80.7%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Upper GI - Number seen within target against total    | 30-Jun-25 | -         | 7/7              | 8/8                       | 9/9           | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Urology - Percentage compliance against target        | 30-Jun-25 | 95%       | 60.0%            | 37.5%                     | 58.3%         | ▲                                  | 40.7%             | 30-Jun-25     | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | SG          | Monthly   | 62 Day Cancer - Urology - Number seen within target against total     | 30-Jun-25 | -         | 24/40            | 12/32                     | 14/24         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC22                    | SG          | Monthly   | 31 Day Cancer Target - Percentage compliance against target           | 30-Jun-25 | 95%       | 99.4%            | 99.2%                     | 100.0%        | ▼                                  | 95.8%             | 30-Jun-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC23                    | SG          | Monthly   | 31 Day Cancer Target - Number seen within target against total        | 30-Jun-25 | -         | 155/156          | 129/130                   | 90/90         | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC24                    | SG          | Quarterly | 62 Day Cancer Target - Percentage compliance against target           | 30-Jun-25 | 95%       | 72.5%            | 71.0%                     | 82.1%         | ▼                                  | 68.3%             | 30-Jun-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| SC25                    | SG          | Quarterly | 31 Day Cancer Target - Percentage compliance against target           | 30-Jun-25 | 95%       | 99.2%            | 99.3%                     | 99.7%         | ▼                                  | 94.9%             | 30-Jun-25     | ✓         |                                                                                                                                                                                                                                                                                                                                                                                                          |

| 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           | 30-Jun-25 | 0         | 1,972            | 1,533                     | 1,238         | -                                  | -                 | -             | -         | 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                              | 30-Jun-25 | 100%      | 34.8%            | 35.5%                     | 47.7%         | ▼                                  | 56.7%             | 31-Mar-25     | -         |                                                                                                                                                                                                                                                           |
| SC28                    | SG          | Monthly   | Total Number of Inpatients/Day cases Waiting                        | 31-Jul-25 | Reduction | 6,942            | 6,942                     | 5,378         | ▼                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                           |
|                         |             |           | Forth Valley                                                        | 31-Jul-25 | Reduction | 6,743            | 6,644                     |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | Mutual Aid                                                          | 31-Jul-25 | Reduction | 39               | 36                        |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | NTC                                                                 | 31-Jul-25 | Reduction | 160              | 262                       |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| SC29                    | SG          | Monthly   | Number of Inpatients/Day cases waiting over 12 weeks                | 31-Jul-25 | Reduction | 4,204            | 4,210                     | 3,048         | ▼                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                           |
|                         |             |           | Forth Valley                                                        | 31-Jul-25 | Reduction | 4,031            | 3,945                     |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | Mutual Aid                                                          | 31-Jul-25 | Reduction | 34               | 27                        |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | NTC                                                                 | 31-Jul-25 | Reduction | 139              | 238                       |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             | Monthly   | Number of Inpatients/Day cases waiting over 52 weeks                | 31-Jul-25 | 0         | 409              | 441                       | 365           | ▼                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                           |
|                         |             |           | Forth Valley                                                        | 31-Jul-25 | 0         | 386              | 402                       |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | Mutual Aid                                                          | 31-Jul-25 | 0         | 1                | 1                         |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | NTC                                                                 | 31-Jul-25 | 0         | 22               | 38                        |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| SC30                    | SG          | Monthly   | Percentage of Inpatients/Day cases waiting under 12 weeks           | 31-Jul-25 | 100%      | 39.4%            | 39.4%                     | 43.3%         | ▼                                  | 33.5%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                           |
|                         |             |           | Forth Valley                                                        | 31-Jul-25 | 100%      | 40.2%            | 40.6%                     |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | Mutual Aid                                                          | 31-Jul-25 | 100%      | 12.8%            | 25.0%                     |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
|                         |             |           | NTC                                                                 | 31-Jul-25 | 100%      | 13.1%            | 22.0%                     |               | -                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| SC33                    | Audit       | Monthly   | Inpatient/Day case Unavailability                                   | 31-Jul-25 | Monitor   | 4.6%             | 5.1%                      | 6.9%          | ▲                                  | 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.                                           |
| READMISSIONS            |             |           |                                                                     |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                           |
| R1                      | FV          | Monthly   | Readmissions - Surgical 7 day                                       | 31-Jul-25 | Reduction | 2.9%             | 2.0%                      | 2.8%          | ▼                                  | -                 | -             | -         | 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-Jul-25 | Reduction | 6.1%             | 6.2%                      | 4.9%          | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| R3                      | FV          | Monthly   | Readmissions - Medical 7 day                                        | 31-Jul-25 | Reduction | 1.4%             | 2.3%                      | 1.8%          | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| R4                      | FV          | Monthly   | Readmissions - Medical 28 day                                       | 31-Jul-25 | Reduction | 3.6%             | 6.1%                      | 4.3%          | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| MENTAL HEALTH           |             |           |                                                                     |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                           |
| PSYCHOLOGICAL THERAPIES |             |           |                                                                     |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                           |
| MH1                     | SG          | Monthly   | Psychological Therapies - 18 week RTT compliance                    | 31-Jul-25 | 90%       | 73.9%            | 73.3%                     | 69.5%         | ▲                                  | 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-Jul-25 | Reduction | 1054             | 974                       | 802           | ▼                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| MH3                     | SG          | Quarterly | Psychological Therapies - 18 week RTT compliance                    | 31-Mar-25 | 90%       | 73.8%            | 74.8%                     | 68.9%         | ▲                                  | 78.6%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                           |
| MH4                     | SG          | Monthly   | Child & Adolescent Mental Health Services - 18 week RTT compliance  | 31-Jul-25 | 90%       | 97.8%            | 98.9%                     | 98.8%         | ▼                                  | 94.1%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                           |
| MH5                     | FV          | Monthly   | Total Number Waiting for CAMHS Initial Assessment                   | 31-Jul-25 | Reduction | 42               | 76                        | 110           | ▲                                  | -                 | -             | -         |                                                                                                                                                                                                                                                           |
| 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-Mar-25 | 90%       | 98.5%            | 98.1%                     | 82.5%         | ▲                                  | 92.9%             | 31-Mar-25     | ✓         | 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-Mar-25 | 90%       | 83.1%            | 100.0%                    | 96.7%         | ▼                                  | 89.6%             | 31-Mar-25     | ✓         |                                                                                                                                                                                                                                                           |
| COMPLAINTS              |             |           |                                                                     |           |           |                  |                           |               |                                    |                   |               |           |                                                                                                                                                                                                                                                           |
| C1                      |             | Monthly   | % Compliance Forth Valley (inc. prisons)                            | 31-May-25 | 100%      | 55.8%            | 70.2%                     | 68.5%         | ▼                                  | -                 | -             | ✓         | Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda                                                                                                                                                         |
| C2                      |             | Monthly   | % Compliance Stage 1 (inc. prisons)                                 | 31-May-25 | 100%      | 79.6%            | 68.1%                     | 87.7%         | ▼                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                           |
| C3                      |             | Monthly   | % Compliance Stage 2 (inc. prisons)                                 | 31-May-25 | 100%      | 4.9%             | 2.2%                      | 1.8%          | ▲                                  | -                 | -             | ✓         |                                                                                                                                                                                                                                                           |

| 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-Jul-25 | 4.0%      | 7.67%            | 7.45%             | 8.09%         | ▲                                  | 6.04%             | 30-Jun-25     | ✓         |
| WF4                    | FV          | Monthly        | Short Term Absence                                                             | 31-Jul-25 | -         | 2.30%            | 2.56%             | 2.81%         | ▲                                  | -                 | -             | -         |
| WF5                    | FV          | Monthly        | Long Term Absence                                                              | 31-Jul-25 | -         | 5.37%            | 4.89%             | 5.28%         | ▼                                  | -                 | -             | -         |
| WF6                    | FV          | Rolling 12 mth | Overall Absence                                                                | 31-Jul-25 | -         | 7.60%            | 7.64%             | 7.66%         | ▲                                  | 6.42%             | 30-Jun-25     | -         |
| 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-Jul-25 | Reduction | 56               | 62                | 91            | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Falkirk                                                                        | 31-Jul-25 | Reduction | 34               | 44                | 56            | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Clackmannanshire                                                               | 31-Jul-25 | Reduction | 10               | 8                 | 11            | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Stirling                                                                       | 31-Jul-25 | Reduction | 12               | 7                 | 19            | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Outwith Forth Valley                                                           | 31-Jul-25 | Reduction | 0                | 3                 | 5             | ▲                                  | -                 | -             | ✓         |
| VA2                    | FV          |                | Code 9 & Guardianship Delays                                                   | 31-Jul-25 | Reduction | 49               | 42                | 51            | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Falkirk                                                                        | 31-Jul-25 | Reduction | 29               | 24                | 27            | ▼                                  | -                 | -             | ✓         |
|                        |             |                | Clackmannanshire                                                               | 31-Jul-25 | Reduction | 8                | 9                 | 3             | ▼                                  | -                 | -             | ✓         |
|                        |             |                | Stirling                                                                       | 31-Jul-25 | Reduction | 9                | 7                 | 18            | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Outwith Forth Valley                                                           | 31-Jul-25 | Reduction | 3                | 2                 | 3             | ◀▶                                 | -                 | -             | ✓         |
| VA3                    | FV          |                | Total Bed Days Occupied by Delayed Discharges (Standard Delays)                | 31-Jul-25 | Reduction | 1,880            | 2,910             | 3,400         | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Falkirk                                                                        | 31-Jul-25 | Reduction | 1,336            | 2,177             | 2,041         | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Clackmannanshire                                                               | 31-Jul-25 | Reduction | 269              | 193               | 706           | ▲                                  | -                 | -             | ✓         |
|                        |             |                | Stirling                                                                       | 31-Jul-25 | Reduction | 275              | 138               | 246           | ▼                                  | -                 | -             | ✓         |
|                        |             |                | Outwith Forth Valley                                                           | 31-Jul-25 | Reduction | 0                | 402               | 407           | ▲                                  | -                 | -             | ✓         |
| VA4                    | FV          | Daily          | Number waiting for a Community Bed                                             | 31-Jul-25 | Reduction | 37               | 37                | 61            | ▲                                  | -                 | -             | -         |
| AVERAGE LENGTH OF STAY |             |                |                                                                                |           |           |                  |                   |               |                                    |                   |               |           |
| VA4                    | FV          | Monthly        | FVRH Acute Wards Average Length of Stay (Days)                                 | 31-Jul-25 | Reduction | 6.23             | 6.74              | 7.48          | ▲                                  | -                 | -             | -         |
| EFFICIENCY             |             |                |                                                                                |           |           |                  |                   |               |                                    |                   |               |           |
| E1                     | FV          | Monthly        | ED Attendances per 100,000 of the population - Forth Valley                    | 31-Jul-25 | Reduction | 1,733            | 1,791             | 1,624         | ▼                                  | -                 | -             | -         |
| E2                     | FV          | Rolling 12 mth | Acute Emergency Bed days per 1,000 population - Forth Valley                   | 30-Jun-25 | Reduction | 809              | 854               | 874           | ▲                                  | -                 | -             | -         |
| E3                     | FV          | Monthly        | % Bed Occupancy - FVRH                                                         | 31-Jul-25 | Reduction | 98.0%            | 102.1%            | 113.6%        | ▲                                  | -                 | -             | -         |
| E4                     | FV          | Monthly        | % Bed Occupancy - Assessment Units                                             | 31-Jul-25 | Reduction | 76.1%            | 76.7%             | 106.1%        | ▲                                  | -                 | -             | -         |
| E5                     | FV          | Monthly        | % Bed Occupancy - ICU                                                          | 31-Jul-25 | Reduction | 73.2%            | 77.7%             | 72.0%         | ▼                                  | -                 | -             | -         |
| 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                                          | 2023/2024 | -         | 66.9%            | 66.3%             | 66.3%         | ▲                                  | 63.3%             | 2023/24       | -         |
| EQ3                    |             | Rolling 2 year | Scottish Bowel Screening Programme                                             | 2022/24   | 60%       | 66.2%            | 66.6%             | 66.6%         | ▼                                  | 65.7%             | 2022/24       | -         |
| EQ4                    |             | Annually       | Scottish Abdominal Aortic Aneurysm (AAA) screening programme                   | 2023/24   | 75%       | 73.4%            | 24.1%             | 24.1%         | ▲                                  | 77.3%             | 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 | 31-Dec-24 | 87        | 51               | 57                | 39            | ▲                                  | -                 | -             | -         |
| EQ6                    |             | Quarterly      | NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target    | 31-Dec-24 | 100%      | 59.0%            | 66.0%             | 45.0%         | ▲                                  | 64.0%             | 31-Dec-24     | -         |
| FINANCE                |             |                |                                                                                |           |           |                  |                   |               |                                    |                   |               |           |
| F1                     | SG          | FYTD           | Year to date revenue position                                                  | 30-Jun-25 | Breakeven | £5.478m          | £3.983m           | £7.643m       | ▲                                  | -                 | -             | -         |

Hours lost due to sickness absence / total hours available (%).  
Short Term Absence - a period of sickness absence of 28 days or less  
Long Term Absence - a period of sickness absence lasting over 28 days  
Absence Management is a standing item on the Staff Governance Committee agenda.

A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date

This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C.

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

Percentage uptake (three-year rolling periods), females aged 50-70 years

The percentage of eligible women who are up-to-date with their screening participation

Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)

Percentage of eligible population who are tested before age 66 and 3 months

Due to attend quarterly surveillance and tested within 4 weeks of due date

Due to attend annual surveillance and tested within 6 weeks of due date

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



|                            |                                                                                                                            |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Scorecard Detail</b>    |                                                                                                                            |
| Target Type                | FV - Local target/measure set and agreed by NHS Forth Valley;<br>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<br>▼ - Deterioration in period or below target<br>◄► - Position maintained |
| Scotland Position          | Scotland measure                                                                                                           |
| Scotland Frequency         | Frequency of Scotland measure                                                                                              |
| Notes                      |                                                                                                                            |

## NHS Forth Valley

Forth Valley NHS Board

### 14. H@H Service Update & Expansion

**Purpose:** This report is for Endorsement

**Executive Sponsor:** Garry Fraser, Director of Acute Services

**Author:** Fiona Murray, Head of Service, Emergency Care & In Patients

### Executive Summary

NHS Forth Valley's Hospital at Home (H@H) service continues to demonstrate significant impact in delivering acute-level care within patients' homes, improving outcomes for older adults, reducing hospital admissions, and enhancing system flow. In August 2025, bed utilisation ranged from 81.8% to 101.7%, reflecting strong demand and effective integration with the Emergency Department and Acute Frailty Unit.

The service currently operates 25 Older Adult virtual beds, alongside 3 OPAT (Outpatient Parenteral Antimicrobial Therapy) spaces and 5 virtual respiratory beds funded through non-recurring Healthcare Improvement Scotland support. These beds enable flexible, responsive care across multiple clinical pathways.

To support national ambitions of reaching 2,000 virtual beds across Scotland by December 2026, NHS Forth Valley has been allocated £2,289,811 to expand H@H capacity to 114 beds. This funding will support the development and scaling of pathways in Older and Acute Adult Care, OPAT, Community Heart Failure, Community Respiratory, and Paediatrics.

Strategic priorities include:

- Expanding virtual bed capacity
- Strengthening the multidisciplinary workforce
- Enhancing digital infrastructure through electronic virtual wards
- Improving integration across frailty and community pathways
- Contributing to national learning and evaluation systems

Monitoring will be supported by real-time data tracking and regular reporting to national bodies, ensuring transparency and alignment with national goals.

### Action Required

The Forth Valley NHS Board is asked to:

- (1) **endorse** the proposed expansion plan for Hospital at Home
- (2) **endorse** the use of allocated SG funding in line with strategic objectives
- (3) **support** continued engagement with national programmes and stakeholders

### Governance Route to the Meeting and Previous Board Consideration

Although not previously subject of consideration by Governance Committees the following group considered the matter and supported the proposals.

- UUSC Programme Board, 16.09.25, update provided on the SG Flow Commission Funding. Work has been endorsed by this group.

### Risk Assessment and Mitigation

**Risk 1:** address the limited access to electronic ward functionality within TrakCare across all H@H pathways.

#### Mitigations:

Engage with eHealth to prioritise the development and rollout of virtual ward functionality across all relevant clinical pathways. (Complete)

Establish interim data capture and reporting mechanisms to support capacity tracking and oversight until full integration is achieved. (PHS data collection template)

Include virtual ward development as a core deliverable within the H@H expansion programme, with clear timelines, governance and resource allocation. (Complete)  
Ensure clinical and operational teams are involved in co-design to tailor the virtual ward to service needs and optimise usability. (Mapping with services ongoing)

**Risk 2:** Requirement to increase workforce to deliver on H@H expansion programme however funding is based on delivery of key metrics

**Mitigations:**

Paper to be submitted to SLT for approval for recruitment of staff aligned to SG Flow Commission on a permanent / recurring basis. (Complete)

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## **Impact Assessments**

### **Equality & Diversity and Fairer Scotland Duty**

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

This is not required as care is provided to all patients who meet the criteria for H@H.

### **Financial and Infrastructure Implications**

The SG funding will be allocated on delivery of the expected outcomes with funding for future years made recurrent based on activity and actually spend incurred and evidence of delivery of outcomes required. There is a financial risk with this funding model particularly as much of the funding is aligned to increasing workforce however the H@H team have extensive experience in delivering increased activity. With the implementation of virtual wards there is likely a higher level activity taking place that is not currently recorded which will demonstrate improvement in line with SG outcomes.

### **Workforce Implications**

An increase in workforce will be a positive step forward for many teams however there will still require to be redesign which may change how services are currently delivered. Any changes required will be supported by relevant HR policies such as Organisational Change policy and will progress in partnership with staff side colleagues and HR.

From a recruitment perspective, there is a need to progress urgently to give the plan the best chance of success. Job descriptions, adverts and RAFs have been completed for the relevant posts and will be submitted to vacancy control with support from finance team to provide appropriate cost centres which align to the UUSC plan funding. These posts should not be delayed at vacancy control assuming agreement has been reached regarding the contract type e.g. fixed term / recurring has been agreed.

### **Quality / Patient Care Implications**

Working whole system to deliver on the UUSC Improvement plan will provide the conduit to support collaborative working, test of service and clinical change ideas and provide effective measurement and monitoring of progress, all of which will deliver improved quality of care and services to communities. This work will take a person centred and holistic approach to ensure our care and services meet the needs of the Forth Valley population.

### **Population Health & Care Strategy**

This development aligns to the Scottish Government and organisational priorities where patients do not need to be in an acute hospital to receive good ongoing care. Evidence shows that H@H improves patient experience, reduces hospital stays, and supports better outcomes for older adults.

### **Climate Change / Sustainability Implications**

There are no implications in relation to climate change / sustainability.

### **Engagement and Communications**

Was statutory engagement with stakeholders required? Yes x ☐ No ☐

The plan submitted to SG was developed whole system and ratified by Chief Officer, Falkirk, Chief Officer, Clacks & Stirling and the Director of Acute Services. The expansion of H@H is a Scottish Government initiative where they have also engaged stakeholders in the previous months.

### **Appendices**

Appendix 1 – Main Report

## Appendix 1 – H@H Report

### Purpose

To update the Board on the performance and impact of NHS Forth Valley's Hospital at Home service, and to present a strategic plan for its expansion using the allocated Scottish Government funding. The proposed implementation aligns with national priorities for frailty, community-based care, and system flow improvement.

### Background

Hospital at Home delivers acute-level care in a patient's own home, offering a safe, effective, and person-centred alternative to hospital admission. Evidence shows that H@H improves patient experience, reduces hospital stays, and supports better outcomes for older adults. The Scottish Government has allocated funding to support the expansion of Hospital at Home services across Scotland, aiming to increase capacity to 2,000 virtual beds by December 2026. This national investment supports local innovation and scaling of proven models like NHS Forth Valley's, which has demonstrated measurable benefits in patient outcomes and system efficiency.

### Local Context

NHS Forth Valley has been a national exemplar in delivering H@H services, with strong clinical leadership and positive patient feedback. The recent visit by the First Minister to Falkirk Community Hospital highlighted the success of our local model and its contribution to national priorities.

During August, Hospital at Home (H@H) bed utilisation ranged from **81.8% to 101.7%**, reflecting strong and growing demand for the service. The recent increase in utilisation is likely attributable to the enhanced presence of the H@H team within the **Emergency Department** and **Acute Frailty Unit**, which has enabled earlier identification and transfer of suitable patients to the service.

Currently, the H@H service operates with:

- **25 Older Adult virtual beds**
- **3 OPAT (Outpatient Parenteral Antimicrobial Therapy) spaces**
- **5 virtual respiratory beds**, funded through non-recurring Healthcare Improvement Scotland (HIS) support

The 3 OPAT spaces and 5 virtual respiratory beds were funded through non-recurring support from Healthcare Improvement Scotland, enabling targeted expansion into high-impact clinical areas. These additional beds have allowed the service to flexibly respond to patient needs across multiple clinical pathways.

From a workforce perspective the H@H model encompasses a wide range of disciplines to provide patients with hospital level care in their own home. This includes Physiotherapy, Occupational Therapy, Speech and Language Therapy alongside dedicated Pharmacy input and Advanced Practice nurses. From a social perspective, a Community Link Worker provides local knowledge to support patients take control of their wellbeing and reduce social isolation. The multi-disciplinary approach is one of the key successes of the H@H model.

### Next Steps

NHS Forth Valley has been allocated £2,289,811 by the Scottish Government to support the expansion of Hospital at Home capacity to 114 virtual beds by December 2026. This funding will enable the development of new pathways and the scaling of existing ones across:

- Older and Acute Adult Care
- OPAT
- Community Heart Failure
- Community Respiratory

## **Strategic Objectives for expansion**

With the allocated funding, NHS Forth Valley will:

1. **Expand Virtual Bed Capacity**  
Increase H@H capacity in line with national targets, with phased growth to support more patients at home and reduce reliance on inpatient beds.
2. **Strengthen Workforce**  
Recruit and train additional Advanced Nurse Practitioners (ANPs), consultants, and allied health professionals to deliver safe and responsive care.
3. **Enhance Digital Infrastructure**  
Invest in remote monitoring, point-of-care diagnostics, and digital platforms to support clinical decision-making and real-time data sharing.
4. **Improve Integration Across Pathways**  
Align H@H with frailty pathways, community teams, and acute services to ensure seamless transitions and avoid unnecessary admissions.
5. **Contribute to National Learning and Evaluation**  
Continue active participation in the National Learning System and submit monthly data to Healthcare Improvement Scotland to support benchmarking and continuous improvement.

## **Expected Outcomes**

- Increased number of patients receiving acute care at home.
- Reduction in Emergency Department attendances.
- Reduction in hospital admissions and delayed discharges.
- Improved patient and staff satisfaction.
- Enhanced system resilience and capacity.

## **Monitoring and Evaluation**

Monitoring will be supported by the development of electronic virtual wards, enabling real-time tracking of patient data, care coordination, and key performance indicators. The indicators include bed occupancy, patient outcomes, service reach, and workforce metrics. Regular reporting to national bodies will ensure transparency and alignment with national goals.

## **Recommendation**

The Board is asked to:

- Approve the proposed expansion plan for Hospital at Home.
- Endorse the use of allocated Scottish Government funding in line with strategic objectives.
- Support continued engagement with national programmes and stakeholders.

## NHS Forth Valley

Forth Valley NHS Board

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### 15a. Quality and Assurance Update

**Purpose:** This report is for Assurance

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**Executive Sponsor:** Andrew Murray, Medical Director and Karen Goudie, Executive Nurse Director

**Authors:** Wendy Nimmo, Interim Head of Efficiency, Improvement and Innovation; Katy Williams, Improvement Advisor; Ashley Calvert, Head of Clinical Governance; Lucy Atalla, Quality and Safety Lead. Emma McDonough, Research Lead.

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### Executive Summary

This paper provides an overview of NHS Forth Valley's current position in relation to quality assurance and outlines progress across key priorities in quality and safety.

#### Key areas of focus include:

- key points and learnings from Safer Together, Learning Session 4 and QI celebration event
- assurance and progress with SAERS
- assurance and progress with complaints
- Healthcare Improvement Scotland (unannounced inspections)
- assurance and progress with Research and Innovation.

#### Action Required:

The Forth Valley NHS Board is asked to:

- (1) **discuss** the ongoing delivery of quality assurance, improvement activities, and evidence-informed quality planning for SAERS
  - (2) **discuss** the ongoing delivery of quality assurance, improvement activities and evidence informed quality planning for complaints
  - (3) **discuss** the key points, and learnings from Safer Together Learning Session Four.
  - (4) **note** the progress within Research and Innovation
  - (5) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.
- 

### Governance Route to the Meeting and Previous Board Consideration

This report is a standing item at Board meetings and is the latest report on quality and safety at NHS Forth Valley.

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### Risk Assessment and Mitigation

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.

### Impact Assessments

#### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

**Financial and Infrastructure Implications**

There are no direct financial implications arising from this paper at this present time

**Workforce Implications**

There are no specific workforce implications as a result of this paper

**Quality / Patient Care Implications**

As a result of the Safer Together Collaborative there has been notable achievements included the completion of early deliverables, improved team collaboration, and measurable improvements in service efficiency and clinical outcomes

**Population Health & Care strategy**

Aligned to Realistic Medicine and Value Based Health and Care.

**Climate Change / Sustainability Implications**

There are no immediate sustainability implications arising from this paper.

**Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

**Appendices**

Appendix 1 Safer Together Collaborative and QI Academy Celebration Event

Appendix 2 SAERS

Appendix 3 Complaints

Appendix 4 unannounced HIS inspections

Appendix 5 Research and Innovation



## **Appendix 1 - Safer Together Collaborative: Learning Session 4 Overview**

The fourth and final Safer Together Learning Session (LS4) was held on 19 August 2025 at Forth Valley Royal Hospital, bringing together 72 healthcare professionals and quality improvement leaders. The session provided a platform to reflect on progress across the programme's workstreams, share learning, and explore strategies for sustainability. Leadership presentations underscored the importance of data-driven improvement and collaborative practice with Chief executive and Board members recognising the improvements made across whole system noting the enthusiasm from those involved. Evaluation feedback was overwhelmingly positive, with participants citing the relevance and impact of the session, while also identifying time and resource constraints as potential barriers to ongoing engagement.

As part of our ongoing commitment to embedding safer care practices, the organisation launched the Pressure Ulcer Prevention Policy and Safer Mobility Guidelines. These documents have been developed in alignment with national safety standards and reflect evidence-based approaches, frontline staff input, and best practice.

To honour the contributions of all involved and mark the conclusion of this collaborative, a celebration event is scheduled for the 13th of November.

### **Celebration Event**

Representatives from clinical teams, leadership, and Board members are attending an upcoming Quality Improvement Academy Impact afternoon, on the 10th September 2025 at Forth Valley Royal Hospital. This event will showcase the work of eight presenters, all of whom are Improvement Academy alumni, and will highlight their impactful contributions to quality improvement across the wider NHS Forth Valley system.

Since the launch of the Improvement Academy in 2023, a total of 530 participants have engaged with the Academy, reflecting a strong and growing commitment to embedding sustainable change across services.

## Appendix 2 – SAERS

There are key performance indicators (KPI) within the HIS National Framework for completing reviews:

- Time to Commissioning the SAER - 10 working days from reporting on incident management system (NHSFV Ulysses- Ulysses Safeguard)
- SAER report submission due - 90 working days from date SAER was commissioned.
- Final approval of SAER report - no later than 30 working days from report submission.
- Develop an improvement plan within 10 working days from report being approved.

A review of current performance in relation to each of these measures has been undertaken, and an improvement plan, driver diagram (see figure 1) and supporting measures drafted for implementation.

We have identified several specific quality improvement and assurance aims, both short term and longer stretch aims, to support measurement of progress of both adverse event management, escalation and the SAER process itself.

Work in collaboration with colleagues from the Quality Improvement team, Health and Safety (who own the adverse event reporting system Ulysses Safeguard) and colleagues from Information Services is underway to support robust data control, and to enhance data visualisation.

Chart 1 Commissioned SAER NHSFV

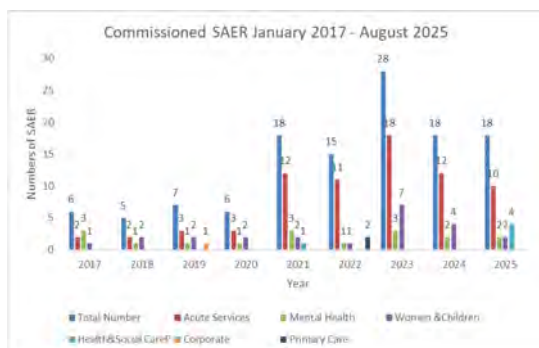
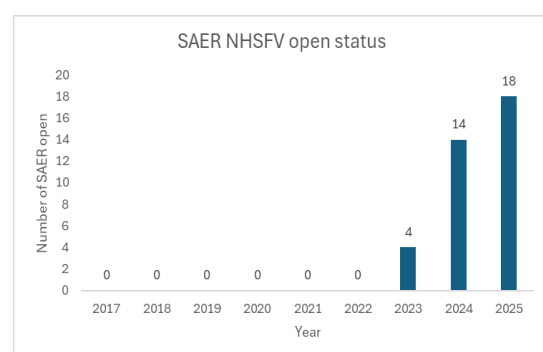


Chart 2 Open SAER NHSFV



Of the currently open SAERs, four were commissioned during 2023. Progress varies across these reviews, but all are at final draft report stage

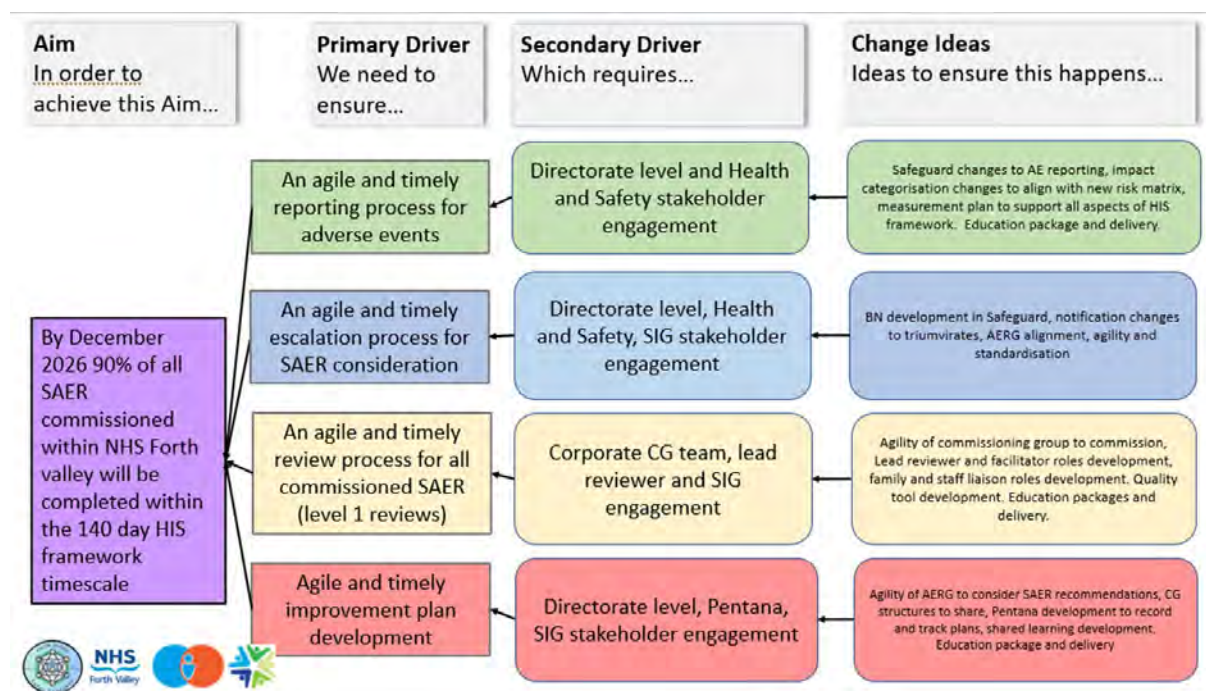
- One SAER has been submitted to the commissioning group and is currently awaiting formal approval.
- One SAER has experienced delays due to challenges with the lead reviewer's availability to complete the review of the draft report.
- One SAER is being undertaken as a joint review with NHS Dumfries and Galloway and is presently at the draft report stage.

- The final SAER is awaiting a final family meeting to review the second draft report before progressing to approval.

Of the open SAERs commissioned in 2024, eight are currently at the draft report stage. This stage includes reports being finalised, those under final review by the lead reviewer, and those shared with the SAER team and/or families/patients (where requested) for final comments prior to submission for approval.

In relation to SAERs commissioned in 2025, five reviews have commenced, all with lead reviewers appointed. Eleven of these reviews are currently progressing within the expected timeframe.

**Figure 1. high level driver diagram SAER**

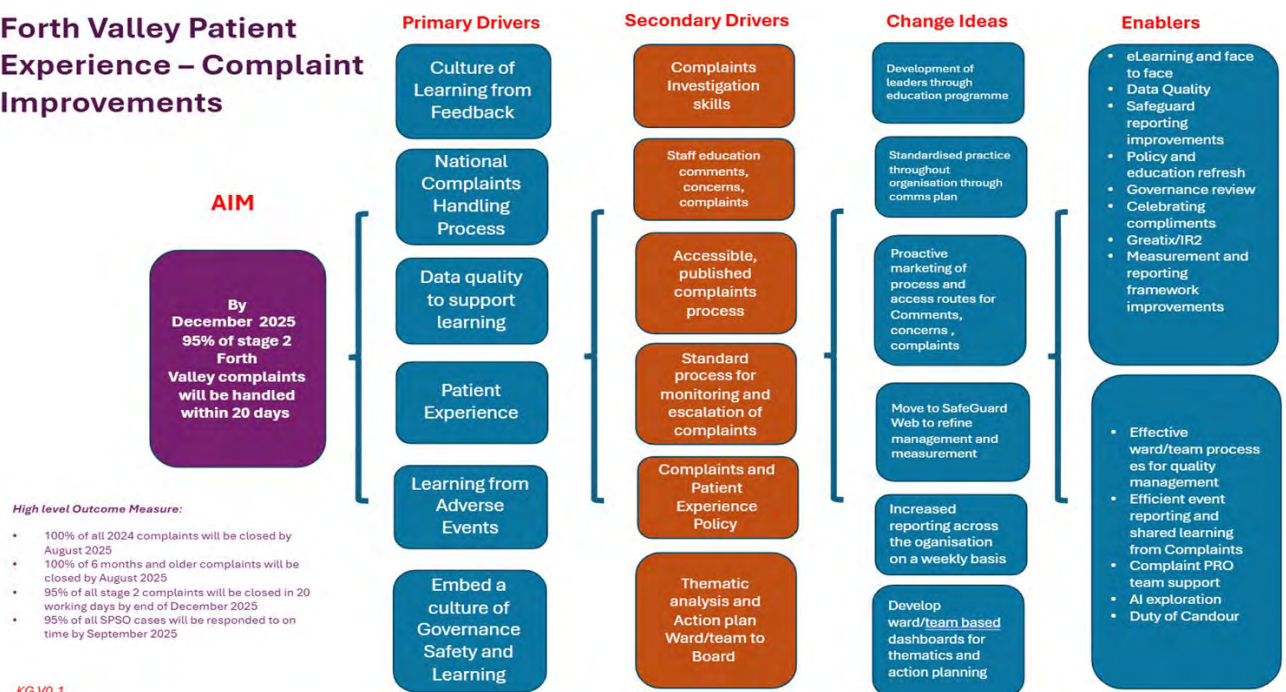


## Appendix 3: Complaints

NHS Forth Valley has a significant backlog of complaints where people have waited more than the national standard of 20 days (stage 2). Total number of open complaints across all operational units totalled 526 at the initiation of the improvement plan (fig 1), the oldest open complaint is from May 24 (MH & LD). A wider Improvement plan is being developed to support improved performance regarding our statutory responsibility to respond to people and their families on time. The following improvement plan (fig 2) has been developed to improve our position across national complaints performance indicators. Data quality remains a concern, and improvements to measure and develop the capture of data are underway.

**Figure 2**

### Forth Valley Patient Experience – Complaint Improvements



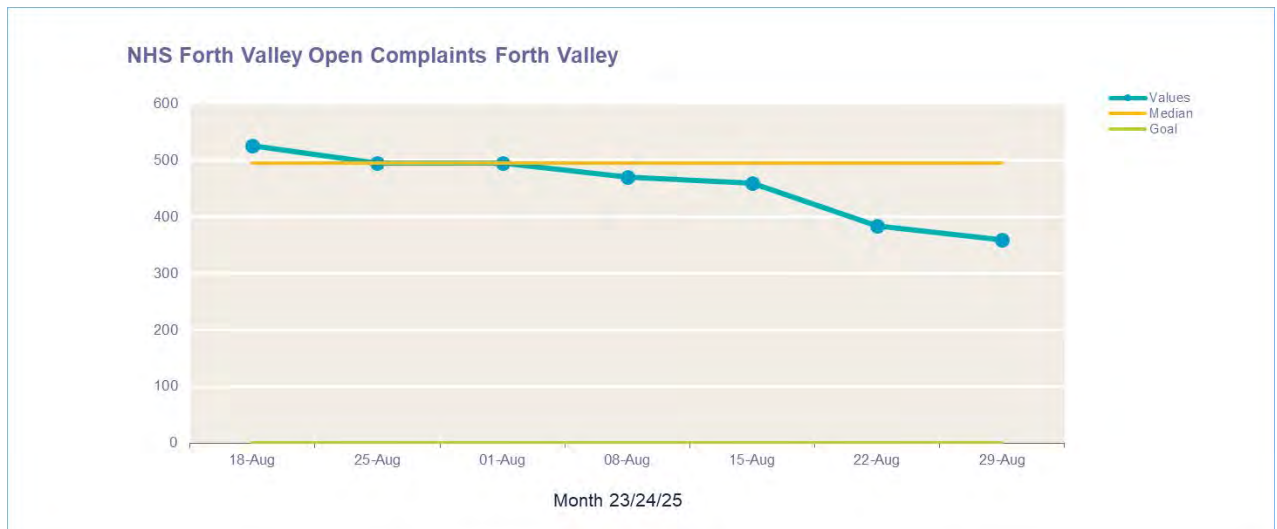


**Figure 1**

Figure 1 illustrates the significant improvements observed in the data. To support these improvements, the Quality Team collaborated with the service to process map the current complaints procedure.

#### **Appendix 4: Unannounced HIS Inspections**

Healthcare Improvement Scotland (HIS) carried out a two day un- announced visit to NHS Forth Valley on 25th and 26th August, inspecting Mental health services and Women and children's using new methodology. Verbal feedback highlighted areas for consideration that may feature in the formal report though there were no areas or concerns formally escalated. Extensive evidence requests to support the visit have been received and that response is coordinated via the Exec Nurse Director. The submission date for Women's and Children was Friday 5th September 2025, which was met, and the 11th September 2025 for Mental Health Services.

#### **Feedback**

The HIS inspection highlighted areas of good practice within W & C services. An area that we are expecting feedback is on the triage process for Obstetric patients as questions were raised as to the clarity and consistency of triaging. Detailed evidence regarding the service with a focus on triaging is being collated for colleagues to review.

Mental Health service feedback highlighted areas of good practice. Questions were around safe staffing levels and an individual patient room arrangement. Evidence has been requested regarding those processes in Mental Health. A structural issue with bathrooms was also identified and is being picked up by Serco and Infection Control colleagues.

The formal report from the visit is expected in October.

## **Appendix 5 – Research and Innovation**

The Research and Development (R&D) team is currently delivering a portfolio of over 140 research projects, 107 of which are commercial or eligible/extended review and therefore contribute towards our CSO allocation. Commercial research interest remains high, which is an excellent achievement for NHS Forth Valley, with 4 commercial trials now open to recruitment within the Health Board and a high number of feasibilities and expressions of interest continuing to come through. Therefore, it is expected that commercial research activity will further increase in the coming months. There is a current focus on recruitment activity within the team as we strive to increase recruitment to research projects within the Board. An NHS Forth Valley Research Strategy remains in development and this will be out for consultation with all internal and external stakeholders before the end of October.

The Innovation team continues to successfully deliver a large portfolio of projects and is on track to deliver all medium-term outcomes outlined in The Logic Model Innovation 2022-27. A key focus currently is the development of KPIs for Innovation. The team has played a central role in management and coordination of the Workforce Nurse Innovation Programme which is progressing well, with Dr Marion Leary, Director of Innovation at the University of Pennsylvania, visiting NHS Forth Valley in October. The Innovation team have led the development of an AI Approach for NHS Forth Valley, with the Working Group now having finalised a draft. This will be out for consultation with all relevant stakeholders shortly. In addition, work is ongoing to establish a Trusted Research Environment (TRE) for NHS Forth Valley which will allow collection and storage of NHS Forth Valley data for research and innovation purposes. Conversations with the West of Scotland Safe Haven and Health Informatics Centre (HIC) are ongoing.

The R&D and Innovation teams have been invited to collaborate with the University of Stirling on a Research and Innovation Event to be held at the University of Stirling on 28th October as part of the University of Stirling's Festival of Research. The R&D and Innovation teams are currently working with colleagues at the University of Stirling to finalise the agenda and identify speakers to showcase their research and innovation activity. The aim of the event is to demonstrate the breadth of research and innovation activity taking place at both NHS Forth Valley and the University of Stirling and to stimulate conversations and networking between academics and researchers to scope out collaboration opportunities. This event supports the Research & Innovation strand of the Forth Valley University College NHS Partnership.



## NHS Forth Valley

Forth Valley NHS Board

### 15b. Healthcare Associated Infection (HAI) Report August 2025

**Purpose:** This report is 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.

- Total SABs exceeded control limits. There were four hospital acquired SABs in August.
- Total DABs remain within control limits. There were two hospital acquired DABs in August.
- Total CDIs remain within control limits. There were two hospital acquired CDIs in August.
- Total ECBs remain within control limits. There were four hospital acquired ECBs in August.
- There was one mandatory surgical site infection in August.
- There was one outbreak reported in August.

#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **note** the HAIRT report.
- (2) **note** the performance in respect for SABs, DABs, ECBs & CDIs.
- (3) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.

#### Governance Route to the Meeting and Previous Board Consideration

This matter has not been presented to any other meeting so far.

#### Risk Assessment and Mitigation

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.

#### Impact Assessments

##### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

##### Financial and Infrastructure Implications

None.

##### Workforce Implications

None.

##### 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.



**Population Health & Care Strategy**

None.

**Climate Change / Sustainability Implications**

None.

**Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☒ No ☐

Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee.

**Appendices**

Appendix 1 – Main Report



# Healthcare Associated Infection Reporting Template (HAIRT)

**August 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: 7**

- There were four hospital acquired SABs this month.
- There were three healthcare acquired SABs this month.
- Total SAB case numbers exceeded control limits this month.

### **Device associated bacteraemia – total number this month: 5**

- There were two hospital acquired DABs this month.
- There were three healthcare acquired DABs this month.
- Total DAB case numbers remained within control limits this month.

### ***Clostridioides difficile* infection – total number this month: 5**

- There were two hospital acquired CDIs this month.
- There were three healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

### ***E coli* bacteraemia – total number this month: 9**

- There were four hospital acquired ECBs this month.
- There were four healthcare acquired ECBs this month.
- There was one nursing home acquired ECB this month.
- Total ECB case numbers remained within control limits this month.

### **Surgical site infection surveillance**

- There was one mandatory reported surgical site infection this month.

### **Outbreaks**

- There was one outbreak 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<br>(maximum number of cases for<br>2025/2026) | 2025/2026 case numbers<br>to date |
|-----|----------------------------------------------------------------------|-----------------------------------|
| CDI | 40                                                                   | 15                                |
| ECB | 142                                                                  | 54                                |
| SAB | 57                                                                   | 24                                |

## 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; **7** compared to **0** last month.  
There was a data exceedance for SABs this month.

Total number of SABs (April 2025 – date) = **24**

- Hospital acquired = **4**
  - o PICC line (No attributed ward)
  - o Umbilical venous catheter (No attributed ward)
  - o Contamination (No attributed ward)
  - o Endocarditis (No attributed ward)

There was a data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **3**
  - o PWID
  - o Respiratory tract
  - o Wound

There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**

## **Hospital SABs**

- **PICC** - No attributed ward due to no issues regarding management of line identified following investigation.
- **UVC** - no attributed ward due to no issues identified following investigations.
- **Endocarditis** - no ward attributed due to type of infection.
- **Contaminant** - following clinical review, isolate was considered a contaminant and not clinically significant.

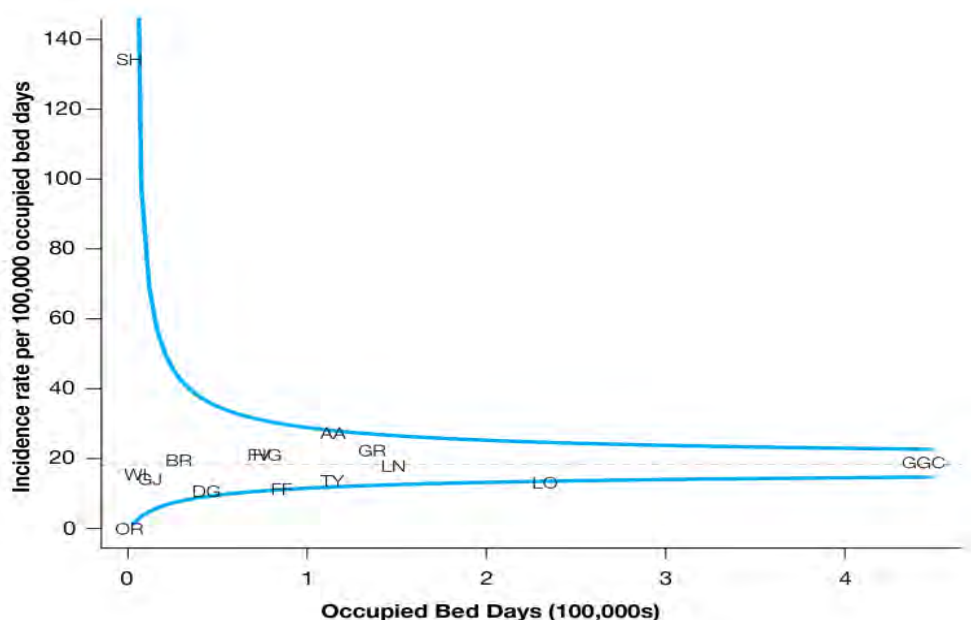
## NHS Forth Valley's approach to SAB prevention and reduction

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 **8** last month.  
There was no data exceedance for DABs this month.

Total number of DABs (April 2025 – date) = **33**

- Hospital acquired = **2**
  - o PICC line (No attributed ward) x 1
  - o Umbilical venous catheter (No attributed ward) x 1There was no data exceedance for hospital acquired DABs this month.
- Healthcare acquired = **3**
  - o Urinary catheter x 3There 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**

- **UVC** – refer to SAB section above.
- **PICC line** - refer to SAB section above.



## **Escherichia coli Bacteraemia (ECB)**

### **NHS Forth Valley's approach to ECB prevention and reduction**

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of 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 - **9** compared to **7** last month.  
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **54**

- Hospital acquired = **4**
  - o UTI x 3 (No attributed ward)
  - o Respiratory tract x 1 (No attributed ward)There was no data exceedance for hospital acquired ECBs this month.
- Healthcare acquired = **4**
  - o UTI x 1
  - o GI x 1
  - o Urinary catheter long term x 2There was no data exceedance for healthcare acquired ECBs this month.
- Nursing Home acquired = **1**
  - o Respiratory tractThere was no data exceedance for nursing home acquired ECBs this month.

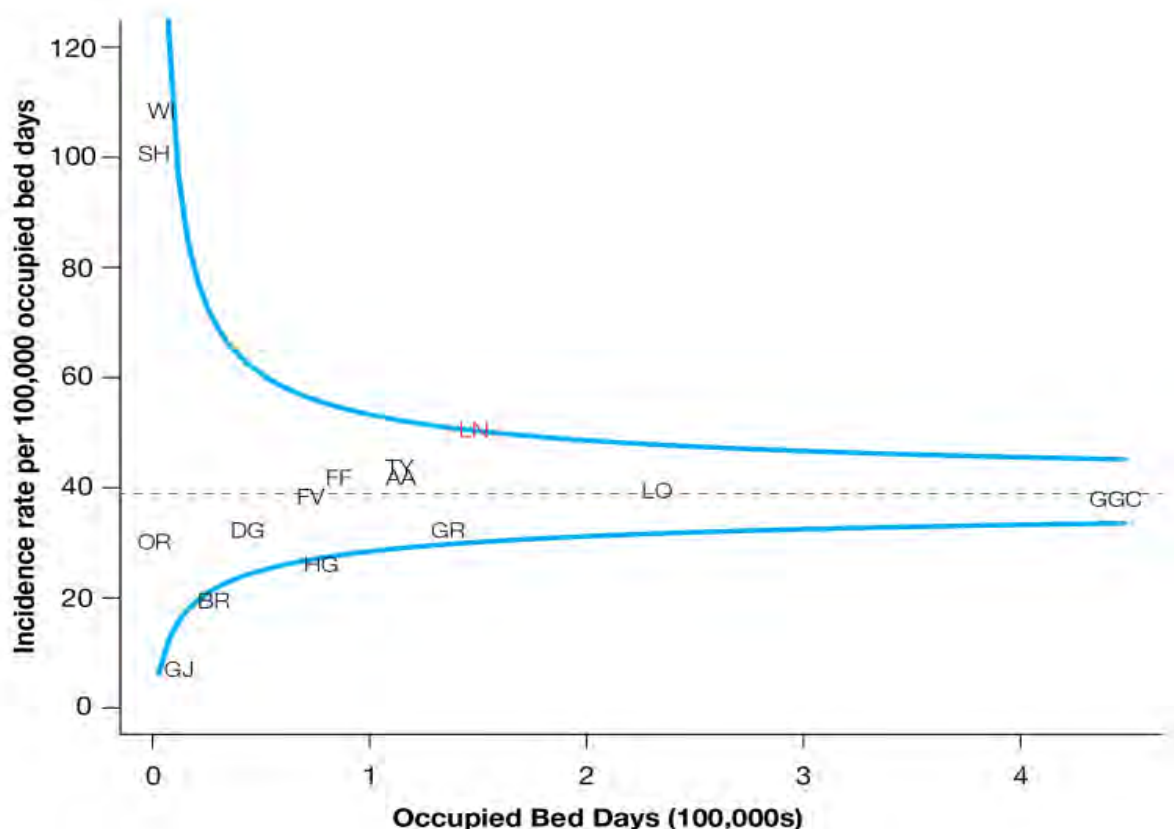
### **Hospital ECBs**

- **UTI** – No attributed ward due to infection present on admission.
- **UTI** – No attributed ward due to patients ongoing co-morbidities.
- **UTI** – No attributed ward due to infection associated with underlying comorbidities on admission.
- **Respiratory tract** - Patient developed infection following admission.

