

A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 25 November 2025** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	Welcome, Apologies and Confirmation of Quorum		09.30
2.	Declaration(s) of Interest(s)		
3.	<u>Minute of Forth Valley NHS Board meeting held on 30 September 2025</u>	For Ratification Pages 6 to 22	
4.	<u>Matters Arising from the Minute / Action Log</u>	For Approval Pages 23 to 25	
5.	<u>Chair's Report</u> (a) De-escalation to Stage 2 of NHS Scotland Support and Intervention Framework (b) Verbal Update by Ms Neena Mahal, Board Chair (c) Highlight Report on Board Seminars	For Assurance Pages 26 to 30	9.40
6.	<u>Chief Executive Update</u> (a) Board Executive Team Report (b) Implementation of Sub National Planning: Co-operation and Planning Directions 2025 (Papers presented by Professor Ross McGuffie, Chief Executive)	For Discussion Pages 31 to 47	9.50
7. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD			10.00
Governance Committee Minutes			
7.1	Audit & Risk Committee – Verbal Update from the Meeting of 31 October 2025 (Presented by Cllr Fiona Collie, Committee Chair)	For Assurance	
7.2	<u>Clinical Governance Committee – Minute of Meeting of 9 September 2025 and Verbal Update from the Meeting of 11 November 2025</u> (Presented by Mr John Stuart, Committee Chair)	For Assurance Pages 48 to 63	
7.3	<u>Staff Governance Committee – Minute of Meeting of 16 September 2025 and Verbal Update from the Meeting of 18 November 2025</u> (Presented by Mr Martin Fairbairn, Committee Chair)	For Assurance Pages 64 to 73	
7.4	<u>Strategic Planning, Performance & Resources Committee – Minute of Meeting of 28 October 2025</u> (Presented by Ms Neena Mahal, Committee Chair)	For Assurance Pages 74 to 87	

Advisory Committee Minutes			
7.5	<u>Area Clinical Forum – Minute of Meeting of 25 September 2025 and Verbal Update from the Meeting of 13 November 2025</u> (Presented by Mrs Kirstin Cassells, ACF Chair)	For Noting Pages 88 to 91	
7.6	<u>Area Partnership Forum – Minute of Meetings of 28 August</u> (Presented by Mr Robert Clark, APF Co-Chair)	For Noting Pages 92 to 97	
INTEGRATION JOINT BOARDS			
7.7	<u>Minute of Clackmannanshire & Stirling Integration Joint Board – 13 August 2025 and Directions</u>	For Assurance Pages 98 to 114	
7.8	<u>Minute of Falkirk Integration Joint Board – 5 September 2025 and Directions</u>	For Assurance Pages 115 to 129	
FOR APPROVAL			
8.	<u>Strategic Risk Register Update – October to November 2025</u> (Paper presented by Ms Vicky Webb, Head of Corporate Risk Management)	For Decision Pages 130 to 158	10.30
9.	<u>Seasonal Surge Preparedness Plan</u> (Paper presented by Mr David Munro, Senior Planning Manager)	For Decision Pages 159 to 200	10.40
10.	<u>Governance Report: Meeting Dates</u> (Paper presented by Mr Jack Frawley, Board Secretary)	For Decision Pages 201 to 204	10.55
	BREAK 11.00 to 11.15		
	FOR DISCUSSION & ASSURANCE		
	Quality & Safety		
11.	Update on Safety: (a) <u>Quality Assurance and Improvement Report</u> (Paper presented by Mr Andrew Murray, Medical Director and Professor Karen Goudie, Executive Nursing Director) (b) <u>Healthcare Associated Infection (HAI) Report October 2025</u> (Paper presented by Mr Jonathan Horwood, Infection Control Manager & Clinical Lead)	For Assurance Pages 205 to 217 Pages 218 to 242	11.15
12.	<u>Spotlight on Services – Community Pharmacy Sunday Winter Opening Pilot</u> (Presented by Mrs Laura Byrne, Director of Pharmacy)	For Assurance Pages 243 to 248	11.40
13.	<u>Corporate Parenting</u> (Paper presented by Ms Jilly Taylor, Child Health Commissioner & Chief Nurse)	For Decision Pages 249 to 270	12.00
	Finance & Performance		
14.	<u>Finance Report</u> (Paper presented by Mr Scott Urquhart, Director of Finance)	For Assurance Pages 271 to 281	12.20

15.	<u>Performance Report</u> (Paper presented by Ms Kerry Mackenzie, Acting Director of Strategic Planning & Performance)	For Assurance Pages 282 to 333	12.35
16.	<u>Value Based Health & Care</u> (Paper presented by Dr Jennifer Champion, Director of Public Health)	For Assurance Pages 334 to 359	12.50
17.	HSCPs Annual Performance Reports: (a) <u>Clackmannanshire & Stirling</u> (Paper presented by Ms Joanna Macdonald, Interim Chief Officer Clackmannanshire & Stirling HSCP) (b) <u>Falkirk</u> (Paper presented by Ms Gail Woodcock, Chief Officer Falkirk HSCP)	For Noting Pages 360 to 420 Pages 421 to 510	1.10
18.	<u>Schedule of Business</u>	For Information Pages 511 to 512	
19. ANY OTHER COMPETENT BUSINESS			
20. RISKS AND REFLECTIONS			
21.	Date and Time of Next Meeting Tuesday 27 January, 9.30am	For Noting	

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

MEMBERS	29 April (special)	27 May	17 June (private)	29 July	30 September	25 November	27 January	31 March
Neena Mahal (Chair)	✓	✓	✓	✓	✓			
Kirstin Cassells	✓	✓	✓	✓	✓			
Jennifer Champion (from 10.09.25)					✓			
Robert Clark	✓	✓	✓	✓	✓			
Fiona Collie	✓	X	✓	✓	✓			
Frances Dodd (demitted office 15 July 2025)	✓	✓	X					
Martin Fairbairn	✓	✓	✓	✓	✓			
Karen Goudie (from 16 July 2025)				✓	X			
Alison Jaap				✓	✓			
Gordon Johnston	✓	✓	✓	✓	✓			
Fiona Law	✓	✓	✓	✓	✓			
Stephen McAllister	✓	✓	✓	✓	✓			
Ross McGuffie	✓	✓	✓	✓	✓			
Clare McKenzie				✓	✓			
Andrew Murray	✓	✓	✓	✓	✓			

Allan Rennie	✓	✓	X	✓	✓			
Finlay Scott				X	✓			
John Stuart	✓	✓	✓	✓	✓			
Scott Urquhart	✓	✓	✓	✓	✓			
David Wilson	✓	✓	X	✓	✓			

Key:

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

FORTH VALLEY NHS BOARD

3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 September 2025
For: Ratification

Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 September 2025 at 9.30am in the Boardroom, Carseview House.

- Present:**
- Ms Neena Mahal (Board Chair)
 - Ms Kirstin Cassells (Non-Executive Director)
 - Dr Jennifer Champion (Director of Public Health)
 - Mr Robert Clark (Non-Executive Director)
 - Cllr Fiona Collie (Non-Executive Director)
 - Mr Martin Fairbairn (Non-Executive 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 Andrew Murray (Medical Director)
 - Mr Allan Rennie (Vice Chair)
 - Mr Finlay Scott (Non-Executive Director)
 - Mr John Stuart (Non-Executive Director)
 - Mr Scott Urquhart (Director of Finance)
 - Cllr David Wilson (Non-Executive Director)
- In Attendance:**
- Dr Jennifer Borthwick (Director of Psychological Services, Mental Health & Learning Disability)
 - Ms Elsbeth Campbell (Head of Communications)
 - Mrs Morag Farquhar (Director of Facilities)
 - Mr Jack Frawley (Board Secretary)
 - Mr Jonathan Horwood (Infection Control Manager & Clinical Lead) item 15(b)
 - Mr Scott Jaffray (Director of Digital)
 - Ms Jackie McEwan (Corporate Business Manager)
 - Mr David Munro (Senior Planning Manager)
 - Ms Fiona Murray (Head of Emergency Care & In Patients)
 - Ms Wendy Nimmo (Interim Head of Efficiency, Improvement & Innovation)
 - Mr Kevin Reith (Director of People)
 - Mr Paul Smith (Senior Planning Manager)
 - Dr David Watson (Director of Nursing)
 - Miss Vicky Webb (Head of Risk Management)
 - Ms Gail Woodcock (Chief Officer, Falkirk HSCP)

1. Welcome, Apologies for Absence and Confirmation of Quorum

The Chair welcomed all present to the meeting. The Chair welcomed Dr Jennifer Champion, Director of Public Health to her first Board meeting as an Executive Director and Board Member.

There was an apology from Professor Karen Goudie. The Board meeting was quorate.

Garry Fraser, Joanna Macdonald and Kerry Mackenzie were not in attendance.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Meeting

The minute of the meeting held on 29 July 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.

Action 095 would be marked as complete and reflected in the Board's Schedule of Business to be reported through the Performance Report in due course.

Board members noted that actions 049, 091, 092, 093 and 094 were marked as complete and would be removed from the Action Log.

The Forth Valley NHS Board approved the Action Log.

5. Chair's Report

(a) Verbal Update by Ms Neena Mahal

The Board Chair thanked everyone who had sent messages of support following her substantive appointment as Chair, the term of which would commence from 1 October 2025 and outlined her ambitions going forward. She highlighted the following:

- (a) The Board Chair had undertaken a number of visits/events since the previous meeting:
 - Accompanied the Cabinet Secretary to the Rapid Cancer Diagnostic Service on 6 August 2025.
 - Along with Board colleagues attended the Safer Together Collaborative Learning Session 4.
 - Quality Academy Impact Session.
 - Realistic Medicine Symposium.
 - Ethnic Diversity Network Forum.
 - Bellfield Café Opening.
- (b) The next Board Seminar would take place on 7 October 2025 held in person at Carseview House.
- (c) The Annual Review arrangements had been confirmed. The Review would be non-Ministerial and take place on 19 November 2025.
- (d) The quarterly meeting with MPs and MSPs would take place on Friday 3 October 2025.

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

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

(b) Highlight Report: Board Seminars Update

The Forth Valley NHS Board **noted** for information the Board Seminars Update report on the Development session on Equality, Diversity and Inclusion.

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) The ANP team in ED at Forth Valley Royal Hospital won the Judges Choice Top Team Award at the Advancing Care, Advancing Practice Scotland conference and awards ceremony for introducing a number of service improvements.
- (ii) The Cabinet Secretary for Health and Social Care unveiled updated Scottish Referral Guidelines for suspected cancer during a visit to NHS Forth Valley's recently opened Rapid Cancer Diagnostic Service at Forth Valley Royal Hospital.
- (iii) A new breast cancer assessment pathway had been implemented across all GP practices in the area. NHS Forth Valley has been commended by Cancer Research UK for this achievement.
- (iv) An Improvement Academy Impact Afternoon took place on 10 September, with over 530 people having now attended the Improvement Academy across the organisation.
- (v) Following the Scottish Information Commissioner raising a level 3 intervention around compliance with the Freedom of Information Act a full action plan had been developed and a group established to coordinate the reduction of the backlog and improved compliance with the 20-day standard. The latest report on 8 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 remained on trajectory to meet the compliance requirements set out within the intervention.
- (vi) The Centre for Sustainable Development (CFSD) had undertaken a two-day review around Urgent and Unscheduled Care. A report would come back in four weeks to support ongoing planning for the future unscheduled care model and winter plan.
- (vii) Healthcare Improvement Scotland undertook an unannounced inspection in maternity services and inpatient mental health services over 25-26th August. Following the on-site days, further evidence had been submitted for both service areas and a virtual discussion organised for 19 September.

The following points were made in discussion:

- (i) The positive performance with Freedom of Information request responses was commented on. Questions were asked on the sustainability of the improvements, whether lessons learned on the improved performance was being captured for other areas and whether the approach was overly labour intensive. A sustainable approach was being taken to FOI improvements and work was being progressed to clear the backlog of older requests. There had been positive developments with more staff now in posts in the Information Governance Team. A quality improvement approach had been taken in the Finance Directorate to review and then process map to produce a lean system with as few steps as possible. The Information Governance Group oversaw performance and reported to the Strategic Planning, Performance & Resources Committee.
- (ii) Following a question on Subject Access Request performance. It was confirmed that the escalation was focused on FOI and that the Office of the Scottish Information Commissioner did not have remit for SAERs. Performance of SAERs was included in reporting to SPPRC.
- (iii) In response to questions on winter plan funding, it was noted that there was no specific Winter Plan funding this year. Additionality had been mainstreamed at the start of the year to allow effective planning. The Hospital at Home and Frailty at

the Front Door initiatives were supported by this funding and provided additional capacity.

- (iv) Board members requested more details on how the outcome of the Centre for Sustainable Development (CfSD) review would fit with the next deep dive into Urgent & Unscheduled Care Performance. The CfSD review would be included in reporting to SPPRC. Benchmarking was being undertaken and the focus on rotas was important to understand the drop off in performance seen out of hours. CfSD were supporting to identify where interventions could be made and produce a difference. Through effective internal and external communications there could be increased understanding of patient pathways. NHS Lothian had seen improvements in performance and colleagues from Forth Valley were visiting their service to identify if any lessons could be learned. Members asked that waiting on the outcome of the review and any further analysis should not stop progress on the ground and that actions continued to be taken where possible.

The Forth Valley NHS Board noted the report.

Action:

- (1) **Include information on Urgent & Unscheduled Care at Strategic Planning, Performance & Resources Committee.**

Garry Fraser

7. Committee Minutes

7.1 Audit & Risk Committee – 17 June 2025

Key items had been highlighted at the meeting held on 27 July 2025. The minute was commended to the Board for noting.

The Forth Valley NHS Board noted the minute of the Audit & Risk Committee meeting of 17 June 2025.

7.2 Clinical Governance Committee – 8 July 2025

Key items had previously been highlighted at the July Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 9 September 2025.

The Chair of the Committee, Mr Stuart, noted that there had been updates on the verbal feedback received from the HIS inspection; East Region Public Protection staffing arrangements; replacement of Safeguard, and progress with SAERs.

A question was asked on staffing levels in the Patient Relations Team. There had been a quality improvement approach taken in relation to complaints including process mapping. It had been process rather than staffing which was the challenge which was now being addressed.

The Forth Valley NHS Board noted the minute of the Clinical Governance Committee meeting of 8 July 2025 and the verbal update on the meeting of 9 September 2025.

7.3 Staff Governance Committee – 15 July 2025

Key items had previously been highlighted at the July Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 16 September 2025.

Mr Johnston, who had Chaired the meeting of 16 September, highlighted that there remained focus on absence management, PDPs and mandatory training compliance with some progress evidenced in all areas. The Culture Change &

Compassionate Leadership Programme was moving toward the end of the current phase, and a report had been requested on how to transfer the work to business as usual to ensure improvements were sustained. The committee had also considered risks relating to the implementation of the reduced working week. The implementation plan was ready for sign off.

The Forth Valley NHS Board noted the minute of the Staff Governance Committee meeting of 15 July 2025 and the verbal update on the meeting of 16 September 2025.

7.4 Strategic Planning, Performance & Resources Committee (SPPRC) – 26 August 2025

The Forth Valley NHS Board received the Strategic Planning, Performance & Resources Committee Minute of the meeting held on 26 August 2025. The minute was commended to the Board for noting.

The Chair of the Committee, Ms Mahal, highlighted that the Committee had received the draft Population Health & Care Strategy with an opportunity to make final comments. There had been deep dives in relation to finance and performance. The Committee also received an update on FOI performance.

The Forth Valley NHS Board noted the minute and key issues highlighted from the Strategic Planning, Performance & Resources Committee meeting of 26 August 2025.

Advisory Committee Minutes:

7.5 Area Clinical Forum (ACF) - 24 July 2025

The Forth Valley NHS Board received the Area Clinical Forum Minute of the meeting held on 24 July 2025. Key items had previously been highlighted at the July Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 25 September 2025.

Ms Cassells, ACF Chair, highlighted that the Forum received an update from the Climate Change & Sustainability workstream. There had been an action to review the information on the intranet and to disseminate to Area Committees. Each Area Committee Chair would review the Professional Assurance Framework and provide feedback.

The Forth Valley NHS Board noted the minute of the Area Clinical Forum meeting of 24 July 2025 and the verbal update on the meeting of 25 September 2025.

7.6 Area Partnership Forum - 24 June 2025

The Forth Valley NHS Board received the Area Partnership Forum Minute of the meeting held on 24 June 2025. Key items had previously been highlighted at the July Board meeting. The minute was commended to the Board for noting. A verbal update was also provided on the meeting of 26 August 2025.

Mr Clark, APF Chair, highlighted that there would be close work with the Director of Public Health regarding on-call arrangements for the East Region. Trade Unions were keen to support Value Based Health & Care with representation on all working groups. The APF would consider the Reduced Working Week implementation plan and pay arrangements for bank staff at Christmas and New Year. An APF intranet page would go live soon.

The Forth Valley NHS Board noted the minute of the Area Partnership Forum meeting of 24 July 2025 and the verbal update on the meeting of 26 August 2025.

7.7 The Minute of Clackmannanshire & Stirling Integration Joint Board – 18 June 2025 and a Direction were noted for information.

A question was asked on how the Board would get assurance that Directions were implemented, specifically in relation to Mental Health. This would be through performance reviews with the Partnerships and ongoing monitoring that then fed into the Board & SPPRC performance reports.

7.8 The Minute of the Falkirk Integration Joint Board – 20 June 2025 was noted for information.

8. Strategic Risk Register Update – August – September 2025

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

Key messages in the report included:

- (i) All current strategic risks had been reviewed and remained static bar SRR010: Estates & Supporting Infrastructure which decreased in risk score.
- (ii) Two focussed reviews had been conducted in the quarter and the report provided specific detail on SRR015: Cyber Resilience.

The following points were made in discussion:

- (i) Members asked if enough controls around Cyber Security were immediate enough in the face of an attack. There was also a question on the recruitment and retention of staff in this area. Staffing concerns were a national issue and there was high competition for industry specific roles. Reviews were underway and resourcing into cyber would be concluded before Christmas. The largest area of risk was staff awareness and training. There were over 7,500 staff with systems access who needed to remain vigilant for unauthorised attempts to access systems. There needed to be a balance between security and useability. There was planning for a campaign to raise awareness with the full staff cohort. Board Members highlighted the need to report through the Committee structure sooner on actions including improving user awareness and understanding of cyber security and support for recovery from an attack. Members noted that there should be consideration of what individual Boards can do versus what was national. It was confirmed that there was an external partner commissioned to provide expertise in the case of a cyber-attack requiring to be dealt with.
- (ii) Questions were asked on Urgent & Unscheduled Care performance and the plans for staff vaccination in preparation for the winter period. Discussion took place on the Flu Vaccination Programme and the uptake. There was a challenge nationally regarding uptake. Last year uptake nationally had been 34% with Forth Valley performing above that level. The approach was to make getting vaccinated as easy as possible for staff through drop-in arrangements and peer vaccination. Vaccinations would be available at Forth Valley Royal Hospital, Stirling Health & Care Village, Falkirk Community Hospital to minimise travel and disruption. Covid vaccination was not routinely offered unless other criteria were met.
- (iii) In respect of the Estates & Supporting Infrastructure strategic risk, members sought assurance that the decrease in risk score was appropriate given HIS

reported fabric issues. The reasons for the decrease were set out in detail in the report. To address the HIS findings there had been work with Forth Health and Serco. A replacement material had been agreed and there was work ongoing with the Infection Control Team to survey the wider estate and carry out replacement work. Members were satisfied that the decrease in risk score was appropriate.

The Forth Valley NHS Board:

- (1) approved the changes to the Strategic Risk Register for the period July – September 2025, specifically: decrease in risk score for SRR010: Estates & Supporting Infrastructure;**
- (2) noted the progression of the mitigating actions identified, and**
- (3) noted the update on the focused reviews conducted within the period.**

Action

- (i) Review schedule of updates on Cyber Security reporting back to SPPRC.**

Vicky Webb

9. Population Health & Care Strategy

The Forth Valley NHS Board considered a report for approval, presented by Mr Munro, which provided the draft Population Health & Care Strategy for approval.

Key messages in the report included:

- (i) The Strategy had 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.
- (ii) Implementation of the Strategy would be supported by work conducted through the Programme Board structure and bespoke delivery plans with governance through the Committee structure. The development of relevant performance frameworks would enable monitoring of Strategy implementation.
- (iii) Following approval, the Strategy would 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 had been reflected within the final Strategy document. In addition, a summary version of the Strategy would be drafted and disseminated.

The following points were made in discussion:

- (i) Members commented on the value of the summary version which was appreciated as a useful document. The 10-year vision would feed into the Board's Annual Programme of Work, Corporate Objectives and Executive Objectives. The process of strategy development would be reviewed with lessons learned informing future strategy development but in general terms, Members were satisfied that they had been fully engaged in the development and shaping of the strategy.
- (ii) It was noted that engagement activity would continue, and Members asked about next steps to monitor implementation and key measurement metrics. The broad deliverables would form a broad implementation plan which would be supported by specific annual actions to deliver against the strategy. The performance framework would be reviewed to ensure that supporting metrics were a part of that.
- (iii) Comments highlighted the alignment to IJBs Strategic Commissioning Plans and the Mental Health and Wellbeing Plan. Members agreed that feedback received from engagement had been reflected in the final version. There

were questions on the work to move financial spend to prevention and how quick wins could be articulated. There would be proactive continual messaging in relation to the strategy and early wins would be shown and built on, with annual reporting to Committees and proactive communications to the public and staff.

- (iv) Members stated that the equality section read well and that the strategy was supported by a good EQIA. It was acknowledged that the Board session considering the EQIA had helped shape better understanding of its impact on the strategy and that specific implementation actions would require EQIAs
- (v) There was discussion on the amount of health interventions which the Board was able to directly influence and the role of other wider factors including poverty. It was noted that the strategy needed to be delivered collaboratively with culture work required to develop population understanding of health and their role in it. Members commented that behavioural changes also needed to be led nationally.
- (vi) Board members expressed thanks to all those who had been involved in the development of the Strategy.

The Forth Valley NHS Board:

- (1) considered the content of the draft Population Health and Care Strategy 2025-2035 and agreed that it took cognisance of the feedback received, the national policy direction and the results of the equality impact assessment;**
- (2) approved the Population Health & Care Strategy ahead of publication, and**
- (3) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions had been identified.**

Action

- (i) The summary document, communications plan and website link to be circulated to Board members.** David Munro

10. Forth Valley's Mental Health & Wellbeing Strategic Plan 2025-35

The Forth Valley NHS Board considered a report for endorsement, presented by Dr Borthwick, which provided the Forth Valley Mental Health & Wellbeing Strategic Plan 2025-35.

Key messages in the report included:

- (i) The Plan set out a ten-year vision to improve mental health and wellbeing across the region. It prioritised 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.
- (ii) Delivery would be supported by a robust governance structure and a performance framework. Key actions included:
 - Establish the MH&WB Strategy Board.
 - Create a Strategic Planning Group.
 - Form a Forth Valley-wide Commissioning Consortium.
 - Develop a Performance Framework.

The following points were made in discussion:

- (i) Members commented that the plan would work well in the context of the Population Health & Care Strategy. Reference was made to the new national

- Mental Health Strategy and the need for collaboration to tackle the social determinants of mental health.
- (ii) There was discussion on the type of decision the Board was being asked to take in the context of the role of the Health Board and the Integration Joint Boards. The plan had been brought to other organisations including the Health Board as a multi-partner approach was needed to ensure success. The Chief Executive intimated that Mental Health was a delegated service meaning that it was for the IJBs to agree the plan but there was a desire to have all partners signed up and active in taking matters forward.
 - (iii) Members asked for information on the pathway to access services. There was an action to be clearer on accessing services and the transition through them with a philosophy of 'no wrong door'.

The Forth Valley NHS Board:

- (1) endorsed the Mental Health & Wellbeing Strategic Plan 2025 – 2035;**
- (2) noted the communication intentions post approval, and**
- (3) noted the key governance and implementation actions.**

The Board adjourned at 11.35am and reconvened at 11.45am with all members present as per the attendance list.

11. Governance Report: Committee Membership & IJB Appointments

The Forth Valley NHS Board considered a report for approval, presented by Mr Frawley, which recommended a series of committee and IJB appointments.

Key messages in the report included:

- (i) The Board Chair had reviewed Committee memberships in light of changes to Board membership and recommended the appointments for approval.
- (ii) There were vacancies on the Clackmannanshire & Stirling, and Falkirk IJBs to which appointment was recommended.
- (iii) It had been agreed that there would be representation from the Health & Social Care Partnerships at the Clinical Governance and Staff Governance Committees. The Executive Leads for these Committees would work with their Committee Chairs to make arrangements to ensure this representation was in place.

The following points were made in discussion:

- (i) Members asked that IJB Committee appointments were reflected in the appended table of portfolio assignments.

The Forth Valley NHS Board:

- (1) approved the appointment of Alison Jaap to the Staff Governance and Remuneration Committees;**
- (2) approved the appointment of Clare McKenzie to the Clinical Governance Committee;**
- (3) approved the appointment of Finlay Scott to the Audit & Risk Committee;**
- (4) approved 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 would stand down from the Clackmannanshire & Stirling IJB with immediate effect;**
- (5) noted that the Clinical Governance and Staff Governance Committees would extend their attendees to have representatives from the Health & Social Care Partnerships in attendance, providing whole system assurance;**
- (6) noted that these appointments are made with immediate effect, and**

- (7) **considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions identified.**

Action

- (i) **IJB commitments to be added to the portfolio table of assignments and recirculated.**

Jack
Frawley

12. Finance Report

The Forth Valley NHS Board considered a report for approval, presented by Mr Urquhart, which presented an overview of the month 5 financial results and forecast outturn at year-end. Mrs Farquhar presented the capital programme elements of the report.

Key messages in the report included:

- (i) An overspend of £6.8m was reported for the 5-month period ending 31 August 2025 which reflected a range of ongoing financial pressures, primarily within the Acute Services Directorate.
- (ii) The 2025/26 year-end projections identified a forecast overspend in the region of £10m. Mitigating actions including development of further targeted cost improvement plans were being put in place to minimise in-year risk as far as possible. Updated financial projections would be completed following Quarter 2 results, with improvement actions factored into a recovery plan.
- (iii) Approval was sought in relation to two high-cost capital programmes which had funding confirmed through the Business Continuity Plan process. Work on both programmes was 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 was 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.

The following points were made in discussion:

- (i) In relation to the overspend in Acute Services members asked how that would be managed or if the budget was not appropriate. It was highlighted that there were issues with the budget in Acute. Historic savings were showing as negative budgets to a total of around £7m. If that was not addressed the issue would linger. This known issue would be offset as much as possible for month 6 through transfers between lines.
- (ii) Discussion took place on why the delivery of savings were offtrack, the need for a clear recovery plan, whether there was sufficient capacity to deliver savings and what could be done differently. There were detailed initiatives in the savings plan with oversight through the Board's Financial Stewardship Group. At the Group there was in-depth focus on strands of the savings plan and progress made. The capacity to deliver the savings was considered. Digital savings required business cases and further development of work. Where identified savings were not able to deliver to the planned level, work was ongoing to look for further options to deliver the full quantum of savings level.

- (iii) Further information and assurance was sought on the actions to tackle the medical overspend. The two main pressure areas were in relation to medicines and staffing. Nurse agency use had been addressed and lessons learned from this work were being considered for the approach with medical overspends. There was a medical staffing oversight group chaired by the Medical Director. Agency, bank and locum use had been reviewed. It was hoped that nine high-cost locums could be relinquished subject to substantive recruitment. In medicines there were spend to save initiatives and drug switches as part of the savings plan which should deliver positive impacts.
- (iv) unfunded services and whether there were plans to address in each known case. Areas had been identified with work to establish how this arose and what options there were to address this. No decisions had been taken yet as there could be risks of stopping services. Where services were to continue there needed to be consideration of how to manage the financial challenge. Further detail would be presented to the Strategic Planning, Performance & Resources Committee in October as part of the Financial Recovery Plan.

The Forth Valley NHS Board:

- (1) **noted the level of ongoing financial risk and pressure for the first five months of the year to 31 August 2025;**
- (2) **noted as previously advised, an overspend of around £10m was forecast for financial year 2025/26, which would be subject to a detailed reassessment during October based on the Quarter 2 position;**
- (3) **noted that an updated 2025/26 outturn forecast would be presented to the October Strategic Planning, Performance & Resources Committee meeting, together with a plan setting out options and actions to bring the position back into balance;**
- (4) **approved planned capital spend and contract variations summarised in Section 4 of the report in relation to anti-ligature and theatre ventilation works;**
- (5) **approved 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, and**
- (6) **considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

Actions

(1) October SPPRC to receive a recovery plan as part of the finance report.	Scott Urquhart
(2) Further information on medical staffing pressures and how these would be addressed to be provided.	Andrew Murray / Scott Urquhart
(3) Further information to be provided on the identification of unfunded services and actions to address these.	Scott Urquhart

13. Performance Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor McGuffie, which provided an update on performance against a range of national and local measures.

Key messages in the report included:

- (i) Performance Summary.
- (ii) Area of Focus – Planned Care.
- (iii) Performance Report: Priority Areas and Other Areas.

- (iv) Performance Scorecard.

The following points were made in discussion:

- (i) In respect of mutual aid members asked if this had any risks for Forth Valley. Where there was additional capacity NHS Forth Valley had offered 12,500 procedures to other Boards. Through collaborative work wait times nationally could be tackled. There had been additional support provided for Grampian.
- (ii) Members asked how the longest waits were being prioritised in urology. There had been a 'Chris Hoy' affect but capacity was being built. Cancer patients were being prioritised.
- (iii) Members recognised the progress which had been made with delayed discharges, noting that lost bed days had been halved.
- (iv) Concerns were raised about the continuing performance issues in unscheduled care and the need to have a focus on improvements. This would be discussed in more detail at the October SPPRC.

The Forth Valley NHS Board:

- (1) considered the latest performance data within the Performance Report noting the Area of Focus – Planned Care and Priority Areas of Performance;**
- (2) considered the progress made in reducing the number of patients waiting over 52 weeks for a new inpatient appointment and for an inpatient/daycase procedure, and**
- (3) considered that the report generally provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified but in relation to unscheduled care performance, required further assurance and noted this would be discussed in more detail at the October SPPRC.**

14. Spotlight on Services – Hospital at Home

The Forth Valley NHS Board considered a report for assurance, presented by Ms Murray, which provided an overview of Forth Valley's Hospital at Home Service. The Board also viewed a video story on the Service.

Key messages in the report included:

- (i) The service delivered acute-level care within patients' homes, improving outcomes for older adults, reducing hospital admissions, and enhancing system flow.
- (ii) 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.
- (iii) To support national ambitions of reaching 2,000 virtual beds across Scotland by December 2026, NHS Forth Valley had been allocated £2,289,811 to expand Hospital at Home capacity to 114 beds.

The following points were made in discussion:

- (i) Additional capacity for winter pressures had been hardwired rather than separated out allowing for innovative measures like Hospital at Home. The First Minister had visited Forth Valley to launch an expansion of the service as it was recognised that there was a great model locally. It was highlighted that the Frailty Unit connection was vital.
- (ii) Members noted that in communications from service users they had expressed that their lives had been transformed by the service.

- (iii) The Board recognised this as a good example of innovation and asked Executives to think of how this approach could be expanded to do more of this type of work and faster. The approach to innovation would be considered at the upcoming Board Seminar.
- (iv) A question was asked if there was costing information that showed the impact of the service and value for money against the alternative. Comments were made that it was vital to have sufficient evidence when trying new approaches to improve experience. This should include where things had gone wrong and lessons learned. There was an international community of Hospital at Home. Nationally, Healthcare Improvement Scotland reported that 15,500 people had been supported by Hospital at Home bringing £16m of direct savings and £39m further from less healthcare usage 6 months after using the service. The service was well embedded, and Executives would focus on how to maximise what was gained from the service. The evidence referred to would be circulated after the meeting.
- (v) There was a question on how to move from 33 beds to 114, as that was a significant transition, and any risks identified. The risks related to the practical elements of expansion as the 114 beds was virtual capacity. There were challenging logistics across the large geographic area covered by the Board. It would be important to tackle how to support teams to get where they needed to be. However, there were strong links with the Scottish Ambulance Service. It was noted that the bed numbers had been set through a bid with the Scottish Government which would overall create flexibility through winter.

The Forth Valley NHS Board:

- (1) endorsed the proposed expansion plan for Hospital at Home;**
- (2) endorsed the use of allocated SG funding in line with strategic objectives;**
- (3) supported continued engagement with national programmes and stakeholders, and**
- (4) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

Action

- (1) Circulate information relating to Hospital at Home including evidence of economic benefit demonstrated through research.**

15. Update on Safety

(a) Quality Assurance and Improvement Report

The Forth Valley NHS Board considered a report for assurance, presented by Mr Murray and Dr Watson, which provided an overview of the current position in relation to quality assurance and progress across key priorities in quality and safety.

The key messages in the report included:

- (i) Key points and learnings from Safer Together, Learning Session 4 and QI celebration event.
- (ii) Assurance and progress with SAERS
- (iii) Assurance and progress with complaints
- (iv) Healthcare Improvement Scotland (unannounced inspections)
- (v) Assurance and progress with Research and Innovation.

The following points were made in discussion:

- (i) Further information was sought on the completion of two SAERs from 2023 and what timescale was available in relation to the 11 SAERs from 2025. Detailed information would be provided to the member after the meeting.
- (ii) Members commented on the need to change how the whole system was looked at and how risk was assessed in relation to the likelihood of adverse events happening and what mitigation measures were in place.
- (iii) There was a question on whether there was sufficient resource to tackle the backlog of SAERs and the priorities of clinicians in this regard. Members sought assurance that actions plans were in place and being acted on with themes learned from. In response, it was acknowledged that there was a need to catch-up with the backlog which was being worked on to get back on track with performance and that the resource was sufficient but additional measures were needed to work through the backlog.
- (iv) Members sought assurance that the great work of the Safer Together Collaborative would not be lost when it becomes business as usual. It was noted that there would continue to be a focus on performance and reporting through governance committees.

The Forth Valley NHS Board:

- (1) noted the ongoing delivery of quality assurance, improvement activities and evidence-informed quality planning for SAERs and complaints;**
- (2) noted the key points, and learnings from Safer Together Learning Session Four;**
- (3) noted the progress with Research and Innovation, and**
- (4) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

(b) Healthcare Associated Infection (HAI) Report August 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 August.
- (ii) Total DABs remained within control limits. There were two hospital acquired DABs in August.
- (iii) Total CDIs remained within control limits. There were two hospital acquired CDIs in August.
- (iv) Total ECBs remained within control limits. There were four hospital acquired ECBs in August.
- (v) There was one mandatory surgical site infection in August.
- (vi) There was one outbreak reported in August.

The following points were made in discussion:

- (i) A question was asked on SABS, noting that the numbers were small, as to whether there were any trends or locations of concern. There were no trends identified and no concerns from the team although there would inevitably be peaks and troughs going forward.

The Forth Valley NHS Board:

- (1) noted the HAIRT report;**
- (2) noted the performance in respect for SABs, DABs, CDIs & ECBs, and**
- (3) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

16. Quality Strategy Annual Update

The Forth Valley NHS Board considered a report for assurance, presented by Mr Murray and Ms Nimmo, which set out the progress made during year 4 of implementing the Quality Strategy.

The key messages in the report included:

- (i) The high-level aim for Year 4 was to highlight the impact achieved from consistent practices and a shift in the organisational culture.
- (ii) To date, the Innovation Team had successfully achieved the short-term outcomes and remained on track to deliver the medium-term outcomes. A significant milestone was the comprehensive review of the innovation portfolio to ensure alignment with NHS Forth Valley's corporate objectives.
- (iii) The NHS Forth Valley Realistic Medicine (RM) Action Plan for 2025/26 was 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.

The following points were made in discussion:

- (i) Comments were made on culture and leadership. Members asked if there was work to create autonomy and a culture of continuous improvement with agility to be a responsive organisation. There was work ongoing in close links with the programme team and organisational development.

The Forth Valley NHS Board:

- (1) noted the progress made in Year 4 of the Quality Strategy implementation;**
- (2) noted the proposed actions to realign progress with the planned implementation timeline;**
- (3) noted the key areas for discussion and scrutiny, and**
- (4) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

17. Innovation Plan Annual Update

The Forth Valley NHS Board considered a report for assurance, presented by Mr Murray and Ms Nimmo, which provided an update on progress made during 24/25 in implementing the Innovation Plan.

The key messages in the report included:

- (i) Several key issues had emerged that required consideration to ensure effective implementation. These included resource allocation, cross-team collaboration, digital integration, and the ongoing management of risks and challenges.
- (ii) Progress with implementation of the Innovation Plan was monitored, reviewed, and reported through the NHS Forth Valley Quality Programme Board on a quarterly basis.

The following points were made in discussion:

- (i) The Innovation Plan would be circulated to members for consideration as part of the upcoming Board Seminar.

The Forth Valley NHS Board:

- (1) noted the progress made in Year 3 of the Innovation Plan implementation;
- (2) noted the logic model outcomes against priorities;
- (3) supported the next steps for Year 4 of the Innovation Plan and Logic Model, and
- (4) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.

Action

- (1) Circulate the Innovation Plan in advance of the Board Seminar. Jack Frawley

18. Whistleblowing Standards and Activity Report

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

The key messages in the report included:

- (i) To date NHS Forth Valley had received a total of 26 cases: 10 managed under stage 1, and 16 under stage 2.
- (ii) Performance information was provided on the key indicators.

The following points were made in discussion:

- (i) There had been 2 new cases in quarter 1.
- (ii) Speak-up Week was being widely promoted within NHS Forth Valley. Following a question on the difference between speak-up and whistleblowing it was noted that a single point of contact had been determined as the best way forward to avoid confusion for staff.

The Forth Valley NHS Board:

- (1) noted Whistleblowing performance in NHS Forth Valley in Q1 2025, and
- (2) considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.

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 resolved that there were no matters to recommend that the Senior Leadership Team consider to be included in the Strategic Risk Register.