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.

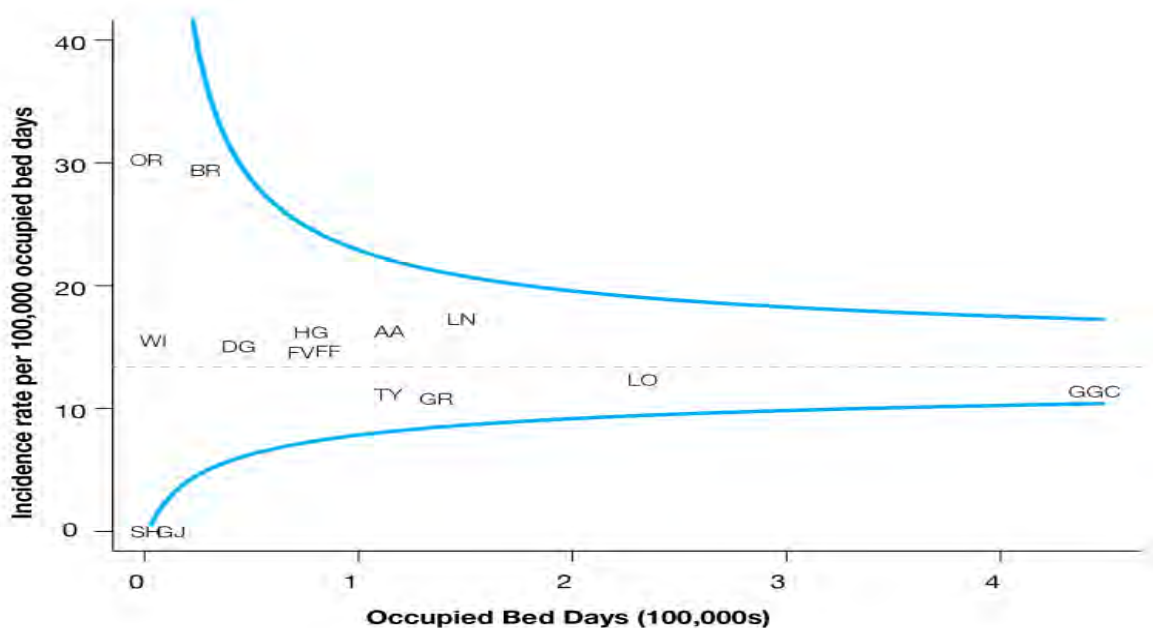
Total number of CDIs this month; **5** compared to **4** last month.  
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2025 – date) = **15**

- Hospital acquired = **2**
  - o No attributed ward x 1 (associated with antimicrobials)
  - o No attributed ward x 1 (unknown cause of infection)There was no data exceedance for hospital acquired CDIs this month.
- Healthcare acquired = **3**  
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.

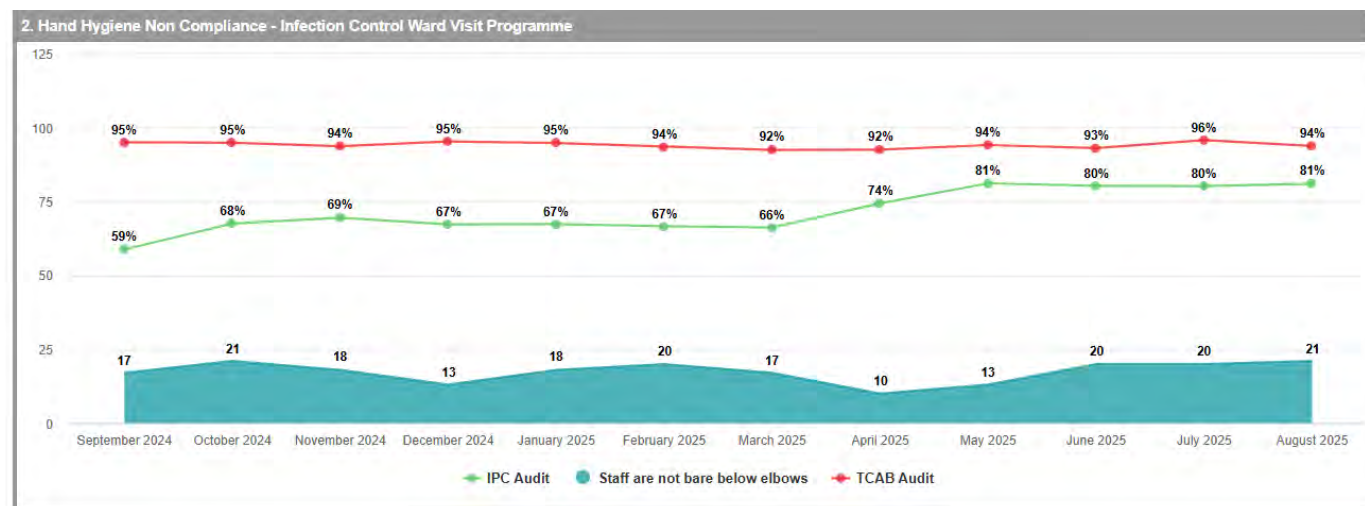
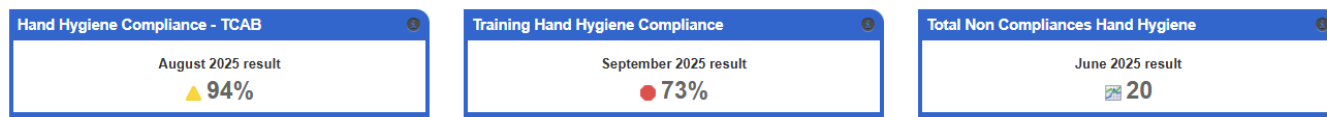
### **NHS Forth Valley's approach to SSI prevention and reduction**

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.

| <b>Procedure</b>          | <b>No of Procedures<br/>this month</b> | <b>No. of Confirmed<br/>SSIs this month<br/>(Mandatory<br/>30 days)</b> | <b>No. of Confirmed<br/>SSIs this month<br/>(Local 90 days)</b> |
|---------------------------|----------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|
| Abdominal<br>Hysterectomy | 13                                     | 1                                                                       | 0                                                               |
| Breast Surgery            | 48                                     | 0                                                                       | 0                                                               |
| Caesarean<br>Section      | 93                                     | 0                                                                       | 1                                                               |
| Hip Arthroplasty          | 55                                     | 0                                                                       | 0                                                               |
| Knee<br>Arthroplasty      | 42                                     | 0                                                                       | 0                                                               |
| Large Bowel<br>Surgery    | 14                                     | 0                                                                       | 2                                                               |

## **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.



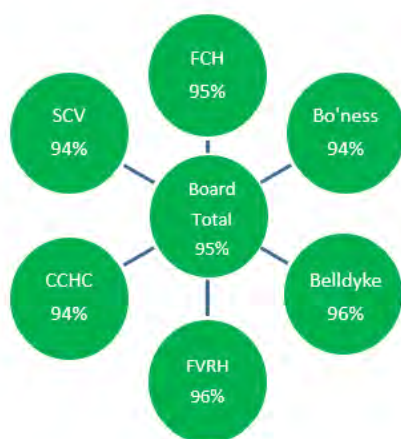
## **Estate and Cleaning Compliance (per hospital)**

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.

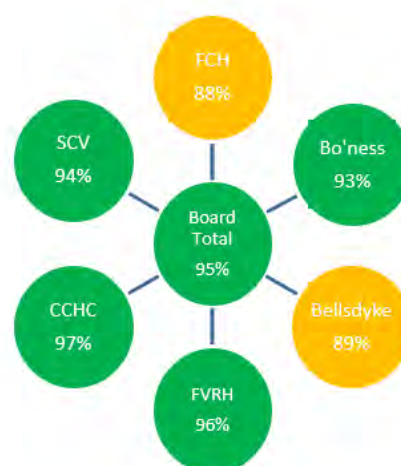
### **Falkirk Community Hospital and Bellsdyke Hospital Estate Scores**

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                                                |
|---------------------------------------|-------|------------------------------------------------------------|
| <span style="color: green;">●</span>  | Green | compliance level 90% and above - Compliant                 |
| <span style="color: orange;">●</span> | Amber | compliance level between 70% and 90% - Partially compliant |
| <span style="color: red;">●</span>    | 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 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                        | 3                 | 19           | 41  | 52                              | 31                         | 9                        | 21                     | 176    |
| Primary Care & Mental Health Services | 0                 | 2            | 1   | 4                               | 10                         | 0                        | 7                      | 24     |
| WC&SH Directorate                     | 0                 | 0            | 0   | 9                               | 7                          | 2                        | 2                      | 20     |
| Totals                                | 3                 | 21           | 42  | 65                              | 48                         | 11                       | 30                     | 220    |

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)**

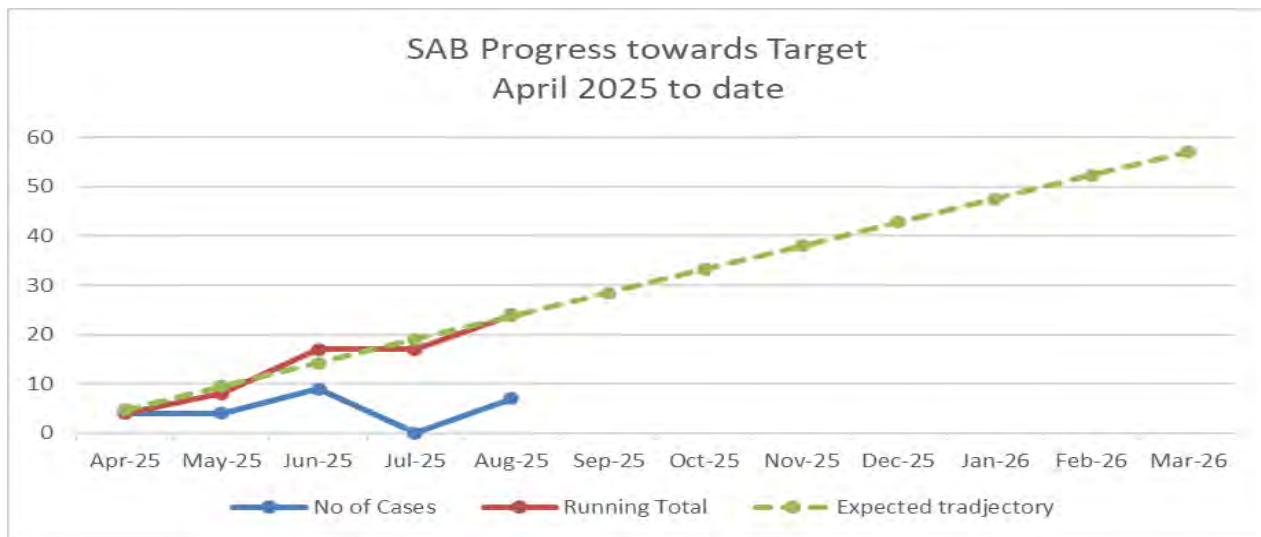
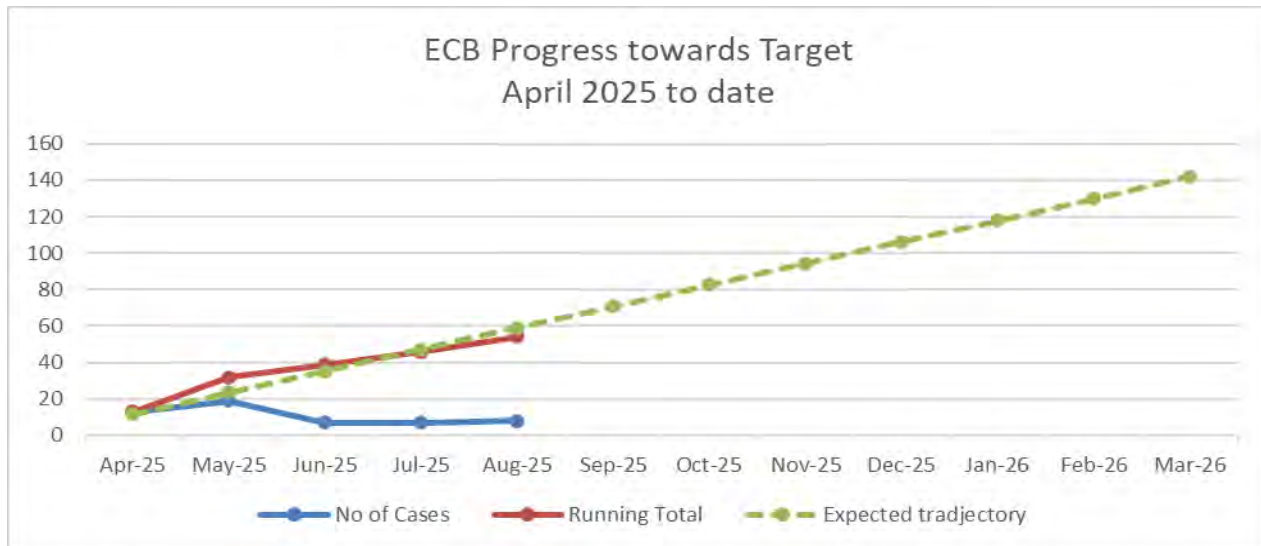
The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

There was one outbreak reported this month.

| Month  | Ward       | Type of Outbreak | No of patients affected |
|--------|------------|------------------|-------------------------|
| Aug-25 | Unit 5 FCH | Covid            | 12                      |

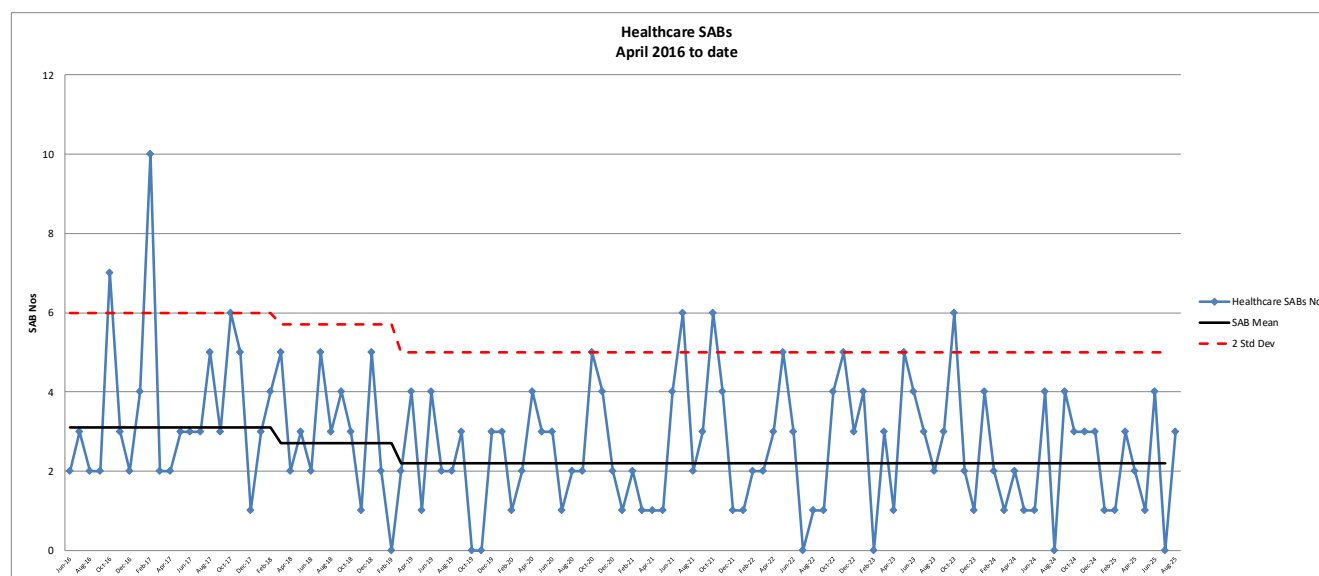
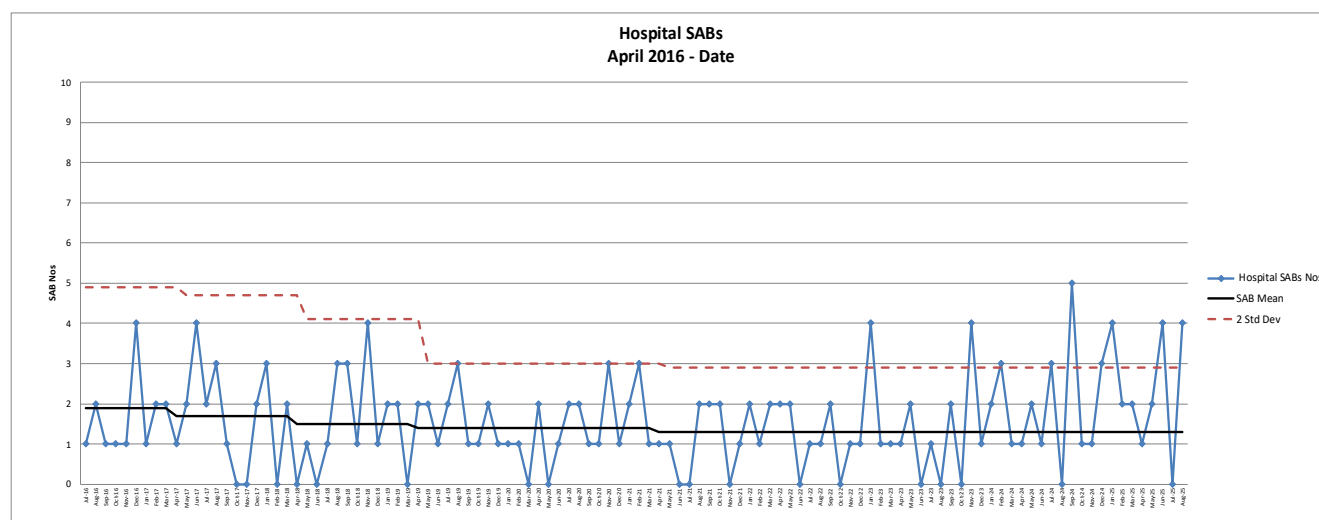
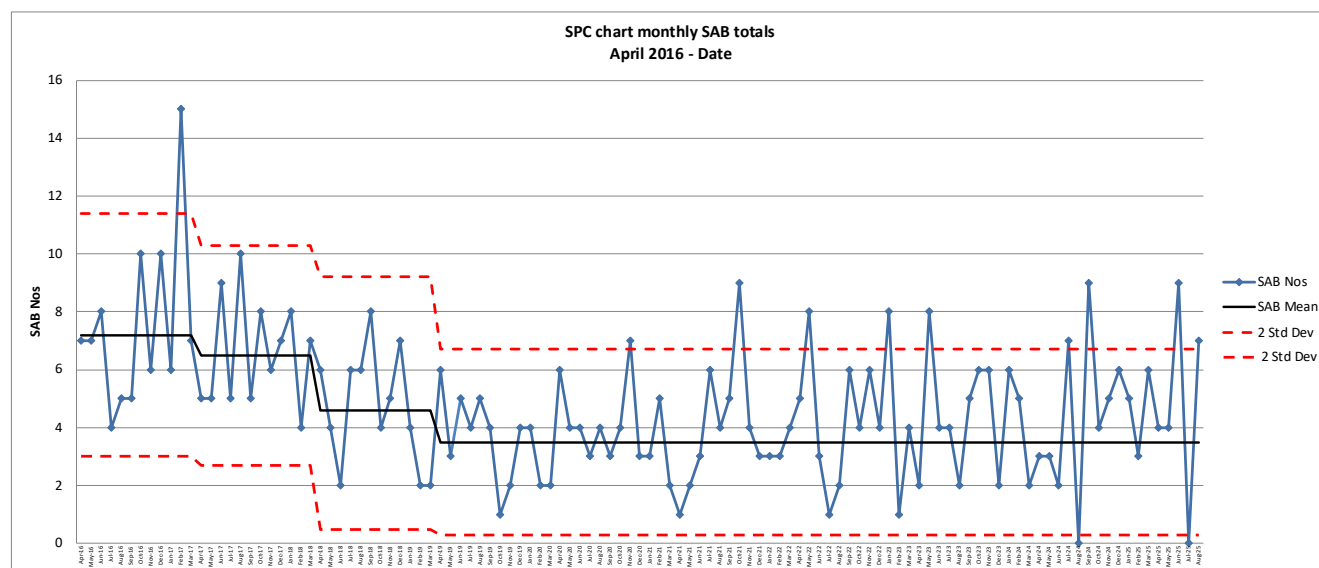


## LDP Targets

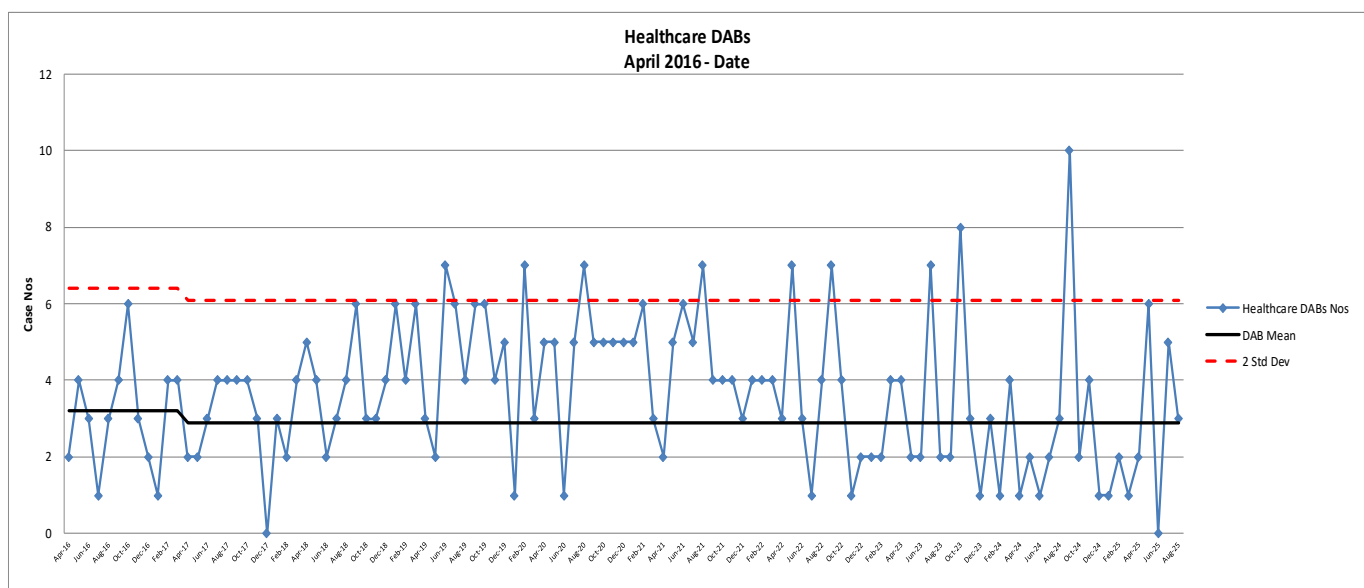
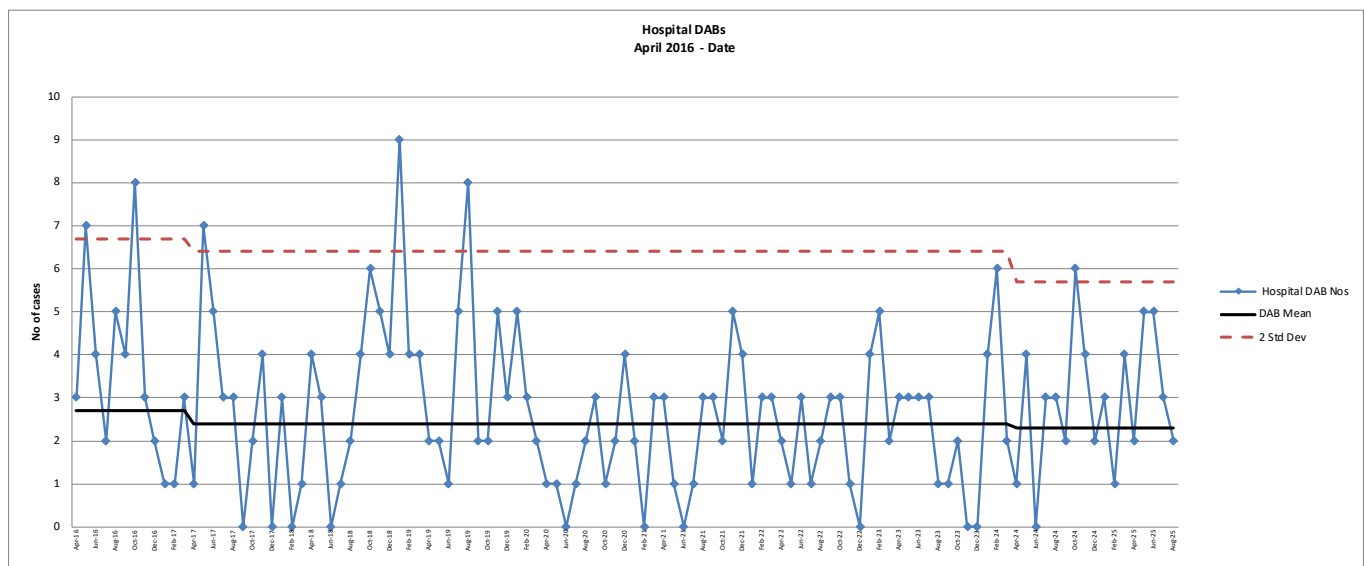
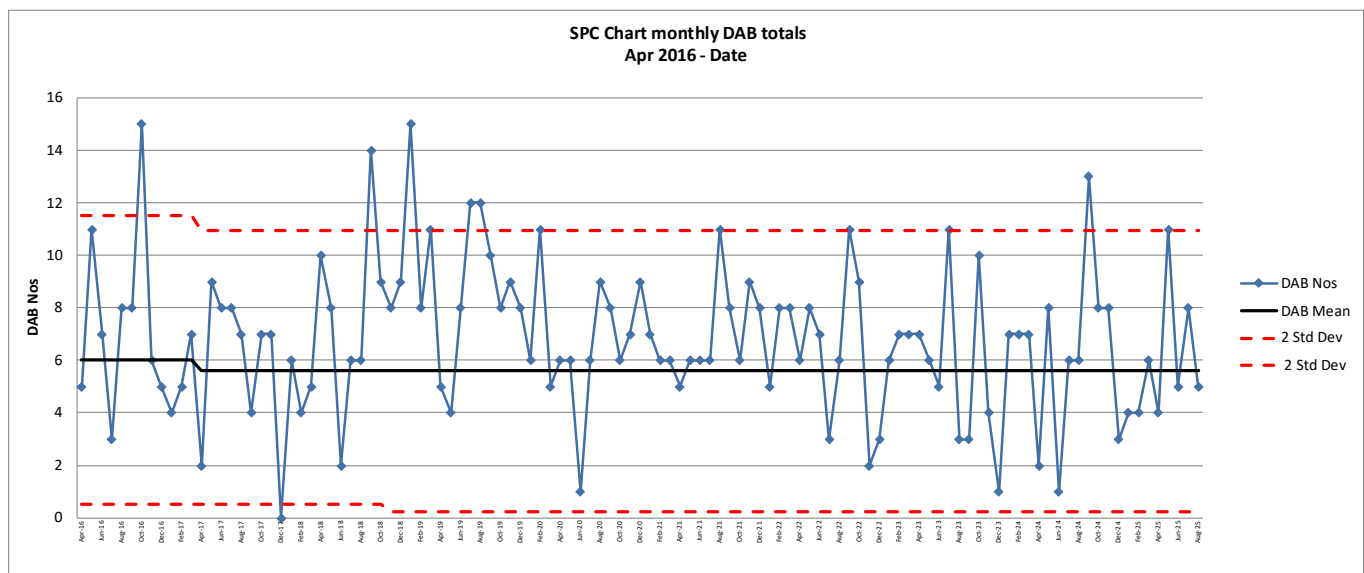


# HAI Surveillance Statistical Processing Charts

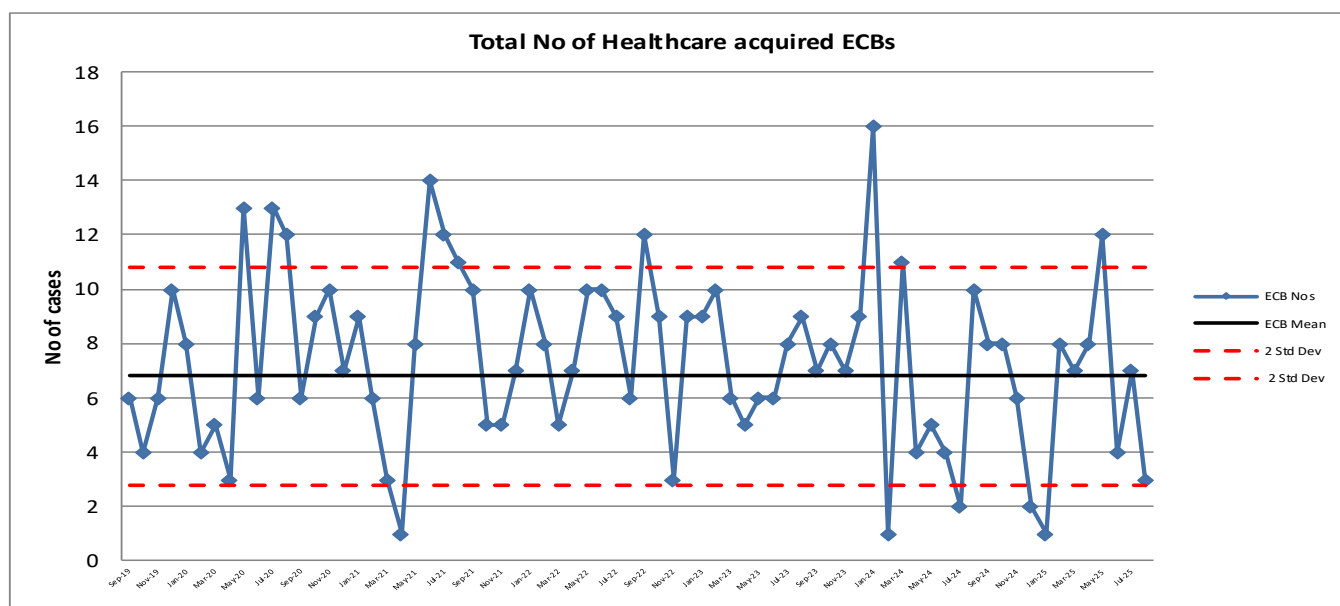
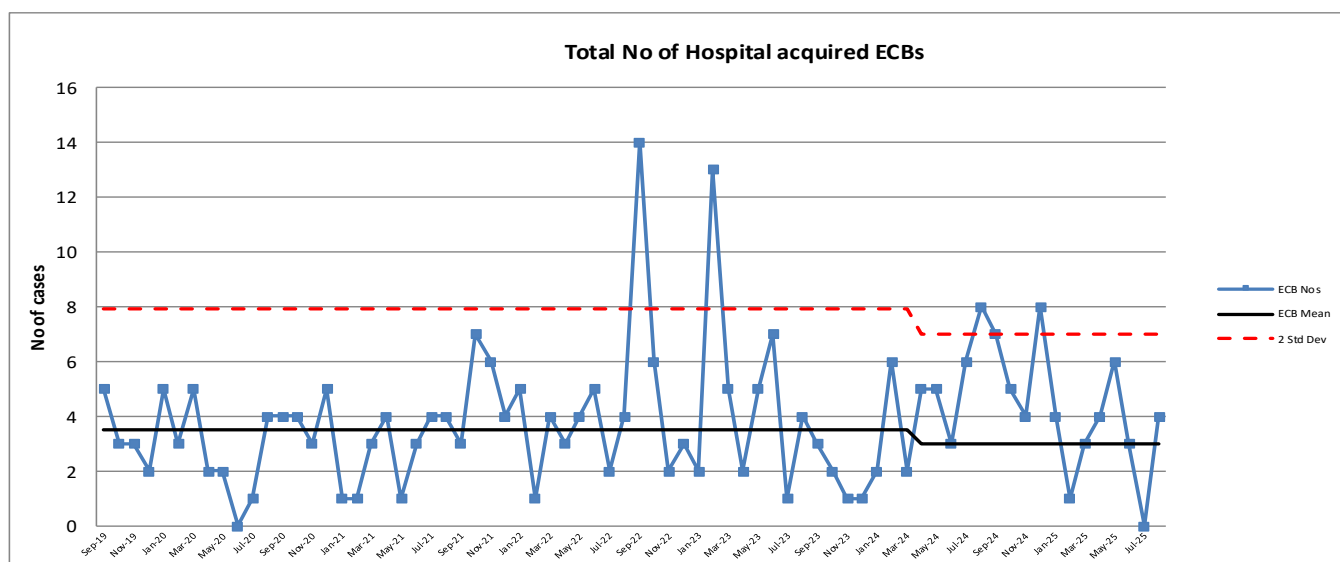
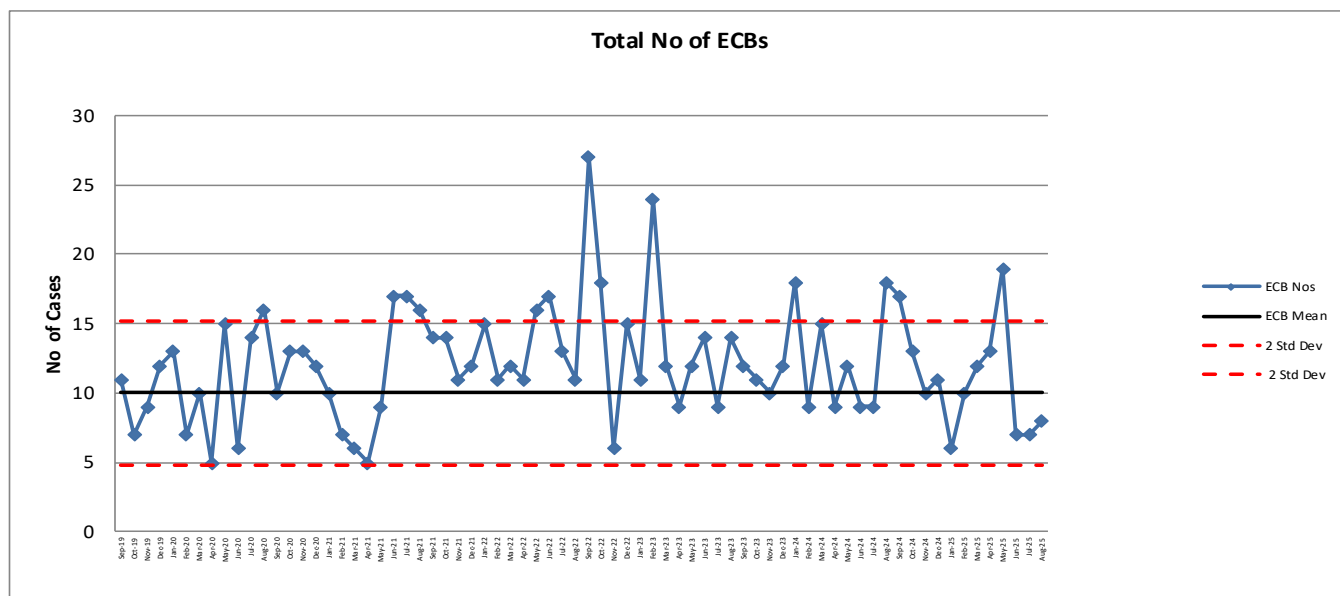
## *Staphylococcus aureus* Bacteraemias (SABs)



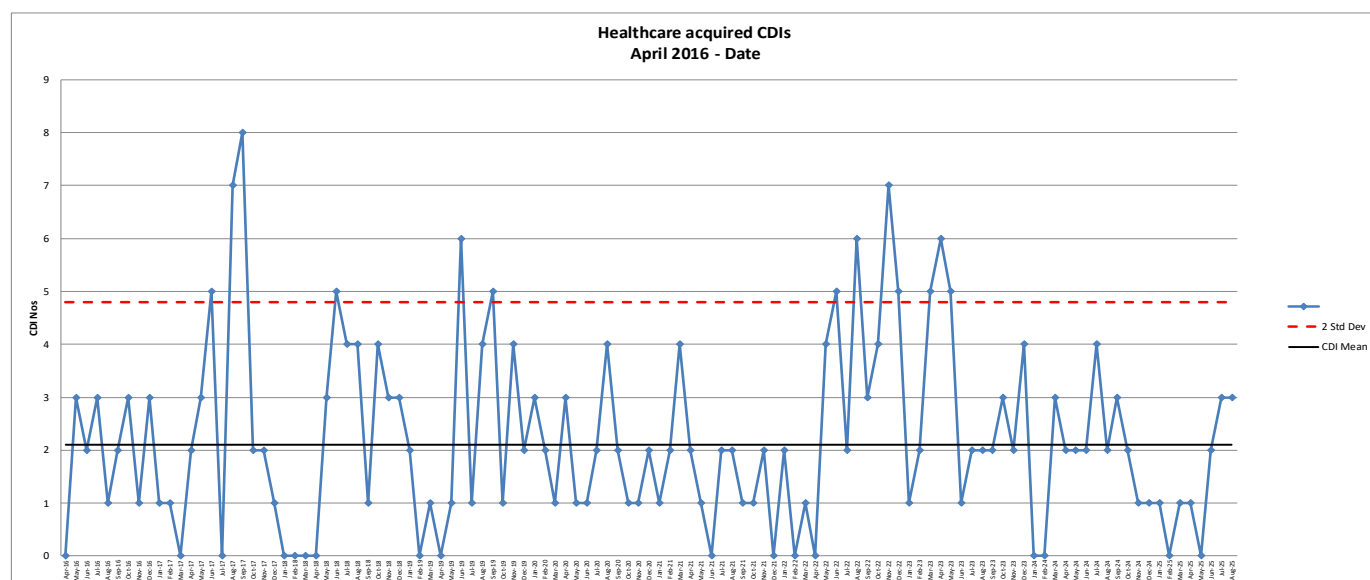
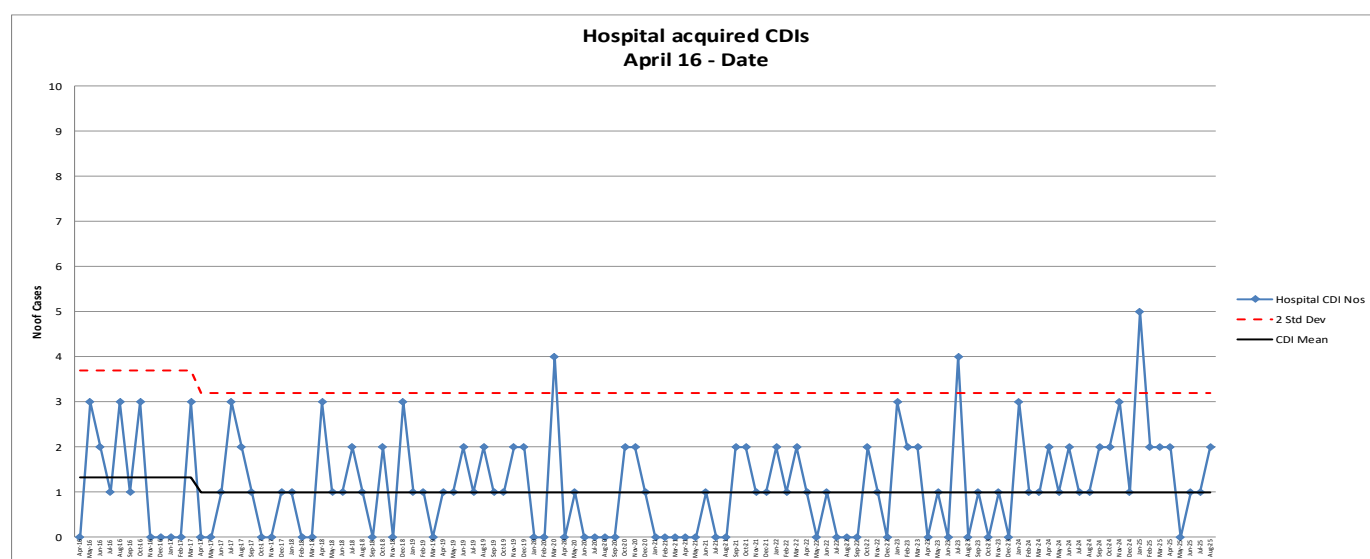
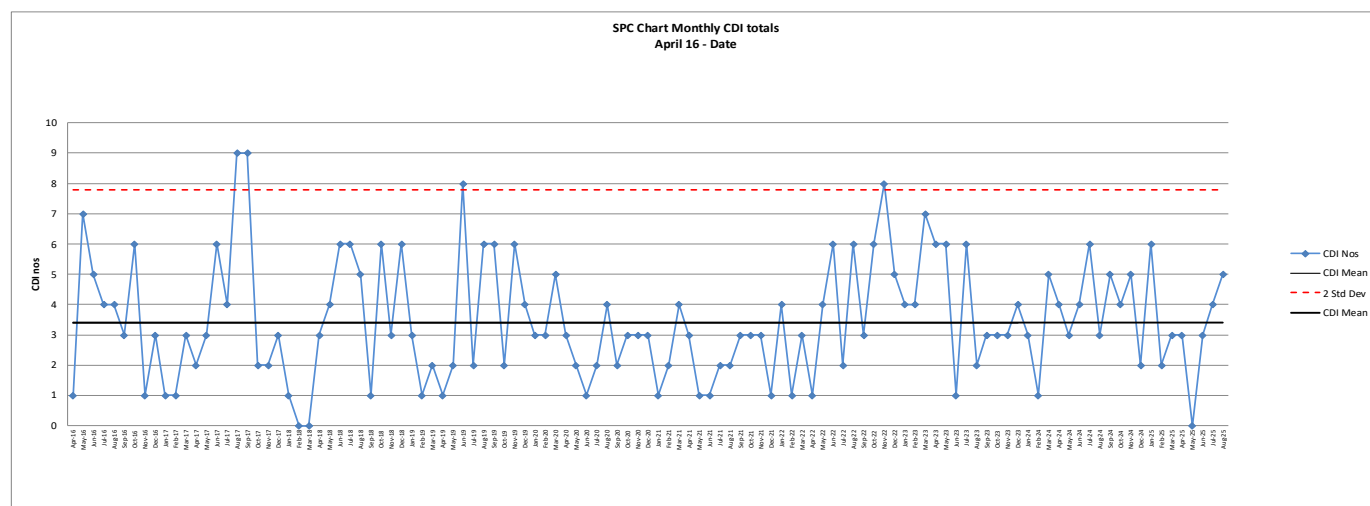
## Device Associated Bacteraemias (DABs)



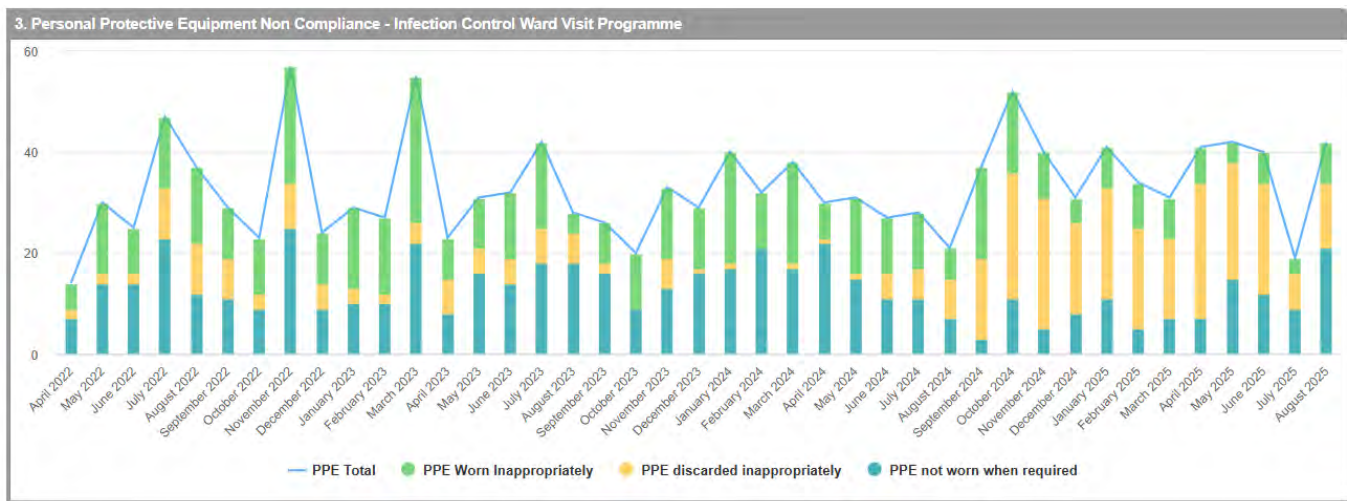
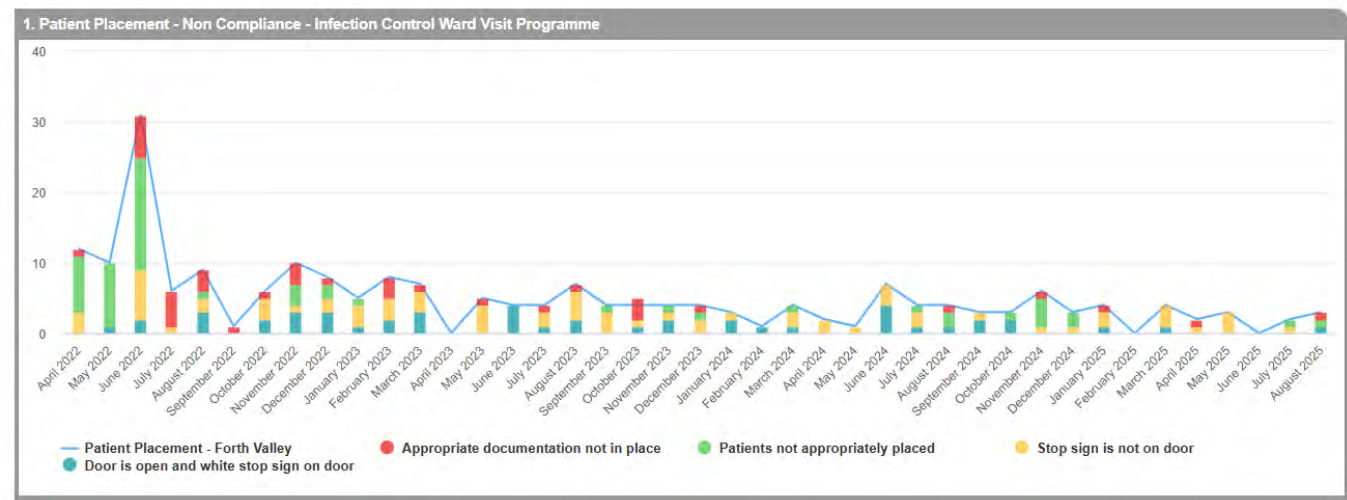
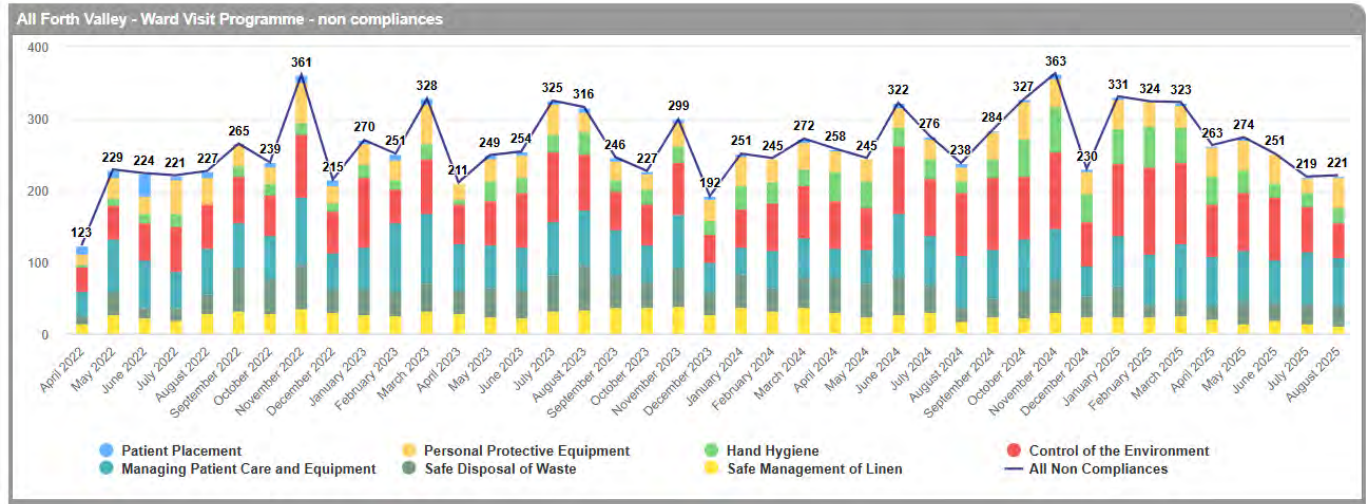
## Escherichia coli Bacteraemias (ECBs)



## Clostridioides difficile Infections (CDIs)

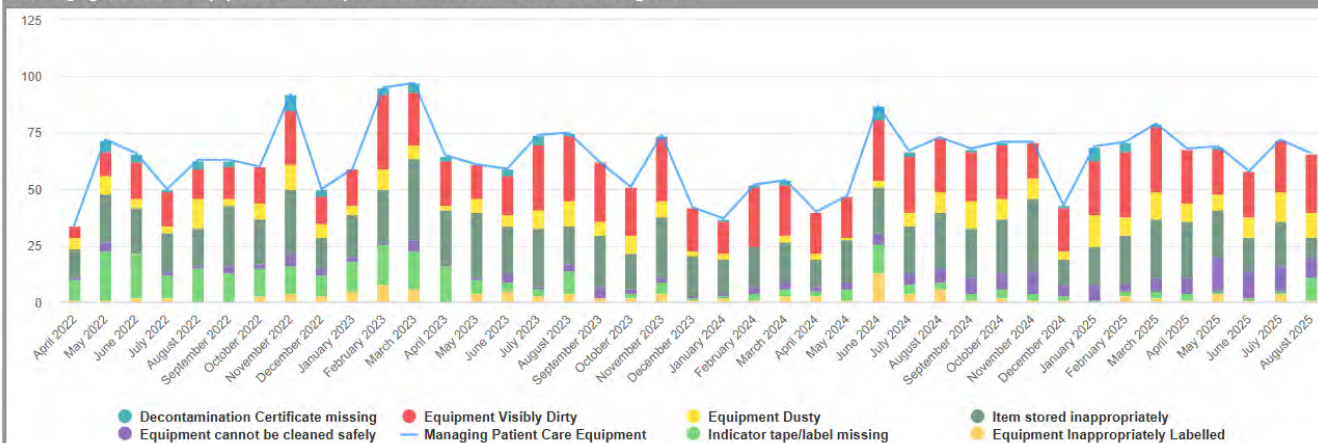


## Ward Visit Non-Compliances by SICP





#### 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





## NHS Forth Valley

Forth Valley NHS Board

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### 16. Quality Strategy Implementation Report – Annual Update

**Purpose:** This report is for Assurance

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**Executive Sponsor:** Andrew Murray, Medical Director

**Author:** Wendy Nimmo, Interim Head of Efficiency, Improvement & Innovation

Lucy Atalla, Interim Quality & Safety Improvement Lead

Katy Williams, Improvement Advisor

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#### Executive Summary

This paper and its appendices outline and evidence the progress made during Year 4 of implementing the Forth Valley Quality Strategy (2021–2026) with a particular focus on the continued advancement across the Quality Strategy (QS) five strategic priorities:

1. Involving patients, service users, and carers
2. Working as a system
3. Focusing on relationships and culture
4. Taking a consistent and coherent approach to improving quality
5. Using data effectively

The implementation of the QS forms the foundation of quality performance and safety management and plays a vital and core role in shaping responses to external inspections, audits, and escalation processes.