22. Date and Time of Next Meeting: Tuesday 25 November 2025 at 9.30am.

23. Business Taken in Private Session

In terms of section 5.22 of the Code of Corporate Governance, the Board resolved into private session on the grounds that the following items of business related to commercial interests of another person and confidentiality was required:

- Disposal of Surplus Land
- Community Asset Transfer

4. Action Log
Forth Valley NHS Board – 25 November 2025

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
070	28.01.25	Integration Schemes	An update on any Ministerial feedback received.	Jillian Thomson / Ross McGuffie	28.04.26	The Falkirk Integration Scheme was approved by Board on 28 January and subsequently by Falkirk Council at its meeting on 30 January 2025. Comments were received from Scottish Government and further drafting work is progressing. The C&S Integration Scheme was approved by Board on 28 January and subsequently Stirling Council at its meeting on 6 February 2025. The dispute resolution process regarding the C&S Scheme is ongoing and making positive progress.	In 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	16.12.25	It is proposed that the evaluation of the Frailty Unit will be reported to the SPPRC in December 2025 and will be added to the SPPRC work plan. The evaluation was not complete for November and the Board is therefore asked to agree that reporting is made to the SPPRC.	In progress
096	29.07.25	Performance Report	An evaluation of Shifting the Balance of Care to be reported to a future meeting.	Gail Woodcock	16.12.25	It is proposed that the evaluation of Shifting the Balance of Care will be reported to the SPPRC in December 2025 to tie in with the wider evaluation of related initiatives. The Board is asked to agree that reporting is to the SPPRC.	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	24.02.26	The information will be included in a report to the SPPRC.	In progress
099	30.09.25	Strategic Risk Register Update – August – September 2025	Review schedule of updates on Cyber Security reporting back to SPPRC.	Vicky Webb / Scott Jaffray	28.10.25	The schedule was reviewed and further information on Cyber Security actions were reported to SPPRC in October 2025.	Complete.
100	30.09.25	Population Health & Care Strategy	The summary document, communications plan and website link to be circulated to Board members.	Kerry Mackenzie	25.11.25	The requested information was circulated to Board Members.	Complete

101	30.09.25	Governance Report: Committee Membership & IJB Appointments	IJB commitments to be added to the portfolio table of assignments and recirculated.	Jack Frawley	25.11.25	Revised and circulated to Non-Executives on 11.11.25.	Complete
102	30.09.25	Finance Report	October SPPRC to receive a recovery plan as part of the finance report.	Scott Urquhart	28.10.25	The recovery plan was reported to SPPRC.	Complete
103	30.09.25	Finance Report	Further information on medical staffing pressures and how these would be addressed to be provided.	Scott Urquhart / Andrew Murray	28.10.25	Further discussion took place at SPPRC and this will be taken forward in the Financial Recovery Plan.	Complete
104	30.09.25	Finance Report	Further information to be provided on the identification of unfunded services and actions to address these.	Scott Urquhart	28.10.25	Further discussion took place at SPPRC and this will be taken forward in the Financial Recovery Plan.	Complete
105	30.09.25	Hospital at Home	Circulate information relating to Hospital at Home.	Jack Frawley	25.11.25	Information sent to Board members.	Complete
106	30.09.25	Innovation Plan Annual Update	Circulate the Innovation plan in advance of the Board Seminar	Jack Frawley	7.10.25	Circulated to members.	Complete

STATUS:
Overdue
In progress
Complete

5a. De-escalation to Stage 2 of NHS Scotland Support and Intervention Framework

Purpose: This report is for Assurance

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Jack Frawley, Board Secretary

Executive Summary

A letter was issued from the Director-General for Health & Social Care and Chief Executive of NHS Scotland which confirmed the move of NHS Forth Valley to Stage 2 of the NHS Scotland Support and Intervention Framework for Governance, Leadership and Culture, effective 9 October 2025.

De-escalation to Stage 2 means that direct formal support would no longer be required. However, it remained essential that the improvements achieved were sustained, and that the Board continued to prioritise delivery of the agreed actions.

The culture work has also transitioned to business as usual and the Scottish Government will, through the Chief People Officer, continue to work with NHS Forth Valley in this area. The implementation of cultural change is ongoing, and it will take time to fully evidence the impact of these efforts.

NHS Forth Valley will continue to focus on making progress in the areas of Culture, Leadership and Governance with the intention being to submit further evidence to NPPOG in spring 2026.

Action Required

The Forth Valley NHS Board is asked to:

- (1) note the decision of NPPOG to move NHS Forth Valley to Stage 2 of the NHS Scotland Support and Intervention Framework for Governance, Leadership and Culture, effective 9 October 2025, and
- (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

This matter has not previously been considered by governance groups.

Risk Assessment and Mitigation

There are no risk implications for NHS Forth Valley arising from this report.

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, Digital and Infrastructure Implications

There are no financial, digital or infrastructure implications associated with this report.

Workforce Implications

There are no direct workforce implications in respect of this paper however the improvements resulting in reduction in escalation level under the headings of Culture, Leadership and Governance will support our workforce.

Quality / Patient Care Implications

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

Population Health & Care Strategy

There are no population health & care strategy implications associated with this report, as the work of the sub-structures develop this will be considered.

Climate Change / Sustainability Implications

There are no climate change or sustainability implications associated with this report.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 – Letter from the Director-General for Health & Social Care and Chief Executive of NHS Scotland dated 8 October 2025.



E: dghsc@gov.scot

Chair NHS Forth Valley
Chief Executive

By email:
Neena.Mahal@nhs.scot
Ross.McGuffie@nhs.scot

08 October 2025

Dear Neena and Ross,

De-escalation to Stage 2 of NHS Scotland Support and Intervention Framework

I am writing to formally confirm that NHS Forth Valley will move to Stage 2 of the NHS Scotland Support and Intervention Framework for Governance, Leadership and Culture, effective 9 October 2025.

This decision follows a recommendation from the National Planning and Performance Oversight Group (NPPOG), which noted that your performance is being monitored through established mechanisms, consistent with other territorial Boards. During the most recent review meeting, officials were assured that substantial progress continues across all areas, with work-streams now routinely monitored through your Committee structures.

De-escalation to Stage 2 means that direct formal support will no longer be required. However, it remains essential that the improvements achieved are sustained, and that the Board continues to prioritise delivery of the agreed actions, now embedded as part of routine operations.

While the culture work has also transitioned to business as usual the Scottish Government will, through the Chief People Officer, continue to work with you in this area. The implementation of cultural change is ongoing, and it will take time to fully evidence the impact of these efforts.

Finally, I would like to personally thank you and your colleagues across NHS Forth Valley for your leadership and commitment in driving the sustained improvements that have led to this positive step forward.

Yours sincerely,

Caroline Lamb



Caumier

Chief Executive of NHS Scotland and Director General for Health & Social Care.



FORTH VALLEY NHS BOARD

Tuesday 25 November 2025

5(c). Highlight Report on Board Seminars

For: Information

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

Author: Jack Frawley, Board Secretary

Executive Summary

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

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

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the report for information.

Key Issues to be Considered

The Board Seminar on 7 October 2025 was held in person at Carseview House, Stirling and attendees included Board members and members from the Senior Leadership Team.

The Seminar covered two topics:

- Consideration of the new National Risk Matrix and the opportunity for Board members to provide feedback and input into the Review of Risk Appetite
- Digital & Innovation with an overview of the Digital Landscape, Cyber Security and progress on Innovation.

Board Members and the Senior Leadership Team were joined by colleagues from the Risk Team, Digital Directorate and Efficiency, Improvement & Innovation Directorate. Board Members had the opportunity to discuss and influence the Board's approach to the topic areas covered.

The short life working group considering the review of Risk continues to progress matters related to risk management and the aim is to bring back the outcome of the Review to a future Board meeting in Spring 2026.

6. Board Executive Report

Purpose: This report is for Noting

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Ross McGuffie, Chief Executive

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.

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.

Risk Assessment and Mitigation

No risk assessment has been undertaken on this update report.

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:

- NHS Forth Vally staff and teams won four national awards at this year's **Scotland's Health Awards**.
 - o The Children and Young People's Speech and Language Therapy Team won both the Innovation and Tackling Health Inequalities awards
 - o Charmaine Black, a community Learning Disability Nurse, won the prestigious Nurse Award which aims to recognise high quality and compassionate nursing care
 - o The Prison Healthcare Team at HMP Stirling won the Unsung Heroes Award, chosen via a public vote to recognise teams that make a meaningful but often unrecognised difference to the life of others.
 - o Jackie Rutherford a Senior Charge Midwife at Forth Valley Royal Hospital was a finalist for the Midwife Award and NHS Forth Valley's Women and Children's Bereavement Team were finalists for the Tackling Health Inequalities Award.
- Forth Valley Royal Hospital **Neonatal Unit** has been awarded Gold accreditation by the national baby charity Bliss, recognising the outstanding care and support provided to premature and sick babies and their families. The award was formally presented during a special ceremony at Forth Valley Royal Hospital on 8th October, attended by Jenni Minto MSP, Minister for Public Health and Women's Health and Bliss Chief Executive Caroline Lee-Davey.
- From week beginning 10th November, the **Respiratory Hospital at Home** service has expanded to ten beds, in line with the expansion plans agreed with the Scottish Government for the Unscheduled Care funding.
- The **George Cross Medal**, awarded to all NHS Scotland staff for their response to the Covid-19 pandemic, was on display at FVRH on 11th November, with plans in place to display the medal at selected community sites over the course of the month.
- **Able Futures**, a new service supporting mental health at work, has been launched. Staff are able to get free and confidential advice and support via self-referral, with no waiting list.
- A new **24hr Staff Helpline** run by NHS Lanarkshire is now available to Forth Valley staff, provided access to experienced trained listeners who aim to support staff feeling overwhelmed or dealing with difficult situations.
- Innovation Project Manager, Amy Walker, took part in a panel discussion on how AI is transforming the diagnosis of skin cancer, at **Big Data Belfast 2025**. The discussion explored the structure and objectives of the

AI challenge, the data and ethical considerations involved, and the practical impact of deploying AI within clinical environments.

- Two NHS Forth Valley doctors have successfully completed the prestigious **Scottish Quality and Safety Fellowship Programme**, a national initiative which develops clinical leaders with the skills and expertise to drive improvements in healthcare. Dr Rachel Green, GP Clinical Lead for Cancer and Palliative Care, and Dr Daniel Hufton, Consultant Paediatrician, were among the latest cohort of clinicians from across Scotland to graduate from the programme.
- As part of regular DME feedback from NES, NHS FV have received the highest number of Good Practice letters for resident doctor experience that it ever has had, ten in the last year across a mix of primary and secondary care settings. This is a positive reflection of the leadership of Dr Kate Patrick, Director of Medical Education as the Medical Education team excel year on year.
- Jennifer Alexander, Highly Specialist Chief Orthodontic Technologist and Dental Laboratory Manager at Area 6, Forth Valley Royal Hospital, has been named in the **Laboratory Leading 20** – a list celebrating individuals driving the future of dental technology across the UK. Now in its third year, the Laboratory Leading 20 recognises those whose innovation, leadership, and passion are shaping the evolution of dental technology.

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 10th November showed a compliance of 100% against the 20 day standard in the preceding week and the backlog reduced from a high of over 200 cases to only four outstanding. The Board remains on trajectory to meet the compliance requirements set out within the intervention.
- The NHS Forth Valley **AHP Conference** was held on 11th November, with 58 poster submissions and a packed programme highlighting some of the quality improvement and service transformation underway across AHP services within the Board.
- The **Safer Together patient safety collaborative** celebration event was held on 12th November in Forth Valley college, demonstrating the great progress made across a range of patient safety measures. 32 poster submissions were received for the day, demonstrating the staff buy-in to the programme.
- **EObs**, an electronic system to support the standardisation of vital signs monitoring and real-time access to patient data, is now live in the cardiology ward at Forth Valley Royal Hospital. The system will support staff to improve patient safety through early detection of deterioration, providing real time alerts to reduce delays in escalation. There is an

implementation plan that will see the phased roll out across all inpatient wards at FVRH.

- The Chief Executive and Acute Director attended a Crisis training day as part of the **East of Scotland Regional Resilience Partnership** around the seven duties of Category One responders within the Civil Contingencies Act.

3. Inspection Activity

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

- An inspection took place at **HMP Glenochil**, with the Healthcare standards (standard 9 of the inspection) being rated as Good, the highest rating possible. This makes HMP Glenochil the first Prison Healthcare Team in Scotland to be awarded a rating of 'Good' since the inspection processes commenced. Within the overall inspection report, 35 areas of good practice were highlighted, 20 of which were in relation to the delivery of healthcare. 77 areas of improvement were identified with 10 pertaining to healthcare. A full report will be considered at the Clinical Governance Committee.
- The Board expect to receive the formal report from the recent inspection within **Woman and Children's** services on 27th November, with the report around **Mental Health Services** expected before the end of the calendar year.

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:

- Unscheduled Care test of Change Visit: Scottish Government Visit to Forth Valley Hospital - Christine McLaughlin and Angie Wood
- Digital Directorate Brief
- General Surgery meeting with surgeons
- Culture change and Compassionate Leadership workshop
- Balfron Health Centre
- Core Cancer and Palliative Care Team (FCH)
- Radiology (FVRH)
- NHS FV AHP Conference
- Safer Together Celebration event
- Exec visit to Cardiology (for VBHC)
- Paediatrics
- HMP Polmont
- NMAHP Welcome Graduation Event
- 15 Steps Maternity Event
- Sim Safety Club session on Culture and Civility
- Grahamston House

- Community breakfast - Clackmannan Third Sector Interface
- Plean Community Council

5. National Developments

5.1 The Board Executive Team have a number of lead national roles, with updates as follows:

- The Director of Finance is leading a national group supporting a shift towards increased investment in prevention aligned to Scottish Government policy and strategy. As part of this we are exploring a pilot programme in Forth Valley to identify and track preventative spend for future planning purposes.
- The Executive Nurse Director has taken over as chair of the Excellence in Care National Programme Board.

6. Horizon Scanning

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

- The Cabinet Secretary announced a new Director's Letter (DL) on 13th November, setting out arrangements for new sub-national planning structures, with NHS Forth Valley sitting within the West of Scotland Sub-National Planning Committee. Further updates will be prepared for Board members.

6d. DL(2025)25 Implementation of Sub National Planning:
Co-operation and Planning Directions 2025

Purpose: This report is for Noting

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Jack Frawley, Board Secretary

Executive Summary

Throughout 2025, following the publication of the Service Renewal Framework, the Population Health Framework, and the First Minister's June 2025 speech setting out a vision for transforming Scotland's public services, the First Minister and the Cabinet Secretary for Health and Social Care have been exploring the potential benefits of a more collaborative, Scotland-wide approach to health planning and delivery. Over recent months, this work has advanced significantly, culminating in the agreement and formal sign-off of a new sub-national planning and delivery structure by the First Minister on 15 October 2025.

On 13th November 2025 the Cabinet Secretary for Health and Social Care made a parliamentary speech signalling his expectation that Health Boards work together to make best use of the capacity that there is in our system and ensure there are no barriers to Boards working collaboratively to deliver high-quality, safe, and effective care to patients and communities across Scotland. Following this DL (2025) 25 setting out the Sub-national planning directions was issued.

The Directions require Health Boards to:

- (i) meet a specific objective (relating to the MyCare.scot service), and
- (ii) develop and submit plans detailing how certain other objectives (relating to the Treatment Time Guarantee for orthopaedic elective services; emergency healthcare services; Once for Scotland approach to Business Systems and the MyCare.scot service) will be achieved.

The Sub-national Planning and Delivery Committees (SPDCs) are chaired by Chair of NHS Greater Glasgow and Clyde and Chair of NHS Lothian respectively. The Chief Executives of NHS Lothian and NHS Greater Glasgow and Clyde have been asked to play a lead role in establishing and co-ordinating the SPDCs and supporting them in their work.

Action Required

The Forth Valley NHS Board is asked to:

- (1) note the content and implications of DL(2025)25, and
- (2) note that NHS Forth Valley will be part of the Scotland West sub-national structure and the Board Chair and Chief Executive will attend the Scotland West Sub-National Planning and Delivery Committee (SPDC) in relation to collaboration.

Governance Route to the Meeting and Previous Board Consideration

This matter has not previously been considered by NHS Forth Valley governance groups as part of its development as it presents national material.

Risk Assessment and Mitigation

There are no immediate risk implications for NHS Forth Valley. As the sub—national planning and delivery structure develops consideration will be given to risk assessment and mitigation.

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, Digital and Infrastructure Implications

As the sub-national planning and delivery structure develops consideration will be given to financial, digital or infrastructure implications.

Workforce Implications

As the sub-national planning and delivery structure develops consideration will be given to workforce implications.

Quality / Patient Care Implications

As the sub-national planning and delivery structure develops consideration will be given to quality or patient care implications. The Cabinet Secretary expects boards to work together to achieve a significant and measurable impact for patients and communities that will optimise the capacity that there is in the system.

Population Health & Care Strategy

The objectives specified within the DL deliver key aspects of the Health and Social Care Service Renewal Framework (2025–2035), the Population Health Framework, as well as wider ambitions related to public sector reform.

Climate Change / Sustainability Implications

There are no climate change or sustainability implications associated with this report.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Engagement with staff will be integral to the development and implementation of the Plans, providing advice and ensuring that safe, effective and evidenced-based clinical models of care are developed.

Appendices

Appendix 1 – DL(2025)25: Implementation of Sub-National Planning: Co-Operation and Planning Directions 2025



Dear Colleagues

IMPLEMENTATION OF SUB-NATIONAL PLANNING: CO-OPERATION AND PLANNING DIRECTIONS 2025

Purpose

1. This letter accompanies the Co-operation and Planning Directions 2025 (the Directions), given under section 2(5) of the National Health Service (Scotland) Act 1978 (the 1978 Act), section 11(2) of the Patient Rights (Scotland) Act 2011 (the 2011 Act) and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), which come into force on **13 November 2025**.
2. This letter, including the Guidance attached at **Annex A**, has been developed to support the implementation of the Directions. A copy of the Directions is attached at **Annex B**.
3. In order to comply with the Directions, Health Boards are encouraged to organise themselves in to two collaborative sub-national structures - Scotland East and Scotland West - through which they co-operate with each other in the planning and delivery of the objectives specified in the schedule to the Directions. These objectives deliver key aspects of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), as well as wider ambitions related to public sector reform.
4. Following discussion, Scotland East and Scotland West will each be supported by a Sub-National Planning and Delivery Committee (SPDC), whose membership is representative of the respective Health Boards.
5. In anticipation of the Directions and the Guidance, the SPDC for the East will be chaired by the Chair of NHS Lothian and for the West will be chaired by the Chair of NHS Greater Glasgow and Clyde, with the respective Chief Executives playing a lead role in establishing and co-ordinating the SPDCs and supporting them in their work.

DL(2025)25

13 November 2025

Addressees

For action

NHS Board Chief
Executives
NHS Board Chairs

For information

Directors of Finance
Directors of Planning
Directors of HR
IJB Chairs/Chief Officers

Enquiries to:

Directorate of Chief
Operating Officer

E-mail:

healthplanning@gov.scot

Context

6. Scotland's health service faces sustained pressures from rising demand, workforce challenges and financial constraints. To address these, services must be planned at a scale that supports consistency, safety and value.
7. The Directions support a move from organisation level planning to population-based planning, building on **DL(2024)08** ([Framework Document for NHS Boards](#)) and **DL(2024)31** ([A Renewed Approach to Population Based Planning Across NHS Scotland](#)). The previous guidance on Regional Planning, HDL(2004)46, is superceded.

Co-operation and Planning

8. The Directions require Health Boards to (i) meet a specific objective (relating to the MyCare.scot service) and (ii) develop and submit plans detailing how certain other objectives (relating to the Treatment Time Guarantee for orthopaedic elective services; emergency healthcare services; Once for Scotland approach to Business Systems and the MyCare.scot service) will be achieved.
9. As detailed in the Directions, Health Boards must co-operate with each other (as provided for by section 12J of the 1978 Act) when exercising certain functions and otherwise, in complying with the Directions, consider entering into section 12K agreements with other Health Boards.
10. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27 and submitted to the COO with support from the NHS Scotland Finance Delivery Unit (FDU). Further detail is contained in Annex A. This will also support a shift back to balance across all areas and services.

Sub-National Plans

11. The plans referred to in paragraph 2(1)(b) and (c) of the Directions (the Plans) must:
- (a) describe how capacity, workforce and infrastructure will be deployed;
 - (b) set measurable improvement trajectories; and,
 - (c) identify governance and assurance arrangements to monitor delivery and outcomes.
12. Health Boards are expected to work with SPDCs to ensure appropriate alignment of planning resources and expertise across Scotland East and Scotland West in support of these new sub-national structures, as well as coherence and alignment with community health and nationally commissioned health services.
13. Clinical leadership will be integral to the development and implementation of the Plans, providing advice and ensuring that safe, effective and evidenced-based clinical models of care are developed.

Accountability and Assurance

14. Each Health Board remains responsible and accountable for the proper exercise of all its statutory functions.
15. Statutory commissioning responsibilities remain unchanged and Health Boards are encouraged to explore entering into Section 12K agreements with each other, in complying with the Directions.
16. A quarterly sub-national performance report should be submitted to Ministers on behalf of Scotland East and Scotland West. These reports would form part of the national assurance arrangements to reflect the collective impact of joint planning and delivery.
17. Health Boards within Scotland East and Scotland West should make every effort to resolve disagreements relating to the development or implementation of their Plans through their respective SPDCs.
18. Failure to comply with the Directions may result in escalation under the NHS Scotland Support and Intervention Framework.

Action Required

19. Scotland East and Scotland West should now move immediately to establish the necessary support arrangements to implement the Directions and the development of Plans.
20. Once finalised and agreed, a single Plan should be submitted by the Chair of each SPDC to the COO by 31 March or 30 June 2026¹, for Ministerial approval, with quarterly reporting (see paragraph 16 above) following thereafter. A series of deadlines for drafts of the Plans will be agreed between the COO and the Health Boards.
21. Further Directions may be issued should these sub-national arrangements mature, and additional objectives are identified.

Yours sincerely



Christine McLaughlin
NHS Scotland Chief Operating Officer/Deputy Chief Executive

¹ The deadline for submitting Plans for Part 2 objectives is 31 March 2026. The deadline for submitting Plans for Part 3 objectives is 30 June 2026.

IMPLEMENTING THE CO-OPERATION AND PLANNING DIRECTION 2025: GUIDANCE FOR HEALTH BOARDS

Context

1. Over recent years, the Scottish Government has reinforced its expectation that health services move from organisation-level planning to true population-based planning - placing the health and wellbeing of defined populations at the centre of service design and delivery. In the DL(2024)08 '[Framework Document for NHS Boards](#)' the Scottish Government emphasised the need for collaborative planning arrangements that transcend traditional organisational boundaries and focus on cross-system delivery of care.
2. This was further developed in DL(2024)31 '[A Renewed Approach to Population Based Planning Across NHS Scotland](#)', which required Health Boards to work jointly in the development of sub-national plans, improve alignment with integration authorities and strengthen assurance arrangements through the national improvement architecture.
3. The Directions and this Guidance mark a significant shift from organisation-level planning to a model that places the health and wellbeing of defined populations at the centre of service design. It is a key enabler of the [Health and Social Care Service Renewal Framework \(2025–2035\)](#), the [Population Health Framework](#), and the [Programme for Government 2025–26](#). These frameworks collectively call for a transformation in how services are planned and delivered — emphasising prevention, equity and care that is person-centred and delivered closer to home.
4. This new approach strengthens accountability for population-based planning, improves service equity and supports the transformation of Scotland's health and care system. It recognises that while Health Boards remain legally responsible and accountable for their statutory functions, the scale and complexity of modern health services means that collaboration on a sub-national basis is essential to achieve optimum outcomes. A Scotland East and Scotland West model would provide an immediate mechanism to give effect to those expectations, supporting Health Boards to act at the appropriate scale for planning while preserving local accountability and responsiveness.
5. Scotland East and Scotland West should work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. These two new structures will replace the existing three-area regional planning groupings and will strengthen delivery now and build the foundations for the long-term sustainability of NHS Scotland.
6. National and place-based planning will continue under current arrangements.
7. SPDCs should work closely with Health Boards, Special Health Boards, the Common Services Agency and Healthcare Improvement Scotland to ensure effective development and delivery of the Plans.

Guidance

8. This Guidance supports implementation of the Co-operation and Planning Directions 2025 given under Section 2(5) of the National Health Service (Scotland) Act 1978, Section 11(2) of the Patient Rights (Scotland) Act 2011 and Section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014. It explains expectations for collaborative sub-national planning through the Scotland East and Scotland West sub-national structures and provides recommended implementation options to assist planning at pace to deliver sustainable, safe, and effective health care services.

Definitions

9. For this Guidance:

- Chief Operating Officer (COO) means the NHS Scotland Chief Operating Officer.
- The Plans mean the Plans provided for at paragraph 2(1)(b) and (c) of the Directions.
- Sub-National Planning and Delivery Committees (SPDCs) means the committees Scotland East and Scotland West could each establish to lead strategic planning.
- Scotland East means a sub-national structure consisting of NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, NHS Shetland, and NHS Tayside.
- Scotland West means a sub-national structure consisting of NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire, and NHS Western Isles.

Priority Objectives and Sub-National Plans

10. The Directions set out the priority objectives. The Plans should set out how the objectives specified in the first column of the tables at Parts 2 and 3 of the schedule to the Directions will be achieved along with target milestones.

11. Paragraph 2(2) of the Directions specify that the Plans must:

- (a) describe how capacity, workforce and infrastructure will be deployed;
- (b) set measurable improvement trajectories; and,
- (c) identify governance and assurance arrangements to monitor delivery and outcomes.

Governance and Delivery Arrangements

National Oversight

12. The COO will put in place arrangements which will provide single national oversight of Scotland East and Scotland West.

Community Health and Nationally Commissioned Services

13. The Directions and this Guidance do not in any way alter the statutory functions of Health Boards and integration authorities. In complying with the Directions and considering this Guidance, Health Boards should remain mindful of the need to ensure coherence and alignment with the provision of community health services and nationally commissioned health services.

Financial Planning

14. A consolidated financial plan for Scotland East and Scotland West should be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers. This would allow review of the consolidated position, common pressures and for areas of overspend to be identified. Areas of recurring overspend could be triangulated with workforce planning and service planning to move towards a sustainable model.

15. There is no change to the Scottish Public Finance Model and all Health Boards have a statutory responsibility to achieve financial balance on an annual basis. By year three of this approach (i.e. financial year 2028-29), we expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits. This will be discussed with individual Health Boards, as appropriate, in line with the relevant stage for finance within the NHS Scotland Support and Intervention Framework.

Support and Contact

16. Questions about the Directions, draft plans or reporting should be sent to healthplanning@gov.scot.

DIRECTIONS

NATIONAL HEALTH SERVICE SCOTLAND

The Co-operation and Planning Directions 2025

The Scottish Ministers give the following Directions in exercise of the powers conferred by section 2(5) of the National Health Service (Scotland) Act 1978¹, section 11(2) of the Patient Rights (Scotland) Act 2011² and section 52(2) of the Public Bodies (Joint Working) (Scotland) Act 2014³ and all other powers enabling them to do so.

Citation, commencement and interpretation

1. (1) These Directions may be referred to as the Co-operation and Planning Directions 2025 and come into force as soon as they are made.
- (2) These Directions are given to every Health Board.
- (3) In these Directions—

“the 1978 Act” means the National Health Service (Scotland) Act 1978;

“the 2014 Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“delegated function” means any function that a Health Board has been directed to carry out by an integration authority under section 26 of the 2014 Act;

“Health Board” means a Health Board constituted by an order under section 2(1)(a) of the 1978 Act;

“Part 1 objective” means the objective specified in Part 1 of the schedule;

“Part 2 objective” means an objective specified in the first column of the table at Part 2 of the schedule;

“Part 3 objective” means an objective specified in the first column of the table at Part 3 of the schedule;

¹ 1978 c. 29. Section 2(5) was amended by the National Health Service and Community Care Act 1990 (c.19) and the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (asp 3).

² 2011 asp 5.

³ 2014 asp 9.

“relevant date” means the date, relative to a Part 2 or Part 3 objective, specified in the corresponding entry in the second column of the table at Part 2 or Part 3 of the schedule;

“retained function” means any function carried out by a Health Board which is not a delegated function.

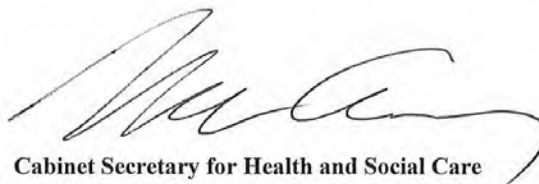
Co-operation and Planning with other Health Boards

2 (1) The Scottish Ministers direct Health Boards—

- (a) to achieve the Part 1 objective by 31 March 2026;
- (b) to develop and submit a plan or plans by 31 March 2026 detailing how each Part 2 objective will be achieved by the relevant date;
- (c) to develop and submit a plan or plans by 30 June 2026 detailing how each Part 3 objective will be achieved by the relevant date;
- (d) to co-operate with other Health Boards, as provided for by section 12J of the 1978 Act, when exercising retained functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph;
- (e) to consider entering into and where considered appropriate to do seek to enter into, agreements with other Health Boards, as provided for by section 12K of the 1978 Act, when exercising retained and delegated functions in accordance with sub-paragraph (1)(a) to (c) of this paragraph.

(2) The plans referred to in sub-paragraph (1)(b) and (c) above must—

- (a) describe how capacity, workforce and infrastructure will be deployed;
- (b) set measurable improvement trajectories;
- (c) identify governance and assurance arrangements to monitor delivery and outcomes.



Cabinet Secretary for Health and Social Care

St Andrew's House
Edinburgh
13th November 2025

SCHEDULE

PART 1

MyCare.scot service

Organisational readiness, including local change processes, for implementation of the required interfaces and ways of working to enable the lawful sharing of personal information and delivery of digital services for the Digital Front Door Programme⁴.

PART 2

Column 1: Objective	Column 2: Relevant date
<i>Treatment Time Guarantee for Orthopaedic Elective Care Services</i> The treatment time guarantee provided for in the Patient Rights (Scotland) Act 2011⁵ and the Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012⁶ will be met in respect of all patients requiring orthopaedic elective care services. Once the treatment time guarantee has been met, services will continue to be provided to these patients in such a manner that high-quality and safe care is ensured.	31 March 2029
<i>Emergency Healthcare Services</i> Implementation of the recommendations contained in the Four Hour Emergency Access Standard: Expert Working Group Recommendations Report dated October 2024⁷. Otherwise, providing high-quality, financially sustainable emergency healthcare services, to a safe standard so that everyone gets the emergency healthcare they need in the right place, at the right time. This will involve the development of optimal models for flow navigation and virtual services so that emergency healthcare services meet the needs of local populations.	31 March 2029

⁴ [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

⁵ 2011 asp 5.

⁶ S.S.I. 2012/110.

⁷ [A&E performance - Four Hour Emergency Access Standard: Expert Working Group recommendations report - gov.scot](#)

<i>Once for Scotland approach to Business Systems</i> Full implementation of a “Once for Scotland” approach to business systems in a manner which ensures effective programme delivery, governance and assurance, including— • investment of the appropriate level of resources necessary to fully deliver programme outcomes; • an appropriate scheme of delegation which ensures swift but well governed programme delivery; • effective engagement with stakeholders thus building support among stakeholder group; • regular assurance reviews.	1 October 2028

PART 3

Column 1: Objective	Column 2: Relevant date
<i>MyCare.scot service</i> Provide the necessary support to the Digital Front Door Programme to enable the rollout of digital communications and the opening up of required systems in line with the full national roadmap which is expected to be published in March 2026⁸.	31 December 2027
<i>MyCare.scot service</i> Provide the necessary support and integration to enable the provision of an enhanced service featuring continuous enhancements and is further developed based on feedback and co-design.	31 December 2030

⁸ A high-level summary of the road map is published at [Health and social care app - MyCare.scot: national rollout - high-level summary - gov.scot](#).

Forth Valley NHS Board
Tuesday 25 November 2025

7.2 Minute of the Clinical Governance Committee Meeting held on Tuesday 9 September 2025

For: Assurance

Minute of the Clinical Governance Committee Meeting held on Tuesday 9 September 2025 at 9.00am in the Boardroom, Carseview House.

Present: Mr Gordon Johnston (Non-Executive Director)
Cllr Fiona Law (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Mr Allan Rennie (Board Vice Chair)
Mr John Stuart (Committee Chair)

In Attendance: Dr Karen Adamson (Deputy Medical Director)
Ms Lucy Atalla (Interim Quality & Patient Safety Lead) Item 12
Miss Jennifer Brisbane (Corporate Services Assistant) Minute
Ms Laura Byrne (Director of Pharmacy)
Mr Ashley Calvert (Head of Clinical Governance)
Dr Susan Carson (Lead Clinician for Health Protection) Item 10
Mr Garry Fraser (Director of Acute) Item 8a
Mr Jack Frawley (Board Secretary)
Professor Karen Goudie (Executive Nurse Director)
Mr Jonathan Horwood (Infection Control Manager & Clinical Lead)
Mr Bryan Hynd (Head of Medical Physics)
Dr Oliver Milling-Smith (Clinical Lead for Cancer Services) Item 10
Mr Andrew Murray (Medical Director) Items 7 & 20
Mrs Wendy Nimmo (Interim Head of Efficiency, Improvement & Innovation)
Dr Jennifer Rodgers (Dental Public Health Consultant) Item 11
Dr Jillian Taylor (Child Health Commissioner & Chief Nurse) Item 6b
Dr David Watson (Director of Acute Nursing)
Miss Vicky Webb (Corporate Risk Manager)

1. Welcome, Apologies for Absence and Confirmation of Quorum

Apologies were noted on behalf of Kirstin Cassells and Cllr David Wilson. The meeting was quorate.

Dr Jennifer Champion, Neena Mahal, Professor Ross McGuffie and Professor Clare McKenzie were not in attendance.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Clinical Governance Committee held on 8 July 2025

The minute of the meeting held on 8 July 2025, subject to previous electronic circulation and committee member approval, was **confirmed** as an accurate record.

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

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

- (i) Action 85: It was advised that there was no formal documentation outlining the Clinical Governance Working Group's remit of ratification of policies. Timescale extended to 17 March 2026 to facilitate the development of a formal document.
- (ii) Action 87: Assurance was provided that discussions were undertaken with the Director of Pharmacy and Health & Social Care Partnership Drug Related Death Leads, where it was noted that a controlled drug escalation process would be taken forward. Action **complete**.
- (iii) Action 91: Assurance was provided that deep dives into areas of concern would continue to be provided at committee meetings, action **closed**.
- (iv) Action 92: An end-of-project plan was drafted after the funded complaints prototyping work had concluded. It was advised that in order to adopt a similar product, a procurement exercise to the wider market was required. Two principal decision impact on thinking was undertaken, action **complete**.
- (v) Action 93: An update was provided that the Senior Prison Service Pharmacist would undertake a thematic analysis of the IR1 complaints with a view to identify potential mitigations.
- (vi) Actions 86, 88, 89, 90 and 94 were noted as **complete**.

The Clinical Governance Committee noted the Action Log

5. **Clinical Governance Committee Planner**

The Clinical Governance Committee received the Committee Planner presented by Mr Ashlely Calvert, where it was advised that the Medical Appraisal & Revalidation and Scottish Patient Safety Programme (SPSP) Delirium items had been rescheduled to align with the Clinical Governance Working Group (CGWG) Committee Planner.

The Clinical Governance Committee noted the Committee Planner.

Action:

- (1) **Update Committee Planner to reflect deference of Medical Appraisal & Revalidation and SPSP Delirium reports.**

Jennifer
Brisbane

Items 7 and 20 were taken at this point in the agenda.

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

(a) Emerging Clinical Issues

The Clinical Governance Committee received the 'Emerging Clinical Issues' paper presented by Mr Andrew Murray, which provided an overview of an unannounced Healthcare Improvement Scotland (HIS) visit to Forth Valley Royal Hospital (FVRH) and a Fatal Accident Inquiry into the death of a prisoner.

Key messages in the report included:

- (i) On 25 and 26 of August, an unannounced two-day visit was undertaken within FVRH's Mental Health and Women & Children's services. Feedback was anticipated on the triage process for Obstetric patients and structural issues identified in bathrooms which resulted in black mould. Assurance was provided that Serco and Infection Control colleagues had begun addressing concerns with bathrooms. A formal report outlining details from the inspection was expected in October 2025.
- (ii) An FAI into the death of a prisoner was scheduled for final preliminary hearing on 18 September 2025, with the Inquiry scheduled on 17 November 2025. Reassurance was provided that the Central Legal Office advised that there were no impending negative findings for NHS Forth Valley.

The following points were made in discussion:

- (i) A committee member queried if there were any issues that required escalation following the HIS inspection. It was advised that confirmation would be provided following the submission of the final report, however it was suspected that a deep dive would be undertaken within the Maternity unit and 60 bathrooms across FVRH due to the fabric to structure showers. Reassurance was provided that a paper would be devised to provide further detail on the infection controls concerns within the identified bathrooms.
- (ii) Concern was raised on the funding required to address structural issues where it was noted that funding would be accounted for within the programme of work assessing new anti-ligature materials.

The Clinical Governance Committee:

- (1) noted the HIS unannounced inspection position and timescales.**
- (2) noted the upcoming FAI position.**

(b) Quality & Safety Report

The Clinical Governance Committee received a verbal update on the Quality & Safety Report presented by Mr Andrew Murray.

Key messages within the verbal update included:

- (i) Committee members were advised of the recent development of scheduling Quality & Safety reports to the Forth Valley NHS Board. It was proposed that the Committee receive oversight of the report on a business as usual basis, for information and development, prior to presentation to the Board. It was noted that the report remained an iterative document.

The following key points were made in discussion:

- (i) Colleagues involved in the development of the report sought consideration of the ask from the Committee and Board for future assurance, where it was noted that deeper discussions would be undertaken at an upcoming Board Seminar.

The Clinical Governance Committee approved the proposal to schedule Quality & Safety reports at the Committee, subject to discussion at the 30 September 2025 Forth Valley NHS Board.

20. Professional Assurance Framework

The Clinical Governance Committee received the 'Professional Assurance Framework' paper presented by Mr Andrew Murray, which provided an update on the development of the draft framework, previously presented to the Committee in January 2025.

Key messages within the report included:

- (i) Since initial review by the Committee in January, the proposed consultation was paused due to the imminent Leng report on Physician's Associates (PA) potentially impacting accuracy of the framework. Reassurance was provided that the report had since been published and the framework was updated to reflect the further four nations work for PA's and their governance.
- (ii) Colleagues were advised that following an extended consultation process with Staff Side and professional colleagues, the framework would be in its final draft for consideration of the Committee and approval from Forth Valley NHS Board in November 2025

The following key points were made in discussion:

- (i) Following consideration of the appropriate governance route for the Framework it was proposed that both the Clinical Governance and Staff Governance Committee would be presented a final draft prior to submission to the Board.
- (ii) A request was made to amend reference to 'Pharmacists' to 'Pharmacy Professionals' to accurately reflect the composition of professionals working within the directorate.

The Clinical Governance Committee:

- (1) noted the proposed Professional Assurance Framework and update.**
- (2) approved engagement and timeline for completion.**
- (3) recommended approval from the Staff Governance Committee, subject to ongoing discussion.**

Action:

- (1) Liaise with the Director of People to discuss governance and final approval of the Professional Assurance Framework.**

Andrew
Murray

6. For Approval

(a) Patient Safety Conversation Visit Bi-annual Report

The Clinical Governance Committee received the 'Patient Safety Conversation Visit Annual Report' presented by Mr Ashley Calvert, providing an update on visits undertaken from 1 October 2024 to 31 March 2025.