The high-level aim for Year 4 was to highlight the impact achieved from consistent practices and a shift in the organisational culture.

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#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **note** the progress made in Year 4 of the Quality Strategy implementation.
  - (2) **note** the proposed actions to realign progress with the planned implementation timeline.
  - (3) **note** key areas for discussion and scrutiny.
  - (4) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.
- 

#### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Clinical Governance Committee, 9 September 2025. Reviewed next steps for the Quality Strategy. Discussed integration of Value-Based Health Care (VBHC) and Quality Board priorities into strategic planning. The board asked for clear timelines moving forward. The report was endorsed for approval.

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#### Risk Assessment and Mitigation

Risks identified within this paper are reviewed by the Forth Valley Quality Programme Board.

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## Impact Assessments

### Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

An EQIA is considered at the earliest possible stage of planning and decision-making when implementing a new process, service redesign. We utilise this to ensure that potential impacts on individuals and groups with protected characteristics are identified and addressed proactively. By integrating EQIA into the development phase, we promote inclusive, equitable, and person-centred care for the people who access our services.

### Financial and Infrastructure Implications

The financial implications of each element of the Quality Strategy are assessed and managed as implementation progresses. The Culture, Capacity and Capability Action Plan recommendations 2024 will require consideration of resources prior to implementation, including staff capacity and educational resources.

A significant improvement in the effective use of data, data systems, data visualisation and interpretation are needed and to meet organisational needs. The development of a data guide was published as part of the Using Data Effectively Quality strand in 2024, since then there has been Version 2 published in 2025. This guide supports staff in understanding data, how data is displayed and interpreting data to inform improvement. The approval and development of eObs continues with implementation commencing July 2025.

### Workforce Implications

Service pressures and demands continue to challenge clinical and non-clinical leads and teams, with some quality and safety work being paused and regular review to find solutions. The QI team has almost a full complement of skilled Improvement Advisors in post, and the development of new and efficient processes within the team.

### Quality / Patient Care Implications

Evidence from Year 4 of the Quality Strategy demonstrates encouraging progress in enhancing overall patient safety, driven by a strengthened culture of continuous improvement across the organisation. Key Achievements have been made with:

**Falls with Harm:** A significant milestone has been achieved, with nine consecutive data points below the median, indicating a sustained reduction in falls resulting in harm. This trend reflects the effectiveness of targeted interventions and staff engagement in safety practices.

**Cardiac Arrests:** While the cardiac arrest rate remains at 0.8 per 1,000 discharges, current data shows random variation. However, a notable achievement includes a 37-day period without a cardiac arrest in the acute area, the longest such interval in the past five years.

### Population Health & Care Strategy

Aligned with Realistic Medicine and Value Based Health and Care

### Climate Change / Sustainability Implications

Sustainability needs to be included as a consideration when considering quality planning and improvement. There are no immediate sustainability implications arising from this paper; this work will be incorporated into 2025/26 portfolio. Planning has commenced for the future of Quality Strategy following 2026.

**Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

The following groups were involved in the development of this paper for presentation to Board: Forth Valley Quality Programme Board; Clinical Governance Working Group, and Clinical Governance Committee.

**Appendices**

Appendix 1 – Implementation

Appendix 2 – Quality Strategy Implementation Highlight Report

Appendix 3 – Our Approach

## Quality Strategy Implementation Report – Appendix 1

### Key Issues to be Considered

Implementation of the QS in 2024/25 was supported by good quality planning at strategic level. This included the development of the Safer Together Collaborative (STC) aligned to the aims of the Scottish Patient safety Programme (SPSP) which has acted as a key enabler in embedding and accelerating progress across all five of the QS priority areas.

Through the Collaborative, the organisation has seen:

- Strengthened collaboration and co-design with partners, stakeholders, and service users.
- Increased awareness, capability, and use of quality improvement methodologies.
- Reinforcement of the Value Management approach and Realistic Medicine / Value-Based Health and Care principles.
- A broad range of improvement initiatives launched and supported across services.
- Greater emphasis on accessible, meaningful data that can be interpreted and used at the point of care.

Alongside the STC, several other key drivers have contributed significantly, including:

- The Clinical Governance Strategic Implementation Plan.
- Ongoing delivery of the Innovation Plan (2022–2027).
- Positive progress on the Realistic Medicine (RM) Action Plan 2025/26, which received strong feedback from the Scottish Government.
- Continued progression with the Culture Change and Compassionate Leadership programme.
- Assurance of the work within the five priorities.

The development and delivery of the STC has been a key enabler aligning to the SPSP. Work has progressed across all Forth Valley with 63 Test teams established to identify areas of improvement and deliver learning and improvement with defined outcomes.

The delivery of the Clinical Governance Strategic Implementation Plan is a key objective of the QS and progress on the implementation of this is reported to the Clinical Governance Working Group and thereafter the Clinical Governance Committee.

The implementation of the Innovation Plan 2022-2027 is progressing as set out within the Innovation Logic Model. To date, the Innovation Team have successfully achieved the short-term outcomes (2022-2023) and remain on track to deliver the medium-term outcomes (2024-2025). A significant milestone this year has been the comprehensive review of the 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.

The NHS Forth Valley Realistic Medicine (RM) Action Plan for 2025/26 was once again well received by Scottish Government with positive feedback and funding of a part time Programme Manager and two Realistic Medicine Clinical Lead roles (primary and secondary care) continued.

Progress with implementation of the QS was monitored, reported and reviewed at the Quality Programme Board, and an annual update given to the Programme Board in May 2025. Risks and mitigations are described in the highlight report in Appendix 2.

## Appendix 2 - Quality Strategy Implementation Highlight Report

| FV Organisational Quality Strategy Implementation |                                                                   |                          |                      |
|---------------------------------------------------|-------------------------------------------------------------------|--------------------------|----------------------|
| <b>Programme Lead:</b>                            | Lucy Atalla                                                       | <b>Monitoring Period</b> | Jul 2024 to Jun 2025 |
| <b>EDD</b>                                        | 2026                                                              | <b>Status</b>            | Green                |
| <b>Executive Sponsor</b>                          | FV Quality Programme Board Chair: Andrew Murray, Medical Director |                          |                      |
| <b>Description</b>                                | Implementation of Year 4 of NHS Forth Valley's Quality Strategy   |                          |                      |

| Discover   |         | Define                |                | Develop |           | Deliver  |  |
|------------|---------|-----------------------|----------------|---------|-----------|----------|--|
| ü          |         | ü                     |                | ü       |           |          |  |
| RAG Status | Overall | Progress Against Plan | Risks & Issues | Cost    | Resources | Benefits |  |
| Current    | Green   | Green                 | Green          | Green   | Green     | Green    |  |
| Previous   | Amber   | Amber                 | Amber          | Green   | Green     | Green    |  |

| <b>Key achievements:</b> <i>Outline the key deliverables <b>completed</b> since last period reporting period</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Strengthened use of data and data systems for assurance and to inform and evaluate impact of improvement plans. A data toolkit is available for all staff on the intranet and internet.</li> <li>2. Development of eObs progressing with implementation commencing July 25.</li> <li>3. Support staff led initiatives that support cultural change through working with the Safer Together Collaborative test teams.</li> <li>4. Leadership for quality training and coaching – QI Academy &amp; through the QI Clinic support.</li> <li>5. NMAHP development day, breakout sessions were delivered to senior leaders on Compassionate Leadership</li> <li>6. WMTY week 2024 - During What Matters to You (WMTY) Week, the Quality Improvement team organised a four-day informational display in the atrium. This initiative offered staff valuable insights into quality improvement and encouraged direct engagement with QI advisors.</li> </ol> |

7. Continued monthly delivery of the Improvement Academy Increasing QI culture and building relationships within alumni members – 477 people have attended the Quality Academy including one service user.
8. Annual Quality Event with QI presentations and posters from Academy alumni to showcase impact.
9. Establishment of training programmes such as Learning for Improvement, Introduction to Leadership, Team-Based Improvement Training, and Project Management Training.
10. The Quality intranet pages have been redesigned and are regularly updated, improving access to tools, templates, and guidance that enable teams to apply quality methods in daily practice.
11. Local learning systems have been introduced to promote collaborative problem-solving and system-wide learning.
12. Evidence of collaboration of Person Centred, Clinical Governance, Quality Improvement Teams and Practice Development Unit to support staff and improve quality of care.
13. Initiation of implementation of Clinical Governance triumvirate infrastructure across Directorates and services.
14. Approach to and management of Significant Adverse Event Reviews reviewed to ensure alignment to the Healthcare Improvement Scotland (HIS) national framework for learning from adverse events.
15. Innovation Plan implementation of short-term outcomes and continued leadership and management of two national innovation consortia.
16. Positive feedback from Scottish Government on Realistic Medicine Action Plan implementation and funding for 24/25.
17. Forth Valley's Improvement Academy is one pathway to ensuring staff from across the partnership have access to training of improvement methodology with the aim of increasing knowledge, understanding and confidence with collecting and analysing data amongst other improvement principles to inform next steps in improvement work.
18. The Quality Improvement Team offer coaching clinics which support staff from across the partnership in improving their skills with data
19. To further provide assurance to the Clinical Governance committee via the Clinical governance working group are increasingly embedding data to evidence quality planning, control, assurance and the alignment of improvement work to identified priorities. In addition, data from incidents and quality initiatives is now being systematically captured and reviewed, contributing to an evolving organisational learning system.

| Main work streams focussed on during period e.g. what are the main project/programme work streams |                                              | Deliverables                                                                                                                                                                                                                                                                                                                                                        | Status                                                     |
|---------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1                                                                                                 | Involving patients, service users and carers | <ul style="list-style-type: none"> <li>• Safe Delivery of Care public involvement impact evaluation.</li> <li>• Information and QI training provision for patients, services and carers who are willing to be involved in improvement.</li> <li>• Development of our new organisational <a href="#">Participation and Engagement Strategic Framework</a></li> </ul> | Complete<br><br>Ongoing<br><br><br>Complete<br><br>Ongoing |

|   |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |
|---|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|   |                     | <ul style="list-style-type: none"> <li>• Development of Forth Valley's new <a href="#">NHS Forth Valley – Volunteering</a> framework which demonstrates our commitment not only to engaging with communities as volunteers but in developing an Innovation Network where patients and community groups with lived experience can support us with ongoing service redesign and delivery.</li> <li>• Ongoing use of a strong policy and commitment to ensuring patient and family involvement at all stages of the adverse event and significant adverse event process, improvement work relating to further aligning NHSFV SAER process to the revised HIS framework</li> <li>• Involvement of patients/service users and carers within Safer Together projects and other Service projects</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Ongoing</p> <p>Ongoing</p>                                                                                            |
| 2 | Working as a system | <ul style="list-style-type: none"> <li>• Whole System Working key principles tested by people in their own areas and agree how this will be measured and fed back.</li> <li>• <b>Establishing a Clinical Governance Structure:</b> A robust governance framework has been implemented across NHS Forth Valley to ensure consistent clinical quality, patient safety, and accountability throughout the system</li> <li>• <b>Safer Together Collaborative:</b> This initiative focuses on embedding a culture of safety through system-wide collaboration, shared learning, and continuous improvement to reduce harm and enhance patient outcomes. Improvements noted since the launch in August 2024 against the high-level aims.</li> <li>• Promote an open and honest culture which supports staff to enable a continual improving environment.</li> <li>• Learning from Escalation and external inspections and self-assessments.</li> <li>• <b>Value-Based Health and Care:</b> We are aligning care delivery with what matters most to patients by focusing on outcomes and value, rather than volume, ensuring resources are used efficiently and equitably.</li> <li>• <b>Scottish Approach to Service Design (SASD):</b> We are applying this co-design methodology to engage service users, staff, and stakeholders in shaping services that meet real needs and promote person-centred care.</li> <li>• Creating a comprehensive database of services that are currently working as a system,</li> </ul> | <p>Slippage</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |



|   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |
|---|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|   |                        | <p>to establish visibility and enable shared learning across the organisation.</p> <ul style="list-style-type: none"> <li>• <b>Scottish Approach to Change:</b> By testing this approach with Health Improvement Scotland (HIS), we support sustainable change through collaborative leadership, inclusive practices, and systems thinking, ensuring improvements are embedded and scaled effectively.</li> <li>• Scottish Patient Safety Programme Groups re-established.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ongoing                                                                                                                                  |
| 3 | Using data effectively | <ul style="list-style-type: none"> <li>• NMAHP Quality Management System and data sub-groups established.</li> <li>• Re-establish Using Data Effectively Group led by Clinical Director for Quality, review priorities and implement.</li> <li>• A data guide (Quality Improvement Data Visualisation and Interpretation Guide) has been produced and published on the intranet</li> <li>• Review Scottish Patient Safety Data and Safety Dashboard portal priorities- with focus on E-Obs and cardiac arrest data</li> <li>• A toolkit has been developed which includes sections on collecting data, visualising data, using various chart types and telling the improvement journey story through charts.</li> <li>• Safe Delivery of Care Measurement Plan implemented and use of data for planning, improvement and assurance sustained</li> <li>• Significant work has been undertaken through the Safer Together Collaborative, in partnership with SSRS and Pentana colleagues, to develop interactive dashboards and visual tools that make relevant data more accessible and interpretable for frontline teams.</li> <li>• Performance management framework and resources that support quality improvement and assurance.</li> <li>• Progress has been made in improving data accessibility and utilisation across services (development of SSRI)</li> <li>• Using platforms like Care Opinion to gather service user feedback in real time and link insights to service development and improvement work.</li> <li>• All services currently supported by the Quality Team now have clear measurement frameworks linked to their improvement</li> </ul> | <p>Complete</p> <p>Ongoing</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |

|   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |
|---|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                               | plans. However, it remains challenging to assess the consistency of measurement practices beyond those directly involved in current quality programmes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |
| 4 | Focus on relationships and culture            | <ul style="list-style-type: none"> <li>• Quality Strategy implementation integrated with Define Phase of the Culture Change and Compassionate Leadership Programme.</li> <li>• Support staff led initiatives that support cultural change.</li> <li>• Leadership for quality training and coaching.</li> <li>• NMAHP development day, breakout sessions were delivered to senior leaders on Compassionate Leadership</li> <li>• WMTY week 2024 - During What Matters to You (WMTY) Week, the Quality Improvement team organised a four-day informational display in the atrium. This initiative offered staff valuable insights into quality improvement and encouraged direct engagement with QI advisors. As a result, meaningful relationships were built across teams encouraging a cultural shift toward enhanced quality improvement practices.</li> <li>• Continued monthly delivery of the Improvement Academy Increasing QI culture and building relationships within alumni members.</li> <li>• Building of QI culture and celebration of success through yearly Academy Impact Day.</li> </ul> | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p>                                         |
| 5 | Consistent and coherent approaches to quality | <ul style="list-style-type: none"> <li>• Capacity, Capability and Culture for Continuous Learning and Quality Improvement Action Plan.</li> <li>• Improvement Academy monthly 2-day education sessions – 477 staff members and one service user</li> <li>• Evaluation and review of improvement coaching sessions.</li> <li>• Increased applications for external quality skills courses.</li> <li>• Pathways approach implemented in priority pathways</li> <li>• Value Management Approach in Acute Directorate</li> <li>• External improvement/quality training courses: SQSF, SCIL, SCLIP, Managing in Complexity</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Complete &amp; to be implemented</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Slippage</p> <p>Slippage</p> <p>Ongoing</p> <p>Ongoing</p> |

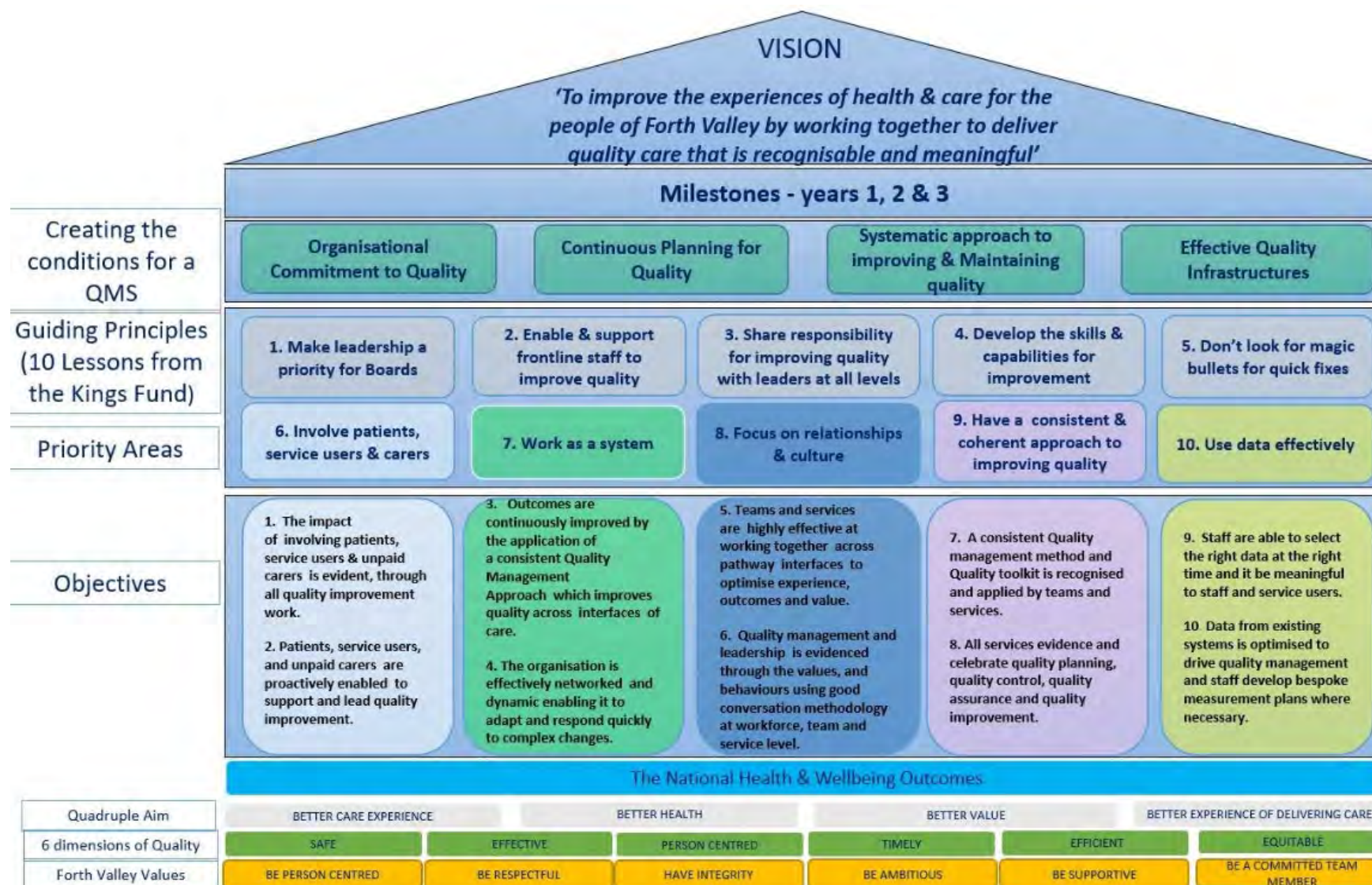
|   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |
|---|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|   |                                                   | <ul style="list-style-type: none"> <li>Coaching clinic every Tues/Thu afternoon provided by the Quality Team</li> <li>A Quality Management System (QMS) is being developed within the Quality team and more broadly across the organisation to support a consistent and sustainable approach to quality. Allied Health Professions Quality Management Board is now established with a primary focus on improving NMAHP data for assurance</li> </ul>                                                                                                                                                                                                                                                                                                  | Ongoing                                                             |
| 6 | Learning System                                   | <ul style="list-style-type: none"> <li>Ongoing use of a strong policy and commitment to ensuring patient and family involvement at all stages of the adverse event and significant adverse event process, improvement work relating to further aligning NHSFV SAER process to the revised HIS framework.</li> <li>Adverse event investigations capture effective, shared learning opportunities.</li> <li>Information from Quality Strategy implementation and projects included in Discovery Phase of the Culture Change and Compassionate Leadership Programme.</li> <li>Use of simulation to support quality and safety with use of safety cards and the Sim Safety Club.</li> <li>Development of VBHC Learning system supported by HIS</li> </ul> | Ongoing<br><br>Ongoing<br><br>Ongoing<br><br>Ongoing                |
| 7 | Clinical Governance Strategic Implementation Plan | <ul style="list-style-type: none"> <li>SPSP process reviewed aligned to data, quality and assurance processes</li> <li>A fully established Clinical Governance meeting structure that facilitates effective management with robust assurance and escalation routes.</li> <li>Evaluation of Patient Safety Conversations Visits</li> <li>Safety Culture Event</li> <li>Review of Significant Adverse Event Reviews process</li> <li>Access to clear, concise clinical guidelines.</li> </ul>                                                                                                                                                                                                                                                           | Ongoing<br>Slippage<br><br>Ongoing<br>Ongoing<br>Ongoing<br>Ongoing |
| 8 | Innovation Plan                                   | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ongoing                                                             |
| 9 | Realistic Medicine Action Plan                    | <ul style="list-style-type: none"> <li>Action Plan for 23/24 implemented.</li> <li>Alignment with Realistic Medicine and Value Based Healthcare.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Complete<br>Ongoing                                                 |

|                                                                                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                 |                        |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
|                                                                                   |                                                                                                                                  | <ul style="list-style-type: none"> <li>• Increase Realistic Medicine and Value Based Healthcare education and information.</li> <li>• Action Plan for 25/26 approved by Scottish Government.</li> </ul>                                                                                                                                                                         | Ongoing<br><br>Ongoing |
| 10                                                                                | Research and Development                                                                                                         | <p>Inclusion of Research and Development within the Forth Valley Quality Portfolio</p> <p>Development of an NHS Forth Valley Research Strategy</p>                                                                                                                                                                                                                              | Ongoing                |
| <b>Issues/Risk encountered during period</b> <i>(include risk/issues log ref)</i> |                                                                                                                                  | <b>Management and mitigations</b>                                                                                                                                                                                                                                                                                                                                               |                        |
| 1                                                                                 | <b>Lack of adequate staff engagement could impact the organisation's ability to deliver on strategic priorities</b>              | <ul style="list-style-type: none"> <li>• Involvement of our workforce in identifying causes and designing solutions at the earliest stage.</li> <li>• Clarity from professional leadership about expectations of staff and encouraging and supporting involvement.</li> <li>• Wider organisational responses to workforce challenges.</li> </ul>                                |                        |
| 2                                                                                 | Insufficient public engagement in development and implementation.                                                                | <ul style="list-style-type: none"> <li>• Provision of information and learning opportunities. Effective communication plans.</li> </ul>                                                                                                                                                                                                                                         |                        |
| 3                                                                                 | <b>Stronger Relationships and a more supportive Culture are needed to empower people to drive change safely and effectively.</b> | <ul style="list-style-type: none"> <li>• Close working with Culture Change and Compassionate Leadership Programme and use of improvement approaches and support within that programme.</li> <li>• Enabling and distributed leadership.</li> <li>• Quality Strategy supporting plans: Innovation Plan, Realistic Medicine Action Plan, Clinical Governance Framework.</li> </ul> |                        |
| 4                                                                                 | Systems and processes do not adequately support person-centred, timely, and efficient                                            | <ul style="list-style-type: none"> <li>• Work with NES, HIS and benchmark with other Boards and organisations to inform decision making to support effective use of date.</li> <li>• Involve clinical and non-clinical workforce in identifying improvements and solutions.</li> </ul>                                                                                          |                        |

|   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | approaches to quality planning, control, assurance, and improvement.                                                                      | <ul style="list-style-type: none"> <li>• Close working with Culture Change and Compassionate Leadership Programme and Financial Sustainability Programme.</li> <li>• Maximise use of existing systems, informed by workforce.</li> <li>• Remove barriers to staff continuously improving processes.</li> <li>• Shared learning and application of it.</li> </ul>                                                                                                                                                                                |
| 5 | Structures, roles and responsibilities are not sufficiently clear, and reporting structures are not aligned to support quality management | <ul style="list-style-type: none"> <li>• Triumvirate structures established across Directorates.</li> <li>• Good governance implementation across NHS Forth Valley and integrated services.</li> <li>• Professional leadership and support for increased ownership of and accountability for quality.</li> </ul>                                                                                                                                                                                                                                |
| 6 | <b>Quality management and performance management operating in parallel</b>                                                                | <ul style="list-style-type: none"> <li>• Performance Management Framework has explicit linkage with the Quality Strategy priorities and objectives with the primary responsibility of Directorates to make systematic, continuous improvements to performance</li> </ul>                                                                                                                                                                                                                                                                        |
| 7 | Corporate improvement support is not available to support organisational priorities                                                       | <ul style="list-style-type: none"> <li>• Directors, Chief Officers and senior leadership and management teams engaged with in informing priorities for improvement support, aligned with Annual Delivery Plan and Corporate Objectives</li> <li>• Forth Valley Quality Team quality planning, control and assurance and improvement portfolio reviewed and signed off by FVQ PB and Executive Leadership Team.</li> <li>• Close working with Corporate Portfolio Management Office, Strategic Planning and Transforming Care Boards.</li> </ul> |
| 8 | Individuals, teams and services do not have access to build skills and knowledge to improve quality and safety                            | <ul style="list-style-type: none"> <li>• Quality improvement capacity and capability action plan and implementation. Clinical Governance learning and development contributions.</li> <li>• Coaching and support for creativity and innovation skills building.</li> <li>• Scottish Patient Safety Programme and other national and local quality and safety programmes.</li> </ul>                                                                                                                                                             |
| 9 | Teams and the organisation are not aware of data quality issues and do not make                                                           | <ul style="list-style-type: none"> <li>• Ensure robust processes in place to manage quality and safety data</li> <li>• Ensure safety and quality data is visible and accessible via a central dashboard</li> <li>• Collaborate closely with Information services</li> </ul>                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | effective use of safety and quality data throughout decision making process | <ul style="list-style-type: none"> <li>• Utilise Data analyst in Quality team, by defining clear role and responsibility</li> <li>• Validation of Data, for completeness and accuracy</li> </ul> |
| <b>Focus for next reporting period (July 25- April 26)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>• Re-establish and energise priority teams to drive focused and coordinated action across all strategic areas.</li> <li>• Engage with previously paused workstreams, re-establishing relationships and agreed ways of working to capture their contributions within the Quality Strategy framework.</li> <li>• Develop and implement a project delivery tool to support effective project management and tracking of strategy implementation.</li> <li>• Strengthen and clarify the objectives within each priority area to ensure clear direction and measurable outcomes.</li> <li>• Develop robust measurement plans aligned to each priority, supporting data-driven decision-making and impact assessment.</li> <li>• Implement run charts and statistical process control (SPC) charts to track and visualise progress over time, enabling timely course correction.</li> <li>• Establish a structured reporting framework to ensure timely, transparent, and consistent communication of outcomes from workstreams outside the Quality team.</li> </ul>                     |                                                                             |                                                                                                                                                                                                  |
| <b>Quality Strategy Next Steps: Post 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                                                                                                                                  |
| <p>As NHS Forth Valley's current Quality Strategy (2021–2026) approaches its conclusion, a refreshed strategy will be developed to build on its achievements and lessons learned. The new strategy will be informed by a comprehensive evaluation of the existing framework, identifying areas of success and opportunities for improvement. It will align closely the identified Corporate Objectives and the emerging Population Health and Care Strategy (2025–2035), ensuring a whole-system approach to quality that supports prevention, community-based care, and improved population wellbeing. Stakeholder engagement will be central to the development process, involving staff, patients, carers, and partners in co-designing priorities. The refreshed strategy will retain core pillars such as safe, effective, and person-centred care, while incorporating new themes including equity, digital innovation, sustainability and value. A clear implementation plan, governance structure, and review mechanism will ensure the strategy is actionable, measurable, and responsive to evolving needs.</p> |                                                                             |                                                                                                                                                                                                  |