Key messages in the report included:

- (i) There were 14 Patient Safety Conversation Visits (PSCVs) undertaken, of which:
 - 8 were to Acute Services
 - 1 were to Acute Allied Health Professionals
 - 1 were to Mental Health & Learning Disabilities
 - 4 were to Women & Children's
- (ii) 4 PSCVs were cancelled due to:
 - A change in process resulting in 2 return visits being discontinued.
 - Clinical areas being unable to facilitate due to demand or unavailability.
- (iii) An aide memoire was developed to ensure that each visit remained focused on patient safety. The tool was designed to guide discussions and maintain consistency across PSCVs.
- (iv) To simplify documentation and provide a clear, concise summary of outcomes and actions, a new 'plan on a page' layout was introduced as a testing phase.
- (v) The Corporate Clinical Governance team contacted and assigned senior leaders to each visit, tracking action plans to improve efficiency and support better forward planning.
- (vi) Committee members were made aware of the newly agreed Key Performance Indicators (KPIs) for the programme which would support ongoing monitoring and improvements.

The following points were made in discussion:

- (i) Committee members sought sight of the aide memoire and planning page at a future meeting for further assurance.
- (ii) Emphasis was placed on the importance of having visibility of monitoring of actions where assurance was provided that rapid feedback following visits would be provided to senior leadership and discussed at triumvirate level to address actions.
- (iii) Concern was raised that certain actions may not be addressed within the improvement plan; however, assurance was provided that the Clinical Governance

team would review actions and improvement plans to ensure there are no discrepancies.

- (iv) It was noted that non-executive colleagues did not possess badges to identify themselves to patients and staff. The committee agreed to explore options for an appropriate form of identification for non-executives at future PSCVs.
- (v) A suggestion was made to measure success after actions were complete, with particular attention to staff wellbeing. After discussion, it was confirmed that existing measures were in place to assess staff wellbeing, and it was noted that adopting further measures was unlikely due to the team's current capacity. However it was agreed that staff wellbeing is incorporated in the question set for Patient Safety Conversation Visits.

The Clinical Governance noted the data and timelines outlined within the report.

Actions:

- (1) Consider implementation of name badges for PSCVs.
- (2) Ensure staff wellbeing is incorporated in the question set for Patient Safety Conversation Visits.

Ashley Calvert

(b) Public Protection Annual Report

The Clinical Governance Committee received the 'Public Protection Annual Report' presented by Dr Jillian Taylor, which described key workstreams and provided an analytical understanding of the standard of care provided within Public Protection.

Key messages in the report included:

- (i) Limitations were noted with regards to the limited financial investment resulting in a reduced function in leading and improving Adult Support & Protection (ASP) workstreams. However, assurance was provided that staff continued to provide a high quality service.
- (ii) From 2024 to 2025, efforts were made to improve Public Protection governance. However, unclear leadership, accountability, and guidance for Public Protection workstreams remained a risk in the Organisational Risk Register.
- (iii) The annual report noted higher demand across all workstreams, increasing staff workload.
- (iv) Colleagues were advised that improved quality was reliant on the delivery of high-quality learning and education, in addition to feedback on application of learning in practice. It was noted that the team were committed to ensuring that all staff were confident and competent to undertake their role in identifying and responding appropriately to safeguarding concerns.

The following points were made in discussion:

- (i) A committee member suggested consideration of the Board's role in understanding the resource challenge and ways to address challenges whilst remaining within the resource available.
- (ii) In reference to Healthcare Improvement Scotland's reporting of a gap in leadership within ASP, and recognition of the inability to digitalise the public protection processes by implementing an electronic module for Safeguard system due to a lack of financial support within the report. It was agreed that such concerns would be raised at the Forth Valley NHS Board.
- (iii) Further detail was sought on the national business case submitted on behalf of all NHS Boards to promote the adoption of a safeguarding module within the newly proposed national system, InPhase.

The Clinical Governance Committee:

- (1) noted the detail within the report.

- (2) noted the improving position for child protection due to learning & education, support & supervision and promotional work of core child protection focused advisors.
- (3) noted the limited financial investment and reduced function of the public protection team in leading and improving ASP.

Action:

- (1) Provide further detail on the national digitalisation business case.

(c) Medical Devices Annual Report

The Clinical Governance Committee received the 'Medical Devices Annual Report' presented by Mr Bryan Hynd, providing assurance that all medical equipment used within NHS Forth Valley was maintained and managed in line with national guidelines under a quality management system.

Key messages in the report included:

- (i) An overview of the Medical Physics department was provided where colleagues were made aware of the full spectrum of devices maintained, managed and audited annually by the British Standards Institution.
- (ii) Specific Key Performance Indicators (KPIs) were managed through Pentana and reported on a monthly basis, forming part of the directorate's performance reviews with plans to introduce additional KPI's as part of the Digital Directorate review.
- (iii) Planned maintenance within 60 days from the compliance consistently remained above the target, with:
 - 97.5% for high-risk devices.
 - 96.3% for medium risk devices.
 - 95.6% for low-risk devices.
- (iv) Planned preventative maintenance compared to corrective maintenance met the agreed level which indicated good practice. Committee members were advised that the majority of repairs, regarded as corrective maintenance, were as a result of physical damage within the environment as opposed to a lack of maintenance.

The following points were made in discussion:

- (i) Concern was raised on outstanding issues to the renal department outlined with the report, where assurance was provided that issues were addressed within weeks of reporting.
- (ii) A question was raised on the benchmarking against other health boards, where it highlighted that Forth Valley was considered by the Department of Health as an exemplar in medical physics.
- (iii) Colleagues were made aware of an issue with the Electrocardiogram system within acute admissions which related to a global shortage of a specific mechanical part to resolve the failures. The matter had been considered at the Senior Leadership Team where a decision to immediately procure a new system had been taken, with a contingency plan in place until the new solution was delivered.

The Clinical Governance Committee noted the report.

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

(a) Acute Directorate Safety and Assurance Report

The Clinical Governance Committee received the 'Acute Directorate Safety and Assurance Report' presented by Mr Garry Fraser, providing assurance of robust clinical governance within the Acute Services Department (ASD), and appropriate scrutiny at the CGWG for the Clinical Governance Committee.

Karen Goudie/
Jillian Taylor

Key messages in the report included:

- (i) Hospital Standardised Mortality Rate (HSMR) remained below the threshold of 1.
- (ii) Improvements were noted in cardiac arrest reviews and Intensive Care Unit admissions, where opportunities to introduce prompter conversations regarding realistic medicine was noted.
- (iii) Stroke thrombolysis performance remained below expected levels.
- (iv) Work was required to improve engagement of early treatment planning discussions.
- (v) Committee members were advised of the desire to improve data integration and reporting formats. Therefore, it was advised that work had commenced to design the report to include Scottish Patient Safety Programme, excellence in care and patient safety conversation visit details to provide a more holistic view of acute site performance.

The following points were made in discussion:

- (i) A committee member sought further detail on the baseline for falls with harm where assurance was provided that such detail would be captured within the Safer Together Collaborative.
- (ii) A question was raised on the categorisation of pressure ulcer patients, where it was highlighted that the national definition for pressure ulcers was a hospitalised patient therefore indicating a long stay in hospital.
- (iii) Committee members were informed that a new national stroke bundle compliance was yet to be launched, and an update would be provided in the report presented at the next committee meeting.
- (iv) Concern was raised over the challenge experienced in accessing the CT scanners, where it was noted that due to a national increase in demand in scans, the imaging departments struggled meet demand therefore focus was required to address backlog and consider if prioritisation of patients.

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

(b) Whole System Assurance Report

The Clinical Governance Committee received the 'Whole System Assurance Report' presented by Mr Ashley Calvert, providing 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, and ensuring consistency across directorates.
- (ii) Assurance was provided that work was ongoing to address the issue of drug related death reviews remaining on hold, escalated by the Mental Health and Learning Disabilities directorate.
- (iii) Committee members were advised that discussions were ongoing to consider representation from partnership colleagues at Assurance committees to prevent duplication.

The following points were made in discussion:

- (i) Colleagues were consulted on the specific information sought for future reports. It was noted that the Committee desired assurance regarding directorate structures

and processes, proposing incorporation of a mechanism for directorates to escalate issues, shifting from an emphasis on the operational details. Reassurance was provided that the Head of Clinical Governance would liaise with Clinical Governance leads to consider suggested changes to reporting.

- (ii) Consideration was sought on the use of the Strategic Risk Register to align with risks escalated through report in order to remain proactive.
- (iii) It was proposed that a more explicit example of data required could be provided to directorates in order to ensure consistency.

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

9. Healthcare Associated Infection (HAI) Report

The Clinical Governance Committee received the 'Healthcare Associated Infection (HAI) Quarterly Report April - June 2025' presented by Mr Jonathan Horwood. Which provided an 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 and CDIs reported cases remained within controlled limits.
- (ii) An increase in ECBs compared to the previous quarter was noted, similarly experienced at a national level due to increases in urinary tract infections attributed to warm weather. However, assurance was provided that ECBs had returned to controlled limits.
- (iii) Within the reporting period of April to June 2025, there were:
 - 7 hospital acquired SABs.
 - 12 hospital acquired DABs.
 - 3 hospital acquired CDIs.
 - 13 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.
 - 9 surgical site infections reported.
 - No outbreaks reported.
- (iv) An update was provided on the previous reports of Peripheral Vascular Catheter site infections developed following admission in ward B32. Where it was noted that the 4 devices associated with infections had incomplete bundle documentation. However, reassurance was provided that work was ongoing with service leads to address concerns, and no infections had been recorded since the beginning of July 2025. Committee members were advised that concerns with compliance of bundle documentation would be raised to the Infection Control Committee.
- (v) Covid-19 outbreaks increased nationally and a further rise was anticipated.

The following points were made in discussion:

- (i) Additional information was requested regarding concerns raised by HIS in relation to black mould found within a bathroom within the Mental Health Unit. The infection control team were aware of the bathroom, however it was noted that mould developed because the bathroom was locked, preventing regular cleaning. Assurance was provided that the infection control department was working with estates to address concerns.
- (ii) Following a question raised on the potential trends in infections to facilitate winter planning, it was indicated that influenza cases was anticipated to lower in comparison to previous years when reviewing surveillance data in Australia.

- Assurance was provided that flu vaccinations had commenced. Further consideration was sought on the organisation's preparedness for the spread of flu.
- (iii) A lack of escalation of infection control concerns with Mental Health Unit bathrooms to governance committees was noted, where it was advised that review of duty of candour HAI process would be beneficial when considering routes of escalation.

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

10. Cancer Update

The Clinical Governance Committee received the 'Cancer Update' paper presented by Dr Oliver Milling-Smith, which provided an overview of the status of various areas within the Acute Cancer Services.

Key messages in the report included:

- (i) NHS Forth Valley were successful in obtaining non-recurring money to assist with the implementation of a Rapid Cancer Diagnostic Centre, and work was ongoing to develop a business case to enable the service to continue beyond the 18 months of funding.
- (ii) Breast and Urology oncology clinics were recorded within the Risk Register due to the increased waits for patients to be seen by an oncologist, where concern on a lack of workforce, floor space and financial resources were noted when considering the demand experienced.
- (iii) A review of the Oncology unit footprint was undertaken to explore options to facilitate the urgent requirement to expand the services.
- (iv) Improvements in cancer waiting times were noted, meeting the 31 Day Standard however challenges remained in meeting the 62 Day Standard as experienced nationally.

The following points were made in discussion:

- (i) Following a question raised on the impact of the implementation of a third CT scanner, it was advised that improvements to waiting times were identifiable but would not be captured until the next quarter. Committee members were informed that due to an increase in oncology support required, difficulty in delivering care was experienced as oncologist resource was provided by the Beatson Centre.
- (ii) Confirmation was provided that staff shortages were experienced nationally, specifically Cancer Clinical Nurse Specialist vacancies.
- (iii) A committee member sought further detail on the patient journey within future reports in order to gain a deeper understanding of the challenges experienced.
- (iv) Following a question raised on what areas of concern should be focussed on by the Committee, it was noted that focus on the review of the Oncology unit was encouraged due NHS Forth Valley's reliance of using the Beatson's oncology unit for treatment as a result of limited space within Forth Valley Royal Hospital.

The Clinical Governance Committee noted the contents of the report and were supportive of the work outlined within the report's recommendations.

The Committee adjourned at 11:25am and reconvened at 11:35am with all members present as per the attendance list.

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

11. Public Health Update

The Clinical Governance Committee received a verbal update provided by Dr Jennifer Rodgers and Dr Susan Carson, where a deep dive on the governance arrangements of the Forth Valley element of the East Region Health Protection Service was provided.

Key messages in the verbal update included:

- (i) The East Region Health Protection Service (ERHPS) was established in December 2023 to provide health protection across the east region NHS Boards. The model for ERHPS was formed of a multiprofessional team providing a day-time reactive health protection response to infectious and environmental population harms.
- (ii) The governance structure for the ERHPS was internal to the new structure and was taken out of each Board's governance system. Concern was raised due to there being no clear governance arrangement for ERHPS which had been operating for 21 months.
- (iii) Appendix 1 outlined the draft ERHPS governance arrangements, which described that the review and management of adverse events would be managed by the Board of origin of the patient. However, there was a lack of clarity on if NHS Forth Valley would manage an adverse event arising from a decision of a staff member out with Forth Valley.

The following points were made in discussion:

- (i) A Committee member sought detail on the risks to NHS Forth Valley, where the lack of clarity on overall accountability during an adverse event and confusion in monitoring of risks within the ERHPS Risk Register which was not aligned to the NHS Forth Valley risk team was highlighted.
- (ii) Reference was made to the Regional Emergency Planning service which had a similar function and had effective governance arrangements in place. Challenge was noted in a lack of representation from NHS Forth Valley to feedback to ERHPS and influence governance discussions.
- (iii) Following discussion on risk management and governance of the ERHPS, it was noted that the Public Health directorate were not assured of arrangements and identified a gap between the east region service and NHS Forth Valley governance. It was agreed that discussions would be undertaken with the health protection management team to articulate NHS Forth Valley's governance process for such concerns.
- (iv) Assurance was provided that the next iteration of the ERHPS Governance Arrangements would be presented to the Committee.

The Clinical Governance Committee noted the contents of the report.

Action:

- (1) Undertake discussions to understand and articulate NHS Forth Valley's governance process for concerns with the ERHPS.**

Vicky Webb

12. Quality Strategy Implementation Annual Update

The Clinical Governance Committee received the 'Quality Strategy Implementation Report' presented by Ms Lucy Atalla, which outlined the progress made during Year 4 of implementing the Forth Valley Quality Strategy with a particular focus on the continued advancement across the Quality Strategy five strategic priorities.

Key messages in the report included:

- (i) Throughout Year 4 of the collaboration, the below improvements were achieved
 - Strengthened collaboration and co-design with partners, stakeholders and service users.
 - Increased awareness, capability, and use of quality improvement methodologies, with 30 members of staff attending the Quality Improvement Academy.

- (ii) Work was undertaken to reestablish robust processes for management reports in order to achieve good governance implementation and increased ownership of and accountability for quality.

The following points were made in discussion:

- (i) Following discussion on the next steps, it was noted that there would be a focus on gaps by developing a strategy, including the development of key performance indicators.
- (ii) Emphasis was placed on the importance of consideration of the reinforcement of the Value Management approach, Anchor Board work and Value Based Health & Care principles. Assurance was noted the Forth Valley Quality Implementation Board had been strengthened and would be aligned with value management and quality strategy priority areas.
- (iii) A committee member asked that effective communication was one of the first priorities when developing a new strategy following the observation that work was required to ensure staff understanding.

The Clinical Governance Committee noted the progress made within Year 4 of the Quality Strategy Implementation, proposed actions and key areas for discussion and scrutiny.

13. Innovation Plan Annual Update

The Clinical Governance Committee received the 'Innovation Plan Annual Update' presented by Mrs Wendy Nimmo, which provided an overview of progress made during 2024/25 in implementing the Innovation Plan 2022 to 2027 for NHS Forth Valley.

Key messages in the report included:

- (i) All Short-Term Outcomes had been achieved and a review of the progress within Year 2-3 against Medium-Term Outcomes was undertaken and updates against outcomes were noted:
 - Creating environments and physical space to allow colleagues and partners the opportunity to innovate through innovation hubs and collaboration with partners and celebration of Forth Valley innovation successes.
 - Benefits realisation identified and captured for each project through continued work closely with the Accelerated National Innovation Adoption team within the Centre for Sustainable Delivery to identify benefited for value cases presented to the Innovation Design Authority.
 - Initial work to discover potential models of revenue generation was explored to provide an income source from industry to fund innovation project time and resources, such as NHS Forth Valley successfully winning a bid to explore the use of artificial intelligence to improve complaints processing within the patient Relations Department.
 - Users included in the design and development of projects such as collaboration with the University of Stirling and University of Pennsylvania to support the Workforce Strategy Priority.
 - Focus on the development of new projects of new health inequalities and population health, aligning with Board priorities and national strategies.
- (ii) Confidence in the progress made and the anticipated trajectory for Year 4 was noted.

The following points were made in discussion:

- (i) An application of simulation was undertaken and reviewed by the national team where it was identified that staff experience was considered as a vulnerability to the organisation, specifically relating to clinical challenges. Assurance was provided that work was ongoing with the Intensive Care Unit to improve staff retention.

- (ii) A question was raised on the confidence in the ability for staff to influence innovation plans where it was noted that further work could be undertaken to improve collaboration with staff.

The Clinical Governance Committee:

- (1) noted the progress made in Year 3 of the Innovation Plan implementation.**
- (2) noted the logic model outcomes against priorities.**
- (3) Endorsed next steps for Year 4 of the Innovation Plan and Logic Model.**

14. Strategic Risk Register

The Clinical Governance Committee received the 'Strategic Risk Register Update' presented by Miss Vicky Webb, which provided an update on the Strategic Risk Register, with a focus on Clinical Governance risks.

Key messages in the report included:

- (i) The below strategic risks aligned to the committee were reviewed, where it was noted that there were no changes to the risk profiles:
 - SRR002: Urgent & Unscheduled Care
 - SRR004: Schedule Care
- (ii) It was previously reported that there would be three risks reported into the Committee, however, subsequent conversations have agreed that Primary Care Sustainability would continue to report into Strategic Planning, Performance & Resources Committee (SPPRC) until transfer to the Health & Social Care Partnerships.
- (iii) There were no overdue actions, with four actions due to be completed within the next quarter.

The Clinical Governance Committee endorsed the Clinical Governance Strategic Risks as of September 2025 for onward reporting to the Forth Valley NHS Board.

Is Our Care Person Centred?

15. Person Centred Care Report

The Clinical Governance Committee received the 'Person Centred Care Report presented by Prof Karen Goudie. 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) Significant improvements in addressing open complaints was noted with a shift from previous reporting of 526 open complaints to 349, with the aim of achieving 250 by the end of September.
- (ii) All 2024 prison complaints had been responded to and closed.
- (iii) Work was ongoing to improve the Patient Relations (PR) service by reviewing triumvirates and alignment with complaints officers, supported by the newly appointed Patient Experience Operations Manager.
- (iv) Adverse event reporting was built into the aims of weekly reporting to ensure such occurrences were identified within complaints.

The following points were made in discussion:

- (i) A committee member sought an update on the additional 6 members of staff introduced to the team, where it was noted that they all remained within the team as temporary resource. However, reassurance was provided that it was unlikely that all additional resource would be required going forward due to the work ongoing to establish relationships with operational and PR teams.

- (ii) Colleagues were informed that the Scottish Public Services Ombudsman process mapping was undertaken in each directorate to identify areas of improvement.
- (iii) Following a question raised on the successes of engagement as a result of innovative initiatives, it was advised that an improved understanding of data was achieved. In addition to assisting staff to refocus on humility when providing a response to complaints.
- (iv) Committee members were advised that the draft Complaints Policy required to be removed from the Staff Intranet to update detail on the categorisation of complaints to align with national procedures. Reassurance was provided that the amended policy would be presented to the Committee at a later date.
- (v) Following a query raised on child-friendly complaint responses it was noted that despite there being no processes in place, it was an upcoming aim of the service to provide accessible responses to children.

The Clinical Governance Committee:

- (1) noted the organisational risk attached to the current position.**
- (2) noted the challenges in demand and capacity within the service and steps taken to improve performance within budget.**
- (3) noted the action and mitigation plans.**
- (4) noted recent changes to child-friendly complaints.**

16. Are We Learning and Improving?

(a) Significant Adverse Event Report

The Clinical Governance Committee received the 'Significant Adverse Event Report' presented by Mr Ashley Calvert, which provided detail on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key messages in the report included:

- (i) At time of presenting there were 35 open SAERs, of which:
 - 3 were commissioned in 2023, all in draft report stage.
 - 14 commissioned in 2024.
 - 18 commissioned in 2025, of which, 7 had not commenced.
- (ii) A review of the SAER backlog was undertaken, resulting in the closure of 70.
- (iii) Several quality improvement and assurance aims were identified to support measurement of progress of adverse event management and escalation, and the SAER process.

The following points were made in discussion:

- (i) A discussion took place with regards to potential resource realignment within the Corporate Clinical Governance department to support SAER processes, with the potential option of pausing other work streams. As a result of the risks associated with policies and guidelines review work, it was felt that it was not a viable option. However, further exploration of additional staffing that could support was to be considered.

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.

Due to time constraints, it was agreed that items 16b, 16c and 16d would be taken in conjunction.

Committee members were advised of that the below policies and procedures had been developed in collaboration with key stakeholders and were approved at the Clinical Governance Working Group. It was noted that the documents could not be operationalised within the Safeguard system.

The following points were made in discussion:

- (i) A timeline on the operationalisation of the policies and procedures was sought however could not be provided due to an anticipated move to a new system, InPhase. It was agreed that the issue would be raised to the Forth Valley NHS Board.

The Clinical Governance Committee noted the below policies and procedures:

- (b) Adverse Event Policy & Associated Management of Adverse Event Procedure**
- (c) Significant Adverse Event & Local Management Team Review Procedures**
- (d) Duty of Candour Policy & Associated Duty of Candour Procedure**

17. Safer Together Collaborative Update

The Clinical Governance Committee received the 'Safer Together Collaborative Update' paper presented by Dr David Watson, providing 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) Significant progress was noted with a reduction in falls with harm and cardiac arrest rates. During the reporting period, there was a 37-day interval between cardiac arrest events, recognised as the longest interval recorded within the 5 years as a result of earlier discussions regarding treatment escalation plans.
- (ii) Over 250 nurses completed an aims course which resulted in progression of pressure ulcer work.
- (iii) An increase in quality improvement confidence across teams which would impact the sustainability of improvements by embedding a culture of continuous improvement throughout the organisation was noted.
- (iv) Emerging data changes indicate that the STC was having a measurable impact in improving outcomes and reducing harm across Forth Valley.

The Clinical Governance Committee:

- (1) noted the improvements against high-level improvement aims.**
- (2) noted the progress with development of the infrastructure, processes and systems to support the quality planning, improvement, control and assurance.**

18. Are Our Systems Reliable?

(a) Internal Audit Follow Up Actions

The Clinical Governance Committee received the 'Internal Audit Report' presented by Mr Ashley Calvert, which provided oversight of the audit actions aligned to the remit of the Clinical Governance Committee.

Key messages in the report included:

- (i) The below updates were provided for the 5 findings aligned to the Committee:
 - Finding 6 - Strategy Reporting was noted as complete.
 - Finding 7 - CGC Annual Report Conclusion was noted as complete.
 - Finding 8 - Strategic Risk Alignment was ongoing.

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

The Clinical Governance Committee noted that the management response to findings would be reviewed by the committee through the Internal Audit Follow Up Actions Report.

(b) Clinical Governance Working Group Update

The Clinical Governance Committee received the 'Clinical Governance Working Group Update' presented by Mr Ashley Calvert, which provided 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:
 - Adverse Event and Duty of Candour related policies and procedures.
 - Patient Safety Conversation Visit Bi-annual Report.
 - Quality Strategy Implementation Report.
 - Innovation Plan Annual Report.
 - Public Protection Annual Report.
 - Medical Devices Annual Report.
 - Cancer Services Bi-annual Update
 - Acute Services Directorate: Safety & Assurance Report.
 - Whole System Assurance Report.
 - SAER Learning Summaries.
- (ii) Assurance was provided that detail on discussion undertaken at the working group had been incorporated into the report, following request by the Committee.

The Clinical Governance Committee noted the paper and key issues that arose from the Clinical Governance Working Group.

For Noting

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

- (a) Clinical Governance Working Group Minute 12.06.25**
- (b) NHS Forth Valley Infection Control Committee Minute 30.04.25**

22. The Clinical Governance Committee noted the below Standards and Reviews Reports:

- (a) April 2025**
- (b) May 2025**
- (c) June 2025**

23. The Clinical Governance Committee noted the Update Committee Annual Report.

24. Any Other Competent Business

There was no other competent business.

25. Matters to Raise at Board

The Chair highlighted that he would raise the following matters at the 30 September 2025 Forth Valley NHS Board meeting:

- Healthcare Improvement Scotland inspection raising concerns regarding bathrooms within Forth Valley Royal Hospital.
- FAI preliminary meeting outcome.
- Quality & Safety Report.
- Resource issues experienced within the Adult Support Protection service.
- Concerns regarding the governance of the ERHPS.
- Implications for SAER and Duty of Candour policies relating to the Safeguard and InPhase systems.

26. Date and Time of Next Meeting

Tuesday 11 November 2025 at 9:00am, in the Boardroom, Carseview House.
The Chair closed the meeting at 1:20pm.

Forth Valley NHS Board

7.3 Minute of the Staff Governance Committee Meeting held on Tuesday 16 September 2025

For: Assurance

Minute of the Staff Governance Committee Meeting held on Tuesday 16 September 2025 at 9.00am in the Boardroom, Carseview House and via MS Teams.

- Present:** Mr Robert Clark (Non-Executive Director)
Mr Nicholas Hill (GMB Representative)
Mr Gordon Johnston (Committee Chair)
Mrs Karen Morrison (Unison Representative)
Ms Janett Sneddon (Royal College of Midwives Representative)
Mr John Stuart (Non-Executive Director)
- In Attendance:** Mr Ross Cheape (Head of Service, Mental Health & Learning Disabilities)
Mrs Morag Farquhar (Director of Facilities)
Mr Jack Frawley (Board Secretary)
Prof Karen Goudie (Executive Nurse Director)
Ms Alison Jaap (Non-Executive Director)
Mrs Aileen Love (Head of Occupational Health)
Mrs Neena Mahal (Chair)
Mrs Jenny McCusker (Head of Organisational Development)
Mrs Elaine McDonald (Interim Head of Employee Relations)
Prof Ross McGuffie (Chief Executive)
Mr Cameron Raeburn (Head of Health and Safety) Items 13 & 14
Miss Becky Reid (Corporate Services Assistant) Minute
Mr Kevin Reith (Director of People)
Mrs Linda Robertson (HR Service Manager – Staff Governance)
Mrs Jo Tolland (Program Director, Culture Change and Compassionate Leadership Program) Item 11
Mr Scott Urquhart (Director of Finance)
Miss Vicky Webb (Corporate Risk Manager)
-

1. Welcome, Apologies for Absence and Confirmation of Quorum

The Chair welcomed all present to the meeting. Apologies were received from Mr Martin Fairbairn.

2. Declarations of Interest

There were no declarations of interest.

3. Draft Minute of Staff Governance Committee Meeting held on Tuesday 15 July 2025.

The note of the meeting held on Tuesday 15 July 2025 was approved as an accurate record.

4. Matters Arising from the Minute / Action Log

Committee Members were informed that the national guidance following the Supreme Court ruling were yet to be received but work was ongoing alongside other Boards to provide a collaborative approach. Actions had been identified to progress forward following an audit that was carried out. Staff side colleagues requested involvement when progressing against these actions.

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

- Actions 22, 45, 52, 53, 55 and 59 were all revised to 18 November 2025.
- Further clarity was requested against action 38 as there had been a request to understand who the Speak Up ambassadors and the Whistleblowing Champions were now that the services had been combined.
- Actions 57 and 58 were marked as closed as these would be incorporated within action 52.
- Action 59 to be updated in November and Kevin Reith advised the committee that following recent discussions with key external College, University and NHS Education stakeholders to look at Forth Valley wide career pathway development this work will be incorporated into the proposed Strategic Workforce Programme Board remit

5. Staff Governance Committee Workplan

The Staff Governance Committee considered the 'Staff Governance Committee Workplan 2025/26' presented by Mrs Linda Robertson to highlight any adjustments made to the document.

Key messages in the report included: -

- (i) Following the last presentation to the Staff Governance Committee the below changes were noted:
 - The Youth Framework and Employability paper would be discussed during the meeting on Tuesday 18 November 2025
 - The Equality and Diversity Workplan would be discussed during the meeting on Tuesday 18 November 2025
 - Personal Development Plan, Medical Appraisal and Training Activity Report and OD Report including Learning & Education was integrated into one update
 - Staff Support & Wellbeing was revised to the Workforce Wellbeing Plan and would be presented at the meeting on Tuesday 18 November 2025
 - Manual Handling and Management of Violence & Aggression Training has been included on the 16 September 2025 agenda
 - A Remuneration Committee update has been included on the 16 September 2025 agenda
- (ii) The draft Staff Governance monitoring exercise would be added to the 16 November 2025 agenda although it was not noted within this update as the request was received following the circulation of papers to committee members.

The Following point was raised in discussion: -

- (i) This was a live document and would be adapted to consider in year issues relative to the Staff Governance Committee when necessary.

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 to provide an update on a range of Staff Governance and Partnership priorities, related workforce reporting metrics and associated improvement activity being undertaken to support enhanced performance and to mitigate present risks.

Key messages in the report included: -

- (i) There had been a gradual steady improvement against absence rates with a decrease to 7.24% for July 2025. Noted was there had been an increase in covid & respiratory

absences but despite this a lower absence rate was sustained. The top reason for absence continued to be Anxiety/Stress/Depression/Other Psychiatric Illnesses.

- (ii) A new Workforce Wellbeing Plan (2025-2029) was in development and would be presented for approval in November 2025.
- (iii) The number of Conduct and Grievance cases within the employee relations report had decreased, however Bullying and Harassment remained high. The promotion of Early Resolution strategies was being developed.
- (iv) Signed off appraisals and PDPR's was 37.5% which was significantly below the national key performance indicator (KPI) of 80%. All services have been asked to identify trajectory plan for improvement noting that 3708 staff do not have a PDP record.
- (v) The management and self-referral to Occupational Health remained steady. This was reflective of the ongoing work to increase awareness through the training sessions being offered to managers on the Management Referral process. A training session was scheduled to take place in November 2025 for all leaders in the Acute Directorate.

The following points were raised in discussion: -

- (i) Concerns were raised on the impact to long term waits for Occupational Health Psychological Therapies recognising that Clinical Associate Applied Psychology and Counselling staff were on fixed term contracts that were due to expire in the coming months. A funding request had been submitted to the Strategic Prioritisation Review and Implementation group (SPRIG) for long term funding support. The suggestion of support from Endowments was discussed as an interim solution and would be considered offline.
- (ii) Confirmation was provided that work was ongoing to improve the accessibility to the exit interview questionnaires with the aim to increase engagement. Noted that the use of 'other' as a reason for leaving could be adapted to provide more valuable information.
- (iii) The requirement to ensure managers were equipped with the essential training and knowledge to manage absences and support the wellbeing of staff was noted. Detail was provided on the focused work being carried out by a dedicated role within Acute to provide managers with support and assist with processes when handling staff absences. This work had been commended by staff side colleagues noting it would be beneficial to receive an evaluation piece upon completion.
- (iv) Focused work was being carried out to improve PDPR compliance and support was being provided to managers and newly appointment managers where necessary. Executive Directors had been tasked with improving compliance of PDPR sign off to achieve the 80% KPI.
- (v) A deep dive of all bullying & harassment cases was being carried out to provide learning opportunities to understand what could be done differently with the reporting process and ensuring early resolution was being explored.
- (vi) Support requests had been submitted to the Equality, Inclusion and Wellbeing Service due to discrimination in relation to racism and homophobia. Assurances were provided that work was ongoing to investigate these cases, and an Anti-Racism plan was in development. Kevin Reith would pick up offline with Rachel Tardito to request further detail of this work.
- (vii) Due to the protests that had taken place recently the development of the Anti-Racism Plan was a welcomed piece of work. The opportunity for involvement was extended to Staff Side and Partnership colleagues as this warranted a collaborative approach to ensure staff across the whole organisation felt safe and protected.
- (viii) Concerns were raised about the timescales for Employee Relation cases to be concluded and the lasting effect this could have on staff members. The complexity of a case and Once for Scotland process has been an unintended consequence but the

value of ensuring all cases were addressed within appropriate timescale was noted as the focus of current work.

The Staff Governance Committee: -

- **Noted and discussed the contents of this paper and the appendices.**

Action:

- **Kevin Reith to request further detail of the work against racism and homophobia discrimination cases.** Kevin Reith

7. Internal Audit Action Updates

The Staff Governance Committee received the 'Internal Audit Action Updates' presented by Mrs Linda Robertson which reflected the assurance best practice approach to audit action tracking and the previous discussions at Staff Governance Committee regarding visibility of all audit activity under its' responsibility.

Key messages in the report included: -

- (i) Responsible Officers received monthly Pentana AFU reports to assist with discharging their responsibility to review agreed actions and provide assurance on progress.
- (ii) There had been no new audit recommendations since the Staff Governance Committee on 15 July 2025.

The Staff Governance Committee: -

- **Noted the status of the current audit follow up actions aligned to the Committee.**

8. Safe Staffing Update

The Staff Governance Committee received the 'Safe Staffing Report' presented by Prof Karen Goudie providing an update of work against the Health and Care (Staffing)(Scotland) Act 2019 (HCSSA).

Key messages in the report included: -

- (i) The Q1 and Q2 HCSSA reports were complete and would be shared with Health Improvement Scotland (HIS) Healthcare Staffing Monitoring and Compliance in line with submission deadlines.
- (ii) A steering Group was established to monitor the safe staffing levels within Advance Practice and resolve any gaps identified.
- (iii) Scottish Government had provided annual funding to support implementation of the Act however as this moves to business-as usual it was likely that substantive funding would be required from NHS Forth Valley.

The following points were made in discussion: -

- (i) Impact on healthcare staff and the financial implications due to the reduced working week was questioned and whether thought was being given to mitigate the workforce gaps through the recruitment of graduates. Scott Urquhart advised this was being discussed nationally to provide a coordinated approach across all health boards.

The Staff Governance Committee: -

- **Noted the quarter one HCSSA report was sent to Health Improvement Scotland (HIS) Healthcare Staffing Monitoring and Compliance team in July 2025. Quarterly**

submissions are not required to go to Scottish Government (SG). Quarter 2 report will be due by October 2025 and was attached for information.

- **Noted the report is being produced to give an update on how NHS Forth Valley is complying overall with the Health and Care (Staffing) (Scotland) Act 2019.**
- **Noted the information has been collated from all health care staff (Professions/Departments/Services) in scope of the legislation and brought together by the Nursing Workforce Lead .**

9. Remuneration Committee Update

The Staff Governance Committee received the 'Remuneration Committee Update' presented by Mr Kevin Reith to provide the committee with oversight of the work undertaken by the Remuneration Committee in the performance year to date.

Key messages in the report included: -

- (i) During 2025/26 there had been 3 meetings of the Remuneration Committee where the committee focused on the annual performance and objective-setting processes for the Executive and Senior Management cohort.
- (ii) The Committee reviewed and approved the end-of-year performance appraisals for the Chief Executive, Executive Directors, and Senior Managers. To strengthen the quality and consistency of appraisals, the Committee had provided feedback emphasising the need for evidencing impact, alignment to corporate objectives and behavioural contributions.
- (iii) Objectives for 2025/26 were approved in principle, with revisions requested to ensure a better focus on outcomes, risk management, succession planning and strategic influence.
- (iv) An updated Terms of Reference and the Annual Assurance Report was approved by the committee. Due to the appointment of a new Non-Executive Director to the membership a refresher training course would be arranged for all members in due course.

The Staff Governance Committee: -

- **Noted the update provided on the work of the Remuneration Committee during this performance year.**

10. Culture Change and Compassionate Leadership Program Update

The Staff Governance Committee received the 'Culture Change and Compassionate Leadership Program Update' presented by Mrs Jo Tolland detailing the ongoing work and recognising the process to progress to business as usual.

Key messages in the report included: -

- (i) The paper presented at the previous Staff Governance Committee which proposed the replacement of the current NHS Forth Valley values with the NHS Scotland values was approved by the Forth Valley NHS Board on 29 July 2025. Work was ongoing to implement this change.
- (ii) The Culture Change & Compassionate Leadership (CC&CL) Programme Director provided an overview of the programme at a recent NHS Scotland event which provoked a lot of interest from Scottish Government teams and other NHS Boards.
- (iii) All 8 projects aligned to the CC&CL programme had been mobilised and were progressing towards delivering their objectives and a document detailing the scope of work across each workstream was shared with committee members.

- (iv) The handover process to embed CC&CL activity to business as usual began with a workshop on 28 August 2025 in which the Executive team and representatives were invited. A further workshop was scheduled for October 2025 with the Executive team and then additional workshops would be arranged to cascade this work through all levels of the organisation. Although the aim was to have this work as business as usual it remained vital that ownership and trajectories was not lost.
- (v) Work was ongoing to mitigate the challenges raised at the previous Staff Governance Committee meeting regarding communication with HSCP colleagues and the easy to miss staff groups.

The following points were raised in discussion: -

- (i) A question was raised on whether thought had been given to the production of a formal end of phase report to highlight lessons learned and reflect on the work. It was advised that thought would be given on the possibilities of producing such report for a later date.
- (ii) The requirement for the Foth Valley NHS Board to receive a feedback report on the collective findings of this work and understand the deliverables anticipated as the move to business-as-usual takes place was noted.

The Staff Governance Committee: -

- **Noted the activity and progress of the Culture Change & Compassionate Leadership Programme.**
- **Noted the work which is being progressed to launch the 8 Culture Change & Compassionate Leadership workstreams.**
- **Noted plans for progression to business-as-usual ownership.**

Action:

- **Update to be provided on the possibilities of an end of phase report being produced. Jo Tolland**

11. Organisational Development and Learning

The Staff Governance Committee received an update on 'Organisational Development and Learning' presented by Mrs Jenny McCusker providing an update on the work being carried out in this area.

Key messages in the report included: -

- (i) Initial focus within Organisational Development (OD) was to further develop the Leadership and Management Development Framework in which a range of development offers were being delivered at present. These opportunities were available for leaders at all levels although it was noted that there was more capacity than demand of the services available. Resources were being developed to strengthen the promotion of the development sessions available.
- (ii) The Coaching service that was available to all staff had been utilised fully and was well received. Due to the demand for this service and to allow for the capacity to be expanded further coaches would be trained.
- (iii) A 'Step into my Shoes' event was taking place to provide an opportunity to staff to shadow in areas that they may not be exposed to.
- (iv) This work aligns to the Compassionate Leadership and Culture Change programme and aims to enhance leadership and management abilities across NHS Forth Valley utilising a blend of national, regional and local leadership and management opportunities.

- (v) To increase visibility and promote the importance of leadership and management, a leadership conference would be held in 2026/27 which would support the launch of the Leadership and Management Development Framework.

The following points were raised in discussion: -

- (i) The invite to those who wish to attend the Leadership Conference was requested to be extended to Forth Valley NHs Board Members.
- (ii) Thought would be given to the use of group coaching as it was noted to be a positive way to develop organisational networks and build connections for staff.
- (iii) Following a question on the work being carried out to mitigate low uptake on some of these services it was advised that detail of the development sessions could be incorporated within PDPR discussions.

The Staff Governance Committee:

- **Noted progress and offered feedback if necessary.**
- **Considered that the report provides assurance of appropriate controls being in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.**

12. Reduced Working Week

The Staff Governance Committee received an update on the 'Reduced Working Week' presented by Mrs Elaine McDonald providing a high-level summary of phase 2 if the reduction in the working week as part of the Agenda for Change Pay Review 2023/24.

Key messages in the report included: -

- (i) By April 2026 the full-time working week would be reduced to 36 hours as part of the Scottish Government national commitment to create a better work life balance.
- (ii) The Reduced Working Week (RWW) Oversight Group meet on a fortnightly basis and had produced comprehensive guidance on HR connect to support managers and staff.
- (iii) A draft implementation plan of the RWW was to be submitted to Scottish Government by 31 October 2025.
- (iv) Work was being carried out to determine the expected financial risks and the safe staffing risks which would both be outlined within the implementation plan submitted to Scottish Government.
- (v) Guidance was being sought at a national level regarding the proposal of allowing staff to accrue their hours beyond the standard working week as set out in the interim arrangements during Phase 1 which allowed for up to four weeks accrual.
- (vi) Recognition was given to the requirement of differentiating between contracted and rostered hours when discussing the accrual of hours as some areas work on a 4-week basis.

The following points were raised in discussion: -

- (i) Kevin Reth reiterated that the decision on accrual of hours would be consider nationally but a decision would made in partnership at a local level.
- (ii) Concerns were raised regarding SERCO staff not implementing the RWW.
- (iii) Discussions were taking place to consider the financial implications of the requirements to fulfil the loss of staffing hours with implementing the RWW.
- (iv) The Area Partnership Forum (APF) had discussed the accrual of hours proposition, but further conversations were required to understand the risks associated with the implementation of the RWW and provide detail of the additional staffing needs to ensure there were no gaps in the workforce. Concerns were raised on the possible impact on patient safety if there was to be a change to the required shifts for those who care for patients.

- (v) Assurance was provided that the RWW Oversight Group were aware of the in-depth work being carried out in the background to understand the possible risks and detail would be incorporated in the high-level implementation plan being submitted to Scottish Government by 1st October.
- (vi) A request was made for the Staff Governance committee to have sight of the completed implementation plan being submitted to Scottish Government.

The Staff Governance Committee: -

- **Noted and discussed the latest position outlined on progressing with our implementation plans.**
- **Noted the clarification being sought in partnership on allowing accrual of RWW hours beyond the working week.**

Action:

- **RWW Implementation plan to be shared with the Staff Governance Committee. Becky Reid**

13. Speak Up/Whistleblowing Quarterly Report

The Staff Governance Committee received the 'Speak Up/Whistleblowing Quarterly Report' presented by Prof Karen Goudie to provide an update on the Whistleblowing performance in NHS Forth Valley during Q1 2025.

Key messages in the report included: -

- (i) To date the whistleblowing service had received 26 cases, 10 were managed under the Stage 1 procedure whilst 16 were investigated at Stage 2.
- (ii) Simulation training had been delivered in 2025 to Confidential Contacts and Lead Investigators to further enhance their roles and provide realistic investigation scenarios aimed to develop core investigation skills.
- (iii) A newly devised learning summary was developed and would continue to evolve as work progressed in this area.
- (iv) A total of 6 cases from individuals who were unhappy with the outcome of their case from NHS Forth Valley were upheld by the Independent National Whistleblowing Officer (INWO).
- (v) A communications plan would be developed to promote the upcoming 'Speak Up Week'.
- (vi) Noting Speak Up Ambassadors and Whistleblowing Champions had been merged to allow for a single point of contact for ease of being directed to the most appropriate route to assist with their concern.

The following points were made in discussion: -

- (i) Concerns were raised on the integration of the Speak Up and Whistleblowing service as the report included no data or information specific to the Speak Up service, so it was unclear as to whether this service was being utilised fully. Confirmation was provided by Karen Goudie that data on the use of the service would be incorporated within the next report to the Staff Governance Committee including an evaluation of the integration.
- (ii) A question was raised as to whether consideration had been given to completing a thematic review of the residual risks when investigating and mediating outcomes of cases. Due to the nature of detail through these investigations and the confidentiality of the process a detail report could not be produced.
- (iii) Karen Goudie provided assurance that on the uptake of her new role as the Executive Nurse Director outstanding cases would be a particular focus for her and in-depth work would be carried out to mitigate these concerns.

The Staff Governance Committee: -

- **Noted the Whistleblowing performance in NHS Forth Valley in Q1 2025.**

Action:

- **Data to be incorporated into the next report to the Staff Governance Committee on the use of the Speak Up service and a full evaluation of the integration.** **Karen Goudie**

14. Strategic Risk Register

The Staff Governance Committee received the 'Strategic Risk Register' presented by Miss Vicki Webb to provide an update of the Strategic Risks aligned to the committee.

Key messages in the report included: -

- (i) The two strategic risks, SRR009 Workforce Plans and SRR019 Culture & Leadership had been reviewed and remained static.
- (ii) There was no change to the risk appetite profile for this reporting period.
- (iii) In this reporting period, there were 20 current controls mitigating these risks. There had been an increase to 19 actions being undertaken to further mitigate the risk profile due to the output of the Culture & Leadership Focussed Review. There were no overdue actions reported.

The Staff Governance Committee: -

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

15. 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 as requested by the Committee due to deteriorating compliance levels.

Key messages in the report included: -

- (i) Although compliance remained below the required target there had been an improvement against overall compliance broadly in line with the trajectory.
- (ii) The focused work to achieve compliance targets would remain as a regular topic for discussion at the Senior Leadership Team (SLT) meetings.
- (iii) Alongside the reporting to SLT these trajectories would be closely monitored through the Service Performance Review process.

The following points were made in discussion: -

- (i) Committee members were advised that the trajectories were set on a long term basis to allow for a more sustainable approach with improvement against compliance targets.
- (ii) Confirmation was provided that training dates had been booked to take place within the Learning Centre of Forth Valley Royal Hospital and attendance would be measured to better understand the possibility of accommodation being a barrier against uptake.

The Staff Governance Committee: -

- **Considered the contents of the training compliance report.**
- **Noted their assurance on the progress against training compliance.**

16. Health & Safety Quarterly Report

The Staff Governance Committee received the 'Health & Safety Committee Annual Report' presented by Mr Cameron Raeburn providing an update of the issues for NHS Forth Valley being worked upon by the Health and Safety department.

Key messages in the report: -

- (i) 89% of adverse events were reported within 3 days of them occurring and of those 77% were reviewed within the 9-day target. Although this was an increase by 4% from the previous reporting period compliance remained below the anticipated target against the 9-day KPI.
- (ii) The Health and Safety Control Book audit programme had completed the first 3-year cycle. To ensure a successful programme a self-reporting approach against the actions identified was adopted. Low response rates from control book holders with outstanding actions, especially in Acute Services, resulted in concerns and an unassured progress status.

The following points were raised in discussion: -

- (i) Confirmation was provided that compliance was a focused conversation that took place at SLT regularly but was also monitored through directorate performance reviews.

The Staff Governance Committee:

- **Noted the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley**

17a. Area Partnership Forum Minute 24.06.2025

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

17b. Health & Safety Committee Minute 07.05.2025

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

17c. Joint Staff Forum Clackmannanshire & Stirling HSCP Minute 22.05.2025

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

18. Any Other Competent Business

There was no other competent business.

19. Matters to Raise at Board

Mr Gordon Johnston confirmed the following would be raised at Board:

- Absence rates and PDPR compliance issues.
- Recognition of the Anti-Racism Plan requiring a collaborative approach.
- An update of the Remuneration Committee activity.
- Awareness of the work detailed withing the Culture Change and Compassionate Leadership Programme.
- Ongoing work against the implementation plan for the Reduced Working Week.
- Mandatory training compliance.

20. Date of Next Meeting

Tuesday 18 November 2025 at 9:00am, Boardroom Carseview House, Stirling

The Chair closed the meeting at 12:10pm

Forth Valley NHS Board
Tuesday 25 November 2025

7.4 Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 28 October 2025

For: Ratification

Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 28 October 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)
Mr Martin Fairbairn (Non-Executive Director)
Ms Alison Jaap (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Cllr Fiona Law (Non-Executive Director) From 10:45am
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
Mr Tom Cowan (Head of Strategic Planning & Transformation, Falkirk Health & Social Care Partnership)
Mrs Morag Farquhar (Director of Facilities)
Mr Garry Fraser (Director of Acute Services)
Mr Jack Frawley (Board Secretary)
Ms Laura Henderson (Senior Performance Management Officer)
Mrs Sarah Hughes-Jones (Head of Information Governance) Items 9c & 11
Mr Scott Jaffray (Director of Digital)
Mr Derek Jarvie (Head of Climate Change & Sustainability) Item 6
Ms Emma Kieran (Project Manager) Item 9d
Ms Jackie McEwan (Corporate Business Manager)
Professor Ross McGuffie (Chief Executive)
Mr Kurt McLay (Cyber Security Manager) Item 9c
Ms Kerry Mackenzie (Acting Director of Strategic Planning and Performance)
Mr David Munro (Senior Planning Manager)
Mr Andrew Murray (Medical Director)
Mr Kevin Reith (Director of People)
Mr Scott Urquhart (Director of Finance)
Ms Vicky Webb (Corporate Risk Manager)

1. Welcome, Apologies for Absence and Confirmation of Quorum

An apology was intimated on behalf of Cllr Fiona Collie.

Jennifer Borthwick, Elsbeth Campbell, Paul Cameron, Jennifer Champion, Karen Goudie, Joanna Macdonald and Gail Woodcock were not in attendance.

2. **Declarations of Interest**

There were no declarations of interest.

3. **Minute of Strategic Planning, Performance & Resources Committee on 26 August 2025**

The minute of the meeting held on 26 August 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 provided:

- Actions 135, 136, 137 and 146 timescales were extended to 16 December 2025.
- Action 98: Committee members were advised that work was ongoing with suppliers to consider improvement options for telecommunications within Forth Valley Royal Hospital. It was agreed that the action would be **closed**, and a telecommunication business case would be scheduled on Committee and Forth Valley NHS Board Forward Planners for consideration at a later date.
- Action 150: Work was ongoing to develop a master plan, with an anticipated completion date of 2026/27. Action **closed**.

Actions:

- (1) Schedule Telecommunications Business Case on Committee and Forth Valley NHS Board Planners.**

J Brisbane/
J Frawley

5. **Chief Executive Update**

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

- (i) Progress with the Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) Integration scheme. Assurance was provided that discussions had been undertaken to address outstanding matters.
- (ii) The C&S IJB Interim Chief Officer, Joanna Macdonald had been appointed as the National Chief Social Work Advisor. Reassurance was provided that the Chief Officer and Chief Finance Officer vacancies at Clackmannanshire & Stirling HSCP would be recruited to promptly.
- (iii) He had met with the family of a recent Fatal Accident Inquiry
- (iv) Senior Leadership Team session was scheduled for 10 November to review all programme boards against deliverables.
- (v) It was proposed that a Population Health & Care Strategy Implementation-specific Board Seminar was scheduled to ensure understanding and scrutiny.

The following points were made in discussion:

- (i) Following a query raised on the training provided within prisons, committee members were informed that such arrangements would be made through a secondary contract.
- (ii) Reassurance was sought on the arrangements to address gaps in Clackmannanshire & Stirling HSCP senior management roles, where it was advised that recruitment processes were to begin immediately, and assurance was provided that the Remuneration Committee would have oversight of all arrangements.

6. **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 presented by

Mr Derek Jarvie. The purpose of the paper was to provide a high-level summary of the key climate change and sustainability information, prior to submission to the Scottish Government in November 2025, covering the financial year 2024/25.

Key messages in the report included:

- (i) Implementation of the Electric Vehicle Strategy, adopted by the Board in 2020, was successfully achieved with 100% of the Board's core fleet composed of electric in 2025 and completion of the electric vehicle charging infrastructure installation programme. Efforts of the Fleet Management Team were acknowledged by the Scottish Government and Scottish Ministers.
- (ii) Despite challenges experienced with operational waste management, NHS Forth Valley reported positive progress to the Scottish Government in relation to its climate emergency response in 2025/26.
- (iii) Key risks indicated were the availability of staffing and funding however, it was advised that work was ongoing to address such concerns.

The following points were made in discussion:

- (i) The complex regulatory environment for the team was noted, where it was queried if issues with resource and staff time were barriers in meeting the governments regulatory requirements. Colleagues were informed that the core team was composed of an individual member of staff due to staff resignations therefore increasing demand on the Head of Climate Change & Sustainability. However, assurance was provided that the recruitment process had commenced to fill both vacancies, and despite working group colleagues undertaking work out with their core remit, groups were functioning well.
- (ii) Following a query on if performance was meeting strategic obligations, assurance was provided that an update of strategic requirements was due in 2026 therefore work would be undertaken to reflect on progress. Confidence in performance was noted. Strategy renewal updates were to be incorporated into the 2026/27 Committee and Board Forward Planners.
- (iii) It was agreed that consideration would be undertaken to recognise the Fleet Team's improvement work.
- (iv) In reference to decarbonisation and de-steaming plans for Falkirk Community Hospital, a question was raised on the timescale and value of such work due to ongoing discussions on the future redevelopment of the site. It was advised that climate change & sustainability work would cease if redevelopment plans were resumed and approved.
- (v) Following a question raised on the involvement of the Internal Audit department, committee members were informed that collaboration had not been arranged however would be considered.
- (vi) Clarity was sought on the general waste management challenges referenced within the report, where it was advised that due to operational issues experienced the waste management team could not prioritise waste minimisation and recycling. However, assurance was provided that permission to recruit additional staff had been obtained.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the progress that is being made in terms of this Board's climate emergency response and the multi-disciplinary approach that has been adopted to deliver sustainability outcomes.**
- (2) Considered the shifting landscape in regard to reportable emissions and the effect that this is having on the Board's stated carbon footprint.**
- (3) Noted the ongoing requirement for commitment (staff input, capital and revenue) to enable action towards achievement of national and local targets - in particular (in the current financial year: 2025/26) the resourcing**

constraints (dedicated staff) that are impacting on the Board's ability to comply with the requirements of DL (2021) 38.

- (4) Noted the level of scrutiny and reporting requirements around the Board's climate emergency response (climate change and sustainability reporting is also now aligned with/a requirement within the NHS FV Annual Delivery Plan and the Board's Financial Annual Accounts).
- (5) Considered that the report provided 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.

Actions:

- (1) **Schedule Climate Emergency & Sustainability Strategy Renewal on 2026/27 Committee and Board Forward Planners.**
- (2) **Consider ways to provide recognition of the Fleet team's improvement work.**

J Brisbane/
J Frawley

D Jarvie/ M
Farquhar &
A Jaap

7. Finance

Item 7a & 7b were taken in conjunction.

(a) Finance Report incl. Financial Recovery Plan

The Strategic Planning, Performance & Resources Committee received the 'Finance Report' presented by Mr Scott Urquhart which provided a high-level overview of the month 6 financial results and an updated forecast outturn 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 report included:

- (i) As of 30 September 2025, an overspend of £6.6m was reported for the 6-month period which reflected a range of ongoing financial pressure, primarily within the Acute Services Directorate.
- (ii) The 2025/26 year-end projections prepared at quarter 1 identified a forecast overspend of £10m however following an in-depth review of the position at the end of quarter 2, there was scope to reduce the forecast overspend to £5m. A level of risk was acknowledged due to ongoing service pressures such as demands during the winter period.
- (iii) In order to improve savings over a 6 to 12 month period, a number of financial control measures were implemented.
- (iv) Learning was gained following NHS Grampian's escalation to Level 4, where assurance was provided that following review of the Diagnostic KPMG Report, any considerations for NHS Forth Valley had been taken account of.

The following points were made in discussion:

- (i) There was assurance that the historic negative savings had been addressed when referring to the NHS Forth Valley 2025/26 Financial Performance, Table 1. Committee members were informed that the table was incomplete and would evidence full outcome projections in future iterations.
- (ii) Clarity was sought on how a forecast net balance of £10.6m was identified due to a lack of evidence within Table 7.
- (iii) Concern was raised over the ability to achieve the savings target where assurance was provided that work was ongoing to establish a fundamental shift in service level budgets, where services were accountable for review of service

- delivery and budgets, investing in upskilling staff. Additionally, when considering previous years, executive colleagues had confidence in making progress towards achieving the target.
- (iv) Following a request, it was agreed that the NHS Grampian Diagnostic Report would be circulated.
 - (v) Further consideration was sought on the incorporation of Value Based Health & Care within future reports.
 - (vi) Following a question on the overspend associated with cross boundary flow and external service level agreements, it was advised that the high costs were associated with the complexity of procedures and the geographical location of NHS Forth Valley contributing to such costs. Assurance was provided that governance processes were in place to monitor costs, and further detail would be included in future reports.
 - (vii) Following queries on staff absence, it was agreed that such concerns would be raised and addressed at the Staff Governance Committee.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted a £6.552m overspend after 6 months of the 2025/26 financial year.**
- (2) Noted the actions set out in the appended Financial Recovery Plan to support in-year financial improvement.**
- (3) Noted that budget transfers have been actioned to eliminate historic savings budgets, thereby establishing more meaningful baseline budget positions moving forward.**
- (4) Endorsed the proposal to reduce the projected outturn position from a £10m deficit to a £5m projected deficit in-year, based on the revised forecasts and estimated impact of actions.**
- (5) Noted a focused review of the financial sustainability corporate risk will be presented to the next SPP&RC meeting (December 2025).**
- (6) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

Actions:

- (1) Circulate the NHS Grampian Diagnostic KPMG Report.**
- (2) Review the presentation of information in the report to show full outturn projections and incorporate further detail as requested, including cross boundary flow and Value Based Health and Care initiatives.**
- (3) Raise staff absence concerns at Staff Governance Committee.**

S Urquhart
K Reith

8. National Treatment Centre Update

The Strategic Planning, Performance & Resources Committee received a verbal update from Mr Scott Urquhart on the National Treatment Centre (NTC) which highlighted that:

- (i) A decision in principle on the remedial work building warrant was still awaited from Falkirk Council's Building Standards Department. Reassurance was provided that the Chief Executive had been in contact with the Falkirk Council Chief Executive for awareness of the issues and impact of delays.

The following points were made in discussion:

- (i) Discussion took place on the oversight and governance of the NTC programme through the Committee and whether further governance oversight was required including sight of the programme board minutes for evidence of discussions and decisions. It was agreed that the governance oversight would be given further consideration.

- (ii) Following a query on the accountability of progress, it was noted that Forth Health, as the SPV for Forth Valley Royal Hospital, held responsibility for managing the contract for NTC building works. NHS Forth Valley, as the host Board client, holds a contract variation with Forth Health for delivery of the building, which includes potential damages clauses for a lack of delivery.

The Strategic Planning Performance & Resources Committee noted the verbal update and the actions being taken to expedite a solution.

9. Risk Management

(a) Strategic Risk Register Update

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

Key messages in report included:

- (i) All of the 8 risks aligned to the committee had been reviewed, where it was noted that:
- All risks remained static.
 - There were no overdue actions.
 - 2 actions had been completed.
- (ii) The appetite profile of the Strategic Risk Register remained static at time of reporting.

The following points were made in discussion:

- (i) Further detail was sought on the prioritisation of actions, where it was advised that such discussion was undertaken within focused reviews.
- (ii) Concern was raised over the timeline of March 2026 for the Primary Care benefit realisation control, where consideration of acceleration of work was proposed in order to progress with the implementation of a Primary Care Framework. Following discussion, it was advised due to the capacity of the team, the timescale could not be achieved prior to March 2026.
- (iii) Following discussion, it was agreed that SRR018 Primary Care Sustainability actions and timescales required further consideration, specifically to ensure appropriate governance and oversight was in place, prior to presentation to the Forth Valley NHS Board.

The Strategic Planning, Performance & Resources Committee:

- (1) Endorsed the Strategic Planning, Performance & Resources Strategic Risks for the period of September to October 2025 for onward reporting to the Forth Valley NHS Board.**
- (2) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

Action:

- (1) Review SRR018 actions and timescales linked to discussions about the governance and oversight of Primary Care prior to presentation to Board.**

V Webb/ R
McGuffie

(b) Estates & Supporting Infrastructure Risk Review

The Strategic Planning, Performance & Resources Committee received the 'Estates & Supporting Infrastructure Focused Risk Review' paper presented by Ms Vicky

Webb, detailing an assurance assessment on SRR010 Estates & Supporting Infrastructure.

Key messages in the report included:

- (i) Following a focused review on SRR010, 6 further controls were identified which prompted a gap analysis being conducted where it was considered that a good system of control was in place for Property Management.
- (ii) Assurance was provided that mitigations to address gaps had progressed well.

The following points were made in discussion:

- (i) Reassurance was sought on the risk associated with not being 100% compliant with the control in undertaking a rolling estate survey programme carried out within a 5-year cycle, as outlined in CEL 35 (2010). It was advised that a lack of full compliance was due to a reduction in national funding to appoint an external reviewer. Assurance was provided that there was no significant risk anticipated.
- (ii) Following discussion on the definition of the Bow-Tie Analysis, a committee member sought consideration of whether the risk should have been two-dimensional, looking at risks associated with funding and internal factors within the organisation's control. Due to the complexity of the risk and previous work to pull out a prioritisation piece on external funding, it was felt that controls could not be separated. However, it was agreed that the description of the risk would be reviewed.
- (iii) Concern was raised over there being no timescale allocated to the further control SRR010.13, seeking funds within a year to complete the rollout of an Estate Survey Programme, where it was agreed that the control would be reviewed.

The Strategic Planning, Performance & Resources Committee:

- (1) Endorsed the evaluation of assurance provided for SRR010 Estates & Supporting Infrastructure.**
- (2) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

Action:

- (1) Review the risk description and timescale of SRR010.13.**

V Webb/ M
Farquhar

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

(c) Cyber Security

The Strategic Planning, Performance & Resources Committee received the 'Cyber Security & Resilience Update' paper presented by Mr Scott Jaffray, where an update on the status of Cyber, key issues and strategic risks was provided following request for further detail at the 26 August 2025 meeting.

Key messages in the report included:

- (i) Committee members were advised of the key issues and risks within Cyber aligned to the Strategic Risk Register where it was noted that a review of the wider service business continuity plans for a Significant Cyber Event was required. However, assurance was provided that work was ongoing to develop a Cyber Runbook, which provided an operational guide for restoring systems from the Cyber Vault during a major incident.

- (ii) In order to raise wider staff awareness of cyber risk, a phishing simulation was carried out for staff to help improve the organisation's response to phishing campaigns and to develop training based on the results. Reassurance was provided that all members of staff who interacted with the phishing email were required to undertake training however it was noted that a different organisational approach to cyber awareness was required to address the potential risk.

The following points were made in discussion:

- (i) Following a query, reassurance was provided that learning was gained from all significant attacks and mitigations were implemented to further support NHS Forth Valley.
- (ii) A committee member sought detail on the Executive Leadership Team's management of SRR015.23 Business Continuity & Disaster Recovery due to it being considered as partially effective due to the control being incomplete. Following discussion, confidence was noted in the business continuity plans in place and assurance was given on shared learning from other organisations.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the plans around staff awareness (Workforce) and associated actions**
- (2) Noted the plans to review resources for staffing (Workforce) and infrastructure (Financial, Digital & Infrastructure)**
- (3) Noted the updated strategic risk controls, (Risk Assessment and Mitigation) as detailed below.**
- (4) Reviewed the wider service business continuity plans for a Significant Cyber Event (Risk).**
- (5) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

(d) GP IT System

The Strategic Planning, Performance & Resources Committee received 'GP IT Reprovisioning Project Update' paper presented by Mr Scott Jaffray and Ms Emma Kieran, providing assurance that NHS Forth Valley continued to prepare for the rollout of the GP IT Reprovisioning project following the In Practice Services Limited (INPS) administrator's outcome.

Key messages in the report included:

- (i) Following the notice of the GP Clinical Systems within Scotland coming to end of life. NHS Scotland implemented a National GP IT Managed Services Contract, where it was confirmed that the chosen supplier was OneAdvanced, who confirmed they would continue to support the implementation of the core Vision product.
- (ii) Alva GP Practice trialled migration of data to Vision in March 2025 for National Services Scotland (NSS) and NHS Forth Valley facilitators to identify error, outliers or gaps. Early adopter practices had been identified, where it was anticipated that a practice would be moved to the new system each week until completion of the project in April 2027.
- (iii) Concern was raised regarding the overlap of the GP IT Reprovisioning project and the move from Docman 7 to Docman 10. In addition to the there being no Trak Order Comms Integration with Vision, and national delays due to the readiness of the EMIS to Vision migration tool. All of which had potential to impact the success of the rollout.

The following points were made in discussion:

- (i) Following a question raised on the awareness of individual GP practices, it was advised that members of the project team were in regular contact with GPs and Primary Care Improvement Plan leads.
- (ii) Concern was raised over the lack of Trak Order Comms Integration with Vision, where assurance was provided that work was ongoing to address integrations of both systems.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the contents of the report.**
- (2) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

10. Internal Audit Actions Follow Up

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

Key messages in the report included:

- (i) At the time of reporting, there were 6 actions aligned to the Committee, of which:
 - Actions A10/25 and A13/23 had extended timescales.
 - A25/23 was noted as overdue however assurance was provided that the action was 90% complete however due to governance process delays could not be completed until January 2026.
- (ii) The Acting Director of Strategic Planning & Performance, Board Secretary and Chair undertook an exercise to review the Internal Audit Annual Report 2024/25 to extract additional findings outlined within the narrative of the report, where additional actions were identified and aligned to the Committee.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the contents of the Internal Audit Action Follow Up Paper.**
- (2) Noted content with the updated timeline in respect of the work undertaken around risk management.**
- (3) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

11. Information Governance

(a) Freedom of Information Update

The Strategic Planning, Performance & Resources Committee received the 'Freedom of Information Update' paper presented by Mrs Sarah Hughes-Jones which provided an outline of the activity being undertaken to meet the Commissioner's targets and improve NHS Forth Valley's Freedom of Information (FOI) performance.

Key messages in the paper included:

- (i) Significant improvements had been achieved with FOI compliance aligned to the Scottish Information Commissioner's requirements provided following Level 3 intervention. At time of reporting, 100% compliance was achieved with:
 - 94% compliance in September.
 - 98% compliance in October.

- (ii) All information requests within the backlog from 2023 and 2024 had been closed with only 6 outstanding overall.
- (iii) It was noted that the Level 3 Invention would remain in place for a minimum of two quarters in order to satisfy the Commissioner that the improvements made were sustainable.
- (iv) Recruitment to fill the vacant FOI manager position had begun.

The following points were made in discussion:

- (i) Following a question raised, clarity was provided that the Commissioner was reviewing quarterly compliance.
- (ii) A committee member queried potential risks associated with stopping staff bank support in addressing the FOI backlog, where assurance was provided that there was sufficient resource with the permanent staff situated within the team.
- (iii) In discussion, it was noted that NHS Forth Valley was not the only public authority escalated to Level 3.
- (iv) Further detail on lessons learned, the capacity of the team and staff management of FOIs was sought in future updates. It was agreed that such detail and a learning analysis aligned to performance areas would be provided in future updates.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the position and progress against the Improvement Action Plan submitted to the Scottish Information Commissioner.**
- (2) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

Actions:

- (1) Include further detail on the capacity of the team and staff management of FOIs in future updates and undertake a learning analysis aligned to performance areas.**

S Hughes-Jones/ A Murray

(b) Information Governance Group Minute

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

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

12. Value Based Health & Care Programme Board Update

The Strategic Planning, Performance & Resources Committee received the 'Value Based Health & Care Board Update Paper' presented by Mr Andrew Murray which provided an overview of the position of the Value Based Health & Care (VBH&C) Programme, outlining progress in governance, stakeholder engagement, and the implementation of key tools and methodologies.

Key messages in the paper included:

- (i) The VBH&C Programme had commenced, in collaboration with staff and stakeholders to identify and highlight the significant work in progress within services, enhance services to become more efficient, improve patient outcomes, and encourage innovative thinking.
- (ii) Regular discussions were ongoing with Healthcare Improvement Scotland partners to use the Scottish Government Approach to Change and create a targeted Value Based Health & Care programme with clear aims and benefits.

In addition to reviewing membership with aims to expand involvement and include middle management level staff.

- (iii) The planned future approach was to establish a VBH&C Collaborative to accelerate the adoption of value-based principles across the organisation, building on momentum of transformation efforts and the cardiovascular health programme of work.

The following points were made in discussion:

- (i) Following a query on scope for cross-collaboration, it was advised that despite there being no such arrangements in place, HIS was the main partner, and health boards had been in contact regarding NHS Forth Valley's approach. Wider Communication across staff was also being considered.
- (ii) Discussion took place on key performance indicators and how the measurement of system change would be undertaken
- (iii) Further detail on the cardiovascular programme was sought in future updates, and communications on VBH&C successes were encouraged.
- (iv) Members sought further detail on the measures of success including financial aspects and it was suggested that this could be aligned with the Board seminar on Finance planned for February 2026.
- (v) Following discussion, assurance was provided that the further detail sought was being undertaken and could be considered more fully at a future date. It was noted that a further paper on this area was being brought to the November 2025 Forth Valley NHS Board meeting.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the significant progress of the VBH&C Programme and next steps.**
- (2) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

13. Performance Report

The Strategic Planning, Performance & Resources Committee received the 'Performance Report' presented by Mr Garry Fraser which provided an overview of performance against national and local measures.

Key messages in the paper included:

- (i) Urgent & Unscheduled Care performance remained challenged, with national reporting continuing to report on Emergency Department (ED) performance only.
- (ii) As of July 2025, the below cancer target compliance was reported:
 - 90.1% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment which saw improved performance from 83.6% in July 2024.
 - 100% of patients waited less than 31 days from decision to treat to first cancer treatment.
- (iii) The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment was at 95%. The Scottish Government target for 2025/26 was that no patients wait over 52 weeks for a New Outpatient appointment. Most specialties had no waits over 52 weeks and those that did are minimal.
- (iv) Draft data from September 2025 indicated that 82.9% of Psychological Therapies patients started treatment within 18 weeks of referral.

- (v) At time of reporting the NHS Forth Valley Vaccination Programme had been functioning for a month, with the below uptake of the flu vaccinations noted:
- 86% of Care Home patients.
 - 20% of frontline staff.
 - 26% of non-frontline staff.
 - 48% of infants.
 - 29% Primary school pupils.
 - 14% of secondary school pupils.

The following points were made in discussion:

- (i) Concerns were raised about the Urgent and Unscheduled Care performance and the need for clarity and coherency of actions with a better understanding of what actions were having the greatest impact. It was agreed that further detail within future performance reports should be aligned with outputs from the national Centre for Sustainable Delivery (CfSD) work.
- (ii) Concern was raised over the patient experience journey within the ED given the system pressures and long waits.
- (iii) An impact model was sought following developments evidenced within the Frailty Unit and how that was supporting performance and patient experience.
- (iv) Following concern raised regarding staffing levels within ED, assurance was provided that CfSD had undertaken a review to consider the staffing levels and grades across the Board. It was noted that such concerns would be raised and discussed in detail at the Staff Governance Committee, but it was noted that the outcome of the CfSD work was awaited.
- (v) Further detail on absence management was sought in future reports, specifically the financial cost of the increase in sickness absence rates and the impact this was having on system pressures.
- (vi) Questions were raised about readmission rates, compliance issues with training and how this impacted on performance.
- (vii) Following the discussion and the identification of the urgency of challenges experienced within Urgent and Unscheduled Care Performance, concerns raised and the potential risks, it was agreed that a further deep dive session would be scheduled to allow Non-Executive Directors to undertake an in-depth discussion, once the CfSD assessment was published.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the performance data, specifically Urgent & Unscheduled Care and the Priority Areas of Performance.**
- (2) Noted the progress made in respect of the number of patients waiting over 52 weeks for a new inpatient appointment and for an inpatient/ day case procedure.**
- (3) Considered that in most performance areas the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified. However, further assurance was needed on the actions being taken to address Urgent and Unscheduled Care performance challenges**

Actions:

- (1) Schedule a deep dive session for Members to discuss the CfSD assessment and provide further detail on actions being taken to address challenges in Urgent and Unscheduled Care.**

J Frawley/
G Fraser

14. Seasonal Surge Preparedness Plan

The Strategic Planning, Performance & Resources Committee received the 'Seasonal Surge Preparedness Plan' presented by Mr David Munro, which set out a high-level, system-wide approach to managing periods of increased demand across health and social care services, with a particular focus on winter and peak times.

Key messages in the paper included:

- (i) The Plan aimed to ensure safe, effective, and resilient care for the local population throughout the year and built on year-round arrangements for Urgent & Unscheduled Care (UUSC), planned care, business continuity, adverse weather, respiratory illness, vaccination, norovirus and communications.
- (ii) Key priorities of the Plan included integrated working across services, clear public communication, robust vaccination campaign, proactive surge planning, reducing unnecessary demand, improving patient flow, supporting staff wellbeing, and continuous improvement.
- (iii) Committee members were advised of the dynamic and iterative nature of the Plan, where feedback was sought offline by 3 November 2025.

The following points were made in discussion:

- (i) Assurance was provided that work was ongoing to look at data to gain a better understanding of peaks in data and develop mitigations prior to significant periods of demand as indicated in purple level 4's in the Operational Pressures Escalation Levels (OPEL) system.
- (ii) A query was raised on the lack of an Equality Impact Assessment (EQIA) and proposed consideration of undertaking such work.
- (iii) Further detail was sought on funding within the Plan, where it was advised that there was no specific funding aligned to the Plan however UUSC funding would support work during the winter periods.
- (iv) Following a question raised on potential missed opportunities of elective surgeries during the festive period, where it was noted that patient uptake of such surgeries was limited however a review of arrangements would be considered.
- (v) A concern was raised over staff anxiety regarding capacity challenges over the festive period. Reassurance was provided that day of care audits were undertaken on a fortnightly basis to facilitate creating capacity.

The Strategic Planning, Performance & Resources Committee:

- (1) Noted the Plan and that the version would be updated, based on feedback, prior to presentation to the Forth Valley NHS Board.**
- (2) Considered that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified.**

15. Emergency Planning & Resilience Group Minute

The Strategic Planning, Performance & Resources Committee received the 'Emergency Planning & Resilience Group Minute'.

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

16. 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.

17. Any Other Competent Business

There was no other competent business.

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

There were no further comments provided.

19. Date and Time of Next Meeting

Tuesday 16 December 2025 at 9:30am, in the Boardroom, Carseview House.

The Chair closed the meeting at 1:25pm.

Minute of the **Area Clinical Forum** meeting held on 25 September 2025 at 6.15 pm via MS Teams.

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

In attendance: Andrew Murray (Medical Director) – Item 8; Peter Moses (Orthopaedic Surgeon) & Ewan Jack (Anaesthetist) Item 6.1

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Introductions were undertaken. No formal apologies were noted. It was confirmed that the meeting was quorate.

2. Declaration(s) of Interest(s)

No declarations of interest were made by any members.

3. Draft minute of Area Clinical Forum meeting held 24 July 2025

The draft minute of the previous Area Clinical Forum meeting, held on 24 July 2025, was reviewed and approved as an accurate record.

4. Action Log

The action log was considered and would be updated to reflect discussions with follow-up on outstanding items. **Action: Admin**

5. Matters Arising

It was agreed Scott Urquhart, Director of Finance and/or Jillian Thomson, Deputy Director of Finance, would be invited to attend a future meeting to provide an update around budget savings and national funding. **Action: Admin**

Confirmation was also provided that the ACF feedback for the Population Health Strategy had been completed.

6. FOR DISCUSSION

6.1 Climate Change and Sustainability Presentation

Peter Moses currently led the *Sustainable Care* workstream for NHS Forth Valley's climate sustainability initiatives, coordinating and expanding projects across the organisation. Ewan Jack previously held this role and continues to provide support.

Ewan Jack led a presentation on climate change and sustainability, with detail provided around initiatives within NHS Forth Valley. He outlined the structure of the Sustainability Board and highlighted challenges relating to clarity of governance and reporting routes, as

well as the need for additional administrative support. He also noted key achievements in energy reduction and provided examples.

Detail was then provided around ongoing challenges, which include improving waste segregation, embedding realistic medicine principles, reducing staff travel, and addressing the high carbon footprint of medicines. Inhalers were identified as a particular concern, with prescriptions increasing by 54% over two years and 90–95% of these issued within Primary Care. It was agreed that targeted medicines reviews and active patient switching were required. Kirstin Cassels advised she would liaise with pharmacy colleagues to review inhaler switching in Primary Care. **Action: Kirstin Cassells.** Andrew Murray would raise the issue of inhaler prescribing with Primary Care Clinical Leads. **Action: Andrew Murray**

Looking ahead, the group agreed that the focus should be on preventing waste creation rather than relying on recycling and additional processes. There was also discussion about staff access to electric cars through salary sacrifice or lease schemes, referencing similar initiatives in other health boards. The Board has increased the salary sacrifice limit for cycles, making electric bikes more accessible to staff.

Andrew Murray summarised the Value-Based Health and Care Programme, which will ask teams to identify and reduce waste, including environmental impacts. He noted that this could drive climate improvements and highlighted the groundwork laid by Ewan Jack and Peter Moses. The sustainability team's expertise may be required to support teams in lowering their carbon footprint. Fiona Struthers will explore linking Allied Health Professional sustainability initiatives with the Board's sustainability group to share local efforts, such as reducing plastics and recycling, and to seek further support and collaboration.

Action: Fiona Struthers

It was noted that the Programme Board structure should be available on the Intranet. Andrew Murray advised he would confirm whether this has been updated.

Action: Andrew Murray

Ewan Jack shared a link to the Sustainability Group homepage, which provides details of each working group and ongoing projects.

The ACF thanked Ewan Jack and Peter Moses for their attendance.

6.2 Professional Assurance Framework

Andrew Murray, Medical Director, provided an overview of the Professional Assurance Framework, noting its development based on NHS Highland's model and its adaptation for local use. He explained that the framework aims to ensure all staff meet professional standards and regulatory requirements, covering both board employees and independent contractors. The document has been circulated for further engagement, with feedback sought from all professional leads to confirm accuracy and completeness for each group.

The Chair confirmed the framework would be distributed to all relevant parties for review, requesting that each group check their section for any missing nuances or requirements. It was agreed that feedback would be collated over the next three weeks. This would then be reviewed with a determination made around whether Andrew would be invited to attend a future meeting for a fuller discussion. **Action: All**

6.3 Draft Board Agenda

The Chair presented the draft Board agenda, drawing attention to key items such as the Population Health and Care Strategy, the Mental Health and Wellbeing Plan, and the

Hospital at Home service. Clarity was sought around Programme Board structures with agreement follow-up would be made at the forthcoming Board meeting. **Action: Chair**

6.4 Reduced Working Week

The Forum discussed the implementation of the reduced working week, noting that surveys had been circulated to capture the anticipated impact on services and staffing. It was highlighted that there is an expectation of funding from the Scottish Government to support the transition, although specific details regarding the allocation and guidance for implementation remain outstanding.