## Appendix 3 – Our Approach





## NHS Forth Valley

Forth Valley NHS Board

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### 17. Innovation Plan Annual Update

**Purpose:** This report is for Assurance

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**Executive Sponsor:** Andrew Murray, Medical Director

**Author:** Wendy Nimmo, Interim Head of Efficiency, Improvement & Innovation

Emma McDonough, Research Lead,

Jennifer Zielinski, Innovation Programme Manager

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### Executive Summary

This paper provides an overview of progress made during 2024-2025 in implementing the Innovation Plan 2022-2027 (Appendix 3) for NHS Forth Valley.

The strategic objectives of the Innovation Plan 2022 – 2027 are:

1. Develop an organisational culture that values and supports innovation.
2. Involve the people and staff in the design of tools, technologies and services that support them.
3. Embed an agile Innovation Governance process to help ensure our priorities and resources are aligned, supported, and managed appropriately.
4. Develop a Quality Management System (QMS) approach for medical device regulation.
5. Increase visibility of local innovation activity and success.

The Logic Model Innovation 2022-27 (Appendix 4) outlines the strategic ambition for innovation within NHS Forth Valley over the five-year period, highlighting key intended outcomes. Building on this framework, the 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.

This paper reviews the outcomes achieved during this period, explores the challenges and risks encountered, and considers planning approaches for achieving sustained impact in Years 3 to 5. Through this analysis, a comprehensive understanding of the progress made is provided with future innovation efforts aligned with the Board's strategic objectives.

---

### Action Required

The Forth Valley NHS Board is asked to:

- (1) **note** the progress made in Year 3 of the Innovation Plan implementation.
  - (2) **note** the logic model outcomes against priorities.
  - (3) **support** next steps for Year 4 of the Innovation Plan and Logic Model.
  - (4) **consider** if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.
- 

### Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Clinical Governance Committee, 9 September 2025. The report was endorsed for approval following a strategic discussion on empowering staff to drive innovation across the organisation.
-



### **Risk Assessment and Mitigation**

Projects are managed using the CPMO project tool and risks managed and mitigated; with no risks aligned to the Strategic risk register currently. Any identified risks are reported and discussed at Quality Programme Board.

---

### **Impact Assessments**

#### **Equality & Diversity and Fairer Scotland Duty**

Does this report require an EQIA or Fairer Scotland Duty Assessment? No

If yes, please confirm this is attached. Attached ☐ Not required ☒

#### **Financial and Infrastructure Implications**

In Years 1–3, CSO funding enabled successful SBRI projects within NHS Forth Valley and with partner boards. With CSO support now ended, the Innovation Team is actively exploring alternative funding sources and developing a process to support future project approvals, which will be contingent on securing sufficient funding.

#### **Workforce Implications**

There are no direct workforce implications of this paper except the opportunity to embed an innovation culture, where staff are empowered to try new ways of working supported by the Innovation Team.

#### **Quality / Patient Care Implications**

The Eye Health Innovation Project concluded in Year 3 and has provided qualitative feedback which evidences the benefit of completing tests in the home environment with children.

#### **Population Health & Care Strategy**

Aligned to Population Health Strategy and Realistic Medicine, Value Based Health and Care.

#### **Climate Change / Sustainability Implications**

The Innovation Team have supported Eye Health Home Vision and Near to Home testing SBRI in Years 1 to 3. This would allow for the use of technology in the home or near to home and avoid travel to hospital sites for eye tests. Both prototype projects have now concluded in Year 3 and a recommendation to the Accelerated National Innovation Adoption pathway is in the process of being developed with the findings of the projects. There are no immediate sustainability implications arising from this paper.

#### **Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☒

The following groups were involved in the development of this paper for presentation to Board: Cardiovascular Health Project Team; Eye Health Consortium; Clinical Governance Working Group, and Clinical Governance Committee.

#### **Appendices**

Appendix 1 – Main Report

Appendix 2 – Our Approach, Innovation Plan

Appendix 3 – Logic Model

## **Innovation Plan Deliverables – Appendix 1**

### **Key Issues to be Considered**

As the Innovation Plan / Logic Model progresses into its third year, several key issues have emerged that require careful consideration to ensure effective implementation. These include resource allocation, cross-team collaboration, digital integration, and the ongoing management of risks and challenges that may impact project delivery and outcomes.

Progress with implementation of the Innovation Plan is monitored, reviewed, and reported through the NHS Forth Valley Quality Programme Board on a quarterly basis.

### **Review of progress against Medium Term Outcomes: Year 2-3**

NHS Forth Valley aims to transition from foundational awareness and engagement activities to tangible behavioural and systemic changes. This phase focuses on fostering innovation environments, scaling collaborative efforts, and targeting health challenges through innovative solutions. Progress below is listed against the Medium-Term Outcomes noted in the Logic Model (Appendix 3).

#### **1. Creating environments and physical space to allow colleagues and partners the opportunity to Innovate**

The Innovation Team followed the Triple Helix model of collaboration to complete projects. In Year 3, collaborations took place between 14 industry partners, 6 academic partners, 8 NHS Boards, and 10 third sector partners. Additionally working with the Chief Scientists Office (CSO) the Innovation Team successfully hosted 2 national consortia, the AI Dermatology Consortium and Eye Health Consortium. To celebrate the conclusion of current activity within the Eye Health Consortium an event was held which allowed academic and 5 industry participants to showcase their work in this area and promoted networking and further innovation opportunities.

The NHS Forth Valley Research & Development and Innovation teams are in discussion with the West of Scotland Safe Haven and the Health Informatics Centre (HIC) to explore the creation of NHS Forth Valley's own Safe Haven/ Trusted Research Environment (TRE), to allow the collection and storage of NHS Forth Valley data for the purposes of research and innovation. This will allow the board to be more responsive and attractive to researchers, academia and industry as it would provide researchers with a rich source of data about NHS patients in NHS Forth Valley, facilitating research using real-world NHS data. Presenting a significant opportunity for revenue generation for the board, as well as cost avoidance as this would negate the need to engage with external Safe Haven providers for NHS Forth Valley delivered projects. It will also place less burden on existing eHealth and Information Governance teams as the established infrastructure and governance processes are already established in the Safe Havens.

Progressing into Year 4, the Innovation Team will work with the NHS Forth Valley Research & Development Team to investigate a separate physical space. Initial collaborations have begun with Codebase and their community of founders which will result in, future Medtech events held within NHS Forth Valley, to allow for test bed projects with revenue generation potential.

**2. Benefits realisation identified and captured for each project.**

All projects now follow the Scottish Approach to Service Design, and whilst no projects following this methodology have been completed in the period, ongoing assessment within this methodology allows for benefits to be captured. Within this period an evaluation of the current portfolio was undertaken and identified anticipated benefits. As such a number of projects were concluded or re-designed. Where benefits had been realised, the project was transferred to business as usual and potential to be scoped for national adoption. NHS Forth Valley have continued to work closely with the Accelerated National Innovation Adoption (ANIA) team within the Centre for Sustainable Delivery (CfSD) to help identify benefits for value cases presented to the Innovation Design Authority (IDA). Clinical teams and planning have been supporting the development of the value case for Ambulatory ECG Patch Monitors.

The Innovation Team supported colleagues in Cardiology and MSK Physiotherapy Services, with 2 pilot projects (Heartflow and Phio, respectively), which are now being considered for shortlisting by ANIA.

A significant programme of work in Years 1-3, for the Innovation Team included the AI Dermatology Consortium. After consideration and evaluation of the benefits for NHS Forth Valley and consultation with the Chair and Consortium members, it was decided to accelerate the aims of the Consortium, the British Association of Dermatologists would lead on all future development of the Consortium from early 2025.

Development of this work into Year 4 will formalise the process for benefit realisation which will be adopted into projects. Progress Clinical Validation of home vision testing to ANIA programme.

**3. KPIs defined & reporting structure identified to influence behavioral change.**

CSO KPIs have been adopted and are used to report progress annually to the CSO. For increased accuracy and efficiency, the Innovation Team have been working with Corporate Performance Management to establish capturing KPIs within Pentana. This work will continue to be refined and move to BAU within the team into Year 4.

**4. Test to change activities to provide revenue generation.**

Initial work to discover potential models of revenue generation have been scoped. This would provide an income source from industry to fund innovation project time and resources. Horizon scanning for funding opportunities is operational within the team; as a result, several bid applications have been submitted. This also has created the conditions and opportunities to collaborate more closely with academic partners.

The Innovation and Research & Development Teams are working with the University of Stirling to implement a joint process for grant applications. This includes sharing of bid opportunities, matching academic and clinical staff to collaborate and coordinate grant writing and costings to increase the number of joint bids submitted and streamline the application and submission process.

The Innovation Team entered a national public sector funding competition to explore innovative use case of AI, and work towards a proof of concept (POC). NHS Forth Valley won this competition, at the national FutureScot event in November 2024, with a POC focusing on how AI can improve complaints processing within the Patient Relations Department.

In total this year £570,000 of funding has been awarded to the innovation team from sources including Scottish Government via CSO and Industry via FutureScot sponsored competition. The Innovation Team have submitted 5 funding bids this year, 2 of which were successful.

Plans are in place for the Innovation Team and Research and Development Team to collaborate on funding bids and through Year 4, this will be formalised. Connections to stakeholders will be strengthened through links with incubator hubs and annual focus groups with interested stakeholders are planned, to understand potential levels of engagement and uptake.

**5. Explored connections to potential life science businesses.**

Connections have been formed at industry events within the local economic development ecosystem. Identifying stakeholders and forming initial relationships with hubs to understand models of collaboration. Existing innovators have continued to explore new project partnerships with life science businesses, which the Innovation Team support.

Funded projects in Year2/3 concluded with successful completion and commercialisation of 3 life science products evaluated in NHS Forth Valley.

Horizon scanning in this area will continue into Year 4 and the development of further stakeholders in the life science space. NHS Forth Valley will host events to provide networking opportunities for innovators and life science businesses.

**6. Users included in the design and development of projects.**

Activity to support the workforce strategy priority has been through a collaboration with the University of Stirling and University of Pennsylvania. The Innovation Team have worked with the Universities to create a 6-month nursing innovation programme, with 9 nurse leaders from NHS Forth Valley taking part. The goal is to advance innovation, education and empower nurse-led innovation and leadership, with the aim of the programme to address real-world workforce challenges nurses are facing by taking a human centered design approach.

Additionally, all new innovation projects are following the Scottish Approach to Service Design to include users in the design and development, with both Project Managers having completed training in this methodology as delivered by the Service Design Academy and teach back provided to the wider team.

To ensure patient experience is used in the design process for the developing Cardiovascular Health work the Innovation Team gathered patient feedback from a variety of sources including Care Opinion, 1 to 1 interview with patients and focus group discussions. This qualitative feedback was analysed and themed to better

understand the patient experience. This was shared at the define workshop to ensure the patient voice was present and used to inform discussions.

Work is underway, in collaboration with Quality Improvement colleagues and the Person-Centred Care Team, to establish a robust process to engage public partner volunteers to ensure we are involving the right people at the right time in improvement and redesign work in line with the National Standards for Community Engagement.

Throughout Year 3 the Innovation Team have developed 8 co-design projects and involved 5 NHS Boards within these projects. This methodology will continue to be deployed into Year 4, and the process and tools will be formalised.

#### **7. Celebrating successes with our partners and communicating to stakeholders.**

The programme of work completed by the Innovation Team is celebrated through traditional and modern communication methods. In Year 3 the team hosted 4 events/workshops, with 146 participants and 3 staff education session. Planning for a Research & Innovation Showcase event is underway for later in the year. This will be held in collaboration with the University of Stirling and will be an opportunity for both organisations to exhibit and celebrate their research and innovation successes and will provide an opportunity for networking to enhance collaboration.

Stakeholder relationships are in place and the Innovation Team will host further events and showcases in Year 4.

#### **8. Improved the health of the population of FV and reduced inequalities.**

The Innovation Team have focused development of new projects on health inequalities and population health, as directed by the Board in 2024. Aligning with board priorities and national strategies, it was identified that the first focus for this activity would be developing Cardiovascular Health innovation projects, in collaboration with the Value Based Health and Care team. Value Based Health & Care builds on the principles of Realistic Medicine and is a way of working that will provide care which is sustainable, equitable, and realistic.

Following the Scottish Approach to Service delivery model, the team have hosted 2 workshop sessions, gathered user feedback and have now identified problem statements for specific areas.

Across the Innovation programme, the Team have engaged 9 services, which include Dermatology, Ophthalmology, Theatres, Cardiology and Patient Relations. Future projects will be identified using the outputs from the workshops, ideation and prioritisation will allow workstreams to be identified with associated discrete projects. The necessary structure and governance will be formed to support the projects.; working groups, governance groups, PIDS, and project plans.

#### **Relevance to Strategic Priorities**

The Innovation Plan and Logic Model 2022-2027 have been developed to meet strategic priorities and aims of the organisation. The table below shows the alignment of Year 4 projects to the corporate objectives.

|                                                | <b>Corporate Objectives</b> |                       |                    |                 |
|------------------------------------------------|-----------------------------|-----------------------|--------------------|-----------------|
|                                                | <b>Collaboration</b>        | <b>Transformation</b> | <b>Stewardship</b> | <b>Outcomes</b> |
| Innovation Plan                                | x                           | x                     | x                  | x               |
| AI Skin Cancer Contract for Innovation         | x                           | x                     | x                  | x               |
| Phio                                           |                             |                       | x                  | x               |
| Population Health Project (CVD)                | x                           | x                     | x                  | x               |
| AI Approach                                    |                             | x                     | x                  | x               |
| Quality Management Systems for Medical Devices | x                           | x                     | x                  | x               |
| NHS FV Trusted Research Innovation (R&D link)  | x                           | x                     | x                  | x               |
| Nursing Innovation Programme                   | x                           | x                     | x                  | x               |
| AI Complaints Processor                        | x                           | x                     | x                  | x               |

*Figure. Innovation Projects alignment to Corporate Objectives*

Priority areas were identified by the Board in 2024 as Population Health and Health Inequalities and Workforce Strategy, all horizon scanning activities and project approval is designed to meet the needs of these priorities.

Furthermore, in Year 4, the Innovation Team will work in collaboration with colleagues in other directorates to implement a Quality Management System and AI Approach.

There is a regulatory requirement for NHS Forth Valley to procure, develop and implement ISO13485 Quality Management System (QMS) approach for medical device regulation. Significant resource will be required to both fund the procurement of necessary systems and dedicated personnel.

There is a need to establish a joint understanding surrounding AI; addressing what it is, what it can do and establish an organisation wide approach to the utilise the opportunities and manage the challenges it brings. The approach will drive the development of a robust AI management system; a set of governance elements and activities that support decision making and the delivery of outcomes relating to the development and use of AI systems i.e. organisational policies, objectives, SOPs. The Innovation Team working closely with Digital and Information Governance are setting out this approach, which will provide this guidance to colleagues and will provide governance to any new AI innovation projects.



# **NHS FORTH VALLEY INNOVATION PLAN 2022 – 2027**

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## Background

Innovation is at the heart of NHS transformation and is a key component in ensuring we can develop and deliver NHS services effectively for the future. As a result of COVID 19, there has been rapid engagement and innovative solutions developed at pace to support services to recover from the impact of the pandemic. The successful implementation of solutions has led to an appetite for change and removed barriers that had previously hampered and slowed the speed of innovation.

The Remobilise, Recover and Redesign Framework for Scotland<sup>1</sup> outlines how NHS Boards will remobilise, support development and embed innovation and digital approaches into our everyday practise whilst aligning to the national care programmes. NHS Forth Valley has identified this as a key priority within “Our system wide remobilisation plan” and is working to identify priority innovation challenges and opportunities taking account of innovations being developed via the three Regional Hubs.

Implementing NHS Forth Valley’s Innovation Plan will enable us to embed the use of technology into our everyday practice and business. It will aid identification of priority innovation challenges and opportunities, ensuring we continue to support the acceleration of digital services and innovation and improve patient outcomes and experiences.

**This will be achieved by implementing the following strategic objectives:**

1. Develop an organisational culture that values and supports innovation
2. Involve people and staff in the design of tools, technologies and services that support them
3. Embed an agile Innovation governance process to help ensure our priorities and resources are aligned, supported, and managed appropriately
4. Develop a Quality Management System (QMS) approach for medical device regulation
5. Increase visibility of local innovation activity and success

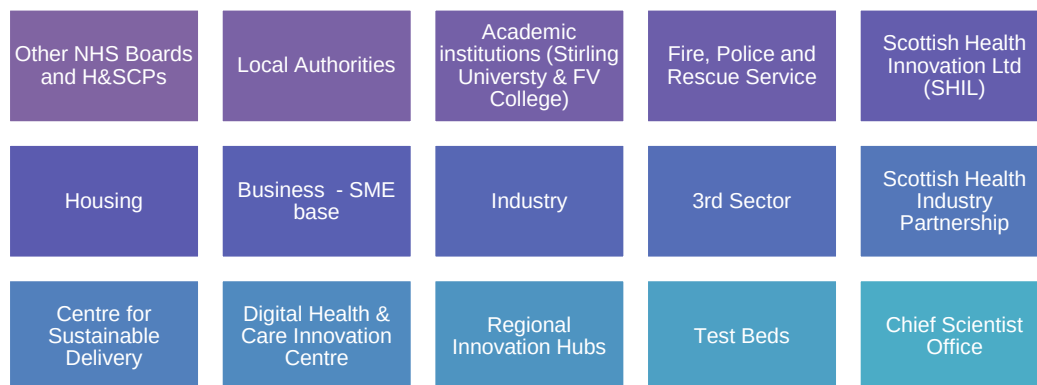
## Innovation Landscape in Scotland

A key priority for Scotland is to develop innovation as an intrinsic part of the country’s culture, society, and economy. To that end there is an emerging innovation ecosystem

<sup>1</sup> <https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/>

within Scotland, and it is key that NHS Forth Valley is connected and works within this landscape.

The national response to COVID has highlighted how we can harness the spirit of cooperation and collaboration, including mobilisation from all our key partners. (Noted below)



NHS Forth Valley is involved in several regional and national innovation fora with service challenges and innovative solutions routinely identified by individual staff and teams, together with clinical and management involvement in Regional and National Planning forums.

NHS Forth Valley is a member of the Test Bed for innovation model. This brings together three regional areas in Scotland that are committed to deliver the Chief Scientist Office Service Level Agreement priorities of:

- a) Creating additional capacity to partner with industry, academia, and others to run open innovation collaborations.
- b) Increasing the quality and quantity of industrial innovation collaboration projects – to deliver solutions to health and social care strategic priorities, whilst also delivering economic growth.
- c) Providing support for academic led ‘Triple Helix’ open innovation collaborations.

We plan to continue to offer Test Bed opportunities to industry and social enterprise and have increased research and development and innovation collaboration with Strathclyde University, University of Stirling and Forth Valley College. Our relationship with academia will be further developed to include student projects and potential for skills building.

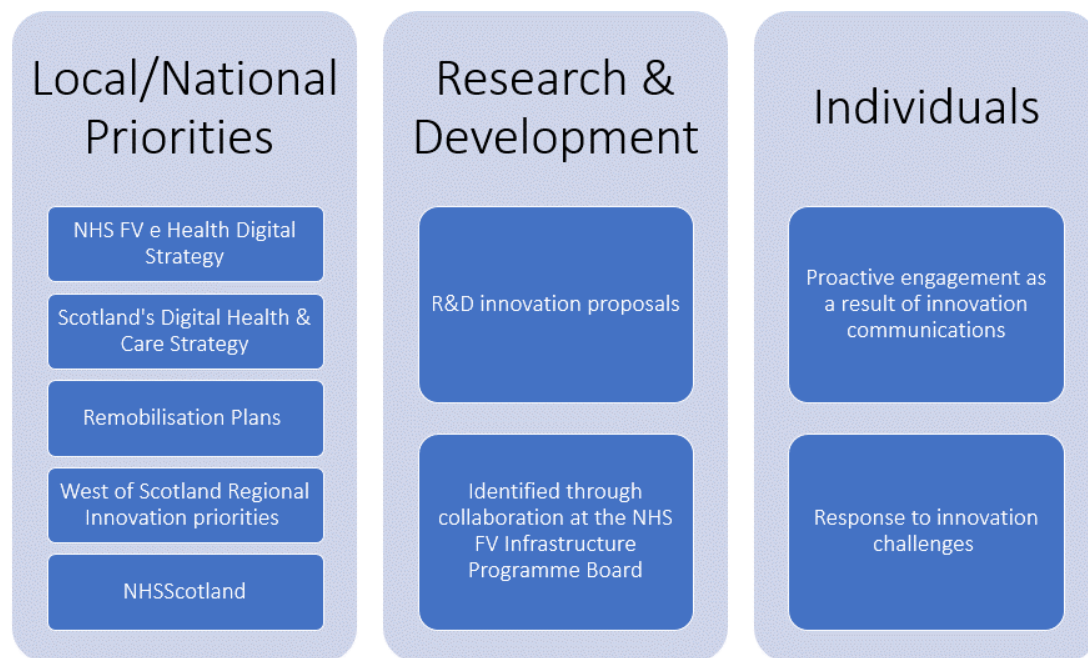
FV Quality as a corporate function also works with our growing community of local innovators to scan for and attract opportunities for innovation projects and connecting them to the appropriate contacts within the innovation ecosystem.

## Innovation Approach in Forth Valley

Our aim is to implement a standardised and disciplined way of supporting and delivering innovation within NHS Forth Valley. This includes both internal innovation and learning and adapting innovative ways of working from other industries. All innovation will align with organisational priorities and the Scottish Government National Performance Framework.<sup>2</sup>

The scope of innovation encompasses services and teams within NHS Forth Valley, care and support delivered by our Health and Social Care Partnerships and innovation collaborations with other NHS Boards and partner organisations.

There are a number of sources identified below that innovation can come from. Each of these sources will be generated by both proactive and reactive activities.