Members were reminded to ensure accurate completion of surveys to reflect service needs, and it was agreed that the item would remain on the agenda for ongoing monitoring as further information and guidance are anticipated from national bodies.

6.5 Non-Ministerial Annual Review

With regard to the Non-Ministerial Annual Review scheduled for 19 November 2025, it was noted that the Chief Executive, Ross McGuffie and the Board Chair, Nina Mahal, would attend the November ACF meeting for engagement in lieu of the usual annual review session. Members were asked to consider key points to raise, and a pre-meeting would be arranged to collate topics. **Action: Admin**

7. FOR NOTING

7.1 Allied Health Professionals – Flash Report 18 September 2025

The Allied Health Professionals (AHP) Flash Report provided a summary of activities across six professions, highlighting the following key areas of focus:

- **Speech and Language Therapy** - Focused on supervision, practice education, and implementing new Royal College policies. Involved in national work for "Once for Scotland" approaches to eating and drinking.
- **Physiotherapy** - Working on streamlining triage processes, managing band 5 rotations, and reviewing on-call arrangements to ensure safe practice. Addressing gaps in on-call cover due to reduced working week.
- **Dietetics** - Concentrating on return to practice guidelines to support recruitment and retention. Leading CPD and practice education events for service development.
- **Occupational Therapy** - Developing an education and training model for rollout over the next 12–18 months, focusing on CPD and practice education. Engaging with local authority OTs to clarify professional responsibilities and ensure equal opportunities.
- **Orthotics** - Main concern is skill mix, with no band 6 posts, risking band 5 burnout and a gap between band 5 and 7. Seeking robust professional support, currently provided by Greater Glasgow and Clyde, and exploring alternatives.

7.2 Area Dental Committee

No update was provided from the Area Dental Committee.

7.3 Area Medical Committee (in abeyance)

The Area Medical Committee remained inactive, but it was confirmed that an update on efforts to re-establish the committee will be brought to the next meeting.

7.4 Area Nursing Midwifery Advisory Committee

No updates were provided from the Area Nursing Midwifery Advisory Committee.

7.5 Area Optical Committee

The Area Optical Committee reported on the ongoing implementation of the community glaucoma scheme and advancements in independent prescribing, including the introduction of supplementary codes and the establishment of a focus group to support internal referrals.

7.6 Area Pharmaceutical Committee - Draft 4 June 2025

The Area Pharmaceutical Committee provided an update on the new process for community pharmacy hours applications, noting an increase in applications and the Committee's ongoing review of these changes.

7.7 Healthcare Science

No updates were provided from Healthcare Science.

7.8 Psychology Advisory Committee Draft 22 May 2025

The Psychology Advisory Committee reported on the Scottish Government's psychological therapy specification, highlighted current staffing challenges, and raised the issue of the absence of a board-wide induction process. During discussion, the Forum noted this was currently being reviewed by Organisational Development as part of the Culture Change and Compassionate Leadership Initiative.

8. AOCB

8.1 Items for escalation to Chair/Chief Executive

No items were identified for escalation to the Chair or Chief Executive. Members were reminded to send updated Terms of Reference to Jack Frawley.

9. Date of Next Meeting

The date of the next meeting was confirmed as 13 November 2025.

Item 3 **DRAFT** Minute of the Area Partnership Forum meeting held on Tuesday 28 August 2025 at 2 pm, via MS Teams.

Present: Ross McGuffie, Chief Executive
Andrea Mercer, BTA
Elaine Macdonald, Interim Head of HR
Emma Small, RCN
Garry Fraser, Director of Acute
Greig Kelbie, Unison
Janet Sneddon, RCM
Jenny McCusker, Head of Organisational Development
Julie McIlwaine, Interim HR Service Manager
Karen Goudie, Executive Nurse Director
Karren Morrison, Unison Branch Secretary
Kevin Bye, RCN
Kevin Reith, Director of People
Laura Byrne, Director of Pharmacy
Linda McGovern, Associate Director of Human Resources
Linda Robertson, HR Service Manager
Lynsey Walker, Dietician
Morag Farquhar, Director of Facilities
Nicholas Hill, GMB
Nick Hill, GMB
Pamela Bowman, Unite
Pamela Bowman, Unite Rep
Robert Clark, Employee Director
Scott Urquhart, Director of Finance
Tom Cowan, Head of Strategic Planning & Transformation, Falkirk HSCP/Head of Primary Care

In Attendance: Aaron Fraser, AHP Coordinator for Health Future (Nutrition & Dietetics)
Shirley Patrick, Service Manager Health Records
Scott Jaffray, Director of Digital
Martin Shiels, Intermediate Care Manager, Bellfield Centre
Ross Cheape, Head of Service Mental Health & Learning Disabilities (for Jennifer Borthwick)
Sarah Smith, Corporate Services (minute)

All present were advised the meeting was being recorded.

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: Carole Murray

2. Declaration(s) of Interest(s)

Robert Clark made a declaration of interest around Item 7.4, which he would be presenting.

3. Draft Minute of Area Partnership Forum meeting held on 24 June 2025

The note of the meeting held on 24 June 2025 was approved as an accurate record, subject to the following amendments:

- Pamela Bowman's name misspelled

4. Action Log

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

- 63 Intranet Partnership Working Updates – Intranet page in place but additional content required as well as agreed process for updating. Meeting would be arranged to agree with aim to close action at next meeting. Clarity also required around Partnership and Trade Union content.
- 73 Absence Management Review Group - review of current absence management undertaken with agreement of requirement to have routine reporting to the APF. Ongoing challenges recognised around sickness absence and recruitment delays. Kevin Reith confirmed comprehensive management report would be brought to the APF on a routine basis. Challenges around recruitment delays and varying notice periods discussed. Report would be brought to the next meeting.
- 76 Final position to be confirmed at next meeting with aim to close action.
- 80 Linda McGovern provided feedback from A&A. NHS Shetland were receiving a presentation to their APF from the company that attended NHSFV. Feedback would be sought in advance of the next meeting.
- 83 Public Holiday Provision – paper was on the Agenda.
- 85 Excessive temperatures – Follow up would be sought around feedback from the feasibility study. An update would be provided to the next meeting around potential funding avenues and priority areas.
- 86 COMPLETE
- 87 W&C Psychology Posts – Scott Urquhart agreed to link with Jennifer Borthwick and bring an update to the next meeting.
- 88 COMPLETE
- 89 Nursing and Midwifery Profiles – STAC letter would be circulated.

5. Matters arising from the minute/action log

There were no matters arising.

6. Health Record Services Job Description Review Project

The Area Partnership Forum considered the Health Records Job Description Review Project presented by Shirley Patrick, Health Record Service Manager.

Colleagues were advised the Service had in excess of 70 job descriptions, with a number being obsolete. There were also over 350 staff, noting the addition of Surgical and Medical staff and it had not proved possible to identify all existing job descriptions.

Resultantly, it was proposed that a review of all job descriptions be undertaken to ensure up to date. Ongoing liaison with both staff and staff side was in place and would continue throughout the process. Following completion of the work, bi-yearly updates would take place.

APF were advised that while this was not an organisational change process, the principles would be followed. Assurance was also provided that there would be no significant changes to either roles, Terms and Conditions or locations. The only potential change may be to job title. Information sharing sessions had been held for staff with representation from all areas.

Karen Morrison and Nick Hill had been involved in initial discussions and noted concerns that with the significant planned reduction of job descriptions, there was potential for changes in banding. It was agreed that every updated post would be taken through the job evaluation process.

The APF proposed a Standard Operating Procedure be developed, which would outline the process, decision points and assurance mechanisms for staff and staff side. This would be brought back to the next meeting for approval. **Action: Shirley Patrick/Karren Morrison/Nick Hill**

7. FOR APPROVAL

7.1 Castle Suite, Bellfield

The Area Partnership Forum considered a paper presented by Martin Shiels, Intermediate Care Manager, Bellfield Centre, that proposed the movement of NHS Staff from the Castle Suite, Bellfield, to the remaining Intermediate care suites, providing the same model of care and remaining on their existing work patterns.

Detail was provided around the significant financial challenges being experienced within the Bellfield Centre. Previous work had brought the service back on budget for 2024/25, however the need for additional reductions had been identified. Resultantly, the proposal was the withdrawal of Castle Suite within the Bellfield Centre. Reallocation of 8 beds would mean a total bed loss of 4 beds and 2 assessment flats.

A closure plan had been developed and as a holding position, staff were moved to interim positions to enable full consultation. Challenge was identified around options for night staff noting current over staffing. Potential costs were recognised and finance colleagues would be involved in any discussion.

There were 4 NHS Forth Valley staff who would be impacted and it was recognised the organisational policy for NHSFV may require a different process to be followed.

Ross McGuffie, Chief Executive, advised of ongoing national work to shift care from institutional settings to community and home-based models, noting positive outcomes from early initiatives and the likelihood of further changes in the sector.

Colleagues noted that although the paper stated closure would be undertaken by end of September 2025, the Bellfield Suite was withdrawn on 14/07/25. There had been no impact on flow and confidence remained that the waiting list would remain low.

APF congratulated the team that had led the process noting an example of positive culture through early-stage discussions. The challenging situation was recognised. Karren Morrison confirmed she would continue to work with colleagues around staff protection issues.

The APF then approved the progression to organisational change.

7.2 Healthier Future Team Leadership Review

The Area Partnership Forum considered a paper 'Healthier Future Team Leadership Review' presented by Aaron Fraser, AHP Coordinator, Community Dietetics, Healthier Future Team.

The proposal being brought to the APF was to restructure the Healthy Future Team, reducing team lead posts and reallocating resources. Staff engagement has taken place throughout with arrangement of peer supervision and support.

As part of the review, 3 staff would be impacted with 2.7 WTE Band 7 being consolidated into 2 WTE. 1 staff member would be displaced which and moved into a Clinical Band 6 role, noting this was under protected pay.

Colleagues raised challenge around the additional payment for a Band 7 salary to a staff member undertaking a Band 6 post. Aaron Fraser confirmed there was no capacity within the current specification for a Band 7 post. However, a future focus on prevention was noted with potential scope to look at advanced roles.

The APF recognised the thought and consideration put into the structure and commended work that had been done. The review proposal to proceed with organisational change was approved.

7.3 Spiritual Care

The Area Partnership Forum considered a Service Level Agreement – Spiritual Care proposal, presented by Professor Karen Goudie, Executive Nurse Director.

It was noted that many aspects of the paper were historic with a number of areas already signed off. An SLA had been signed with NHS Lanarkshire. This provided a 0.3 WTE, Band 7 Registered Spiritual Care Lead which provided 10 hours per week. Service provision would be a value based reflective practice and was broader than a solely religious focus.

The appointed Chaplain was working with Paul Graham, Head of Spiritual Care and Wellbeing for NHS Lanarkshire, to scope out the service over the next three months with reporting and recommendations. These would be based on national guidelines in spiritual care and compassionate person-centred support services.

The APF then retrospectively approved the SLA for the provision of professional management of the Spiritual Care Service on a two-year basis in the first instance.

7.4 Requests for staff side representation

The Area Partnership Forum considered a paper 'Requests for staff side representation' presented by Robert Clark, Employee Director; Kevin Reith, Director of People and Nick Hill, GMB Representative.

Colleagues were advised of the aim to introduce a formal, digital process for requesting staff side facilities time. The intention was to improve transparency, governance and statutory reporting, while also addressing capacity challenges.

The new process would utilise a standardised online MS Form for all facilities time requests. This would enable appropriate allocation of the limited staff side capacity with ability to evidence demand.

The APF approved usage of the digital form with recognition of the need for streamlined reporting on facilities time. It was recognised successful work in this area would then provide additional capacity for expansion into areas such as Programme Boards. There was also acknowledgement of the benefit of using digital tools to simplify processes for all.

7.5 Christmas and New Year Pay Arrangements

The Area Partnership Forum considered a paper outlining Christmas and New Year Pay Arrangements presented by Linda Robertson, HR Service Manager.

The paper outlined proposed payment dates for December 2025 and January 2026 payroll. This would minimise the gap between pay periods.

The APF approved the proposed payment dates.

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum received the Finance Report presented to the NHS Board in June 2025, presented by Scott Urquhart, Director of Finance. This outlined the financial position for the first quarter and outlined expected position for the end of the financial year.

The APF were provided with a slide that provided the position of NHS Forth Valley against the rest of Scotland. A projected £10m overspend was anticipated for the Board. This was due to slower than anticipated savings delivery and additional financial pressures. Changes in Government allocations were also noted.

Focus was on a cost reduction strategy with budget holders being asked to identify a further 2% in cost reductions. Clarity was provided that this was not cut in budget, but a request for services to

work within existing budgets and bring back into balance. Review would be through the Financial Stewardship Group.

Following a request for clarity, Scott Urquhart outlined the recent video issued by the Chief Executive noting this provided a full description around the requirements and aims.

Workforce optimisation was a key focus area, noting agency reduction and staff recruitment had enabled significant savings to be made. Ongoing focus was on reducing bank staff usage by 50% this year. Review of the central functions job family was also a key area.

Current savings position was £6.7m for the first quarter, however this was only about 50% of planned. Input from services and budget managers would be anticipated to aid in progressing this.

Colleagues were advised that close scrutiny was continuing through Scottish Government, with an expectation for the Board to achieve a break-even position. It was reiterated there would be no brokerage available.

9. BETTER WORKFORCE

9.1 Absence Management Update

The Area Partnership Forum received an Absence Management Update led by Kevin Reith, Director of People.

It was confirmed a written report would be provided to future meetings, which would be in line with that presented to the Staff Governance Committee.

Current absence trends were noted with a recent increase in sickness absence, particularly in operational issues. Anxiety, stress and depression remained one of the main absence areas.

Recruitment delays were noted, recognising increased pressure and potential impact on remaining staff. Efforts to streamline vacancy approvals were discussed with Michael Brown being asked to look at recruitment information available on the systems. Variation in notice periods across NHS Boards was recognised as an impacting factor with agreement a standardised 'Once for Scotland' approach would be of benefit.

9.2 NHS Leadership Framework

The Area Partnership Forum received a presentation around 'NHS Forth Valley Leadership and Management Framework' led by Jenny McGovern, Head of Organisational Development.

The presentation covered the following key areas:

- National context
- Background and local context – getting the balance right
- Success profile component – Overview
- Success profile content – Overview of behaviours
- NHSFV Leadership and Management Framework
- Employee Lifecycle – Resources available
- Focussed leadership development interventions
- Next steps

Colleagues were advised the framework was based on national leadership success profiles and NHS Scotland Values. Focus was on development of leadership skills at all levels, support of transformational change and improvement of organisational culture. A number of resources were offered which included expanded induction, targeted leadership development days, coaching and pilot programmes on early intervention and transformational change.

Low attendance at leadership development sessions was discussed with potential options explored. Clear accountability and performance measures for leaders were noted.

During discussion it was agreed that the framework required to be accessible and relevant to all staff.

10. FOR NOTING

10.1 Circulars and Policies

These were noted as presented.

10.2 Reduced Working Week

The Area Partnership Forum considered a paper outlining the 'Reduction in the working Week' presented by Elaine Macdonald, Interim Head of HR.

An area of challenge remained around accrual, noting that no national guidance had been received. Resultantly, the only available implementation options were based on weekly reductions. Colleagues discussed this in detail, noting challenge in finalising implementation plans, which were due for submission by 1 October 2025.

Complexities around shift patterns were noted with impracticality of small reductions in the working week. Compliance with working time regulations also generated additional challenge.

Staff side colleagues agreed they would seek regional advice with reporting back to Robert Clark and the APF. Managers were advised to plan on the assumption that accrual may not be permitted.

Action: Staff side

11. ANY OTHER COMPETENT BUSINESS

Potential dissolution of Clackmannanshire and Stirling Health and Social Care Partnership

Karren Morrison highlighted staff concerns due to uncertainty. Reassurance was provided noting the risk was low and the dispute process was ongoing. Dissolution had been deferred until the process was concluded, with work ongoing to resolve outstanding issues.

The Chief Executive was cognisant of the staff concerns and provided his commitment to ensure the APF were kept updated with any developments.

12. DATE OF NEXT MEETING: Tuesday 28 October at @ 2 pm, in the Boardroom, Carseview

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 13 August 2025 2 pm – 5 pm, in Stirling Council Chambers, Old Viewforth, Stirling and hybrid via MS Teams

PRESENT

Voting Members

Councillor David Wilson (**Chair**), Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Susan McGill, Stirling Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martha Benny, 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
Gordon Johnston, 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
Eileen Wallace, Service User Representative, Stirling
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
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
Ross Cheape, Head of Service, Mental Health & Learning Disability Services
Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

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

Apologies for absence were noted on behalf of:

Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley
Robert Clark, Employee Director, NHS Forth Valley
Mike Evans, Localities Representative
Councillor Rosemary Fraser, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

Councillor Susan McGill for Councillor Rosemary Fraser

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 18 JUNE 2025

The draft minute of the meeting held on 18 June 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).

Ms Macdonald confirmed that Mr Murray will step down as Chief Finance Officer on 17 October 2025. Recruitment for this post and the Head of Community Health and Care role will begin shortly. Mr Murray has engaged with Chief Finance Officers/Director of Finance from constituent authorities regarding his departure. To support continuity, they have agreed to assist Ms Macdonald during the transition period, recognising the strategic importance of the role amid ongoing financial pressures.

Emma Cavanagh, Ailsa Halliday, and Katy Allen have been appointed as Project Managers. Rachel Sinclair has taken up the Interim Locality Manager role for Stirling and Liam Gallagher has been appointed as Locality Manager for Clackmannanshire.

Ms Macdonald updated the Board on recent care home visits in Clackmannanshire and Stirling, noting their value in informing future planning. Board members were invited to participate in future visits.

The Cabinet Secretary has appointed Alison Jaap, Professor Clare Mackenzie, and Finlay Scott as Non-Executive Directors of Forth Valley NHS Board. Ms Macdonald provided a brief overview of their backgrounds.

Ms Macdonald highlighted several recent publications:

- The Health and Social Care Service Renewal Framework (Scottish Government, 17 June 2025), outlining five principles for renewal: Prevention, People, Community, Population, and Digital.
- The Mental Health Nursing Review, co-developed with stakeholders, aims to strengthen mental health nursing in Scotland. Lorraine Robertson, HSCP Chief Nurse, contributed via the Leadership Advisory Group.
- A Common Understanding 2025 sets a framework for collaboration between NHS Scotland and the pharmaceutical industry, promoting transparency and outcome-focused partnerships.

Ms Macdonald updated the Board on the dispute resolution process. A follow-up meeting with the three Chief Executives took place on 12 August 2025, where it was agreed to form a short-life working group with legal representatives from Clackmannanshire Council, Stirling Council, and NHS Forth Valley. An update will be provided to the IJB on 24 September 2025.

Ms Macdonald also reported progress on the review of the integration scheme, noting that over 90% of the content is now agreed. She will continue to keep the IJB informed through regular communications.

7. FORTH VALLEY MENTAL HEALTH AND WELLBEING STRATEGIC PLAN

The IJB considered the paper presented by Jennifer Borthwick, Director of Psychological Services, Mental Health and Learning Disability

At the IJB meeting on 19 June 2024, a paper was presented outlining the need for a new strategic plan for Mental Health & Wellbeing, addressing current and emerging needs of Forth Valley residents and unpaid carers.

Ms Borthwick advised that feedback from the Professional Advisory Group has been incorporated in the plan. Also, the section on Children and Young People was revised following input from Chief Social Work Officers, with a clearer alignment to existing Children's Services Plans.

An amendment to the EQIA will acknowledge that mental health can affect men and women differently, ensuring a more inclusive and gender-sensitive approach. Further revisions will also strengthen the focus on trauma-informed approaches.

The Board noted that the Strategic Plan aims to guide prioritisation and resource reallocation, recognising the challenge of delivering improvements without additional funding. A value-based health and care approach, including

ethical commissioning, will be embedded through key actions in the implementation plan.

Stakeholder feedback emphasised the need for a Forth Valley-wide scope, inclusive of children and young people, and extending beyond services directly delegated to the IJB. Delivery will require collaboration across partners, with a focus beyond the 'provide' pillar to effectively meet population needs.

Councillor Rennie raised concerns regarding the absence of gap analysis, limited detail on community consultation responses, and lack of clarity around adult autism assessments and psychological therapies. She noted that several areas fall outside the IJB's remit, raising questions about delivery mechanisms. While initially unable to support the paper, she acknowledged reassurances from Ms Macdonald and Dr Borthwick and appreciated the engagement, though felt there were missed opportunities, particularly around funding and goal setting. She confirmed her support for the plan, subject to further detail being provided during implementation.

Dr Borthwick confirmed that consultation feedback shaped the Strategic Plan and offered to provide a summary of themes and consultees. Autism assessments continue for adults meeting criteria for secondary care mental health services; assessments for those with less complex needs have been paused pending engagement, as committed by the NHS Forth Valley Chief Executive.

Implementation planning was highlighted as critical, with a need to balance aspirational and specific actions across the three pillars. Some actions are in place, others in development, and some require new approaches. The ten-year scope reflects the complexity and long-term nature of the work. It was acknowledged that online services alone are insufficient, and a suite of support options must be available. The need to strengthen references to stigma and discrimination was agreed.

Mr Fairbairn raised concerns about the current imbalance in resources and requested a high-level assessment of how the plan will impact service pressures. He also sought assurance on policy development and Health and Social Care Partnership (HSCP) management capacity to deliver the plan.

Dr Borthwick explained that the prevent, promote, provide structure aims to reduce demand on direct service provision. While quantifying this impact is challenging, resource planning will form part of the implementation phase. She acknowledged strong support during the plan's development and confirmed that implementation will be supported by new project manager capacity and contributions from partner organisations. Ross Cheape will assume greater operational responsibilities, enabling Dr Borthwick to focus on strategic leadership.

Councillor Earl emphasised the importance of financial clarity, noting that understanding resource allocation is essential to shaping the strategy. Dr Borthwick acknowledged the complexity and confirmed that further work is

ongoing to develop evidence-based financial assumptions, with inclusive stakeholder engagement being key.

The Integration Joint Board:

- 1) Approved the Mental Health and Wellbeing Strategic Plan (Appendix 1) subject to further detail being provided during implementation.**
- 2) Approved the Equality Impact Assessment (Appendix 2) subject to acknowledging that mental health can affect men and women differently, ensuring a more inclusive and gender-sensitive approach.**
- 3) Issued the Directions appended at Appendix 3.**

8. MONITORING THE 2025/26 TO 2026/27 DELIVERY PLAN

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

Mr Murray provided an update on the Project Manager posts, highlighting that this additional capacity is essential for progressing the delivery plan, supporting the revised Senior Leadership Team structure, and informing future reporting to both the Finance, Audit and Performance (FAP) Committee and the IJB. A review of the effectiveness of these appointments is planned within six months, with the option to bring this forward if necessary.

Councillor Earl queried the reduction in posts from four to three and the potential implications for delivery. In response, Ms Macdonald clarified that the fourth post will be a temporary Social Work Lead, reporting to the Chief Social Workers. This role will focus on commissioning and adult social care processes, aiming to enhance performance. It will be reviewed alongside the three Project Manager roles, with progress updates to be provided to the IJB.

Ms Forrest further confirmed that the Project Managers have been appointed on a secondment basis, with agreement from their line managers to ensure appropriate arrangements are in place to cover workloads during the secondment period.

The Integration Joint Board:

- 1) Considered and discussed the content of the paper.**
- 2) Noted and drew assurance from arrangements being put in place.**
- 3) Noted that the effectiveness of arrangements will be reviewed within 6 months.**

9. FINANCIAL REPORT

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

The report confirms the final outturn for the 2024/25 financial year, subject to statutory audit, with no material change from the draft position presented to the IJB on 18 June 2025.

Mr Murray noted that the report also includes initial projections for 2025/26 based on quarter one financial performance on a broadly linear basis. He welcomed the reinstatement of integrated financial reporting but emphasised the seriousness of the financial outlook. While elements of the current year delivery plan which are backloaded over the remainder of the year will improve the projections, it is unlikely, even under the most optimistic scenario, that these alone will achieve financial balance. This necessitates urgent consideration of further in-year financial recovery options, despite the challenges outlined in the report.

This has informed the recommendation for a private session next week, following the special FAP Committee meeting, open to all IJB members, to discuss and explore potential additional options.

Mr Murray also flagged ongoing concerns around primary care prescribing. Although current projections are lower than in recent years, prescribing costs and volumes remain volatile and could materially affect future forecasts.

Future reports will include savings trackers aligned to the revenue budget direction. Members are asked to note that the £1.327m additional payment in 24/25 from Clackmannanshie Council which the Council is seeking to be repayable in 2026/27 and therefore does not affect current year projections.

Ms McGuire queried why the HSCP is expected to cover redundancy costs associated with the closure of Menstrie House, rather than Clackmannanshire Council. Mr Murray explained that staffing was identified as a key variable during the decision-making process, and the estimated cost of voluntary redundancies, over £500,000, has a significant financial impact. He suggested that the Board may wish to consider instructing further discussions between himself, Ms Macdonald, and Clackmannanshire Council to explore potential areas of flexibility.

Following discussion, the Board agreed that HSCP should not set a precedent by covering such costs, which could create future financial risks. Ms Macdonald confirmed it was not anticipated that HSCP would be accountable for the redundancy costs. The Board agreed to formally instruct Ms Macdonald and Mr Murray to meet with the Chief Executives of Clackmannanshire and Stirling

Councils, with a formal response to be brought back to the IJB on 24 September 2025.

The Board also requested an analysis of expected cost reductions from current strategies for 2025/26, including progress on existing plans, potential non-essential expenditure cuts, and identification of services that could be eliminated without affecting statutory provision.

Councillor Rennie raised concerns about assumptions behind Learning Disability residential and non-residential costs, noting a significant overspend in non-residential services. Mr Murray confirmed the Delivery Plan aims to mitigate this and outlined the role of the Senior Resource Allocation Group in reviewing high-tariff care packages. He acknowledged the challenge of sourcing local alternatives for individuals with complex needs and stressed the need for collaboration with housing partners to develop such future provisions. A deeper understanding of the complexity of needs is essential for future planning

The Integration Joint Board:

- 1) Noted the final 2024/25 Financial Year Outturn, subject to statutory audit.**
- 2) Considered and discussed the content of the paper.**
- 3) Noted the reinstatement of the integrated finance report and narrative on areas of material variance.**
- 4) Noted that in order to mitigate in-year financial risk, as far as is possible, further cost improvements plans estimated in the region of £4m from the controllable integrated budget are required.**
- 5) Agreed the proposal for a private session of the IJB Finance, Audit and Performance Committee on 20 August to discuss potential further budget recovery measures which will open to all IJB members to attend.**
- 6) Noted the update in relation to further material financial risk issues.**

10. QUARTER ONE PERFORMANCE REPORT (APRIL TO JUNE 2025)

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

The report presented performance data for the period April to June 2025, aligned to delivery of the Strategic Commissioning Plan.

Ms Forrest noted the request to enhance the management summary by including clearer reflections on areas of strength and those requiring improvement. Board members were advised that if specific performance information is required in future reports, they should direct their requests to her.

There has been positive feedback regarding Multi-Disciplinary Team (MDT) working, particularly in relation to programme changes impacting the delivery

of the social work front door and demand management. Ms Macdonald provided an update on daily MDT activity, confirming that 350 individuals have engaged with the process to date. This represents a transformational shift in service access, ensuring timely and appropriate support. Further analysis will be presented at a future IJB meeting. The approach reflects a whole-system model. Ms Macdonald also noted that Falkirk IJB is leading a test of change, and discussions are underway with Falkirk HSCP to explore alignment across both areas to ensure consistent care delivery for the population.

Mr Fairbairn emphasised the importance of using the Performance Report as a tool to assess progress against strategic objectives. He noted that the data should inform whether current actions are effective and suggested that future executive summaries clearly reflect this analysis. He also proposed that the report be developed to show how each constituent authority is delivering on their commissioned responsibilities.

Ms Forrest confirmed that the upcoming review of the Strategic Commissioning Plan will align the next three years' priorities with financial planning, performance indicators, and the delivery cycle. This will ensure visibility across the refreshed Strategic Commissioning Plan, the Delivery Plan, and the financial and performance framework. Ms Macdonald noted that this work is linked to ongoing discussions related to the dispute and the Integration Scheme. One area under review is the Strategic Commissioning Plan, with all three partner organisations involved in shaping its direction.

Councillor Earl raised concerns about the inability to support self-employed Personal Assistants (PAs) through allocated budgets due to issues around employment status and tax liability. He noted that this is limiting access to a valuable resource and confirmed Perth & Kinross HSCP had found a solution. He requested that direct contact be made with Perth & Kinross HSCP to understand their approach and explore whether a process can be implemented across Clackmannanshire and Stirling HSCP. Ms Forrest agreed to follow up and report back to Councillor Earl.

The Integration Joint Board:

- 1) Reviewed the Quarter one (April to June 2025) Performance Report.**
- 2) Noted the areas where actions have been taken to address the issues identified where performance needs to be improved.**
- 3) Approved Quarter one (April to June 2025) Executive Summary (Appendix 1) & Report (Appendix 2).**

11. ADP ANNUAL REPORT

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

Ms Forrest advised that the Alcohol and Drug Partnership (ADP) Annual Report for 2024/25 requires formal sign-off, as mandated by the Scottish Government.

The report reflects collaborative work across Clackmannanshire and Stirling, focused on substance use, and has been developed with input from all ADP stakeholders and partners.

She highlighted the impact of ADP investment in social work and social care, within locality teams, enabling improved support and better outcomes for individuals at home. A further report will be presented in November, providing oversight on delivery against the Medically Assisted Treatment (MAT) standards, also requested by the Scottish Government.

Mr Jones responded to survey questions, confirming ongoing work to understand local naloxone supply routes, aligned with internal service reviews. He also noted that historically, ADP-specific funding for children and family services has been limited. However, following the national drugs mission, significant reinvestment funding has been earmarked, with new arrangements expected to be in place by April 2026.

The Integration Joint Board:

- 1) Noted the contents of the ADP Annual Report 2024-25.**
- 2) Approved its submission to Scottish Government.**
- 3) Will continue to seek updates on the ADP's collective work to reduce substance use harm across communities.**

12. STRATEGIC RISK REGISTER

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

The Strategic Risk Register (SRR) presented was unchanged from the version submitted to the IJB on 18 June 2025, with a light-touch review undertaken. While no substantial changes were made, revisions to risk scores and their rationale demonstrate that the SRR remains under active review.

Mr Murray confirmed a new risk has been added relating to the transformation of sustainable service delivery, which has been scored at 20 (high). Mr Fairbairn noted that this risk is closely linked to the financial challenges discussed earlier and recommended it be the central focus of the next IJB development session.

Councillor Earl requested a detailed discussion, at a future FAP Committee, on Risk HSC006, Information Management and Governance and Risk HSC009, Primary Care Sustainability, both of which have been regraded from high to medium. Mr Murray agreed that deeper analysis of individual risks would be beneficial.

Following discussion Ms Forrest confirmed she is working with procurement and commissioning colleagues to ensure appropriate arrangements are in place to support the wider commissioning of care and support.

The Integration Joint Board:

- 1) Considered, discussed and commented on the Strategic Risk Register.**
- 2) Noted the addition of a specific transformation risk, the risks that have been rescored and the reasons for this.**
- 3) Approved the Strategic Risk Register.**

13. REVIEW OF MEETINGS

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

Ms Fulford advised that, as IJB meetings continue to operate on a hybrid basis, there is a need to review current arrangements and consider alternative structures. She outlined how partner organisations, Falkirk IJB, Stirling Council, Clackmannanshire Council, and NHS Forth Valley, conduct and record meetings.

The option for consideration was to release the recording and publish it on the HSCP website.

Currently, C&S IJB recordings are used solely for minute-taking and deleted after 90 days. Adopting an alternative approach would align the IJB with partner bodies.

Mr Fairbairn expressed concern about permanently publicising meeting recordings, noting that the IJB is not a local authority and that the approved minute should remain the official record. He recommended that recordings not be retained in the public domain beyond three months.

Mr Rennie supported increased transparency but requested further information on technical implications, given the IJB's limited IT resources and varied meeting venues.

The Board agreed that further work is required to assess the pros and cons of recording, archiving, and public access to meetings.

Ms Fulford also raised the issue of deputations, noting recent submissions have prompted a review of governance and legislative compliance. She outlined options for managing deputations in practice. In response to Councillor Earl's query on how the Board is notified, Ms Fulford confirmed that deputations must be submitted in writing to the Chair prior to the meeting, who will determine whether to accept and allocate time for presentation.

The Integration Joint Board:

- 1) Noted the contents of the paper.**
- 2) Approved that more information is presented to the Board on the approach to amending the way meetings are supported and documented.**
- 3) Approved the recommendation to allow the IJB through the Chief Officer or Chief Finance Officer to respond to deputations on behalf of the IJB to ensure transparency and accountability of its decisions and strategic direction with all partner bodies.**

14. IJB MEMBERSHIP

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

In response to the request for non-voting members on the Finance, Audit and Performance Committee, Anthea Coulter has volunteered to serve as a non-voting member.

Following the resignation of the two unpaid carer representatives, the Carers Centres were asked to nominate new representatives to the IJB. Nominations have now been received:

- Andy Witty – Clackmannanshire representative
- Moira Carmichael – Stirling representative
- Joan Dyer – Stirling substitute representative

The Integration Joint Board:

- 1) Noted the contents of the paper.**
- 2) Approved nominations set out in section 2 of this report.**

17. MINUTES

- a. Finance, Audit and Performance Committee 19.02.2025

18. ANY OTHER COMPETENT BUSINESS (AOCB)

None

19. DATE OF NEXT MEETING

24 September 2025

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2025_26/013
Does this direction supersede, vary or revoke an existing direction?	No
If yes please provide reference number of existing direction	
Approval Date	24 September 2025
Services / functions covered	Housing adaptations services provided across Clackmannanshire and Stirling Councils to council tenants, home owners and private rented tenants.
Full text of Direction	To direct Clackmannanshire Council, Stirling Council and NHS Forth Valley in the planning and provision of housing adaptations as delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014. NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the actions as outlined within the Delivery Plan (Appendix 2).
List of key stakeholders impacted and any specific engagement and consultation requirements	Clackmannanshire Council Housing Stirling Council Housing, HSCP OT Services Local Registered Social Landlords/ Housing Associations Stirling Citizen's Advice Bureau Clackmannanshire Tenant and Residents Federation (18 September 2025) Stirling Tenant Assembly Stirling Carers Group Clackmannanshire Carers Group Attendance at Celebrating Carers Event in Alloa June 2025 Tullibody Pensioners Group Sauchie Community Group Dementia Friendly Dunblane (19 September 2025) Clackmannanshire Older People's Forum (Oct 2025)
Timescale(s) for Delivery	1 Year
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley

Link to relevant IJB report(s)	IJB-Wednesday-24-September-2025.pdf
Budget / finances allocated	Funding currently delegated to the IJB is approx. £1.5 Million per annum for 2025/26.
Performance Measures	None
Date direction will be reviewed	October 2026

Reference Number	CSIJB- 2025_26/014
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes, CSIJB-2025_26/001
Approval Date	24 September 2025
Services / functions covered	Revenue Budget 2025-26, 2025-26 to 2027/28 Draft Delivery Plan and Medium-Term Financial Plan
Full text of Direction	NHS Forth Valley is directed to spend the delegated net budget of £194.909m in line (£36.333m of which is set aside for large hospital services) with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to this report, the following allocations relate to: Bellsdyke Ward Redesign £0.450m Reductions of 4 Beds in each of CCHC1, Wallace Bellfield and Bellfield Intermediate Care £0.706m Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals £0.387m Take management action to bring CCHC ward budgets into balance £0.669m Community Nursing Skill Mix Options £0.020m Improved Stock Management CCHC and Bellfield £0.030m Removal of vacant Band 2 former hairdressing post CCHC1 £0.020m Deletion of Service Manager post in Health Improvement £0.085m Primary Care Medicines Optimisation Programme £1.5m Income Generation for 3 beds (1 IPCU, 1 Hope House, 1 LD) £0.263m Review and Spend Reduction Older Peoples CMHTS £0.145m Substance Use Services – Technical Switches (Naloxone / buprenorphine) £0.062m Psychology Non pays budget reduction - £0.011m Psychology – Cease mat leave cover - £0.060m Move all patients, where safe, to typical antipsychotics £0.020m Delete Vacant Pharmacy Tech post at Lochview £0.010m Delete Vacant Arts Therapist Post £0.030m Apply Vacancy Factor to AHP budget based on recent years turnover rates £0.075m Admin Review: Eating Disorders Service 0.4WTE reduction £0.021m Cease funding support for Frailty and ARBD from HSCP transformation funding £0.093m

List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement has taken place with the IJB Strategic Planning Group, Joint Staff Forum, Members of the Corporate Management Teams of Clackmannanshire Council, Stirling Council and NHS Forth Valley and Elected Members through the budget development process.
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	IJB-Wednesday-24-September-2025.pdf
Budget / finances allocated	The budget delegated to NHS Forth Valley is £190.909m consisting of £36.333m in relation to the Set Aside budget for large hospital services and £158.576m in relation to the Integrated Budget as per the report.
Performance Measures	The budget will be monitored through established periodic budget monitoring arrangements.
Date direction will be reviewed	31 March 2026

Reference Number	CSIJB- 2025_26/015
Does this direction supersede, vary or revoke an existing direction?	No
If yes, please provide reference number of existing direction	n/a
Approval Date	24 September 2025
Services / functions covered	Primary Care Prescribing
Full text of Direction	NHS Forth Valley is directed to spend £0.075m on a pilot for prescribing of GPL1 Drugs with associated managed service support.
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement has taken place with the Primary Care Medicines Resources Group and Medicines Optimisation Board
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	IJB-Wednesday-24-September-2025.pdf
Budget / finances allocated	£0.075m from IJB earmarked reserves.
Performance Measures	Evaluation of pilot to be prepared and presented in due course to inform future planning and service delivery.
Date direction will be reviewed	31 March 2026

Reference Number	CSIJB- 2025_26/016
Does this direction supersede, vary or revoke an existing direction?	No
If yes, please provide reference number of existing direction	n/a
Approval Date	24 September 2025
Services / functions covered	Earmarked Reserves
Full text of Direction	Utilisation of Earmarked Reserves to contribute to projected overspend on Integrated Budget. Stirling Council – balance of service pressure reserve £0.063m NHS Forth Valley – balance of Band2-4 funding reserve £0.400m
List of key stakeholders impacted and any specific engagement and consultation requirements	HSCP SLT 17 September 2025
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	IJB-Wednesday-24-September-2025.pdf
Budget / finances allocated	£0.463m from IJB earmarked reserves.
Performance Measures	n/a
Date direction will be reviewed	31 March 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 5 September 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: Robert Clark, Staff Representative, NHS Forth Valley
Ian Dickson, Third Sector Representative
David Herron, Medical Representative (Primary Care), NHS Forth Valley
Marie Keirs, Chief Finance Officer (Items IJB 31, IJB 32, IJB 35, IJB 36)
David McNiven, Service User Representative
Sharon Mwale, Carer Representative
Roger Ridley, Staff Representative, Falkirk Council
Gail Woodcock, Chief Officer (Item IJB 30)

Also Attending: Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability (Item IJB 34)
Tom Cowan, Head of Strategic Planning & Transformation (Item IJB 33)
Caroline Doherty, Head of Community Services
Kenny Gillespie, Head of Housing and Communities
Gayle McIntyre, Senior Service Manager
Jack McLay, Democratic Services Graduate
Jim Millar, Team Leader - Committee Services
Colin Moodie, Chief Governance Officer
Paul Surgenor, Communications Officer (Item IJB 37)
Martin Thom, Head of Specialist Services
Cheryl White, Falkirk HSCP Support Officer
Nicola Wood, Chief Nurse

IJB23. Apologies

Apologies were submitted on behalf of Sara Lacey.

IJB24. Declarations of Interest

There were no declarations of interest.

IJB25. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 20 June 2025.

IJB26. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 20 June 2025 was provided.

Decision

The Integration Joint Board noted the Action Log.

IJB27. Order of Business

The Chair varied the order of business from that stated on the agenda. The following items are recorded in the order in which they were considered at the meeting.

IJB28. Deputation Submitted Under Standing Order 16.4

Tygetshaugh Housing with Care complex

With reference to Standing Order 16.4, the Chair referred to a deputation request received from Mr John O'Shea.

The board agreed to hear the deputation.

IJB29. Motion Submitted Under Standing Order 22

A [motion](#) had been submitted by Councillor Hannah under Standing Order 22.

Councillor Hannah, seconded by Councillor Collie, moved that:

The Integration Joint Board recognises the serious financial problems of the Integration Joint Board, and the difficulties being faced in maintaining Health and Social Care Services for vulnerable Falkirk residents. Despite a number of savings measures agreed at its meeting on 21 March 2025 there was still a £2.592 million shortfall for the 2025/26 budget which Falkirk Council may be asked to meet.

One of the savings measures agreed – the reprovisioning of one Housing with Care Facility – had been widely criticised, and the IJB recognises the concerns that staff and residents have expressed.

The IJB calls on the Chief Officer to provide a report on the detail of:

1. The option appraisal that resulted in Tygetshaugh Court being selected for reprovisioning.
2. The alternative options considered and rejected.
3. The reasons for Tygetshaugh being chosen for reprovisioning.
4. The reasons for less than half of the tenancies having a resident who requires a care service.
5. The expected savings from the reprovisioning.
6. The arrangements to ensure monitoring of the savings achieved.
7. The actions taken to ensure residents who receive care have a care provider of their choice.
8. Arrangements in place to check on the satisfaction of residents with the care provided.
9. The arrangements being made to ensure staff have access to suitable alternative posts.
10. The actions being taken to ensure that tenancies are being allocated to people who need care.

The Chief Officer noted the concerns raised regarding the IJB's decision in March 2025 to change the way care would be provided in Tygetshaugh Court. She acknowledged that the decision caused anxiety for residents, families and staff and generated considerable discussion. She clarified that the proposal was not to reduce the level of care people would receive. She noted that there was a predicted budget gap of £21 million over the next three years, which had made it a challenge for the IJB to deliver health and social care services in Falkirk. She advised that if the IJB could not contain spending, they would require additional funding from Falkirk Council and the NHS who had both faced budget challenges, and they would need to make significant cuts to provide additional funding to the IJB. She noted that less than half of the available staff capacity at Tygetshaugh Court would be required to meet the current residents' assessed care needs, and that resources could be allocated to other areas to meet care needs. She highlighted that not everybody at Tygetshaugh Court required care, and care could not legally be tied to a tenancy, which meant that the current model at Tygetshaugh Court was inefficient. She maintained that residents should be able to remain in Tygetshaugh Court with the required level of care for as long as they needed it. She advised that the IJB had regularly communicated with residents and families to discuss individual circumstances. She concluded that the IJB would have to continue to make difficult savings decisions and would seek to take a collaborative approach with service users, families, staff and partners.

A member of the Board stated, in their opinion, that the proposed model of care at Tygetshaugh Court would be a substantial difference from the current model, and that the current staff had been an effective team. He

stated that the purpose of housing with care was to provide care for people without the need to put them into bedded care, which would be more expensive - noting that Falkirk has had a high rate of people in bedded care. He advised that there should be greater partnership between the HSCP and Falkirk Council's Housing Service to ensure that people who would require the specialist service at Tygetshaugh Court could receive it. He closed with the remark that the service at Tygetshaugh Court had prevented people from being moved into residential care or hospital.

The Board asked whether a definition could be provided to differentiate 'housing with care' and 'home care'. The Head of Community Services advised that housing with care services were registered with the Care Inspectorate as 'Care at Home and Housing Support Services'. She advised that housing with care was not considered a separate category of registered service and had no legal status. She clarified that a person who had moved into housing with care may not have had eligible care needs, in line with the eligibility criteria, to be provided with formal care from the Partnership. Because of this, she explained that people in housing with care would have a housing tenancy which must be separate from the care provided (as otherwise the service would require to be registered as a care home) which would not reflect the service provided by any housing with care complexes. The Head of Housing and Communities further advised that those in the housing complex would have a Standard Scots Secure Tenancy Agreement under the Housing 2001 Act. Their tenancy agreement could not be changed in any way under the act, which meant the Falkirk Council Housing Service had to meet certain requirements without changing the terms of the tenancy agreement. He summed up that there would be no change in what the Housing Service would deliver as a result of the IJB decision to change the model of care.

The Board noted the Chief Officer's comment that less than half of the staff resource was required to provide the care for the current Tygetshaugh Court residents, and it asked for further information on this. The Head of Community Services advised that one reason there had been a significant number of residents who did not require care was because they may have moved into a housing with care complex with somebody else, and if the person who required care passed away, the person who did not require care could apply for a tenancy at Tygetshaugh Court. She advised that there had not always been the demand for housing with care, and it was important to generate rent income, so some properties were rented to those who met the criteria to move into the complex, but not the criteria to receive an assessed care package. She explained that the provision of social activities was not part of the housing with care staff remit and was not an assessed need. She added that if there were social care needs assessed against the eligibility criteria, the IJB could provide it under the formal care package.

The Board asked for an explanation of the consultation and engagement processes before and after the budget was set. The Chief Finance Officer advised that the IJB had a budget working group which identified a £21

million budget gap and cost pressures of £40 million over the next three years. This required proposals to bridge the funding gap. She noted that development sessions were held with all IJB members to bring forward proposals. With regards to public consultation, she noted that there had been a six-week consultation process (held both online and in-person) with 722 respondents.

The Board asked how the IJB would ensure that individuals would receive the correct level of care under the reprovision. The Head of Community Services advised that a worker from the social work team had updated assessments with consideration given to the proposed changes to transition towards the reprovision. She highlighted that this assessment would include a reassessment of clients' medication to ensure the correct prescriptions would be in place. She noted that the explanation of how care would be delivered after the transfer of care had reassured clients, and that any concerns could be raised to a social worker by any client or their family. She highlighted that two weeks and six weeks after the reprovision would take place, there would be meetings between clients and social workers to ensure that everybody's needs were met under the reprovision, and any necessary adjustments could be made.

Following a question, the Chief Officer advised that there had been no decision by the IJB to reprovise other housing with care units, and that any decision to change the provision of housing with care in other units would require a separate IJB decision.

The Board asked how the Mobile Emergency Care Service (MECS) would implement the buzzer system so it would be easy for residents to use and ensure rapid response times for emergencies. The Head of Community Services advised that MECS had a control centre which was operated on a 24/7 basis. She stated that if the control centre received an alert, they would respond immediately. The type of response would depend on the prioritisation of risk and the care plan. Some people had care plans which contacted their family members, while some preferred a response from MECS. MECS aimed to have a mobile warden attend emergencies within 30 minutes. She highlighted that the service would assess residents to determine whether they would need different equipment and technology at home.

The Board asked what the full savings of the reproviseing would be in 2025/26, and what the implications would be for the budget and partners if the measure was delayed or not implemented. The Chief Finance Officer confirmed that the original agreed efficiency was an estimated saving of £150,000 over two years. It would be likely for the final recurring saving to be higher, however, she noted that in the 2025/26 financial year there would be approximately £88,000 (assuming implementation after October) due to the reproviseing being delayed until October rather than July. The Board asked about the broader savings picture. The Chief Finance Officer advised that there were approximately £9 million of budget adjustments which did not affect services and £9 million of budget adjustments that were

deemed to affect service users. She highlighted that even with these proposals, savings did not meet the budget gap and that the budget working group had brought forward as many proposals as were deliverable. She explained that if the proposals were not delivered or were delayed, the burden would be passed on to partners. She further explained that the partners had recognised the risk of £4 million, approximately £2.5 million for Falkirk Council and the remainder for NHS Forth Valley. With an expected overspend of almost £5 million currently, she explained that that the IJB would have to use some of its contingency reserves if the overspend remains.

A member of the Board stated that, in his opinion, if one of the residents' care needs were not delivered under the reprovisioning at Tygetshaugh Court, they would be moved into a residential care home which he understood would cost more than double the savings of the reprovisioning. He asked whether it would be more appropriate to keep people out of care homes and make housing with care more efficient. The Chief Finance Officer confirmed that a long-term care package at care homes had traditionally been more expensive than the average package in a housing with care complex. The Head of Community Services advised that there would be significant scope to develop and expand the care that had been delivered to people who live in Tygetshaugh Court, which would mean they would not be accelerated into a care home. She did not agree with the premise that there would be increased admissions to care homes due to the reprovisioning. She added that care needs would be monitored and care packages adjusted based on continued assessed needs. The Chief Officer affirmed that the IJB aimed to support people to stay at home independently for as long as possible, and the reprovisioning would not have been proposed if there was a perceived risk to an increase in people who would transition to long-term care.

Decision

The Motion was agreed.

IJB30. Chief Officer Report

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

The Board thanked former Carer Representative, Elaine Beveridge for her service to the IJB, and welcomed new carer representative, Sharon Mwale to the IJB and noted her early contributions.

The Board highlighted that the Council passed a motion in June 2025 to convey its support to the Scottish Government for young carers' right to a break. The Board welcomed that the Care Reform (Scotland) Act 2025 was passed by the Scottish Parliament which enshrined in law the right to a

break for young carers. It highlighted that the Council's decision to support the right to a break for young carers, and to sign up to the Young Carers Covenant was an example which demonstrated the cooperation between the different parties of the Council

The Board highlighted that the Shifting the Balance of Care project resulted in more people being able to return home from hospital when they are clinically fit, with care provided at home to ease transition to ordinary life. It noted that hospital stays longer than necessary could have adverse effects on people.

The Board noted that 52 people had been supported over and above the usual discharge profile under the Shifting the Balance of Care project. It asked whether the IJB had been adequately managing this capacity. The Chief Officer noted that during the assessment period with enhanced support at home, people had been recovering quicker than the anticipated 21-day assessment period. She advised that to manage this capacity within budget constraints, the cost of intensive support would have to be balanced alongside longer-term support. She advised that each supported individual's status had been tracked to ensure their needs were met. The Board further asked what the annual capacity target was. The Chief Officer advised that to expand capacity they would need to continue meeting people's individual support needs while balancing the increased overall demand for the service, but that more data on this could be provided in December.

A Board member highlighted the positive impact of the Shifting the Balance of Care project. However, he noted that the report did not discuss the impact of the project on GP services. He recommended that in every report the impact on GP services of bringing people home early should be noted. He estimated that 50% of patients who were brought home required some form of GP input, which would ordinarily have been medical input from hospital services. This would result in increased patients for GPs.

A member of the Board stated that the unions held a positive view of the shifting the balance of care project but noted that staff had some concerns about the implications.

The Board noted the positive feedback received by the Dollar Park Dementia Service for the quality of the service, and that their documentation had been used as templates for other services.

The Board highlighted that the change of IT systems in General Practices from EMIS to 'Vision' was a significant change, and following a question, the Head of Strategic Planning and Transformation advised that Vision was procured by the Scottish Government. The Board asked if the change of systems impacted the efficiency of GPs. The Head of Strategic Planning and Transformation noted that there was a programme to roll out Vision across Scotland, and that work was ongoing to deliver this change. He

noted that EMIS remained satisfactory while a new provider was identified to resume the rollout of Vision.

Decision

The Integration Joint Board:-

- (1) thanked Elaine Beveridge for her support as IJB carer representative since 31 January 2025, and approved Sharon Mwale, currently IJB substitute carer representative as the new IJB carer representative from 5 September 2025;**
- (2) noted that work was ongoing with the Carers centre to recruit a new IJB substitute carer representative from our current pool of carer representatives; and**
- (3) supported the principles of the Young Carers Covenant within integrated children and adult services.**

The Board adjourned at 10:50am and reconvened at 11.05am with all members present.

IJB31. Budget Monitoring Report 2025/26 Q1

The Board considered a [report](#) by the Chief Finance Officer which provided a high-level summary of the current 2025/26 projected financial position including consideration of risks to the financial position.

The Board asked the Chief Finance Officer for further information on the Q1 overspend and what the implications would be if current spending levels were maintained. The Chief Finance Officer advised that the current projected overspend was £4.8 million. She clarified that it was known there would be an overspend of £4 million at the time of the budget setting, but the additional £800,000 had not been anticipated. She recognised that the overspend must be minimised as much as possible, and that reserves were available, but that the use of uncommitted reserves would be an unsustainable long-term measure. She warned that there were risks not included in the forecasted £4.8 million, and if these were to come to fruition, additional budget-recovery measures would be necessary.

The Board probed further to ask whether service delivery would be impacted for the medium-to-long term. The Chief Finance Officer confirmed that it would be affected, and the main concern for the IJB was to ensure that essential services were maintained. She advised that transformation proposals would be necessary and that the IJB would be required to modernise service provision. She advised that the Budget Savings plan had been created to protect essential resources for essential services. She stated that savings measures would be brought to the IJB which would

bring significant changes to services to ensure the IJB could be in a sustainable position to deliver community health and social care services into the future.

The Board asked what the risk of the budget gap of over £4 million would be to the Council. The Chief Finance Officer explained that the pressures on the IJB could impact on the budget setting process for Falkirk Council.

The Board asked for more information about the Marie Curie end-of-life night nursing service. The Chief Officer noted that the IJB agreed a palliative end of life Strategic Plan, and the implementation plan would be expected to sit within the available resources, with some non-recurring funding for 25/26 identified. The Chief Nurse noted that Marie Curie have been the only organisation which had provided night nursing to patients in palliative care, which had been valuable for patients. She recognised the risk that there were not enough staff members in the service to meet the demand of the number of patients who need night nursing. She noted that the proposal was made to provide the service with additional funding in order to meet the demand for the rest of the financial year.

The Board noted the high demand for health and social care services currently outweighed the available resources. The Board asked for more information about the IJB's reserves position and what the risks of using reserves would be. She advised that there were £15 million in reserves at the beginning of the year, £2.3 million of which were a contingency reserve. She advised that over £10 million of reserves were committed to specific projects so they would not be considered available to draw from, only the contingency reserves and an uncommitted service pressure reserve of approximately £900,000. She acknowledged the risk of using non-recurring reserves and that recurring solutions would be necessary to move towards greater sustainability.

The Board asked for more information about the one-for-one approach on residential care, and whether they would be able to retain this approach. The Chief Officer advised that resident turnover had been lower in care homes during the summer. She advised that they would keep the one-for-one approach under review to decide whether it should be retained in future. If they returned to the two-for-one approach, they would continue to review it and make modifications when necessary.

A Board member noted that members of staff had made equal pay claims after some took on additional responsibilities, but that it appeared the report blamed unions for these claims. The Chief Finance Officer assured the Board that there was no intention to blame unions for these claims.

The Board asked whether the full risk register could be discussed at each board meeting. The Chief Finance Officer clarified that the risk register was part of the terms of reference for the Performance, Audit and Assurance Committee who have considered the risk register on a quarterly basis, and it would come to the IJB twice per year.

Decision

The Integration Joint Board:-

- (1) noted the current projected position for integrated budgets and set aside services;**
- (2) noted the non-recurring reserves position set out in Appendix 5 of the report;**
- (3) approved the additional payment of £0.041m to Marie Curie for 2025/26 on a one-off basis set out in paragraph 6.1 of the report, and Direction to NHS Forth Valley included in Appendix 6 of the report;**
- (4) approved the additional inflationary element of the Falkirk contribution to the Forth Valley wide advocacy provision for the period 2024-2027 as set out in paragraph 6.1 of the report, and associated Directions to Falkirk Council and NHS Forth Valley included in Appendix 6 of the report, and**
- (5) authorised the Chief Officer to issue revised Directions to Falkirk Council and NHS Forth Valley as per the Directions provided at Appendix 6 of the report.**

Sharon Mwale, Carer Representative, left the meeting during consideration of the following item.

IJB32. Budget Strategy

The Board considered a [report](#) by the Chief Finance Officer presenting the proposed approach to approving the 2026/27 Revenue Budget and medium-term financial plan setting process and provide updates in respect of the current assumed position.

The Board asked the Chief Finance Officer for more information about the financial risks associated with the integration of the children's social work services. The Chief Finance Officer noted that the Council removed these pressures from their financial strategy and identified £6 million in financial pressures over the next 5 years which would be required to be built into the IJB's pressures. She advised that the Closer to Home Board had worked to mitigate those pressures to bring children closer to home rather than placements outwith the local authority area. She advised further that this board had met regularly to form its own medium-to-long term financial plan, which would be considered as part of the IJB's financial planning strategy.

Following a question, the Chief Finance Officer advised that if the IJB was to continue to use non-recurring reserves, the risk for partners would increase. She highlighted that it would be beneficial to retain the policy that 0.75% of the budget value should be maintained towards contingency reserves. She advised that this year the provider non-pay uplift was removed during the Budget-setting process, and the IJB had only been passing on the Scottish living wage uplifts. She noted that providers had raised concerns around employers' National Insurance contributions. She stated that the Chief Officer and herself had been involved in conversations with the Scottish Government, COSLA and providers about the pressures faced. She noted that she was unaware of any specific sustainability issues for providers. HSCP have received requests for increased uplifts but had recommended the Scottish Living Wage uplift which the IJB approved. She advised that there had been deviations from the recommended Scottish Wage Uplift due to prior agreements and contracts.

The Board asked whether the 2026 Scottish Parliament election would be likely to have an impact on the budget. The Chief Finance Officer advised that the financial pressures would likely exist regardless of the outcome of the election but that these assumptions would be updated based on new information. She advised that she would continue to liaise with the IJB Chief Finance Officer network. She noted that the Scottish Government and COSLA attend the Chief Finance Officer network regularly, which had met bimonthly, and they had provided updates to Chief Finance Officers on any new information which could be disseminated to local authorities. She advised that this network had been a useful forum to learn and identify upcoming risks.

The Board asked what circumstances would determine whether a budget consultation would take place. The Chief Finance Officer advised that a three-year-plan was formulated when the Budget was set in March, as agreed by the IJB, and there would be individual consultations on some individual elements of the plan. She advised that for any new proposals, the level of consultation would depend on what the proposals were, and if any proposal would impact on service users.

The Board noted that the Primary Care Improvement Programme (PCIP) was key for users to access healthcare at all times, and asked whether this would be safeguarded. The Chief Finance Officer noted that when the programme was delegated to the IJB, there was an overcommitment in the staffing budget for PCIP because the expected additional funding required to bridge the gap did not materialise. She advised that there had been ongoing work to identify the level of the overcommitment, and that a report would be brought to the IJB with options on how to bring the programme back within budget. The Head of Strategic Planning and Transformation advised that there were 47 practices across Forth Valley, 46 of which were independent businesses, and any attempt to reduce the number of individuals involved in primary care would have an immediate adverse effect on singular practices or practices within a cohort, rather than being spread across the Forth Valley area. He recommended that a whole system

review be conducted to determine the prioritisation of what was done within PCIP funding, and to determine the areas of high impact.

Decision

The Integration Joint Board:-

- (1) approved the proposed approach to the 2026/27 Budget and Medium-Term Financial Plan;**
- (2) noted the existing funding pressures and risks identified at Section 7, and that the Finance Oversight Group would develop savings and transformational change proposals to fund any emerging budget gap which would be brought to the IJB as they emerge and as a final business case to the March meeting of the IJB for approval, and**
- (3) noted the review of the reserves strategy and;**
 - approved the updated document including the minimal changes highlighted in Appendix 1 of the report.**
 - noted a further review would be carried out prior to the end of the current medium-term financial plan (by 2028) or earlier dependant on overall financial outlook.**

IJB33. Review of the Strategic Plan

The Board considered a [report](#) by the Head of Strategic Planning and Transformation presenting the Strategic Plan which was due for renewal in 2026.

The Board asked if the Head of Strategic Planning and Transformation could elaborate on how the Strategic Plan could help the HSCP carry out early interventions. The Head of Strategic Planning and Transformation advised that to achieve effective prevention and early intervention it would require collaboration and acceptance of reciprocal responsibility across the Partnership. He noted that the new Strategic Plan could be used as an opportunity to set expectations and manage expectations, while showing how the Partnership would meet people's needs.

The Board noted that the IJB had been given additional responsibility with regards to prison health care, and Children's and Justice Social Work Services. It asked for further information on consultation and engagement work in this area. The Chief Officer advised that the IJB had been expanding from engagement and consultation towards co-production and co-design among key stakeholders. She recognised the conflict between available resources and ambition, and that those involved in collaboration would need to appreciate this conflict to understand why certain difficult

decisions might be taken. She noted that there had been a national conversation regarding prison-healthcare and social care. She stated that the Falkirk IJB has had good experience with prison healthcare and prison services which could support these conversations. The Head of Strategic Planning and Transformation reaffirmed that the New Strategic plan was designed to lay out clearly the service delivery expectations and the expectations of collaboration and co-design.

Decision

The Integration Joint Board:-

- (1) approved the recommendation to Initiate a New Strategic Commissioning Plan, to be in place by July 2026, and**
- (2) authorised the Chief Officer to issue the Directions at Appendix 1 of the report to Falkirk Council and NHS Forth Valley.**

IJB34. Forth Valley Mental Health & Wellbeing Strategic Plan

The Board considered a [report](#) by the Senior Planning Manager seeking approval of the Forth Valley Mental Health & Wellbeing Strategic Plan 2025-35.

The Board noted that there was a growing need for mental health services for children and young people, and asked how the Forth Valley Mental Health and Wellbeing Strategic Plan 2025-35 could improve this. The Director of Psychological Services, Mental Health & Learning Disability explained the split in responsibility for mental health services between the NHS and the HSCP, and advised that a Forth Valley-wide mental health collaborative forum had been established to develop policies to support the transition of people who received mental health support as a young person into adulthood. She advised that as part of the Children's Services Plan, NHS Forth Valley Mental Health Services aimed to connect the wider aspirations of their Mental Health Strategic Plan to the more specific actions of the Children's Services plans at a local area. She noted that it was often not appropriate to put children in secondary care, so NHS Forth Valley prioritised improving mental health and wellbeing in education. She advised representatives from education would be invited to implementation steering groups.

The Board noted that social media and other online activities have had negative impacts on children's mental health. The Board asked whether more information could be provided about the impact of online activities on children's mental health. The Director of Psychological Services, Mental Health and Learning Disability noted that social media could be a force for good for children and young people, but could negatively impact mental health. She affirmed that in order to improve the mental health and wellbeing of young people, the effect of online and social media must be

considered. The Board noted the opportunity to involve the educational authorities, teachers and children in discussion to understand their needs. The Children's Services Social Work Senior Service Manager added that mental health and wellbeing was one of the key priorities of the Integrated Children's Services Plan. She noted that the IJB had a mental health and wellbeing subgroup which had communicated closely with the Children's Planning Partnership. She advised that children's digital communications had been a key focus, both in terms of support, and the impact on mental health and wellbeing.

The Board asked how the Falkirk Council area compared with other authority areas in terms of prevalence of mental health challenges and incidences related to mental health. The Director of Psychological Services, Mental Health and Learning Disability noted that there was variation within Forth Valley. To contextualise this variation, she noted that Clackmannanshire had rates higher than the national average for poor mental health, drug and alcohol abuse, whereas Stirling's rates were lower than the national average, and Falkirk had been between these levels. She stressed that the data used had been problematic, as it had often been broad in terms of the categorisation of issues. She advised that it would be beneficial for there to be more communication with community planning partnerships to collect the most localised data along more specific categories. She offered to provide the information in the strategic needs assessment which explained the different problems which affected different local areas.

Decision

The Integration Joint Board:-

- (1) approved the Forth Valley Mental Health & Wellbeing Strategic Plan 2025-35 (Appendix 1), and**
- (2) authorised the Chief Officer to issue the Directions to Falkirk Council and NHS Forth Valley as attached at Appendix 3 and 4.**

IJB35. Falkirk Integration Joint Board Workplan

The Board considered a [report](#) by the Chief Finance Officer presenting the planned programme of work for the IJB reflecting the agreed Terms of Reference for the Committee. Appendix 1 of the report showed the main areas of planned work for the year to June 2026.

Decision

The Integration Joint Board noted the workplan set out in Appendix 1 of the report.

IJB36. Assurance Report from Performance, Audit and Assurance Committee on 22 August 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 held on 22 August 2025.

The Board highlighted the Adult Weight Management Service which managed to reduce wait-times for people, which positively impacted outcomes. The Board noted that lessons learned from this could be applied to other services. The Chief Finance Officer advised that the Adult Weight Management Service report would be shared with the Board following the meeting.

Decision

The Integration Joint Board noted:-

- (1) the Assurance Report produced following the PAAC on 13 June 2025 at Appendix 1 of the report, and**
- (2) the PAAC workplan for 2026 at Appendix 2 of the report.**

IJB37. 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 April - June 2025.

The Board noted that consultation, engagement and communication around Budget decisions must be improved in order to correct the reporting of inaccurate information. The Communications Officer noted that there would be room to improve communications. The Chief Finance Officer noted that at the IJB development session they discussed how appropriate the information they received was, and whether any improvements could be made. She further noted that elected members, members of staff, extended senior management would gather feedback to be incorporated.

The Board questioned whether data regarding the reach of their advertisements on Central FM was accurate. The Communications Officer advised that the figures were reported by Central FM, and that the data was gathered monthly.

Decision

The Integration Joint Board noted the contents of the report.

8. Strategic Risk Register Update – October to November 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

Executive Summary

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

Action Required

The Forth Valley NHS Board is asked to:

- (1) approve the changes to the Strategic Risk Register for this reporting period (Oct'25-Nov'25).
- (2) note the progression of the mitigating actions identified.
- (3) note the update on the focused reviews conducted within this period.
- (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.

- Strategic Planning, Performance & Resources Committee, 28 October 2025. The committee looked at the risks aligned to them and endorsed the current position to the Forth Valley NHS Board.
- Clinical Governance Committee, 11 November 2025. The committee looked at the risks aligned to them and endorsed the current position to the Forth Valley NHS Board.
- Staff Governance Committee, 18 November 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.

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 – Oct'25-Nov'25

Strategic Risk Review - October - November 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. Further detail on the strategic risks can be found in section two of this report.

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

- SRR004: Scheduled Care
- SRR009: Workforce Planning
- SRR010: Estates & Supporting Infrastructure

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

Emerging Risks/Hotspots:

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

2.Strategic Risks in Focus

2.1 Strategic Risk Dashboard

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25	03-Nov-2025	25; 25; 25		10	Garry Fraser	Clinical Governance Committee	Patient Harm
SRR 005	Financial Sustainability	25	25	17-Oct-2025	25; 25; 25		15	Scott Urquhart	Strategic Planning, Performance and Resources Committee	Financial
SRR 009	Workforce Plans	25	20	03-Nov-2025	20; 20; 20		10	Kevin Reith	Staff Governance Committee	Financial
SRR 004	Scheduled Care	20	20	03-Nov-2025	20; 15; 15		5	Garry Fraser	Clinical Governance Committee	Service Delivery
SRR 011	Digital & eHealth - Infrastructure & Strategy	20	20	15-Oct-2025	20; 15; 15		6	Scott Jaffray	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 015	Cyber Resilience	25	20	20-Oct-2025	20; 20; 20		16	Andrew Murray	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 017	Environmental Sustainability & Climate Change	25	20	15-Oct-2025	20; 20; 20		15	Morag Farquhar	Strategic Planning, Performance and Resources Committee	Environmental Sustainability
SRR 020	Health Inequalities	25	20	23-Sep-2025	20; 20; 20		10	Jennifer Champion	Strategic Planning, Performance and Resources Committee	Health Inequalities
SRR 018	Primary Care Sustainability	20	15	15-Oct-2025	15; 15; 15		10	Gail Woodcock	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 019	Culture & Leadership	25	15	21-Oct-2025	15; 15; 15		10	Kevin Reith	Staff Governance Committee	Inspection/Audit
SRR 010	Estates & Supporting Infrastructure	25	12	16-Oct-2025	12; 16; 16		6	Morag Farquhar	Strategic Planning, Performance and Resources Committee	Service Delivery
SRR 003	Information Governance	20	12	15-Oct-2025	12; 12; 12		8	Andrew Murray	Strategic Planning, Performance and Resources Committee	Inspection/Audit

2.2 Strategic Risks in Focus

2.2.1 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-Nov-2025		Zero
Latest Update				
This risk has been reviewed and there is no change to the current score at this time. Progress has been made against the risk actions being progressed. Additionally, an action has been added around the implementation of the additional capacity of the Hospital at Home beds.				
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
Enhance triumvirate support model within the Acute site to support implementation of the above.		Garry Fraser	31-Dec-2025	Due date extended to Dec-25 to allow for the further roll out of the triumvirate model.
Development of a Front Door Protocol based on NHS Lothian model.		Deborah Lynch	31-Jan-2026	This is also now an ask from the CEXs Group and is being progressed by the teams. There is a visit occurring in October and discussions are being progressed with NHS Lothian about understanding processes and procedures.
Access to electronic data to Flow Navigation Centre.		Deborah Lynch	30-Jan-2026	Action has been realigned to align with the Urgent & Unscheduled Care Programme wording. Due date

			extended to January-26 as this will align to the previous action listed.
Review the Flow Navigation Centre to review movement to a Senior Decision Maker Model.	Deborah Lynch	31-Mar-2026	Work is being progressed to review our current model and assess available options. Due date extended to March-26.
Implementation of a Frailty 7-day service.	Deborah Lynch	31-Mar-2026	Scoping exercise completed, funding received and we are now in the implementation phase of this piece of work. Action reframed to be Implementation of a 7-day frailty service.
Strengthen access to community frailty pathways.	Deborah Lynch	31-Mar-2026	Progress increased to 30% and the due date has been extended to March-26.
Development of Hospital at Home Electronic Virtual Ward.	Deborah Lynch	31-Mar-2026	Work has progressed with this with almost two services on board, further work to move another 3 services.
Develop Adults With Incapacity (AWI) Process.	Joanna Macdonald; Gail Woodcock	31-Dec-2025	This work is being led by the partnerships and continues to be strengthened locally. To finalise this piece of work, the due date has extended to Dec-25.
Implement learning from the National DWD Collaborative.	Deborah Lynch	28-Feb-2026	Progress is being made on the implementation of learning for the National DWD Collaborative. There are 5 objectives within this initiative and work is progressing nationally to develop measures and definitions around these objectives. Progress has increased to 25% as FV are well engaged in this.
Increase Hospital at Home Capacity in line with SG request.	Fiona Murray	31-Dec-2026	

SRR 003 Information Governance		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.	12	Andrew Murray	Sarah Hughes-Jones
		Target Score	Lead Impact Category	Appetite Level
		8	Inspection/Audit	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		15-Oct-2025		Moderate (12-16)
Latest Update				
Update from the Head of Information Governance: No change, risk remains static. Considerable progress is being made in the FOI project with the backlog nearly eliminated, and the organisation is meeting the targets set by the Information Commissioner. Recruitment processes have concluded for the Cyber and Information Security Manager and the Cyber and Information Security Technician and are progressing for the Cyber and Information Security Analyst and the Corporate Records Manager.				
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.

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.
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	31-Dec-2025	Due date has been extended to Dec-25, TrakCare system is now onboarded to the Fairwarning System, guidance is now being developed for this. Noting that the Fairwarning system has changed to Access Intelligence. Progress increased to 90%.
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.
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-Jan-2026	Work has progressed on this and is awaiting consultation from the next Better Information Governance Group in December 2025, which will formal approval at the Information Governance Group in January-26. Therefore due date extended to this.

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
		03-Nov-2025		Moderate (12-16)
Latest Update				
This risk has been the subject of a Focused Review and now reflects the new updates from this process.				
Internal Controls				
Scheduled Care Performance Management				
Scheduled Care - Cancer Pathways				
Annual Delivery Plan				
NRAC Funding				
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	
Implementation theatre efficiencies programme to improve efficiency and to address impacts of patients repatriated from GJ, and loss of additionality allocation from GJ across multiple services.	Marie Gardiner	31-Mar-2027	Progress marked at 45%.	
Establish routine meetings of the Planned Care Programme Board.	Marie Gardiner	31-Mar-2026		
In line with the Financial Stewardship work on Mutual aid, develop robust governance processes to ensure appropriate measures are in place for agreeing mutual aid.	Marie Gardiner	31-Mar-2026		
Sign off all consultant job plans for 2026/27.	Marie Gardiner	31-Mar-2026		

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
		17-Oct-2025		Moderate (12-16)
Latest Update				
Risk has been reviewed by the Director of Finance and there is no change to the current position of this risk. The team are in the process of reviewing the Month 6 position which will allow us to re-base our trajectories for the end of the year. There has been a reduction in the central budget reserves due to movement of this money to Acute Services to offset their overspend. One action has been added to the risk regarding the development and implementation of the financial recovery plan which will support us moving towards a balanced 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	28-Feb-2026	VBH&C will be delivered through a collaborative framework approach - focusing on a few areas at a time. A financial stewardship plan will be developed in line with this, to support the key services in understanding financial requirements. Due date extended to Feb-26.	
Finalise decisions around unfunded services.	Scott Urquhart	31-Mar-2026	Finance meeting with Service leads to get a decision on these services. Plan to be developed by March-25. Progress increased to 70%.	
Implementation of the Finance Recovery Plan.	Scott Urquhart	31-Mar-2026		

SRR 009 Workforce Plans		Current Score	Managed By	Assigned To
Risk Description	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	20	Kevin Reith	Linda McGovern
		Target Score	Lead Impact Category	Appetite Level
		10	Financial	Cautious (8-10)
		Last Review Date	Risk Trend	Tolerance Level
		21-Oct-2025		Moderate (12-16)
Latest Update				
This risk has been subject of a Focused Review, and this has been updated to reflect these conversations.				
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				
Regional Workforce Solutions				
Further Controls Required	Action Owner	Due Date	Latest Update	
Increasing employability through Anchor Institution Work.	Jenny McCusker	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.	
Delivery of Action Plan with definitive and quantifiable actions.	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.
Develop a joined-up approach to the whole-system workforce plan.	Michael Brown	31-Mar-2026	
Establish confirmed baselines of our workforce across NHS Forth Valley.	Michael Brown	31-Mar-2026	
Recruit to a workforce planning manager to support this piece of work.	Michael Brown	31-Dec-2025	Progress is marked at 75%.
Undertake exercise to understand what capacity is needed to address and support staff regarding the implementation of attendance management controls and develop plan to address capacity needs.	Michael Brown	31-Dec-2025	

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
		16-Oct-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 two fold, 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
Engage with national process around primary care premises (national baseline) to inform first steps around the business case processes for primary care estate in FV.		Morag Farquhar	30-Jun-2026	
Develop a Strategic Assessment for Falkirk Community Hospital.		Morag Farquhar	31-Dec-2026	

Development of a property strategic plan to support the implementation of the Population Health & Care Strategy which will help inform the Board's capital plan. This should consider the resources available to deliver this.	Morag Farquhar	31-Dec-2026	
Develop a report to provide oversight on the backlog of maintenance which will be supplied as part of good governance.	Morag Farquhar	31-Mar-2026	
Assess options to ring-fence other funds within a year to fully complete the rolling Estate Survey Programme.	Morag Farquhar	31-Mar-2026	
Prioritise recruitment based on areas of risk.	Morag Farquhar	31-Mar-2026	

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
		15-Oct-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
		20-Oct-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-Jan-2026	Work has progressed on this and is awaiting consultation from the next Better Information Governance Group in December 2025, which will formal approval at the Information Governance Group in January-26. Therefore due date extended to this.
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.
Develop a Gatekeeping process for third party access.	Scott Jaffray	31-Jan-2026	This will form part of our NIS submission, moving to the due date of NIS (26th January 2026).
Conduct a review of the current cyber resources to support effective change management. This will be included by the Digital Directorate Review. Further review to also be scheduled within IGU.	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-Jan-2026	Due to the Better Information Governance Group refresh and to ensure proper consultation, the due date has been moved to 31st January 2026. The AUP is in its final draft form before consultation.
Implement medical devices and IoTs device coverage to action effective vulnerability management.	Kurt McLay	31-Mar-2026	The governance documentation is now complete awaiting sign off. However, there will be a need for Digital support with implementation of this procedure and testing. The due date has been moved to 31st March 2026.

Conduct a penetration test for key systems.	Kurt McLay	31-May-2026	We have sent out an SBAR to highlight the need for a dedicated penetration test budget to be a yearly allocation. We are awaiting an update or award. This is needed to schedule key system penetration tests.
Set clear ownership and response times (SLA) so fixes are actioned within a clear timeframe.	Kurt McLay	31-Jan-2026	VMG Terms of Reference being finalised. It will need to be approved in November's Cyber Resilience Working Group. The due date has been moved to 31st January 2026.
Establish a Vulnerability Management Group (VMG) operating under existing governance frameworks.	Kurt McLay	31-Jan-2026	VMG Terms of Reference being finalised. It will need to be approved in November's Cyber Resilience Working Group. The due date has been moved to 31st January 2026.
Conduct Board-wide phishing simulation test.	Kurt McLay	30-Nov-2025	We are on track for completion of this item.
Diversify the communication methods of the cyber team.	Kurt McLay	31-Dec-2025	We are on track to complete this action.
Complete recruitment to key roles; define career pathways/retention.	Kurt McLay	31-Dec-2025	Cyber Security Manager Role has been recruited to. We are on track to recruit to key other roles within the team.
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-Mar-2026	Reliance on a dedicated penetration budget in the Cyber team/Digital. SBAR has been sent by the Cyber team. Moving to March 2026 as we have no control in the Cyber team and are awaiting an update.
Develop an audit trail for media management.	Kurt McLay	31-Jan-2026	Moving due date to fall in line with NIS submission (26th January 2026).
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
		15-Oct-2025		Open (20-25)
Latest Update				
SG is in the process of setting up a core allocation every year (to be obtained through a bidding process) which will allow for us to continually receive funding for decarbonisation initiatives. Alongside this there is major project funding to further support decarbonisation initiatives. There remains to be staffing issues within the core team which will impact on our ability to support and further embed environmental sustainability practices. Therefore risk remains as is.				
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	One of the trained members of staff has left the team and we need to recruit to backfill this post. Work still ongoing to identify where the environmental management system will be held. Progress remains static at this time.	
Recruit the Waste and Compliance Support Officer role.	Derek Jarvie	31-Mar-2026	Work is still ongoing to recruit to this post. Next steps are to place this on JobTrain. Due date extended to March-26 to cover any notice periods that the new applicant may have.	
Development of an energy strategy.	Derek Jarvie	30-Jun-2026	Progress has been made on a draft version, however, this has been paused due to vacancies within the team. To allow for the recruitment process to occur, the due date has extended to June-26. Progress has increased to 50%.	