Once a project is submitted to the Innovation Team the diagram below illustrates the project milestones as it progresses towards Business as Usual.



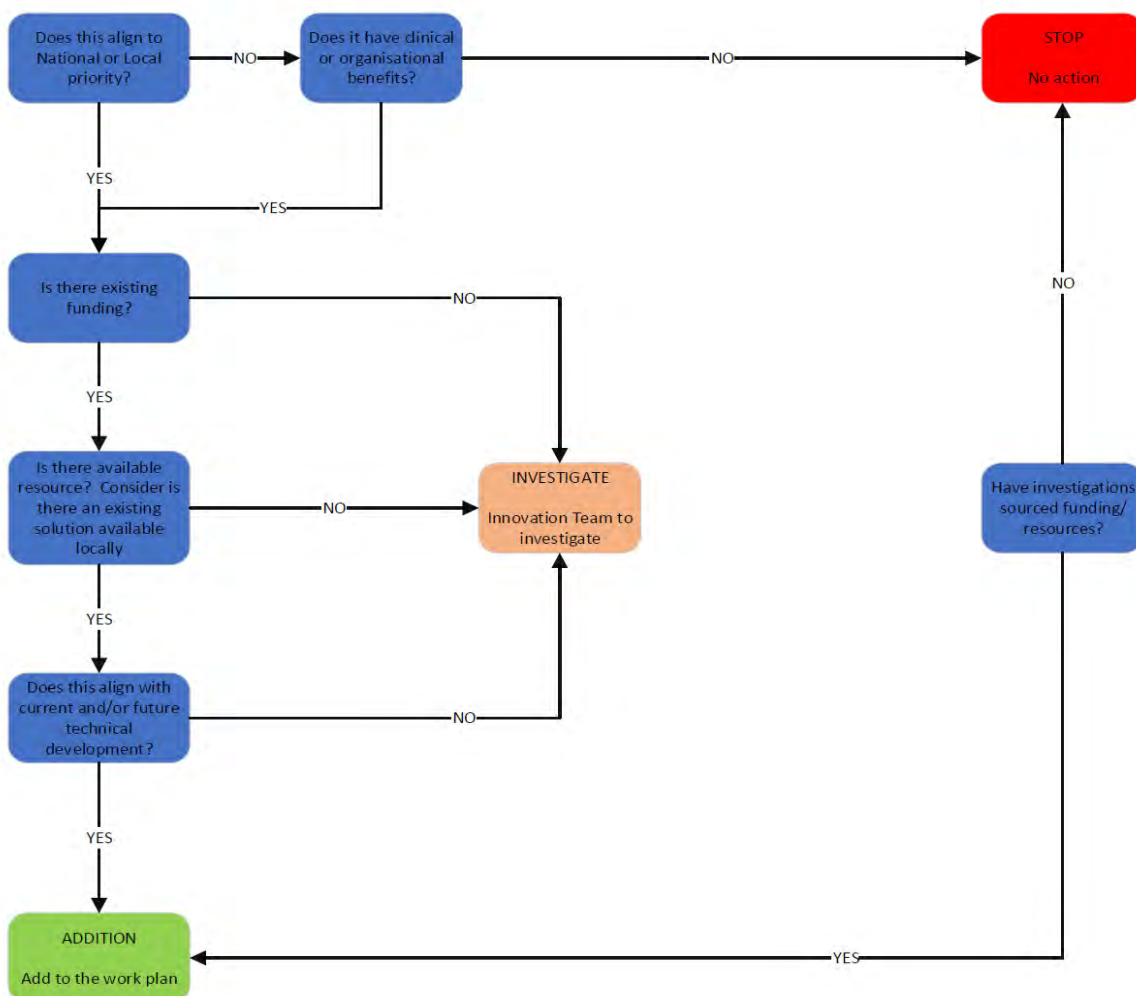
<sup>2</sup> <https://nationalperformance.gov.scot/>

## Innovation Prioritisation

There is a need to identify, prioritise and plan this activity to ensure that delivery aligns with the demands and priorities of NHS Forth Valley. Following the Push and Pull Model below will allow for the opportunity to recognise the advantages of various sources, whilst ensuring projects still meet the needs of the organisation.

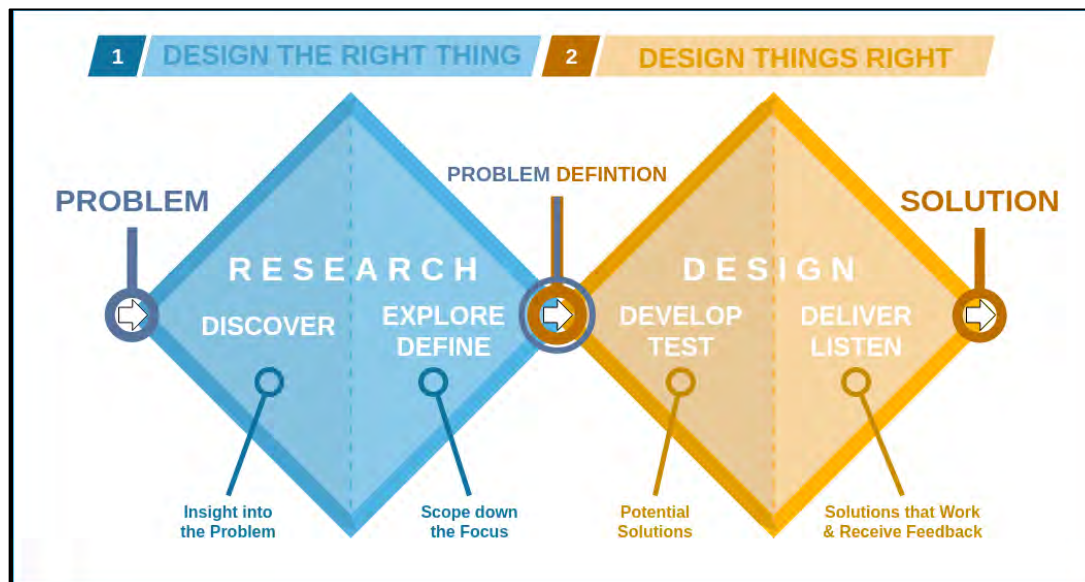


To this end all projects will be assessed against the following project selection matrix.



## Project Approach and Support

The Scottish Approach to Service Design<sup>3</sup> provides the framework for innovation project management and support to innovators, with a specific focus on the double diamond approach.



This approach is currently being tested as part of our ongoing development of our Innovation toolkit, an example of this working in practice is highlighted below

| Dermatology AI Skin Cancer 48 x 22<br>Aim : diagnose skin cancer within 48 hours by end of 2022/23                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Discover                                                                                                                                                                                                                                                                                                                              | Define                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Develop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deliver                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Discover: March 2021 – Oct 2021</p> <ul style="list-style-type: none"> <li>• Deloitte &amp; DHI User insights, pathways, AI use cases</li> <li>• Programme funding</li> <li>• Market landscape Reviews NSS &amp; DHI</li> <li>• Technical Analysis - iCAIRD</li> <li>• Primary/Community Care Model</li> <li>• Research</li> </ul> | <p>Define: Nov 2021 – August 2022</p> <ul style="list-style-type: none"> <li>• Scope proof of concepts – initially in at least 2 Boards</li> <li>• Community, Locality, GP Practice models for capture of images to use in Advanced Clinical Referral Triage and support people to self manage.</li> <li>• A minimum set of standards and specifications for image capture, metadata, data storage, CHI integration, authentication</li> <li>• Minimum standardised technical infrastructure and architecture to enable clinical care and support and enable machine learning and AI</li> </ul> | <p>Develop: Sept – Dec 2022</p> <ul style="list-style-type: none"> <li>• Building innovation collaboration, competitions and learning network</li> <li>• Develop and test prototype and operational model of care and support</li> <li>• Develop standardised capture of image &amp; information, annotation, anonymisation, define interoperability standards, integration with electronic patient record &amp; other systems where needed, transfer to data storage/ loch</li> </ul> | <p>Deliver: By end of 2022/23</p> <ul style="list-style-type: none"> <li>• Delivery of a community model and transformation of pathways of care and support across Scotland</li> <li>• Deliver a high volume pipeline of safe and secure images, image database and data linkage capability ready for machine learning, for research</li> <li>• Clinical and operational database integrated with board systems</li> <li>• Agile adoption across Scotland</li> </ul> |

<sup>3</sup> <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

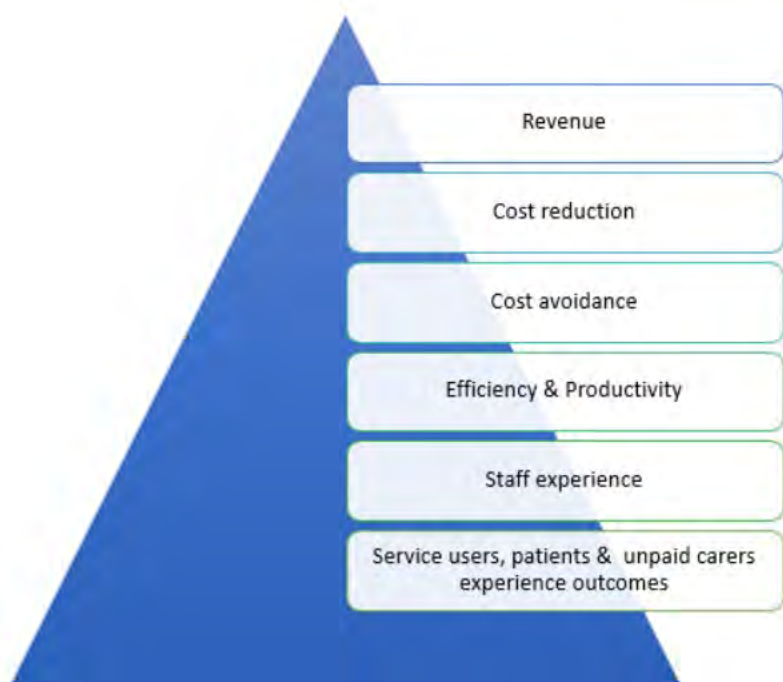


The Innovation toolkit will provide the structure and guidance for all projects. (See Appendix 1.)

## Evidence of Value through Innovation

Aligning our Innovation approach with the Quality Strategy we will demonstrate our successes in Innovation by using the East London NHS Foundation Trust (2018)<sup>4</sup> framework for evaluating the Return on Investment (ROI) in healthcare.

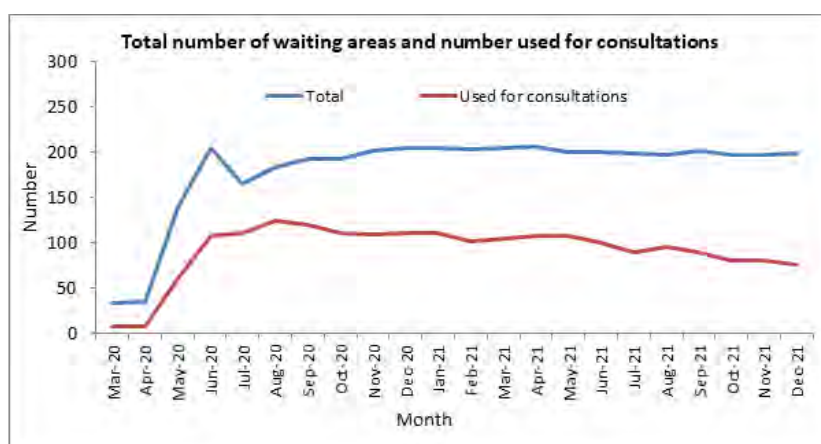
The framework defines six key areas, aligning strategic priorities to improving outcomes and experience. We will adapt and adopt this model to help us better demonstrate return on investment. Some examples are given below



*"In FV, 41 shielding patients received dermatology outpatient care from the safety of their home. In addition, 218 virtual consults in FV were carried out from home by the clinician, highlighting the potential for Digital Dermatology Appointments (DDA) to provide a flexible alternative to traditional working patterns"*

*"Our patients quickly became engaged with Florence, it is very user friendly. Feedback has shown that patients now feel more involved in managing and understanding their own health. Additionally, the automatic calculation and drop into Docman of the average of 7 day BP readings has been a huge time saver for our practice nurse team who can now focus more time on direct patient care"*

### Near Me



<sup>4</sup> <https://qi.elft.nhs.uk/resource/building-the-business-case-for-quality-improvement-a-framework-for-evaluating-return-on-investment/>

## Innovation Governance

At the core of our approach to developing innovative solutions is doing this in collaboration with our staff, academia, industry partners and third sector. This will enable us to identify the problems faced by patients, staff, and citizens in receiving and delivering high quality, effective and efficient health, and care services, whilst also maximising opportunities for individuals to better self-manage existing conditions as well as preventing their occurrence.

To help ensure our resources are channelled, supported and managed appropriately, an Innovation Governance Group has been created and embedded into both the corporate and clinical governance structures and is aligned to the e-Health Digital Delivery Plan. This governance group ensures that we have a consistent cycle of innovation delivery so that users know how and when delivery will occur. The main purpose of the governance group is to review any new proposals, locally, nationally, and regionally.

## The Innovation Governance Group;

provides a shared resource for innovation projects and new developments that might merit an injection of development, investment, and eHealth support,

allows for a mechanism for the implementation of any potential solution that requires a robust digital IT infrastructure, and

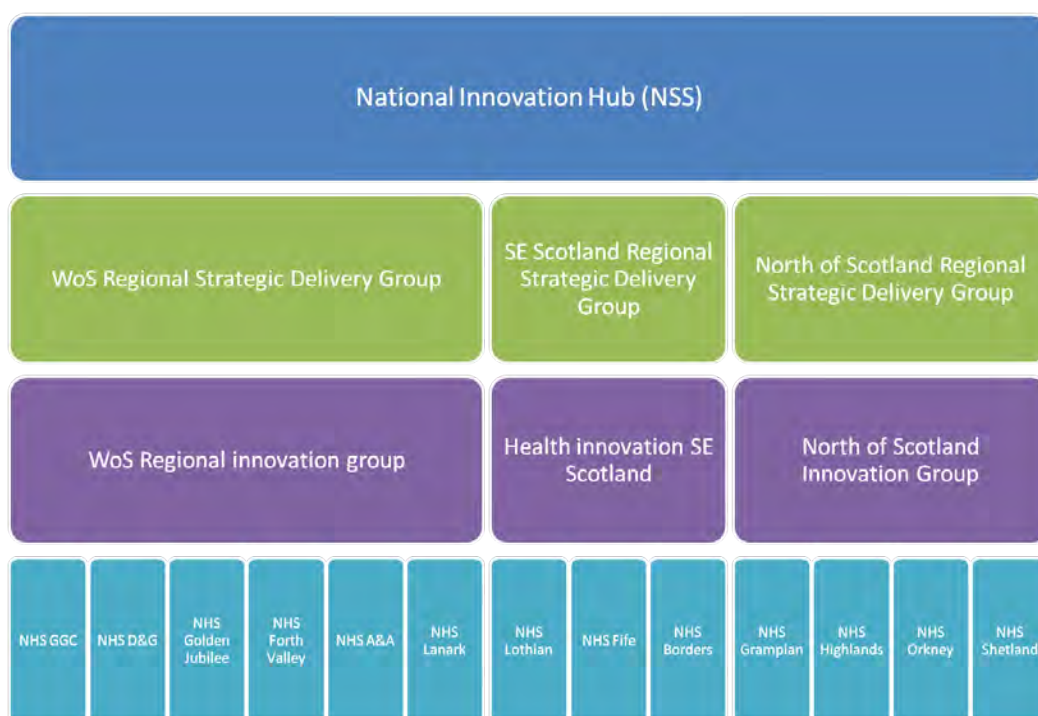
develops a plan to create capacity to support the implementation of digital and non-digital innovations and proactively review how we track/anticipate the pipeline of innovation projects within NHS Forth Valley.

Key stakeholders identified to support this structure highlighted below





Innovation is governed at a Regional level within Scotland, with NHS Forth Valley participating in the West of Scotland Regional Innovation Group. The regional innovation is arranged as illustrated below:



## Innovation Culture

Building a Culture of Innovation is an organisational wide endeavour and a capability that requires a multi-disciplinary approach. Innovation requires the right ecosystem to merely exist and the optimum conditions to really thrive.

A key factor enabling our organisation to embrace innovation and create a responsive and reactive environment is to have a culture that ensures that individuals are empowered to take decisions and be proactive in their own areas, supported by agile governance processes and appropriate levels of authority to operate.

This aligns to the inclusive principles set in the Scottish Approach to Service Design <sup>5</sup>-

Connecting with colleagues in other departments in the planning stages will ensure there is sufficient time in their work schedules. We will review our current projects and our plans for horizon scanning in the short, medium, and long term which will allow for prioritisation of projects.

As part of this we will look to identify service re-design plans, recovery and remobilisation, service transformation, and link to the Scottish Government to find innovative solutions to potential internal challenges. A key factor in the success of all innovation projects is their

<sup>5</sup> <https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/the-design-process/>.

transition to Business as Usual, each project will need to have a full implementation plan as it is handed over for operational use.

NHS Forth Valley's Innovation plan will enable the organisation to create the conditions and culture to support sustainable Innovation to improve outcomes and experiences for all.



INNOVATION  
STRATEGY



INNOVATION  
LEADERSHIP



INNOVATION  
CULTURE



INNOVATION  
PROCESS

## How do we embed technology in our everyday practice

### Procurement

We have established working relationships with national and local procurement colleagues to support the transition of projects to Business as Usual and where appropriate include the relevant expertise in our project working/governance groups.

Our approach will focus on the necessary evaluation input and demonstrate return on investment to support Business Case development for future adoption and procurement.

As highlighted in the recent Campbell Report<sup>6</sup> commissioned by Scottish Government, there is an importance for Health and Social Care to work in partnership with innovative start-ups and scale-ups in the Scottish Small/Medium enterprise (SME) base and closely with industrial collaborators to ensure procurement has a connected national approach. Existing projects with NHS Forth Valley already have a collaborative approach with industry via the Dermatology AI Consortium and our Eye Health SBRI. We will continue to seek opportunities to procure within the Scottish SME base, using challenges and competitions promoted through the health innovation and health technology ecosystem.

### Medical Device Regulation

To support our Innovation plan we will work with partners in SHIL to implement an ISO13485 Quality Management System (QMS)<sup>7</sup> for medical device regulation. The QMS system will enable us to demonstrate the ability to provide medical devices that have a consistent approach to meeting both service and regulatory requirements.

## Communication and Engagement Strategy

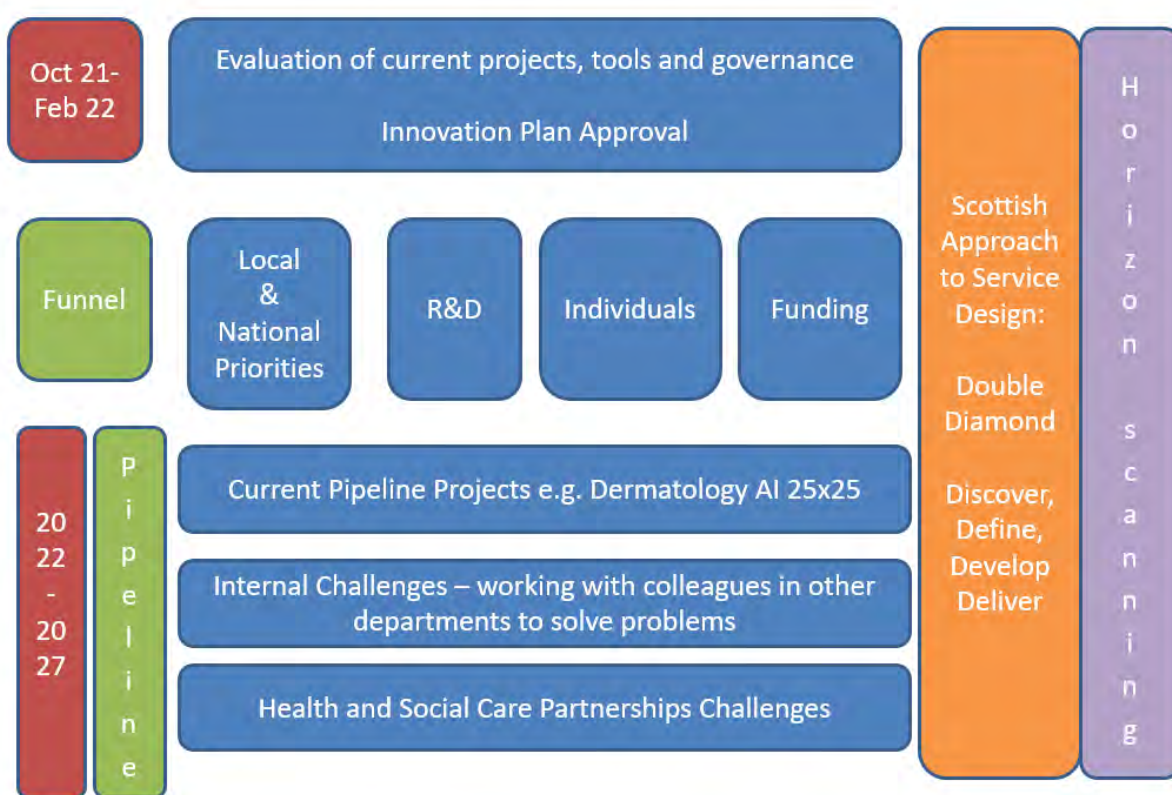
<sup>6</sup> <https://www.gov.scot/publications/campbell-report-roadmap-investment-health-innovation-life-sciences-healthtech-scotland/>

<sup>7</sup> <https://www.iso.org/standard/59752.html>

Innovation will utilise existing communication mediums to source opportunities and funding, as well as celebrating success and promoting our portfolio of completed projects, both internally in NHS Forth Valley and nationally. To this end a targeted communications and engagement plan has been created and will be used throughout the year to ensure internal and external stakeholders are aware of the progress of projects and transition to Business as Usual. We will also work with the regional hubs and national organisations to horizon scan for opportunities to promote our projects. Working with SHIL in October 2021 in this manner, secured the Dermatology AI Consortium and article in the Holyrood magazine.<sup>8</sup>

## The Way Forward

To support the Innovation Plan, the diagram below illustrates Innovation Delivery with NHS Forth Valley over the next 5 years.



<sup>8</sup> <https://library.myebook.com/holyrood/holyrood-473/3657/#page/20>



## NHS Forth Valley

Forth Valley NHS Board

### 18. Whistleblowing Activity Performance Report

**Purpose:** This report is for Assurance

**Executive Sponsor:** Karen Goudie, Executive Nurse Director

**Author:** Claire Peacock, PA to Executive Nurse Director

#### Executive Summary

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'Whistleblowing concern'.

The standards are applicable across **all NHS services** and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021, and it is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and an annual basis.

This paper is presented to the Staff Governance Committee to provide an update on Whistleblowing activity in NHS Forth Valley.

#### NHS Forth Valley Position at a Glance

To date NHS Forth Valley has received an overall **total of 26 cases**.

- 10 cases were managed under Stage 1 of the Whistleblowing procedure and
- 16 cases under Stage 2 of the procedure.

The table below provides a breakdown of areas and total number of concerns received and investigated at each stage of the procedure:

|                                 | Stage 1   | Closed    | Stage 2   | Closed    |
|---------------------------------|-----------|-----------|-----------|-----------|
| <b>Acute</b>                    | 4         | 4         | 6         | 5         |
| <b>Corporate</b>                | 0         | 0         | 3         | 3         |
| <b>Community</b>                | 0         | 0         | 1         | 1         |
| <b>MH/LD/Prisons</b>            | 4         | 4         | 2         | 2         |
| <b>Women &amp; Children</b>     | 1         | 1         | 3         | 3         |
| <b>HSCPs</b>                    | 0         | 0         | 0         | 0         |
| <b>Estates &amp; Facilities</b> | 1         | 1         | 1         | 1         |
| <b>Total</b>                    | <b>10</b> | <b>10</b> | <b>16</b> | <b>15</b> |

#### Action Required

The Forth Valley NHS Board is asked to:

- (1) **note** Whistleblowing performance in NHS Forth Valley in Q1 2025
- (2) consider if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.

#### Governance Route to the Meeting and Previous Board Consideration

Noted below are the governance routes for assurance:

- Staff Governance Committee
- Forth Valley NHS Board

## **Risk Assessment and Mitigation**

Effective Whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

NHS Forth Valley promote the use of Business-as-Usual reporting for all areas of concern, however where these have been exhausted, or are felt by the reporter to be closed to them, then Whistleblowing routes should be used.

There is also a public confidence and reputational risk if Whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

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## **Impact Assessments**

### **Equality & Diversity and Fairer Scotland Duty**

Does this report require an EQIA or Fairer Scotland Duty Assessment? Choose an item.

If yes, please confirm this is attached. Attached ☐ Not required ☒

### **Financial and Infrastructure Implications**

No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on Safeguard to data capture the Whistleblowing process.

### **Workforce Implications**

An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post continues to be supported within the NMAHP directorate, however is undergoing banding review of the role.

### **Quality / Patient Care Implications**

Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

### **Population Health & Care Strategy**

N/A

### **Climate Change / Sustainability Implications**

None

### **Engagement and Communications**

Was statutory engagement with stakeholders required? Yes ☐ No ☐

## **Appendices**

Appendix 1 – Main Report



## **Appendix 1**

### **Whistleblowing Activity Performance Report**

#### **1. Purpose of the Paper**

- 1.1 This paper is presented to the Staff Governance Committee to provide an update on the Whistleblowing Performance in NHS Forth Valley during Q1 2025.