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
		15-Oct-2025		Zero
Latest Update				
This risk has been reviewed and there is no change to the scoring of this risk. Work continues to be progressed on the action plan, specifically the strengthening of the governance arrangements within FHSCP.				
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	27-Feb-2025	The Primary Care Programme Board is still being established, and a date will be agreed for the start the new year. The initial meeting is to scope and agree the Terms of Reference for the group. Joint SMT workshop will explore Primary Care Governance and principles for hosted services. Due date extended to Feb-26 to allow for the first meeting to occur.	
Development of a whole-system Community Health & Wellbeing Transformation Programme.	Tom Cowan; Scott Williams	31-Dec-2025	Work is progressing to further develop elements of this programme including shifting the balance care, enhanced services and urgent care in the community. Progress increased to 25%. However further work is needed on this document.	
Communicate with GPs around the NHS recruitment process and assess data to	Tom Cowan;	31-Dec-2025		

identify if variance occurs between these processes (understanding that some differences are due to national availability of the workforce).	Scott Williams		
Engage with national process around primary care premises (national baseline) to inform first steps around the business case processes for primary care estate in FV.	Morag Farquhar	30-Jun-2026	
Further analysis required to detail current and potential future services delivered through this model.	Tom Cowan; Scott Williams	30-Nov-2025	This action will be picked up through the Primary Care Programme Board as it is recognised that we need to have a collaborative approach to any new initiatives developed. Due date extended to Feb-26.
Long term strategy and recurring resource needed to deliver on recommendations such as Golden Hello recruitment grants, coaching and mentoring, infrastructure	Louise McCallum	31-Jan-2026	This action is also contingent on the development of the Programme Board as there needs to be clear governance and structure around the decision making for this action. Recommendations of this sort will be brought to the Programme Board through there GP Sustainability Group. Additional investment in the coaching and mentoring of GPs was agreed in 25/26. Due date extended to Feb-26.
Quicker turnaround of vacancies within PCIP.	Nickola Jones	31-Dec-2025	PCIP Oversight Group review service level vacancies and review actions for the recruitment process.

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
		21-Oct-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 surveys 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		Jenny McCusker	31-Dec-2025	

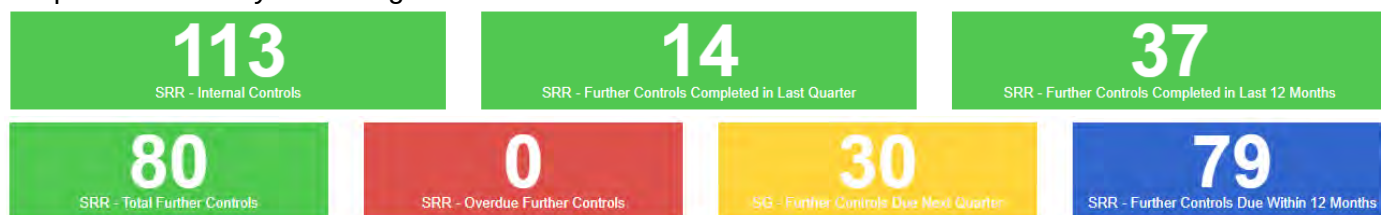
supporting delivery of our strategic aims. The introduction of the Strategic Workforce Programme Board will support this.			
Reviewing mandatory/statutory training and align with the national developments.	Jenny McCusker	31-Mar-2026	
Great communications team to review ways in which we can engage effectively beyond staff net alone.	Sarah Hughes-Jones	31-Dec-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	31-Dec-2025	Update from the Head of OD - There has been some improvement in areas of both Corporate and Clinical services however this will be followed up with Directors again this month. Due date has extended to December-25 to create effective action plans.
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-Mar-2026	A leadership and management framework is in development.
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	
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.

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
		23-Sep-2025		Moderate (12-16)
Latest Update				
This risk has been reviewed by the Director of Public Health and there are no changes to the risk score at this time. Work continues to be progressed on the action plan and we are currently in the process of recruiting to a Deputy Director of Public Health which will help support mitigation of this risk.				
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	Jennifer Champion	31-Mar-2026	Work continues to be progressed regarding this however there remains limited capacity within PH to deliver this. Due date extended to March-26 when new staff will be in place. There is an advisory group in the form of the national health & care PHAcT workstream with a health	

measures and embeds HI into all workstreams.			inequalities workstream. Our Director of PH will be liaising with this group (as co-chair of the overarching PHAcT) and will be leading on the development of the national action plan for Health Boards as noted within the latest SG Policy Documents.
Health Inequalities delivery plan should be aligned with partnership plans - Discuss at ELT and Board Seminar.	Jennifer Champion	31-Mar-2026	There are examples of some plans aligned, for example ASK & ACT, where NHS & HSCP are working together. 10% progress made and due date extended to March-26.
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-Mar-2026	Due date extended to March-26.
Develop a systematic way to assess and monitor health inequalities.	Jennifer Champion	30-Jan-2026	Work is progressing nationally and the Director of PH is driving national discussions to get agreement on way forward for this. Due date extended to Jan-26.
Review NHS Forth Valley contribution to community planning partnerships.	Jennifer Champion	31-Mar-2026	There are examples of where delivery plans are aligned (Anchor & child poverty and whole family support.,) where we are working with CPPs. Progress has increased to 25%. Due date extended to March-26.

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.

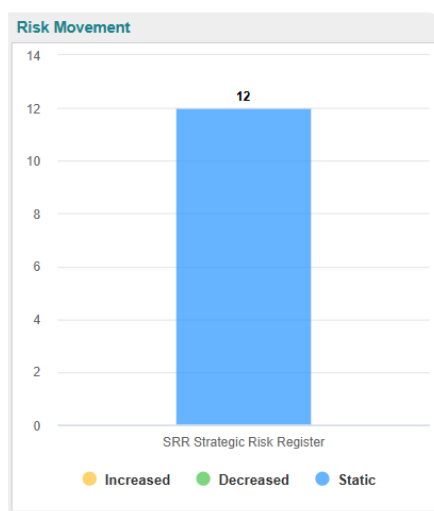
Table 3.1 Strategic Risk Completed Actions

Action Code	Action Title	Due Date	Status	Action Owner	Risk Owner
SRR009	Undertake exercise to understand expertise needed for the development of an overarching workforce plan and develop case regarding additionality.	31-Jul-2025	Completed	Michael Brown	Kevin Reith
SRR009	Develop an awareness programme of the Sustainable Workforce Initiatives available within NHS Forth Valley.	31-Aug-2025	Completed	Michael Brown	Kevin Reith
SRR009	Undertake a review of the Sustainable Workforce Initiatives and understanding which initiatives are to be prioritised.	31-Aug-2025	Completed	Michael Brown	Kevin Reith
SRR009	Undertake a scoping exercise about the implementation of a digital solution for managing attendance highlight key benefits, risks etc.	31-Aug-2025	Completed	Michael Brown	Kevin Reith
SRR009	Undertake exercise to understand what capacity is needed to address and support the Sustainable Workforce Initiatives and develop plan to address capacity needs.	31-Aug-2025	Completed	Michael Brown	Kevin Reith
SRR002 FD	Implementation of CAU Triage Model to support ED Occupancy.	30-Sep-2025	Completed	Karen Adamson	Garry Fraser
SRR003.12	Capture presence of procedures for the handling of assets through the information asset logging process.	30-Sep-2025	Completed	Sarah Hughes-Jones	Andrew Murray
SRR020.07	Development of the Population Health & Care Strategy.	30-Sep-2025	Completed	Jennifer Champion	Scott Urquhart Jennifer Champion
SRR018.12	Continue to analyse the impact of MDT approach on the wider system for consideration of future investment (shifting the balance of care).	31-Oct-2025	Completed	Tom Cowan	Gail Woodcock

Action Code	Action Title	Due Date	Status	Action Owner	Risk Owner
SRR002 DWD	Development of ward level dashboards to support re-rollout of Planned Date of Discharge.	30-Nov-2025	Completed	Deborah Lynch	Garry Fraser
SRR018.10	Communication Plan to support the public's understanding of the intent of MDT.	30-Nov-2025	Completed	Tom Cowan	Gail Woodcock
SRR018.11	Compile information on hotspot areas supported by workforce profiling.	30-Nov-2025	Completed	Tom Cowan	Gail Woodcock
SRR018.13	Using spheres of influence at the highest level to continue to make these conversations as productive as possible.	31-Dec-2025	Completed	Tom Cowan	Gail Woodcock
SRR009.06	Regional Workforce Solutions	31-Mar-2026	Completed	Kevin Reith	Kevin Reith

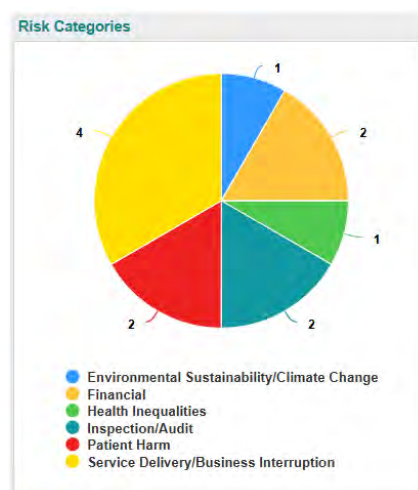
4.Risk Trend Analysis

Table 4.1 Risk Register Activity



The chart to the left shows that across the Strategic Risk Register, all twelve risks remain static.

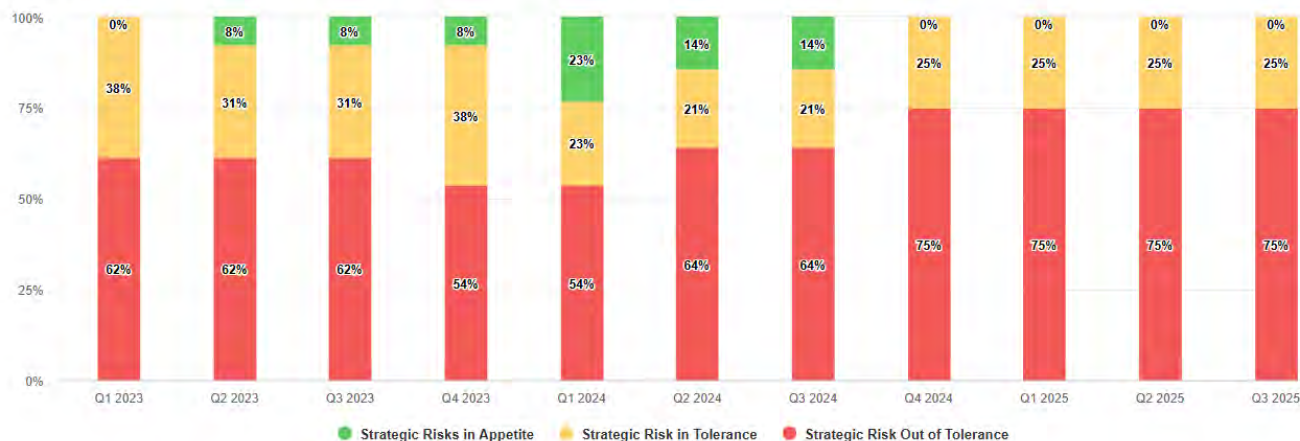
Table 4.2 Risk Category Breakdown



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 Harm, Public Confidence, Environmental Sustainability and Climate Change and Health Inequalities.

Table 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) remained static, despite the increase in risk score for SRR011 as it was already listed as outwith the Boards appetite and tolerance.
- Quarter 2 (25/26) remained static, despite the decrease in score for SRR010, as it remains outside the Boards appetite and tolerance.
- Quarter 3 (25/26) is on track to remain static.

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, three Focused Reviews were conducted on:

- **SRR004: Scheduled Care** – This was presented to the November 2025 Clinical Governance Committee and was endorsed for further reporting.
- **SRR009: Workforce Planning** – This was presented to the November 2025 Staff Governance Committee and was endorsed for further reporting.
- **SRR010: Estates & Supporting Infrastructure** – This was presented to the October 2025 Strategic Planning, Performance & Resources Committee and was endorsed for further reporting.

SRR004: Scheduled Care

Commentary

During this focused review process, there was a no change to the overall description of the risk, and the overall risk score remains the same. A review of the current and further controls was conducted, highlighting a variety of ratings for these controls, as depicted below – specifically 4 received an amber rating. One control was removed as it was included in other controls. The final assurance assessment was assessed as reasonable.

BETTER HEALTH									
1. Protect and improve the health and wellbeing of the people of Forth Valley whilst reducing inequalities.									
SRR004	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.	20	Scheduled Care Performance Management		X	X	X	Reasonable	
			Scheduled Care – Cancer Pathways		X	X	X		
			NRAC Funding		X	X			
			Non-medical staff delivering clinic and surgical intervention		X	X	X		
			Annual Delivery Plan		X	X	X		
			Job Plans		X				

SRR009: Workforce Planning

Commentary

During this focused review process, there was a no change to the overall description of the risk, and the overall risk score remains the same. A review of the current and further controls was conducted, highlighting a variety of ratings for these controls, as depicted below – specifically 4 received an amber or red rating. The final assurance assessment was assessed as reasonable.

BETTER WORKFORCE									
6. Value and develop our people									
SRR009	Workforce Plans If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, reduced service delivery to the public and increasing pressure on our financial sustainability.	20	Overarching Workplan			X	X	Reasonable	
			Demographic Profiling			X	X		
			Directorate/Service Workforce Plans				X		
			Wellbeing Controls		X	X			
			Sustainable Workforce Initiatives			X			
			e-Rostering Solution		X	X	X		
			Attendance Management Action Plan		X	X	X		
			Nursing, Midwifery & Allied Health Professional (NMHAP)		X	X	X		
			Workforce Tools						
			Safe Staffing Legislation		X	X	X		
			X	X	X				

SRR010: Estates & Supporting Infrastructure

Commentary

During this focused review process, there was a brief change to the overall description of the risk, and the overall risk score remains the same. A review of the current and further controls was conducted, highlighting a variety of ratings for these controls, as depicted below – specifically 4 received an amber rating. The final assurance assessment was assessed as reasonable.

BETTER VALUE								
5. Demonstrate best value using our resources								
SRR010	Estates & Supporting Infrastructure If we do not have a multi-disciplinary approach, there is a risk we will not be able to make best use of available capital and revenue funding to allow prioritisation of investment in the estate, resulting in an inability to maintain and develop a suitable environment for modern and sustainable services.	12	NHS Capital Plan		X	X	X	Reasonable
			Strategic Asset Management System		X			
			Rolling Estate Survey Programme Carried out Within 5-year cycle		X			
			Planned Preventative Maintenance		X	X		
			Prioritise Revenue and Capital Budget		X	X	X	
			Statutory Compliance Audit & Risk Tool (SCART)		X	X	X	
			Estates and Capital Planning Service Delivery		X			
			Facilities Management Tool.		X	X		

9. Seasonal Surge Preparedness Plan

Purpose: This report is for Decision

Executive Sponsor: Garry Fraser, Director of Acute Services

Author: David Munro, Senior Planning Manager

Executive Summary

The Forth Valley Health & Social Care Whole System Seasonal Surge Preparedness Plan 2025/26 sets out a high-level, system-wide approach to managing periods of increased demand across health and social care services, with a particular focus on winter and other peak times. The Plan aims to ensure safe, effective, and resilient care for the local population throughout the year.

The Plan builds on year-round arrangements for urgent and unscheduled care, planned care, business continuity, adverse weather, respiratory illness, vaccination, norovirus, and communications. Key priorities include integrated working across services, clear public communication, robust vaccination campaigns, proactive surge planning, reducing unnecessary demand, improving patient flow, supporting staff wellbeing, and continuous improvement based on learning from previous years. The Plan was developed collaboratively by NHS Forth Valley, Clackmannanshire & Stirling Health & Social Care Partnership, and Falkirk Health and Social Care Partnership.

The National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care were shared on will be published later in October 2025. These principles will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year. We have considered these forthcoming principles and priorities in shaping this local plan and planning process going forward. An initial draft of the Seasonal Surge Preparedness Plan was submitted to the Scottish Government on 16 October 2025.

The Plan is dynamic, regularly updated to reflect changing pressures and new ways of working. It is underpinned by strong governance, regular review, and a commitment to learning and improvement. A winter preparedness checklist was completed to support planning – this was not shared with the Scottish Government. The Plan must be delivered within existing resources

Action Required

The Forth Valley NHS Board is asked to:

- (1) approve the Forth Valley Whole System Seasonal Surge Preparedness Plan 2025/26.
 - (2) note that the Forth Valley Whole System Seasonal Surge Preparedness Plan 2025/26 is dynamic and will continue to evolve throughout the year.
 - (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 draft Seasonal Surge Preparedness Plan was discussed by the Senior Leadership Team, 20 October 2025. The SLT discussed the planning process to date, the move to a continuous planning approach, the need to triangulate the data available from across the system and how this local data is maximised to support local decision-making. The draft Seasonal Surge Preparedness Plan was endorsed for circulation to the SPPRC.
- The draft Seasonal Surge Preparedness Plan was discussed by the SPPRC, 28 October 2025. The SPPRC considered the content of the Plan, the potential impact of surge pressures on planned care and the funding model to support resilience preparedness for seasonal surge pressures. SPPRC members were requested to share any additional feedback regarding the draft Plan, by e-mail, over the coming week. The draft Seasonal Surge Preparedness Plan was endorsed by the SPPRC for consideration at the Forth Valley NHS Board meeting to be held in November 2025. Subsequently, an additional section, covering Primary Care Services, was added to the draft Plan.

Risk Assessment and Mitigation

- Risks impacting on the ability to deliver the plan are acknowledged and addressed throughout the document. Any risks which arise throughout this period, will be addressed through operational processes.
- Strategic risks are acknowledged in the development of this plan.
- Actions to reduce demand, improve capacity and maximise flow are outlined, to support service delivery in response to seasonal surge pressures.

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, Digital and Infrastructure Implications

- No specific winter pressures funding to NHS Boards for 2025/26; any extra costs for surge preparedness must be cost-neutral or covered by individual Directorates; contingency beds remain unfunded.
- Funding for access to two 4x4 vehicles for adverse weather support is noted (approved).
- Business continuity plans must be in place.

Workforce Implications

It is our priority to support our workforce and ensure that safe staffing is maintained during the year, including periods of peak demand. The Occupational Health Service will implement a range of actions to strengthen workforce resilience, especially during periods of peak surge demand, and support staff wellbeing - with the aim of minimising absence wherever possible.

Quality / Patient Care Implications

The main aim of Seasonal Surge Preparedness is to ensure the local system can maintain safe and effective care by being ready to respond to increased pressures, particularly during winter and other peak periods when seasonal surges in demand occur.

Population Health & Care Strategy

The Seasonal Surge Preparedness Plan shares the following themes from the FV Population Health and Care Strategy:

1. Prevention and Early Intervention: includes proactive measures like flu and Covid vaccinations for vulnerable groups to reduce hospital admissions during peak seasons.

2. Care Closer to Home: supports care closer to home and references services such as hospital-at-home and the strengthening of community capacity to help prevent admissions, support discharges and reduce the reliance on hospital care.

3. Supporting our Workforce: aims to address workforce pressures by coordinating across services and reducing non-urgent procedures to manage capacity more effectively.

4. Working in Partnership: takes a system-wide and collaborative approach to planning and service delivery.

5. Delivering better value: real-time monitoring systems are used to identify pressure points and respond quickly to emerging challenges. This data will also be used to inform service design and target interventions where they're most needed.

Climate Change / Sustainability Implications

There is no specific reference to sustainability and climate change in the Seasonal Surge Preparedness Plan.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Engagement with stakeholders was undertaken across the system:

- The Plan was developed with input from the Senior Leadership Team, senior leaders across the system, including input from the Health and Social Care Partnerships.
- An initial Surge Preparedness Planning Workshop was held on 13 June 2025 to focus on feedback and learning from 2024/25.
- A second Surge Preparedness Planning Workshop was held on 5 September 2025 to consider how the care system might work differently to create additional capacity and flow for 2025/26. The notes and draft actions from the workshop were shared with all attendees in October 2025.
- The Adverse Weather Plan was tested by tabletop exercise on 1 October 2025.
- A Seasonal Surge Preparedness Planning session with service leads is scheduled for 21 November 2025. This will review potential actions and further review system preparedness and resilience for 2025/26.
- An additional seasonal review session will be held with stakeholders in late February 2026.
- Stakeholders will continue to meet and work together throughout the year.

Appendices

Appendix 1 – Forth Valley Health & Social Care Whole System Seasonal Surge Preparedness Plan 2025/ 26



Forth Valley Health & Social Care Whole System Seasonal Surge Preparedness Plan 2025/ 26

Version 1.3

29 October 2025

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1. Introduction

1.1 Demand, capacity and surge pressures

NHS Forth Valley experiences periods of peak demand throughout the year, including Easter, August, winter, and the festive fortnight. Winter, in particular, brings additional pressures due to seasonal illnesses like flu, COVID-19, and other respiratory conditions, as well as the impact of cold weather on people with long-term health issues. This results in increased demand across GP practices, out-of-hours services, the ambulance service, and hospitals. To manage this, a Seasonal Surge Preparedness Plan has been developed by NHS Forth Valley and the Clackmannanshire & Stirling Health & Social Care Partnership and the Falkirk Health and Social Care Partnership.

1.2 Seasonal Surge Preparedness Plan

The primary aim of the Seasonal Surge Preparedness Plan is to ensure that the local health and care system can safely and effectively meet increased demand for health and care services during periods of peak pressure—especially in winter and other high-demand times—while maintaining patient safety and service continuity.

It provides a high-level overview of operational plans and supports coordinated working across health and care teams. The plan builds on year-round arrangements for urgent and unscheduled care and includes specific measures for winter, covering areas such as planned care, business continuity, adverse weather, respiratory illness, vaccination, norovirus, and communications.

The plan outlines both routine operations and additional actions for known pressure points, including the festive period. It aims to reduce unmet need, avoid unnecessary hospital admissions, maintain patient flow and minimise delays and inefficiencies. Services also prepare for increased demand and potential disruption from adverse weather.

1.3 Areas of focus

To ensure safe and effective care throughout the year, NHS Forth Valley is focusing on the following priorities:

- **Integrated Working:** Strengthening collaboration across GP practices, hospitals, pharmacies, social care, ambulance services, and community teams to deliver joined-up care.
- **Clear Public Communication:** Sharing timely, consistent messages to help people access the right care, stay well, and support vulnerable individuals.
- **Vaccination Campaigns:** Promoting flu and COVID-19 vaccinations to protect vulnerable groups and reduce pressure on services.
- **Surge Planning:** Preparing for peak periods like Christmas and New Year, when demand rises and staffing may be stretched.
- **Reducing Demand:** Supporting proactive care through future care planning and rapid access to community services to avoid unnecessary hospital visits.
- **Improving Patient Flow:** Minimising delays in care and supporting timely, safe discharges from hospital.
- **Staff Wellbeing:** Ensuring effective rota planning and providing wellbeing support to help staff cope with seasonal pressures.
- **Continuous Improvement:** Learning from previous years to strengthen our response and improve outcomes for patients and staff.

1.4 System-wide, year-round approach

The National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care will be published later in October 2025. These principles will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year.

We have considered these forthcoming principles and priorities in shaping this local plan and planning process going forward. This Seasonal Surge Preparedness Plan is dynamic and will be regularly updated to reflect changing pressures, service improvements, and new ways of working. These actions are part of a year-round approach to managing seasonal pressures and periods of increased demand. The Seasonal Surge Preparedness Plan supports this work, alongside our Winter Preparedness Checklist for 2025/26, which helps ensure readiness and resilience across the system. We have taken a collaborative leadership approach, overseen by Garry Fraser, Director of Acute Services, to ensure that our plans are actionable and responsive.

2. Building on Previous Years

2.1 Learning from previous periods of surge demand

The learning from the previous year was collated and reviewed in June 2025. This allowed the teams to reflect on where new initiatives had worked well. The key learning points from winter 2024/25 can be summarised as:

- Positive examples of new initiatives were seen across pharmacy, radiology, management of rotas and more detailed planning.
- There were a few unusual events where we reacted to and coped well due to our detailed planning. In January 2025, there were up to 90 patients with flu that required isolation on the FVRH site. Also, during January 2025 Storm Éowyn, hit Scotland's Central Belt of Scotland, with winds gusting widely at over 81mph. The Met Office issued a red warning for wind, meaning danger to life. This was the UK's most powerful windstorm for over a decade. During this, we lost all power and communications on the FVRH site. This highlighted the importance of resilient infrastructure and contingency planning. This tested our business continuity plans to the full, which worked well.
- The number of delayed discharges tends to reduce slightly in the run up to Christmas (147 down to 136) and remains relatively stable after services return to full capacity in January (range of 128 to 131).
- Our use of contingency beds reduced significantly (range of 10 to 30 beds) from late July 2024. However, during all of January 2025, our use of these beds peaked (range of 51 to 62). This said, our use of contingency beds was much better than experienced in January 2024 (when the range was between 79 to 93).
- The ALOS at FVRH tends to reduce slightly during the week before Christmas (down below the annual average, to 4.6 days). Although the ALOS did rise slightly above the annual average during the festive fortnight and the first 2 weeks in January 2025, there are typically other weeks across the year when the ALOS is significantly higher.

2.2 Understanding our surge pressures - Capacity, demand and activity

In preparing for 2025/26, we have drawn on a wide range of data to understand anticipated demand, using trends from previous years and considering the impact of changes in demand, capacity, and activity. Key metrics were selected to provide a whole-system view, focusing on areas where surge demand pressures are likely to have the greatest impact. The main focus is on unscheduled care, Primary Care, vaccination for preventable diseases, community services, and social care.

Local data has been used to predict changes in demand throughout the year. A local surge pressures dashboard brings together key information in an accessible format to support services in responding to surge pressures and to aid year-round planning. This dashboard includes data from the Emergency Department, Inpatients, Community Services, and admissions with vaccine-preventable diseases.

Since February 2025, we have also had access to data across 86 items that support the OPEL (Operational Pressures Escalation Levels) tool. This includes resources such as ED, AMU, FVRH backdoor, Primary Care, both HSCPS, Hospital@Home, ICU, OOHs, and Mental Health. We will increasingly use this data as part of our year-round Seasonal Surge Preparedness Planning, with particular attention to the 20 most frequently referenced triggers included in the OPEL summary.

The data clearly shows that system pressures occur throughout the year—not just in winter, the festive period, and Easter. Notably, system pressures are also evident in May, August, September, and October. This highlights the importance of treating seasonal surge preparedness as a continuous, year-round process.

2.3 Seasonal surge preparedness funding 2025/26

No specific “winter pressures” funding was allocated by Scottish Government to NHS Boards for winter 2025/26. Historically, approximately £500,000 was allocated for this purpose. However, this funding has since been absorbed into the Urgent and Unscheduled Care bundle. The entirety of that bundle has now been assigned to the Acute Services Directorate. Any additional costs relating to surge preparedness planning activities must either be cost neutral or covered by individual Directorates.

We will continue to monitor the financial impact of surge preparedness and review this in April 2026, as part of our end of year review of Seasonal Surge Preparedness Planning.

3. Escalation Framework

The Forth Valley health and care system is facing rising demand, which can strain services and impact care quality and staff and patient experience. A robust system-wide approach to situational oversight and escalation is essential. To ensure an effective response.

To support this, NHS Forth Valley has developed the OPEL (Operational Pressures Escalation Levels) tool This is a tool which is routinely used in England and in many boards in Scotland, with a view to national standardisation in the near future.

The tool is a whole system situational awareness and operational responsiveness tool which allows us to objectively measure capacity and flow within our system. It provides real-time intelligence across urgent and unscheduled care settings. Our tool in NHS Forth Valley has 94 triggers describing demand, capacity and activity in all sectors of our system including Primary Care, Community Services, ED, Acute Hospital Wards, Acute Back Door, Mental Health, Virtual Capacity, Staffing and Acuity. The tool was developed by our teams and validated over an extended period of testing with our teams. It uses a four-level escalation framework based on weighted triggers (Green, Amber Red Purple).

The most common factors that stress service delivery include: Staff, Supplies, Demand, System Pressures, and adverse weather. By using OPEL, we identify system pressures through triggers and tipping points which initiate agreed escalation responses. The tool enables identification of system stress, supports escalation decisions, and helps coordinate appropriate responses across the whole care system.

Figure 1 shows an example of the triggers in FVRH ED and the FVRH Acute Medical Unit (triage in ED is one for the measurements).

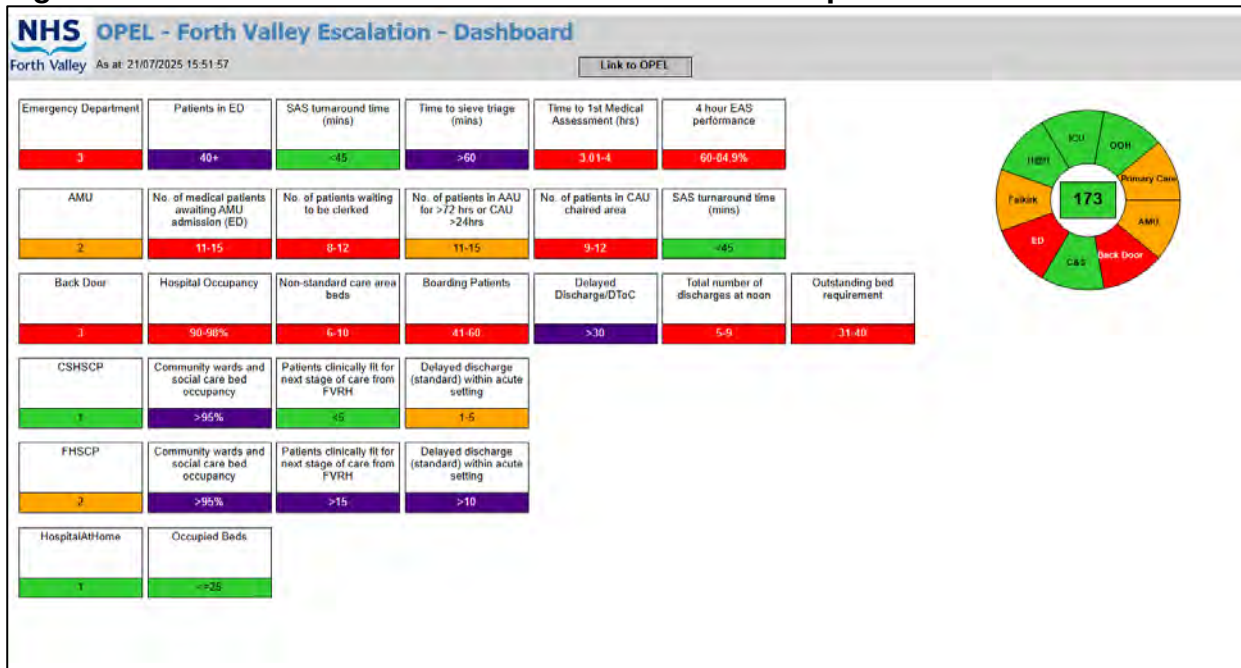
Figure 1 FVRH ED and the FVRH Acute Medical Unit OPEL Data (two sections only for example purposes)

NHS OPEL - Forth Valley Escalation									
Forth Valley 22/11/2024 16:06:56									
	Score	Status	L1 (Green)	L2 (Amber)	L3 (Red)	L4 (Purple)			
OPEL	179	2	29	24	14	15			
Emergency Department	26	Value	2	5	2	2	Last Update		
8 Patients in ED	3	30	30-39	<25	25-29	30-39	40+	22/11/2024 16:06:48	
9 Surge Presentations	2	11	10-14	<10	10-14	15-20	>20	22/11/2024 16:06:48	
10 Number of patients in trolley areas	2	13	10-14	<10	10-14	15-20	>20	22/11/2024 16:06:48	
11 SAS Length of wait to handover (mins)	2	22	15-29	<15	15-29	30-60	>60	22/11/2024 09:29:45	
12 Time to sleeve triage (mins)	1	10	<15	<15	15-29	30-60	>60	22/11/2024 16:06:48	
13 Time to 1st Medical Assessment (hrs)	2	2.27	2-3	<2	2-3	3.01-4	>4	22/11/2024 16:06:48	
14 Number waiting to be seen	1	6	<10	<10	10-14	15-20	>20	22/11/2024 16:06:48	
15 Number of patients in Resus	4	5	4+	<2	2-2	3-3	4+	22/11/2024 16:06:48	
16 Number of patients waiting following DTA (bed waits)	4	13	11+	<1	1-4	5-10	11+	22/11/2024 16:06:48	
17 Staffing (Medical &/or Nursing)	2	2	Mild concerns	No concerns	Mild concerns	Moderate concerns	Severe concerns	22/11/2024 09:29:45	
18 4 hour EAS performance	3	72.3%	60-84.9%	>95%	85-94.9%	60-84.9%	<60%	22/11/2024 16:06:48	
AMU	26	Value	2	7	2	1	Last Update		
19 Time to Clinician review (SAM KPI)	2	2	1-4	0	1-4	5-8	>8	22/11/2024 16:06:55	
20 Number of available beds in AMU at 8am	4	0	0	>15	8-15	1-7	0	22/11/2024 16:06:55	
21 No. of medical patients awaiting AMU admission (ED)	2	9	6-10	<6	6-10	11-15	>15	22/11/2024 16:06:55	
22 No. of medical patients awaiting AMU admission - (GP Expects)	3	6	6-10	<3	3-5	6-10	>10	22/11/2024 16:06:55	
23 No. of medical patients awaiting AMU admission - (AMU corridor waits)	2	1	1-3	0	1-3	4-5	>8	22/11/2024 16:06:55	
24 Staffing Levels/skill mix (Medical & Nursing)	2	2	Mild concerns	No concerns	Mild concerns	Moderate concerns	Severe concerns	22/11/2024 09:30:07	
25 No. of patients waiting to be clerked	2	6	4-7	<4	4-7	8-12	>12	22/11/2024 16:06:55	
26 No. of patients in AAU for >72 hrs or CAU >24hrs	3	19	16-20	<11	11-15	16-20	>20	22/11/2024 16:06:55	
27 No. of Acute Physician patients boarded	1	1	<3	<3	3-6	7-10	>10	22/11/2024 16:06:55	

FV also has a dashboard that looks at our 20 most looked at triggers and a summary “donut” graphic to give an overall summary of system flow and pressures (see Figure 2).

The OPEL tool is electronically updated every 10 minutes meaning that the data is always contemporary.

Figure 2 OPEL Escalation Dashboard “Donut” Graphic



FV uses the OPEL tool routinely as part of our daily operational huddles attended by our duty managers and clinical teams. This guides and informs escalation decisions and will inform in a standardised and validated form whether said actions are having an effect. However, this is not rigid and clinical judgment remains central. Many clinicians and senior leaders also have access to OPEL and use it regularly to guide decision making.

4. Resilience Preparedness

4.1 Emergency preparedness and resilience activities

The Emergency Planning and Resilience Team continues to work collaboratively with the NHS Board's Planning Team to support surge preparedness across NHS Forth Valley. All senior on-call managers have completed Major Incident response training and are familiar with the Major Incident Plan, which was successfully tested through a tabletop exercise in 2024 and subsequently updated.

The Pandemic Plan is currently under review and will be tested as part of the National Tier 1 Exercise *Pegasus*, scheduled for September and October 2025. NHS Forth Valley also participated in a national exercise focused on Major Incident Mass Casualty response in April 2024, further strengthening local readiness.

In August 2025, the Adverse Weather Plan was reviewed and formally approved. That same month, Hospital Major Incident Management and Support (HMIMMS) training was delivered to 19 delegates from a range of departments across NHS Forth Valley, enhancing multi-disciplinary preparedness and response capabilities.

Significant lessons were identified following the power outage experienced by NHS Forth Valley during Storm Eowyn in January 2025, highlighting the importance of resilient infrastructure and contingency planning.

A further Local Resilience Partnership Care for People 'Weather related' Table-top Exercise took place in September 2024 to test existing Local Authority/NHS Forth Valley /HSCP plans and processes to ensure robust arrangements are in place for the adverse weather conditions. This included testing access to mutual aid (cross boundary), resources, and call-out lists in response to a weather-related incident 'Out of Hours.'

Internally, NHS FV held a Seasonal Surge Preparedness workshop in September 2025. The EPRT also co-ordinated an adverse weather/ surge preparedness exercise in October 2025 with multi-disciplinary teams in the form of a tabletop scenario.

FV LRP Care for People group held 3 exercises (Planning, Response & Recovery) in 2024/25 focussing on the welfare of the community during adverse weather. NHS and H&SCP played a key role to identify the most vulnerable and those known to these Services, integrating with Local Authorities and partner agencies on cooperation and coordination. A further joint tabletop exercise/workshop was held in May 2025 in response to loss of a care home due to a fire this tested BCP, resilience and preparedness arrangements and need for 24/7 cover 365 days of the year.

4.2 Business Continuity

Progress has been made to improve resilience with service Business Continuity Plans across NHS Forth Valley and HSCPs along with training and exercising. There is guidance available on the intranet along with template documents for ease of completion. All NHS BC plans are signed off by the Emergency Planning and Resilience Team. Progress and review dates are tracked via a control log.

4.3 Local Resilience Partnership

NHS Forth Valley is committed to the Local Resilience Partnership working. This would be the first stage in escalation requesting mutual aid, prior to any Military Aid request to Civil Authorities (MACA) which is also an option once other contingencies have been exhausted. This has not been needed or requested since the COVID-19 pandemic response.

In 2021, IJBs were included as Category 1 responders under the Civil Contingencies Act. In line with this, the Chief Officers, Heads of Service, Chief Financial Officers, and Locality Managers are invited to attend the Bronze, Silver and Gold Command meetings when required.

NHS Forth Valley and the two Health and Social Care Partnerships are members of the Local Resilience Partnership (LRP). Should risks be realised, the LRP would be enacted and mutual aid and support offered from partner agencies.

4.4 Adverse weather

The Human Resources Department issues adverse weather working arrangements in line with DL (2019) NHS Scotland: Interim National Arrangements for Adverse Weather, which is available to on the staff intranet.

Met Office weather warnings are issued routinely to key staff for onward distribution and operational preparedness. Red/Amber alerts are communicated to patients around expectations of attending appointments etc during adverse weather by the Communications Department.

Arrangements are available through NHS Forth Valley transport hub. Additional 4x4 capacity has been agreed and will be available during the winter period. There is also access to 4x4 voluntary support from Trossachs Mountain Rescue and Lothian 4x4 and assistance from the LRP can be sought. A MACA request is also an option should all other avenues be exhausted.

Websites and social media accounts are in place where information and advice can be added and updated quickly. Health Records staff can also contact patients via telephone, e-mails, or send text messages via the Netcall system.

As mentioned above, the Adverse Weather Plan was tested by tabletop exercise on 1 October 2025.