#### **2. Position**

- 2.1 The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.
- 2.2 The standards are applicable across all NHS services and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, and anyone working alongside NHS staff, such as those in health and social care partnerships.
- 2.3 NHS Forth Valley is committed to managing the organisation in the best way possible and follows the revised national whistleblowing standards introduced across NHS Scotland. We strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.
- 2.4 As previously reported, the Whistleblowing and Speak Up teams were integrated to strengthen resilience and increase the pool of individuals available to support the raising of concerns. The names and contact details of Confidential Contacts, Speak Up Ambassadors, and Investigators are available via the internal staff network to ensure visibility and accessibility.

Furthermore, simulation training was delivered to Confidential Contacts and Lead Investigators in 2025 to further enhance their roles. This training provided exposure to realistic investigative scenarios, aimed at developing core investigation skills and supporting effective decision-making within the Whistleblowing process. Further role-specific training for Investigators is scheduled to take place 2025/26.

- 2.5 The whistleblowing arrangements within NHS Forth Valley continue to evolve and strengthen through a commitment to continuous improvement. We actively seek and encourage feedback from individuals who have engaged with the process, which enables a better understanding of their experiences and identifies opportunities for improvement.

In response to the feedback, we have implemented improvements across several areas, including the refinement of internal processes and the enhancement of communication with staff involved in whistleblowing investigations. These developments are aimed at reinforcing governance, providing assurance to the Board, and developing greater confidence in the whistleblowing procedures among staff.

### 3. Whistleblowing Key Performance Indicators Rag Status

The format of this section of the report reflects the Scottish Government's mandate to capture performance of the board against the 9 key performance indicators.

The table (1) below provides a summary of each of the Key Performance Indicators. Progress on each of the indicators is provided throughout the report.

**Table 1** – Key Performance Indicators

| KPI   | Measure                                          |
|-------|--------------------------------------------------|
| KPI 1 | Learning from Whistleblowing Concerns            |
| KPI 2 | Whistleblowing Procedure Experience              |
| KPI 3 | Self Awareness & Training                        |
| KPI 4 | Total Number of Concerns Received                |
| KPI 5 | Concerns Closed at Each Stage                    |
| KPI 6 | Concerns Upheld or Not Upheld                    |
| KPI 7 | Average Times                                    |
| KPI 8 | Closed in full within the timescales             |
| KPI 9 | Number of Cases where an extension is authorised |

#### Key Performance Indicator One: Learning from Whistleblowing Concerns

The indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

Learning arising from whistleblowing concerns is initially embedded within local teams through robust action planning and targeted improvements. These actions are closely monitored and tracked to completion by the Whistleblowing Administrator to ensure accountability and progress.

Broader organisational learning is disseminated through whistleblowing reports, including the newly devised learning summaries, and updates are published on the internal webpage. These communications outline the nature of concerns raised and detail the subsequent developments and improvements. This remains an iterative process, with ongoing efforts to explore more innovative and effective ways of sharing learning across the organisation, ensuring staff have meaningful access to insights that support continuous improvement.

The process for organisational learning from whistleblowing concerns is led through the whistleblowing network. This continues to be an area of development to ensure organisational, and not just individual service, learning takes place.

The whistleblowing network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.

#### Independent National Whistleblowing Officer (INWO)

If a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague using the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has to date received a total of 6 cases relating to NHS Forth Valley Whistleblowing concerns. NHS Forth Valley have provided additional information which



informs the INWO's decision on whether a full investigation is undertaken in relation to these cases.

**Table 3** Provides detail of the outcomes overall from the INWO's investigations:

| 2023/24 INWO Outcomes      | Total Number |
|----------------------------|--------------|
| Fully Upheld               | 5            |
| Partly Upheld              | 0            |
| Not Upheld                 | 0            |
| No Investigation Conducted | 0            |
| Withdrawn                  | 0            |

The published reports can be found here [Our findings | INWO \(spsos.org.uk\)](https://www.spsos.org.uk/our-findings/).

Feedback received from the Independent National Whistleblowing Officer (INWO) has provided NHS Forth Valley with valuable opportunities to further refine our whistleblowing processes, learn from the experiences of reporters, and strengthen our approach in moving forward. In response, targeted learning has been identified, and corresponding improvements have been implemented to enhance the effectiveness and robustness of our procedures.

### Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.

Any individual who wishes to raise concerns under the whistleblowing procedure are supported throughout the process by designated Confidential Contacts, ensuring a safe and respectful space for reporting. As part of our whistleblowing process, NHS Forth Valley has established a mechanism to actively encourage feedback from reporters. This approach enables us to gain valuable insight into their experiences and identify meaningful opportunities for improvement, ensuring the process remains responsive, transparent, and continuously evolving.

As a result of feedback, we have strengthened our processes with the purpose of providing a confidence in the whistleblowing processes for all involved within NHS Forth Valley.

### Key Performance Indicator Three: Self Awareness and Training

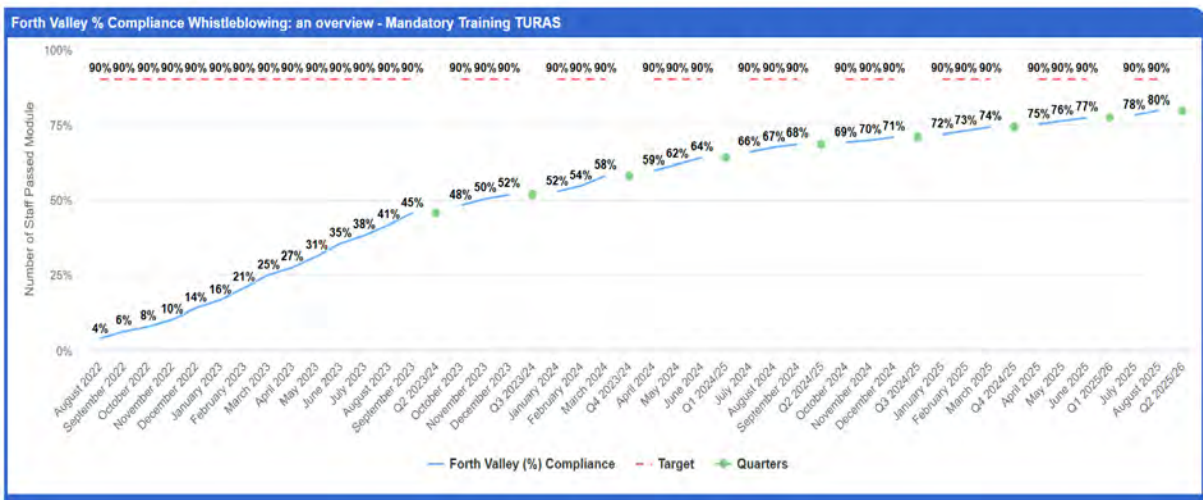
There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is requirement for staff to complete the training developed by the INWO. Whistleblowing training reports are now accessible from TURAS which in turn supports the developments of training arrangements.

**Table 4** - provides an overview of numbers of staff who have completed the Whistleblowing Overview training to date, this equates to 80% of the organisation against a target of 90% and is an increase from the last reporting period.

| Whistleblowing Training | Completed Numbers | Eligible |
|-------------------------|-------------------|----------|
| All Staff "Overall"     | 5312              | 6677     |

The graphs below demonstrate the overall percentage of compliance of staff who have completed the training to date and demonstrates an increase since the last reporting period.

Graph 1 – An Overview



Graph 2 – Senior / Line Managers



The training modules are actively promoted across the organisation. As previously reported, it has been recognised that further attention is needed to enhance training for Senior and Line Managers, ensuring that staff are engaging with the modules most relevant to their roles. While the anticipated uptake has not yet been achieved, a focused and sustained effort continues in this area, and it remains a priority throughout the organisation.

Key Performance Indicator Four: Total number of Concerns Received

During this reporting period (Q1) there was a total number of 2 concerns received.

To date NHS Forth Valley have investigated or are investigating a total number of 26 concerns since the development of the whistleblowing arrangements. This includes 10 under Stage 1 and 16 under Stage 2 of the Whistleblowing Procedure.

**Graph 2 – Overall number of concerns received to date**



**Table 5 – A breakdown of areas and total number of concerns received and investigated at each stage of the procedure:**

|                                 | Stage 1   | Closed    | Stage 2   | Closed    |
|---------------------------------|-----------|-----------|-----------|-----------|
| <b>Acute</b>                    | 4         | 4         | 6         | 5         |
| <b>Corporate</b>                | 0         | 0         | 3         | 3         |
| <b>Community</b>                | 0         | 0         | 1         | 1         |
| <b>MH/LD/Prisons</b>            | 4         | 4         | 2         | 2         |
| <b>Women &amp; Children</b>     | 1         | 1         | 3         | 3         |
| <b>HSCP</b>                     | 0         | 0         | 0         | 0         |
| <b>Estates &amp; Facilities</b> | 1         | 1         | 1         | 1         |
| <b>Total</b>                    | <b>10</b> | <b>10</b> | <b>16</b> | <b>15</b> |

It is also worth noting that there have been occasions where individuals have raised concerns collectively. A breakdown of the number of reporters is provided below:

**Table 6**

| Area                           | Number of reporters raising concerns |
|--------------------------------|--------------------------------------|
| Women & Children's Directorate | 4                                    |
| Mental Health                  | 6                                    |
| Mental Health                  | 3                                    |

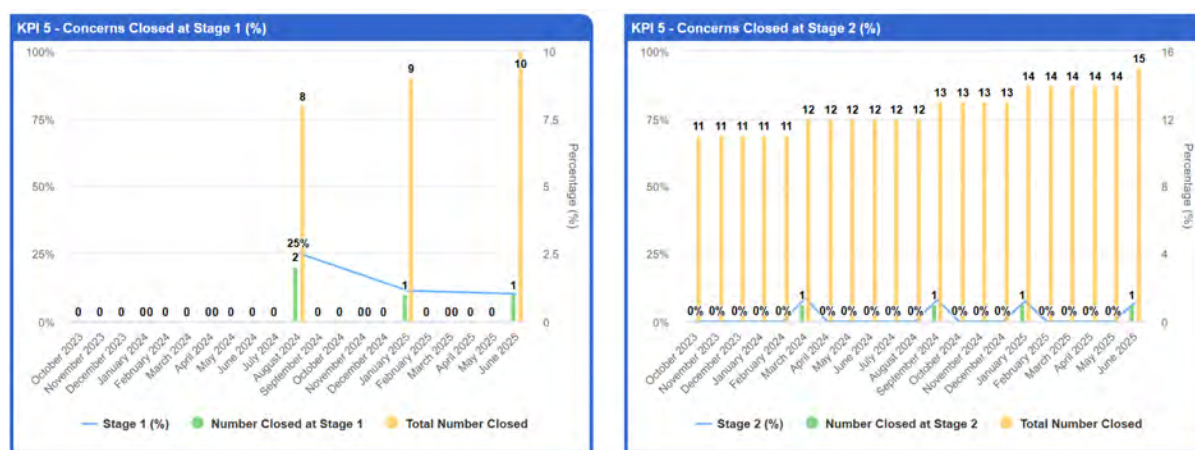
### Key Performance Indicator Five: Concerns Closed at Each Stage

The data below captures the concerns closed at each stage of the procedure including as a percentage of all concerns closed.

**Table 7 - Provides the total number of concerns closed to date:**

|         | Total Number Received | Total Number Closed |
|---------|-----------------------|---------------------|
| Stage 1 | 10                    | 10                  |
| Stage 2 | 16                    | 15                  |

**Graph 3** Total number of concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure as a percentage of all concerns closed:



### Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, NHS Forth Valley provides a breakdown of formal outcomes—upheld, partially upheld, or not upheld—across Stage 1 and Stage 2 whistleblowing concerns.

During Quarter 1 (Q1), two cases were formally investigated. One Stage 1 concern was not upheld, and one Stage 2 concern was upheld.

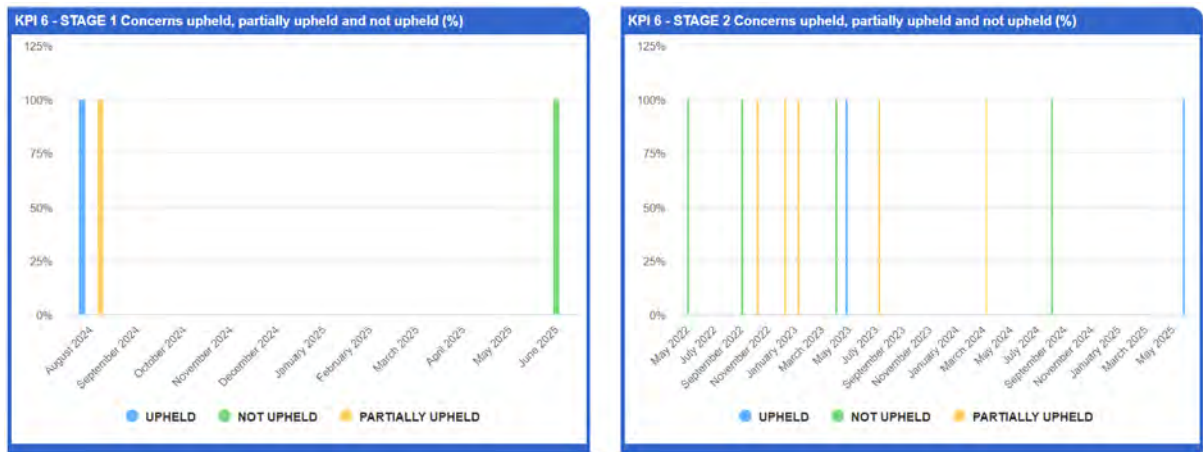
The data below demonstrates a cumulative breakdown of formal outcomes for Stage 1 and Stage 2 concerns since 2021.

**Table 8**

*\*Please note that there was an error in the figures reported in the last quarter – table below reflects the current position*

|                  | Stage 1 | Stage 2 | Total |
|------------------|---------|---------|-------|
| Upheld           | 1       | 2       | 3     |
| Not Upheld       | 6       | 5       | 11    |
| Partially Upheld | 3       | 8       | 11    |

**Graph 4** Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing Procedure as a percentage (%) of all concerns closed at each stage:

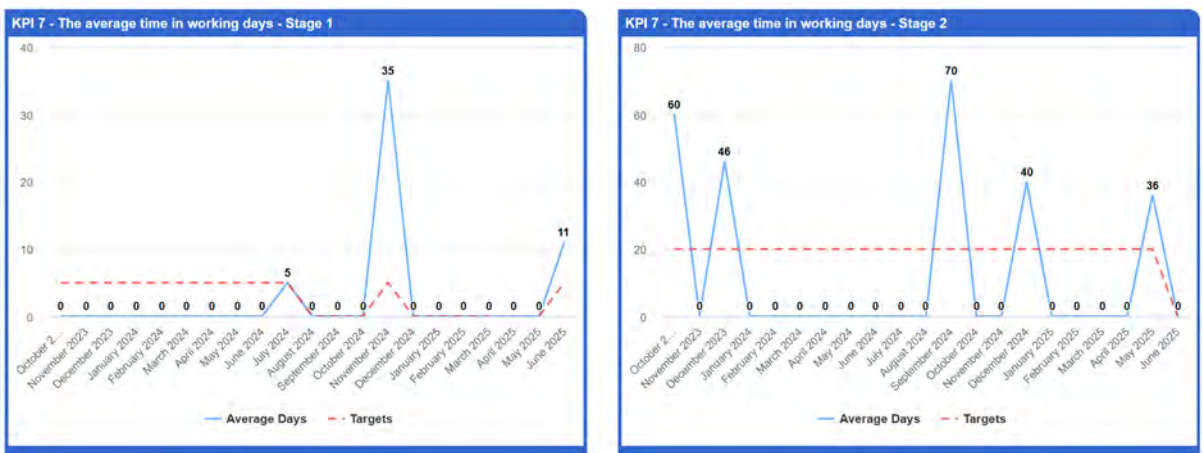


**Key Performance Indicator Seven: Average Times**

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

A detailed breakdown of the total average time in working days for a full response to concerns at each stage of the Whistleblowing Procedure is demonstrated in the graph below:

**Graph 5** – Total average times in working days



It has been recognised that the average response time in working days, particularly for Stage 2 cases, remains a concern. This is largely due to the complexity of the issues raised and the comprehensive level of investigation required. The recent increase in the number of Lead Investigators has already contributed to improved response times and is expected to support further enhancements going forward. Performance in this area continues to be closely monitored as part of the ongoing review process.

**Key Performance Indicator Eight: Closed in Full within the Timescales**

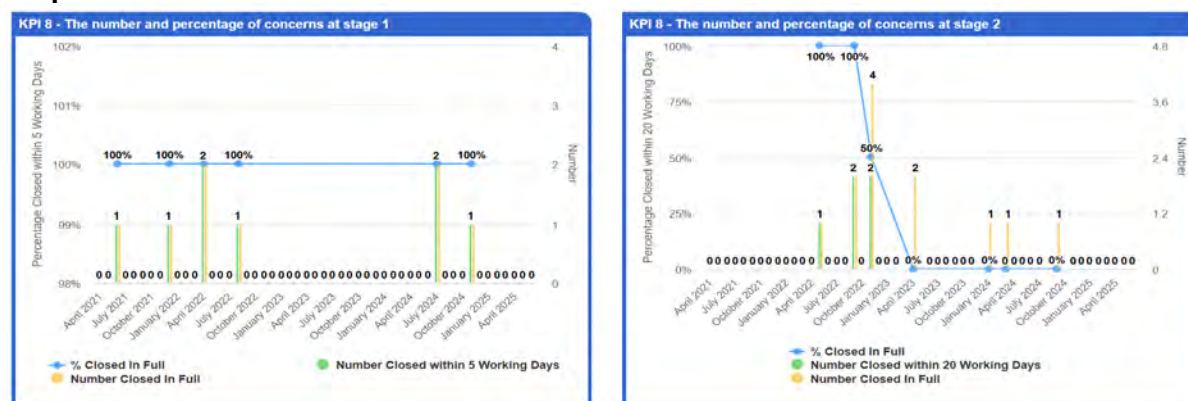
There were no concerns closed in full within the timescale in this reporting period.



**Table 8** below provides the total number of concerns closed within timescale for each Stage of the procedure:

|                           | Closed within timescale |
|---------------------------|-------------------------|
| Stage 1 (5 working days)  | 6                       |
| Stage 2 (20 working days) | 3                       |

**Graph 6** Total number of concerns closed in full within the timescale:



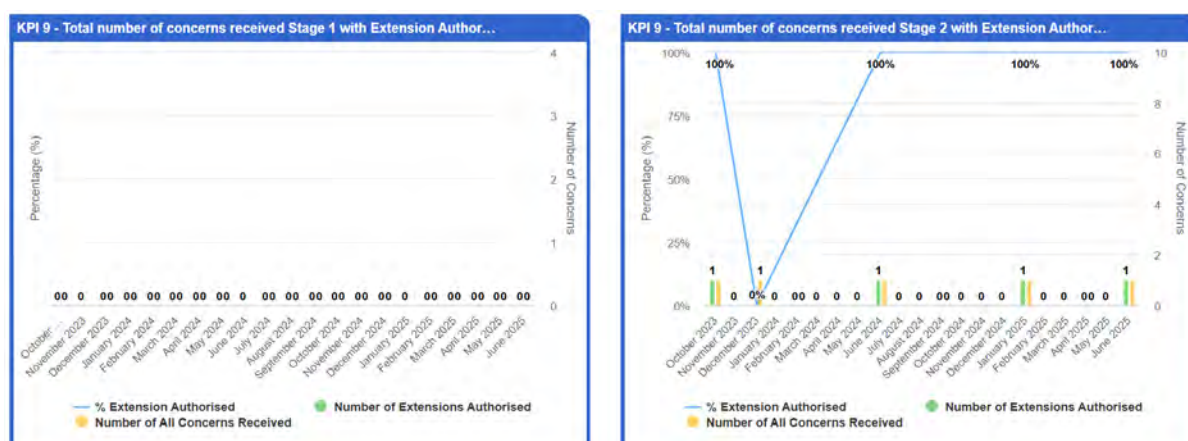
As highlighted above, the timescales may not always be met due to the complexity of the issues raised and the comprehensive level of investigation required, however this is an area of focus and continues to be monitored as part of the process.

### Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important that we respond to concerns timeously however not all investigations will be able to meet the timeline. The Whistleblowing Procedure allows an extension where it is necessary to complete the investigation.

During this reporting period there was 1 Stage 2 case with an extension authorised.

**Graph 7** – total number of cases where an extension is authorised.



There has been a particular focus on strengthening governance around the authorisation and management of extensions to whistleblowing investigations. In response, a structured monitoring system was implemented, which includes weekly check-ins between the administrator and the investigator to track progress and identify any challenges requiring escalation.

Significant work has also been undertaken to enhance the process including the introduction of regular progress updates and a formalised process for approving extensions to investigation timescales. These improvements aim to ensure greater transparency, accountability, and timeliness in the handling of whistleblowing concerns.

#### **4. Additional**

- 4.1 As previously reported, there were an additional 4 concerns received through Whistleblowing. The concerns were reviewed by the Whistleblowing Decision Making Panel and the panel agreed that the concerns did not meet the criteria for Whistleblowing. The reporters were made aware of the decision and advised that although whistleblowing was not the appropriate avenue to pursue their concerns, other options were suggested depending on the nature of the concerns.
- 4.2 In addition, it is worth noting that the Speak Up Service has received 65 enquiries since the arrangements were put in place in December 2021. To which some of these enquiries involved multiple staff members. The enquiries were managed, and staff were supported and signposted accordingly.

#### **5. Conclusion**

- 5.1 Whistleblowing remains an important source for identifying and addressing risks within NHS Forth Valley, contributing to the organisation's commitment to transparency, safety, and continuous improvement.
- 5.2 The data presented for Q1 2025 demonstrates ongoing engagement with the Whistleblowing Standards, with a total of 26 concerns managed to date, and a clear structure in place for investigation and resolution.
- 5.3 NHS Forth Valley continue to evolve the whistleblowing arrangements, with improvements implemented in response to feedback, training uptake, and strengthened governance processes. The learning resulting from whistleblowing concerns is actively embedded across services and shared organisation wide, reinforcing a culture of openness and accountability.
- 5.4 While challenges remain particularly around investigation timescales. We have taken proactive steps to address these through increased oversight and support for investigators. Furthermore, the feedback from the Independent National Whistleblowing Officer (INWO) has further informed improvements, ensuring the process remains robust and responsive.
- 5.5 NHS Forth Valley is committed to encouraging a culture of openness, transparency, and continuous improvement. A key element of this commitment is the organisation's whistleblowing arrangements, which provide staff with a safe and constructive way to raise concerns. NHS Forth Valley strives to ensure that all staff feel safe, supported, and confident in the fairness and integrity of the whistleblowing process.

| Forth Valley NHS Schedule of Business 2025/26             |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|-----------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                           | 27 May                              | 17 June<br>(Private)                | 29 July                             | 30 Sept                             | 25 Nov                              | 27 Jan                              | 31 Mar                              |
| <b>Standing Items</b>                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Minute of previous meeting                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Action Log                                                | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chair's Update                                            | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Board Executive Team Report                               | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Strategic Risk Register                                   | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Patient/Staff Story                                       | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Finance Report                                            | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Performance Report                                        | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| HAIRT                                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Quality & Safety Report                                   | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Schedule of Business                                      | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Minutes</b>                                            |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Assurance Committee Minutes</b>                        |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Audit & Risk Committee                                    | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clinical Governance Committee                             | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Staff Governance Committee                                | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Strategic Planning, Performance & Resources Committee     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Advisory Committees Minutes</b>                        |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Area Clinical Forum                                       | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Area Partnership Forum                                    | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>IJB Minutes</b>                                        |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Clackmannanshire & Stirling IJB                           | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Falkirk IJB                                               | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Directions (as required)                                  | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| HSCP Annual Performance Reports                           |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| <b>Strategy</b>                                           |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Access Policy                                             |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |
| Annual Delivery Plan 2025/2026 (including Workforce Plan) |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |
| Anti-Racism Strategy                                      |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |



|                                                                             |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Communications Priorities – Annual Update                                   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Communications Update                                                       |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| Development Plan Against Self-Assessment Progress Report                    |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Digital and eHealth Plan                                                    | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |                                     |
| Equality Outcomes and Mainstreaming Annual Report - tbc                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Innovation Plan Annual Update                                               |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |
| Mental Health & Wellbeing Strategic Commissioning Plan                      |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |
| Model Hours for Pharmacy                                                    | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |                                     |
| Participation & Engagement Strategy Update                                  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Population Health & Care Strategy                                           |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Quality Strategy Annual Update                                              |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |
| Risk Management Framework                                                   |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| Risk Appetite & Tolerance                                                   |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| Whole System Plan – tbc                                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Winter Plan                                                                 |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| <b>Performance &amp; Finance</b>                                            |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Annual Accounts                                                             |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |
| Draft Financial Plan 2025/2026                                              |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Person Centred Complaints Feedback Annual Report                            |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Safe Staffing Annual Report                                                 |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Whistleblowing Annual Report                                                | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |                                     |
| Whistleblowing Standards and Activity Report                                | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     |
| <b>Governance</b>                                                           |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Board Assurance Framework – Annual Review (including Performance Framework) |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Code of Corporate Governance – Annual Review                                |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Corporate Objectives                                                        |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Dates of Meetings                                                           |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Advisory Committee Annual Reports 2024/25 – tbc                             |                                     |                                     |                                     |                                     |                                     |                                     |                                     |