5. Urgent and Unscheduled Care

A whole-system approach is essential to the successful implementation of the Seasonal Surge Preparedness Plan, particularly in relation to urgent and unscheduled care across Acute Services and the two Health and Social Care Partnerships. Effective flow through the acute site depends on contributions from all parts of the Forth Valley system - from pre-hospital care to discharge into the community. The Seasonal Surge Preparedness Plan is closely aligned with, and builds upon, the Urgent and Unscheduled Care Improvement Plan.

The following actions outline areas where teams have identified opportunities to improve processes and implement changes without additional funding. However, if demand increases—particularly for certain medical conditions or diagnostics - this may result in additional costs.

A summary of the work currently underway includes the following actions:

- Further strengthening whole-system collaboration to support timely discharges and reduce delays on the acute site
- Continuing the use of the OPEL tool for live data monitoring to support real-time decision-making
- Senior on-call arrangements in place enhance out-of-hours support
- Developing an agreed escalation plan with partners
- Reviewing shift rota cover, including public holidays, to better match patient demand
- Reviewing imaging and community pharmacy capacity
- Ensuring staff are appropriately protected through face fitting and vaccination
- Reviewing staff and public communications

Following the Seasonal Surge Preparedness Planning Workshops held in June and September 2025, a range of actions have been identified to support preparedness and resilience for 2025/26. A summary of these actions is provided in Appendix 1.

Appendix 2 presents a list of potential additional actions identified during the Seasonal Surge Preparedness Planning Workshop held on 5 September 2025. These actions will be reviewed and followed up with service leads throughout November 2025 to determine next steps and implementation priorities.

5.1 Urgent & Unscheduled Care (U&USC) Programme

The Urgent and Unscheduled Care Programme takes a whole-system approach, focusing on key areas that are critical to managing demand, capacity, and patient flow throughout the year. These improvement areas directly contribute to the delivery of the Seasonal Surge Preparedness Plan:

- **Front Door and Flow Navigation Centre (FNC)**
- **Whole-System Frailty** – including Frailty at the Front Door and Community Frailty Pathways
- **Hospital@Home Services** – covering Older Adults, Outpatient Therapy at Home (OPAT), Community Respiratory Service, Community Heart Failure Service, and Paediatrics

- **Discharge Without Delay (DWD)** – incorporating Frailty at the Front Door, Planned Date of Discharge (PDD)/Indicative Date of Discharge (IDS), Community Hospital Stepdown, and Discharge to Assess
- **Urgent and Unscheduled Care Data and Measurement Group**

Governance and reporting arrangements are in place through the Whole-System Urgent and Unscheduled Care Programme Board.

A collaborative Urgent and Unscheduled Care Steering Group provides senior leadership and assurance, aligning workstreams, capacity actions, and Seasonal Surge Preparedness Planning. This group ensures consistency, addresses identified gaps, connects cross-cutting initiatives, and helps avoid unnecessary duplication across the system.

5.2 Whole system operational arrangements

Twice weekly whole-system meetings in place, involving senior leaders from health and social care, are in place year-round—including during the winter period—to support decision-making, resolve challenges, and respond to emerging issues and changes. Additional whole-system meetings can be convened at any time as appropriate.

Within Acute Services, effective communication is maintained between the Patient Flow Site Team and the On-Call Team. A risk matrix for surge preparedness planning across wards and ITU is aligned with the OPEL escalation tool. Safety huddles are held regularly, using the whole-system escalation tool to clearly identify pressures across the system and the actions required. Seasonal and/ or surge site operational meetings are also in place, with frequency adjusted based on operational needs.

A robust acute hospital site management and communications system supports daily operations. This includes the Emergency Physician in Charge (EPIC) and Nurse in Charge (NIC) roles in the Emergency Department, alongside Flow Coordinators, the Operational Team, and Duty Managers. EPIC and NIC roles are in place 24/7, with additional senior nurse support available both on-site and remotely out of hours.

5.3 Contingency Bed use

The aim is to gradually reduce reliance on contingency beds through a programme of Urgent and Unscheduled Care improvement, supported by a whole system focus on discharge planning and alternatives to admission. As part of the HSCP 'Shifting the Balance of Care' programme, a 32-bedded ward on the acute site has been decommissioned, which presents an opportunity for additional capacity, if required. The use of contingency beds - defined as additional beds within existing bays - continues to be applied flexibly to manage fluctuations in demand.

We will use a data-driven, seasonally aware forecasting model (Holt-Winters) to anticipate and manage the need for contingency beds. This statistical approach is well-suited for forecasting because it accounts for seasonality and trends, using historical data and other relevant factors. We will aim to maintain patient flow and minimise the impact on planned care during periods of peak pressure.

A dedicated Frailty Unit has been established at the front door, with positive impact, enabling earlier discharge home or to appropriate care settings.

Work is also underway to enhance discharge planning and processes, in collaboration with the Integrated Discharge Team, ensuring patients transition from acute care to the most suitable setting at the right time. As a test of change, Ward Discharge Coordinators will be aligned to downstream wards to support discharge processes and improve patient flow across the system.

5.4 Women & Children

The Women and Children's Directorate will continue to play a pivotal role in delivering safe, effective, and person-centred care during a period of heightened demand. The Directorate will focus on strengthening service resilience, protecting both scheduled and unscheduled care within gynaecology, maternity, paediatric and neonatal care. This year, emphasis will be placed on integrated planning across acute and community settings, enhanced workforce support, and proactive engagement with families to mitigate seasonal pressures. As much as feasible, gynaecology oncology services will be protected during the two weeks of the festive period. This will include elective caesarean section lists.

5.5 Pharmacy

To enhance resilience and patient care during the year, several key actions are planned. These include introducing a medicine dispensary machine to speed up the preparation of weekly medicine trays and reviewing homecare medicine supply processes to avoid emergency requests during festive holidays (by November 2025). A New Year's Day pharmacy service will operate extended hours (10am–5pm) for dispensing and urgent queries, improving discharge flow (1 January 2026). A "hot spot dispensing team" with mobile equipment will be trialled to accelerate discharges in busy areas (by November 2025). Community engagement will be strengthened through updated Pharmacy First promotional materials and targeted communications to schools, social care, and staff, aiming to reduce GP and out-of-hours demand. Additionally, selected community pharmacies will extend Sunday opening hours over six weeks from November 2025, offering Pharmacy First Plus services in high-demand areas.

5.6 Radiology

Radiology services will focus on maintaining emergency capacity and reducing delays during periods of peak demand. For CT, no additional funded capacity is available for 2025/26, so emergency out-of-hours (OOH) scanning will be strictly limited to life-critical cases, avoiding routine inpatient (IP) scans OOH. Excess IP demand will be outsourced to Medica. Staffing will be minimal on key festive dates (25–26 December 2025, 1–2 January 2026), with only one radiologist on-site. Ultrasound capacity will be increased through an additional weekly IP session, delivering 192 extra scans over 16 weeks within existing resources. For MRI, non-urgent IP requests will be reduced to prioritise urgent cases, supported by a review of slot allocation and promotion of Realistic Medicine principles to minimise unnecessary scans.

5.7 Laboratories

a. Pathology

Staffing arrangements for the Department of Pathology and Mortuary over the festive fortnight are as follows:

- **Pathology Laboratory:** Normal operating hours: Monday to Friday, 08:30–17:00. Closed on Christmas Day and New Year's Day. Reduced staffing on public holidays.
- **Mortuary:** Normal operating hours: Monday to Friday, 08:00–16:30. On-call cover: 16:30–08:00. Closed on Christmas Day and New Year's Day, but on-call staff will be available via switchboard. Reduced staffing on public holidays (08:00–16:30), with on-call cover from 16:30 onwards

b. Blood Sciences (Chemistry, Haematology, Transfusion)

Blood Sciences provides a 24/7 service, which will continue throughout the year, including any periods of peak demand. The existing year-round shift pattern will remain in place. Contingency plans are in place to ensure uninterrupted service delivery. Public holidays are staffed according to service requirements.

c. Microbiology and Point of Care Testing

Plans are in place for both Microbiology and Point of Care Testing services during the festive fortnight. The point of care testing service is only comprised of 2 staff members. There is no budget to support public holiday working and therefore no staff available on these dates. Testing will continue to be performed by the clinical teams within relevant areas and will be fully stocked to allow service continuity.

5.8 Mental Health and Learning Disability Services

Mental Health and Learning Disability (MHL) Services generally do not experience a seasonal increase in psychiatric presentations during the year. As such, core service demand is expected to remain stable throughout this period.

However, we recognise that the individuals we support often face poorer physical health outcomes and may be less likely to engage with preventative healthcare, including vaccination programmes. To address this, MHL teams will actively promote uptake of the seasonal flu vaccine among patients and continue to advocate for equitable access to health-maintaining services such as screening and routine health checks.

Supporting and sustaining our workforce remains a key priority during the year. To help mitigate the impact of staff absence, we will encourage vaccination uptake across all professional groups.

In the event of significant workforce shortages that threaten business continuity, services will prioritise inpatient care, emergency psychiatric assessments, and urgent community-based interventions. This approach reflects historical patterns of reduced engagement over the festive period, including increased rates of missed appointments, and ensures that critical support remains available to those most in need.

5.9 Primary Care

Primary Care is usually the first place people go when they need healthcare. It provides care close to home and helps people stay well, manage long-term conditions, and avoid hospital visits. Services include:

- GP Practices
- Community Pharmacies
- Dental Services
- Optometry (eye care)
- Primary Care Out of Hours Service

These services are delivered by a wide range of professionals, including GPs, nurses, pharmacists, dentists, optometrists, midwives, and health visitors. They work together to offer care that prevents illness, treats health problems early, and connects with other NHS services when needed. GP practices are closed on:

- Christmas Day
- Boxing Day
- New Year's Day
- 2nd January

Although GP practices are closed over the 4 festive public holidays, the Primary Care Out of Hours Service will be operating ensuring service provision is maintained during these times.

Practices are encouraged to work together in clusters to plan cover and support each other. They should also keep their business continuity plans up to date, especially to manage staff sickness. Access to care is being reviewed regularly to respond to winter pressures. However, resources across the system are limited.

The OPEL escalation tool helps monitor demand in real time and supports decision-making. Escalation levels are reviewed weekly by the Sustainability Group. Practices must report any changes during the week. If a practice needs to close due to extreme circumstances, NHS24 must be informed through the Primary Care Contract Team.

GP practices keep registers for patients with long-term conditions like asthma, COPD, and heart failure. These patients are reviewed every year to help manage their health and avoid hospital admissions. Practice Nurses often lead this work, using tools like SPICT and e-FRAILTY to identify patients at risk. Future Care Plans (FCPs) and Key Information Summaries (KIS) are in place for care home residents and patients with life-limiting conditions. These summaries are shared with Out-of-Hours services, hospital teams, the Flow Navigation Hub, and the Scottish Ambulance Service. The e-ReSPECT form is also available across key clinical systems. GP practices receive reminders to update FCPs before winter, especially for frail patients and those with respiratory conditions. A follow-up message is sent in October to help practices prioritise this work.

The partnership between OOHs services and the Scottish Ambulance Service (SAS) has been strengthened. SAS can now contact Out-of-Hours clinicians directly. The OOH service includes an Advanced Nurse Practitioner (ANP) based in CHART to support nursing home residents. Healthcare Support Workers (HCSWs) can visit patients at home to carry out basic checks, helping clinicians assess patients remotely. ANPs and GPs

can also speak to hospital specialists during OOH periods for advice. Nursing homes can call the GP OOH service directly. Police and prison services can contact the Forth Valley Flow Navigation Centre (FV FNC) for advice. Community nurses support palliative care patients, and social care workers can get advice and offer support to help patients stay at home and avoid hospital admissions.

NHS24 triages urgent dental care during evenings, weekends, and public holidays. Care is provided by:

- The patient's own dentist (if available)
- The Public Dental Service (for unscheduled care)
- Emergency departments (for serious issues like bleeding, infection, or trauma)

Information regarding 'Pharmacy Services During the Festive Period' will be shared widely, including:

- Local pharmacy opening times
- Pharmacies offering Pharmacy First Plus (Pharmacist prescriber on site), and extended Sunday hours during busy periods

6. Planned Care

The Planned Care Team has explored potential adjustments to support site pressures during the peak surge demand, while ensuring continued essential access to theatre and surgical capacity for emergency, cancer, and other urgent patients.

The 'Hospital within a Hospital' model was introduced during the pandemic to safeguard elective surgical activity for NHS Forth Valley patients. As part of this approach, 24 beds within the Day Surgery Unit were ringfenced to serve as the dedicated footprint for all elective procedures. Since the model's implementation, surgical wards B11, B12, and B23 have been reserved exclusively for unscheduled admissions, helping to maintain separation between planned and emergency care pathways.

As COVID-19 restrictions eased, beds within the Day Surgery Unit were increasingly used for boarding purposes due to rising delays across the site. During the winter of 2023/24, a significant number of these beds were required for medical boarders as the site operated under extreme pressure. This had a substantial impact on elective surgery, with many theatre lists cancelled on the day due to insufficient bed capacity.

The current acute care ward footprint at FVRH has seen the reintroduction of some non-standard beds, including the use of fifth beds in four-bedded bays, alongside an increase in medical boarders within the surgical footprint. Additionally, a rise in unscheduled surgical admissions has further impacted surgical capacity. The combined effect of these pressures has led to the boarding of surgical patients into Day Surgery Unit beds, compromising the separation between elective and emergency care pathways.

To ensure adequate bed capacity for essential surgical activity during the 2025/26 winter period, a defined level of protection for surgical beds will be required to safeguard access for emergency, cancer, and other urgent procedures.

The following proposal outlines a plan to ringfence essential surgical beds while also identifying additional capacity that can be offered to the wider site as surge demand support during periods of increased pressure.

- Day Surgery Unit (DSU) will ringfence 14 beds to support emergency/ trauma, cancer, and major urgent surgical cases throughout the winter period.
- The remaining 10 DSU beds will be unstaffed and held in reserve as surge capacity for unscheduled care.
- Wards B11/B12 will accommodate non-complex 23-hour elective stays in a designated area. This capacity will be reduced during periods of surgical surge to prioritise unscheduled admissions. The Surgery team will be responsible for managing patient flow and aligning discharge profiles to support this arrangement wherever possible.
- Ward B23 will continue to operate exclusively as a trauma orthopaedic ward.
- The Interim National Treatment Centre (NTC) in B12 will utilise all 14 beds to deliver orthopaedic elective procedures for NHS Forth Valley patients. The six side rooms will also be available to support other 'clean' surgical cases during times of surge.
- The theatre suite recovery area has been redesigned to support the admission of all surgical cases, provide Stage 1 recovery, and serve as an admission and discharge space for day cases. This will optimise the use of DSU beds for patients requiring overnight stays.
- To support site-wide pressures during the most challenging period, elective surgical activity will be reduced over the festive period (23 December 2025 to 5 January 2026).
- Elective day case activity will be increased during January and February 2026 to minimise overnight bed usage while maintaining a reasonable level of surgical throughput.
- Sufficient elective activity must still be delivered to meet the Scottish Government target of ensuring no patient waits over 52 weeks by 31st of March 2026. This will be driven by the longest-waiting patients, the nature of their procedures, and their post-operative care requirements.

The benefits of this plan are:

- Reduced cancellations, leading to an improved patient experience and greater reliability of scheduled procedures.
- Optimised theatre utilisation throughout periods of peak surge demand.
- Protection of 14 DSU beds to ensure continuity of care for emergency/ trauma, cancer, and major urgent surgical cases.
- Availability of 10 surge beds, staffed by medical nurses, enhancing the experience and responsiveness for urgent medical admissions.
- Sustained National Treatment Centre (NTC) activity, supporting both elective orthopaedic procedures and the delivery of the 52-week waiting time target.

Any deviation from this plan may result in increased waiting times during periods of peak surge demand for patients requiring an elective inpatient stay.

7. Festive Fortnight

Festive period arrangements are well established, with multi-agency processes in place involving all Category 1 Responders. Risk assessments are conducted by Safety Advisory Groups, led by Local Authorities.

Festive rotas for on-call managers will be agreed and signed off at both strategic and tactical levels across the whole system. The Patient Flow Team will continue to support site operations in line with standard operating procedures.

Clinical staff rotas are being developed in collaboration with senior medical managers to ensure full service coverage. Nursing and support service rotas are also in place for the festive period, and HSCPs will ensure appropriate cover for all delegated services. Discussions are ongoing to ensure that all required staff groups are scheduled to provide services during this time.

All urgent and emergency services will be monitored throughout the festive period, supported by the Acute Site Management Team.

Staff rotas for the two-week post-festive period are being reviewed, with additional capacity built in. This includes close management of annual leave and support from services that traditionally close over Christmas and New Year, particularly in the days immediately following public holidays.

Multi-agency arrangements are also well established for specific services, such as Child Protection and urgent patient transport via ScotSTAR.

8. Out of Hours Services

The Out-of-Hours (OOH) Plan covers the whole year, with particular focus on the festive season and public holidays, when demand typically increases. The OOH Service conducts regular reviews of activity data, capacity, and demand trends to inform proactive planning and ensure effective operational delivery throughout this critical period.

The Out-of-Hours (OOH) Service is currently operating with a full staffing complement, supported by a team of regular sessional clinicians, ensuring consistent and reliable service delivery. The service maintains a strong collaborative relationship with the Scottish Ambulance Service (SAS), enabling SAS staff to contact the GP OOH team for clinical advice. This partnership helps to maximise care at home, reducing unnecessary hospital attendances and admissions, and improving patient outcomes.

A dedicated workforce of Healthcare Support Workers (HCSWs) provides vital support to Out-of-Hours (OOH) clinicians, including conducting basic observations in patients' homes, enabling remote clinical assessment when appropriate. During the OOH period, professional-to-professional advice is available, allowing clinicians to consult with specialists at FVRH to support decision-making. Nursing homes have direct access to the GP OOH service for timely clinical advice, while the Police and Prison Service can contact the Flow Navigation Centre for support. Additionally, Community OOH Nurses, working in collaboration with the Flow Navigation Centre, provide care for patients with

palliative and end of life needs in their homes. All OOH Advanced Nurse Practitioners (ANPs) have successfully completed paediatric training, equipping the team with the necessary competencies to assess and treat children. This significantly strengthens the OOH service's capacity to manage paediatric cases effectively and safely.

Direct referral pathways between services are well-established, ensuring seamless coordination throughout the Out-of-Hours period, including during the festive season. For example, clear and accessible links exist between OOH clinicians and mental health specialists, enabling timely support and appropriate diversion of referrals where necessary. OOH clinicians can also refer directly to the Hospital at Home Team, helping to prevent avoidable admissions to FVRH. For patients presenting with minor injuries, OOH staff can schedule appointments at the Minor Injuries Unit, where clinically appropriate, and can also direct patients to the Rapid Assessment and Care Unit (RACU). A strong working relationship has been developed between OOH and the Emergency Department (ED), with an agreed pathway in place to re-triage non-urgent cases to OOH services within defined timeframes and capacity limits. This collaboration helps to alleviate pressure at the FVRH ED and is currently under active review in preparation for periods of peak surge demand in 2025/26, with a focus on expanding scope and enhancing support.

The Out-of-Hours (OOH) Service continues to work closely with the Staff Bank to ensure rota gaps are promptly made available to sessional staff, including rapid response to short-notice absences. In parallel, the OOH team maintains a strong partnership with the Flow Navigation Centre, helping to prevent inappropriate hospital admissions and support timely discharges, thereby improving patient flow and reducing pressure on acute services.

Care homes have direct access to the Flow Navigation Hub, where calls are triaged and directed appropriately to District Nurses, Community OOH Nurses, the OOH Service, or the Emergency Department (ED). A Clinical Nurse Advisor is available 24/7 within the hub to provide expert guidance and support. Across Forth Valley, Care Home Liaison Nurses, supported by GP Practices, maintain established processes for daily contact with care homes, addressing both routine and urgent clinical matters. Care delivery is tailored to individual patient needs, with remote support available when appropriate. Arrangements for Future Care Planning and Key Information Summaries (KIS) are in place to ensure continuity and quality of care. The OOH Service also supports the CHART team by conducting nursing home visits at weekends, further enhancing care provision and responsiveness for residents.

The Dental Out-of-Hours (OOH) Service is in place, with NHS 24 responsible for signposting patients to appropriate care. In addition, General Dental Practices provide their own out-of-hours messaging and services, ensuring patients have access to guidance and support outside of normal operating hours.

9. Respiratory Pathway

NHS Forth Valley provides an effective and well-coordinated respiratory service, with established referral pathways from community services, primary care, and acute settings. The respiratory team works in close collaboration with hospital and community palliative care services, ensuring that patients with advanced respiratory conditions are appropriately referred and supported. A dedicated respiratory pathway has been implemented in partnership with the Scottish Ambulance Service (SAS) to enable care at home and reduce unnecessary hospital admissions. Existing virtual care capacity is being expanded to maximise support for patients in their own homes. In addition, a programme of work is underway to develop and scale up Hospital at Home (H@H) pathways for respiratory patients. This includes increasing virtual bed capacity and enhancing integration across frailty and community care pathways, ensuring a more responsive and patient-centred approach to respiratory care during periods of peak surge demand, including the winter period.

A defined cohort of patients with severe respiratory disease requiring oxygen therapy is actively monitored by the specialist respiratory nursing team. Working in collaboration with Primary Care and the Palliative Care Team, the respiratory team supports the development of future care plans, which are recorded in the Key Information Summary (KIS) and accessible via the clinical portal. These plans can be viewed by the Flow Navigation Hub and the Scottish Ambulance Service, ensuring continuity of care across services. For patients identified as high risk due to frequent exacerbations, Primary Care provides emergency medication to have on hand, supporting timely intervention and reducing the need for hospital admission. Care delivery is tailored to individual needs, with remote support available where appropriate.

Primary Care teams play a central role in identifying and managing patients with complex needs, working in close collaboration with the specialist respiratory team. While the use of SPARRA (Scottish Patients at Risk of Readmission and Admission) is not universal across practices, clinicians draw on a range of data sources—including frailty scores, SPARRA, and local clinical knowledge—to identify those most at risk. These patients are regularly discussed at multidisciplinary palliative care meetings, ensuring coordinated planning and timely intervention based on individual needs.

Comprehensive discharge planning is in place for patients with respiratory conditions, guided by the NHS Forth Valley discharge checklist. This includes a medication review to ensure correct usage and dosage—particularly for oxygen therapy—and confirmation of effective inhaler technique. Patients are also provided with advice on available community pharmacy support, general wellbeing guidance, and the importance of seasonal immunisations, including flu and COVID-19 vaccines, to help reduce the risk of further illness post-discharge.

Patients are provided with information booklets that include visual prompts and links to web-based instructional videos, such as demonstrations of correct inhaler technique. Contact details for respiratory nurse specialists are included, along with signposting to community pharmacists, who can also offer support and guidance on inhaler use. This multi-channel approach ensures patients have access to the resources and expertise needed to manage their condition effectively.

A clearly defined referral pathway for oxygen assessment is in place, supported by robust processes to ensure timely access to oxygen concentrators and home oxygen services, particularly during periods of peak surge demand, winter and the festive fortnight. Emergency and contingency arrangements, coordinated with Health Facilities Scotland, are in place to maintain continuity of oxygen therapy. Patients are provided with pulse oximeters to support self-monitoring at home, along with clear instructions on how to respond to changes in oxygen levels. Additionally, all oxygen users receive Oxygen Alert Cards to support safe and informed care.

10.Covid -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing

10.1 Covid-19 and Seasonal Flu

The NHS Forth Valley Microbiology Laboratory routinely tests for COVID-19, Influenza, RSV, and Norovirus during core laboratory hours (08:30–16:30), seven days a week. Results are typically available within 24 hours. In the event of an outbreak, there is capacity to scale up testing using existing assays and established contingency plans.

The NHS Forth Valley Point of Care Testing (POCT) Service supports rapid viral respiratory testing across key clinical areas:

- Children's Ward – Tests for COVID-19, Influenza, and RSV are available 24/7.
- Emergency Department – Tests for COVID-19 and Influenza are available 24/7.
- Rapid Access Care Unit (RACU) – Tests for COVID-19 and Influenza are available during Out-of-Hours (OOH) only.

There are potential challenges regarding COVID-19, Influenza, and RSV POCT due to a national procurement miscalculation affecting rapid test availability in ED, RACU, and Paediatrics have been identified. Work with the Scottish Government has been ongoing with partial funding being agreed to all Scottish Boards.

Public Health receives a weekly respiratory surveillance update from Public Health Scotland (PHS), providing situational awareness across Scotland. This includes syndromic indicators for respiratory infections in the community, such as Influenza A and B, RSV, and COVID-19 etc. Exception reporting and escalation are supported through weekly 'touchpoint' meetings between the Public Health Protection Team and the Infection Prevention and Control Team (IPCT).

Influenza monitoring is ongoing, led by the Infection Prevention and Control Team (IPCT). All relevant stakeholders will be notified of any increases in case numbers within the community or across Scotland, as reported by Public Health and the Health Protection Team (HPT). The Infection Control Manager will provide regular updates on case numbers at relevant governance meetings throughout the season.

10.2 Immunisation

Immunisation remains one of the most important preventative measures. Achieving the highest possible coverage is crucial to protecting the health of the public through the winter season. The 2025/26 winter season enters the second year of the two RSV programmes. One arm aims to protect infants by vaccinating pregnant women, and the other offers protection to some older adults. Both of these programmes to date have seen good vaccine coverage compared to Scotland's average uptake and early completion of the adult RSV programme ahead of Autumn/ Winter this year.

The objective of seasonal vaccination is to protect those in society who are more at risk of severe disease from seasonal vaccine-preventable disease, to prevent severe illness, hospitalisation and death. This will also reduce pressures on NHS and social care services during periods of peak surge demand.

Please find the CMO letter attached  [Chief Medical Officer - final version SGHD CMO \(2025\) 6 Seasonal Influenza - 6 July 2025.pdf](#)

As we move far beyond the pandemic the Joint Committee on Vaccination and Immunisation (JCVI) continually reviews the latest evidence and makes recommendations regarding those who health authorities should offer vaccines. There is a focus on targeting seasonal vaccinations for the maximum overall benefit.

As in recent years, there are groups who will receive the Covid-19 and influenza vaccine, including residents in care homes for older adults, those aged 75 and over, and individuals of a weakened immune system aged 6 months and over. This is less than in previous year but in line with JCVI guidance. Attached is the Winter 2025/26 ready reckoner.  [Winter 2025 Ready Reckoner September 2025.pdf](#)

Materials to promote vaccination are created, coordinated and shared nationally by the Scottish Vaccination and Immunisation Programme (SVIP). This includes paid-for media campaigns, social media and traditional media including posters. Forth Valley communications go out to partners, via social media, and other direct mechanisms, to encourage and promote vaccination. It is recognised that an inclusive approach is required to maximise the benefit of vaccination within our society and tackle healthcare associated inequalities. In addition to the work within the Forth Valley teams, vaccine delivery is supported by the Scottish Ambulance Service to address inequalities proactively through targeted outreach.

In addition to the seasonal vaccines, routine vaccination continues throughout the year to protect individuals and the Forth Valley population against vaccine-preventable disease. Vaccination is offered throughout the life course against a range of illnesses. Examples include protecting infants against pertussis (whooping cough) and older adults against pneumococcal disease. These preventative activities also contribute to reducing peak seasonal pressures.

This year's seasonal flu vaccination programme commenced on 8th Sept 2025 with Covid-19 Booster commencing 29th Sept 2025 due to vaccine availability. The timescales for this year's programme see the majority of those eligible coming through by early Dec 2025 although ongoing mop up will run beyond this.

All staff can access the national appointment portal and chose a venue that suits them best. Drop-in staff vaccination clinics will also be available for health care workers and communicated with staff via Comms. Early engagement from senior managers to support staff participation has been learning from previous year.

All NHS staff and health and social care workers in direct contact with patients / clients including all NHS workers are eligible for free flu vaccinations. Vaccination of staff groups will protect health services from staff absences during periods of peak demand, including the winter months.

Seasonal vaccination targets have been set by the Scottish Government. Work is underway to monitor uptake, identify areas for improvement, and support targeted communications throughout the year, especially the winter months.

Data from previous uptake is being effectively used to inform targeted messaging and guide resource allocation. Cross-team collaboration - particularly between Communications, clinical teams, and HR - is enabling streamlined delivery. Consideration is being given to hybrid communication models that integrate both in-person and digital engagement, enhancing visibility and improving access to clinics.

10.3 Occupational Health - supporting service resilience

To strengthen workforce resilience, especially during periods of peak surge demand, and support staff wellbeing - with the aim of minimising absence wherever possible - the Occupational Health Service will implement the following measures:

1. To respond to the seasonal rise in staff absence and referral activity observed in previous periods of peak surge demand, the Occupational Health Service will increase capacity for Management Referral Assessments. Appointments will continue to be available throughout the festive period, with the exception of Public Holidays, ensuring timely access to support for staff and managers.
2. The Occupational Health Advice Line will remain available throughout the festive period, excluding Public Holidays.
3. During periods of adverse weather, all Occupational Health Service (OHS) staff are equipped to work from home. This capability is regularly tested as part of our internal Business Continuity planning. Flexible working arrangements can be supported, provided they align with service needs.
4. Managers are encouraged to actively refer any team members whose health conditions may be affected by adverse weather, to Occupational Health. This allows for assessment of any recommendations or adjustments that could support continued attendance.
5. The Occupational Health Service will operate as normal throughout the festive period, except on designated Public Holidays.

11. Prepare for & Implement Norovirus Outbreak Control Measures

11.1 Norovirus awareness and testing

Awareness of norovirus is actively promoted across NHS Forth Valley through staff communications, including the intranet, social media, and public messaging channels. Information is displayed at ward level, supported by patient information leaflets and other materials available via both the staff intranet and the public internet. Posters and promotional resources are distributed to clinical areas to reinforce key messages.

Monitoring, preparedness, and incident reporting related to norovirus are included in monthly Healthcare Associated Infection (HAI) reports, including the HAIRT report. The Infection Prevention and Control Team (IPCT) continues to monitor the national situation and shares relevant updates with stakeholders to ensure staff remain informed.

NHS FV Microbiology Laboratory offers norovirus testing using a 15-minute immunochromatographic test on faecal specimens (RIDA Quick Norovirus Test) during core hours. In the evening up to 9pm requests can be made through the Microbiology Consultant on-call, 7 days a week. There is no overnight service for Norovirus testing. Norovirus PCR testing is currently available through the West of Scotland Specialist Virology Centre.

11.2 Norovirus preparedness – education, monitoring, and support

Education and awareness sessions for ward staff will commence ahead of the norovirus season. All clinical areas are equipped with outbreak management tools to support the rapid identification of potential outbreaks. The Infection Prevention and Control Team (IPCT) will provide ongoing support throughout this period.

IPCT advice is available Monday to Friday, from 07:30 to 17:30. Outside these hours, support is accessible via the on-call Microbiology service. In the event of increased norovirus activity, weekend coverage will be provided by the IPCT to support clinical teams. Routine weekend IPC cover is also planned, subject to appropriate funding.

11.3 Norovirus Control Measures

Norovirus symptoms are included in admission documentation to support early identification. Established relationships between ward staff and management enable a timely and coordinated response to any suspected incidents.

The Infection Prevention and Control Team (IPCT) participates in the hospital-wide board huddle to help identify emerging issues and keep staff informed of current norovirus-related incidents across the hospital.

11.4 Outbreak debriefs and reporting

Debriefs are requested following any outbreak, and the hospital's Infection Prevention and Control Team (IPCT) has established experience in facilitating these sessions. All hospital outbreaks—including norovirus and COVID-19—are documented in monthly Healthcare Associated Infection (HAI) reports, including the HAIRT report, and are subsequently reported to ARHAI in line with the National Infection Prevention and Control Manual (NIPCM). Where appropriate, an Incident Management Team (IMT) will be convened to coordinate the response.

11.5 Patient Pathways

Robust infection prevention processes are well established in assessment and Emergency Department (ED) areas to minimise the risk of onward transmission of known or suspected infections to other patients.

Forth Valley Royal Hospital benefits from 50% single-room occupancy, enabling effective bay cohorting and bay closures when necessary. This approach helps maintain patient flow and capacity while reducing the need for full ward closures.

Where patient safety requires a ward closure, the decision is made in consultation with appropriate management, including executives. All relevant staff are informed of the rationale and implications to ensure a coordinated response and good communication.

11.6 Infection Prevention and Control Team

The Health Protection Team and Infection Prevention and Control Team (IPCT) meet weekly to share and discuss information on ongoing and emerging situations within both the hospital and the wider community. In the event of an outbreak, a Consultant Microbiologist is also involved to support the response.

During the festive period, cover will be provided by the IPCT and the on-call Microbiology service over bank holidays. In the event of significant outbreaks, IPCT cover will be increased to ensure staff are fully supported.

12. Future Care Planning

Future Care Planning is well established across Forth Valley and continues to be actively encouraged. Chronic Disease Management (CDM) remains a core focus, with GP practices maintaining local registers of individuals with long-term conditions. Patients are monitored through annual reviews to support proactive care. Conditions such as asthma, COPD, and heart failure are included in this process. Local respiratory guidelines promote the use of personalised action plans for individuals with asthma or COPD to support self-management and reduce exacerbations.

Chronic Disease Management (CDM) and Future Care Planning are well embedded across Forth Valley and are often led by Practice Nurses. Patients at high risk of hospital admission are identified through clinical judgement, supported by tools such as SPICt and e-FRAILTY to aid early recognition. The Care Home Direct Enhanced Service (DES) ensures that Future Care Plans (FCPs) and Key Information Summaries (KIS) are in place for all care home residents, supporting proactive and coordinated care.

The Palliative Care Directed Enhanced Service (DES) promotes the early identification of individuals with life-limiting conditions, many of whom are also at high risk of hospital admission. Uptake of the palliative care DES has grown slightly year on year since 2022. In preparation for 2025/26, practices receive email reminders about Future Care Plans (FCPs), with particular emphasis on patients identified as frail or those with respiratory conditions. An additional update is circulated in October to reinforce this messaging.

Key Information Summary (KIS) is accessible to Out-of-Hours (OOH) services, Acute Services, the Flow Navigation Hub, and the Scottish Ambulance Service (SAS). The e-ReSPECT form is available for those who choose to use it and is visible to the SAS Hub

and any clinician with access to the NHS Clinical Portal. Since March 2025, work has been ongoing in CAU/AAU to support Realistic Conversations, which include discussions around Treatment Escalation Plans (TEP), Future Care Planning (FCP), and Do Not Attempt Resuscitation (DNAR). This work will continue, with the aim of scaling and spreading the approach under the Realistic Medicine programme.

The Forth Valley Hospital@Home service is well established and continues to be effectively utilised, offering a vital alternative to hospital admission. Most activity is through the step-up pathway, helping to avoid admissions, while the step-down pathway supports earlier discharge from hospital. A local programme is actively redesigning care pathways to support the vision of 'Care Closer to Home'. Additional teams contributing to this effort include the Care Home Liaison Nurses, the Urgent Community Assessment and Treatment (UCAAT) team, and the Community Respiratory and Heart Failure Nurses, all of whom play a key role in enabling patients to remain within primary care settings.

Work is progressing to integrate Out-of-Hours (OOH) teams across social care and clinical services in Forth Valley. In parallel, Consultant Connect is being introduced to facilitate prompt, professional-to-professional conversations, enhancing timely decision-making and patient care.

13.Communications

Arrangements are in place to share locally developed campaign resources and messaging, which complement the national NHS 24 and Scottish Government campaigns.

This will be shared internally, externally and with local partners to provide information and advice on local services available over periods of surge demand and how these can be accessed with specific

Locally developed campaign resources and messaging will be shared internally, externally, and with local partners. These materials complement national campaigns led by NHS 24 and the Scottish Government and aim to provide clear information and advice on accessing local services during periods of peak surge demand.

Messaging will include guidance on alternatives to attending ED, with redirection advice where appropriate. This includes signposting to MIU, community pharmacies, dental and optical services, NHS Inform, and NHS 24 via 111. Staff and the public will also be directed to the NHS Forth Valley Winter Zone for comprehensive service information. Service arrangements for the festive period will be widely communicated, including:

- Local pharmacy opening times
- Self-help guides and symptom checkers via NHS Inform
- Advice to contact NHS 24 for urgent health concerns, including minor injuries
- Details of community pharmacies offering Pharmacy First Plus, including those with prescribing pharmacists and extended Sunday opening hours during peak surge demand (where applicable)

In the event of temporary ward closures due to outbreaks of infection - such as norovirus or COVID-19 - information and advice will be communicated directly by ward staff to local patients and their relatives. This will include details of any temporary visiting restrictions. Outpatient services and other relevant departments will be notified of any potential impact on local services. Where appropriate, specific information and guidance on managing common winter health conditions and seasonal viruses will also be shared to support patient care and public awareness.

14 Appendices

Appendix 1 Agreed Actions for 2025/26

Table 1 Actions for 2025/26

Acute (generic)			
Area	Action title	Impact	Target date
Acute Services	Introduce OPEL Tool escalation protocol agreed with HSCPs	Provide an organisational response at pre-determined trigger points	End of October 2025
Acute Services	Medical Rotas	Ensure peak seasonal cover is in place	November 2025
Acute Services	Managers On-Call Rota	Ensure duty manager rota and senior manager on-call support in place	September 2025
Acute Services	Review Communications Messaging	Ensure robust public communications are in place	November 2025
Acute Services	Face Fit Testing	Maintain ongoing face fit testing	September 2024 (ongoing)
Acute Services	Public Holiday Service Arrangements (AHP, Pharmacy, Nursing, Medicine)	Enhance service delivery based on occupancy and demand during holidays	Varies by service

Table 2 Actions for Winter 2025/26

Acute Front Door			
Area	Action title	Impact	Target date
ED Minors / MIU	Collaborate with ED Nurse Educator to increase safe redirection to next day scheduled appointments	Reduction in overnight flow breaches	Initiate Nov 2025 (Winter & beyond)
ED Minors / MIU	Reinforce and standardise redirection criteria for ENP pathways	Reduce inappropriate MIU redirections; increase appropriate redirections	From Nov 2025
ED Minors / MIU	Refresh public communications on accessing minors services	Increase in MIU scheduling	From Nov 2025
ED	Continue development of Consultant Connect pathways	Reduction in SAS conveyances to ED and clear pathways for GPs to access.	From Sept 2025
ED / Out of Hours	Ensure robust redirection pathway from ED to Out of Hours	Increase in ED redirections; improved 4-hour Emergency Access Standard	From Nov 2025
ED	Additional Senior Decision Maker twilight shifts during core winter months	Reduce backshift queue; support rapid review and enhanced triage	ASAP (subject to funding)
CAU	Increase Consultant Acute Medicine presence in CAU	Reduce time to Consultant Review in CAU (linked to physician rota review)	From Nov 2025
AMU	Improve patient communications (leaflets, expectations)	Better informed patients	From Oct 2025
AMU	Frailty unit to move to 7 days	Improved flow and coordination within AMU and across services	From Nov 2025

Table 3 Actions for 2025/26

Women and Children			
Area	Action title	Impact	Target date
Paediatrics	No paediatric clinics or paediatric ambulatory care planned on festive days. If acute paediatrics is under pressure, staff would be moved to support, and elective workload paused. If any capacity issues over the festive period, elective admissions will be paused and Paediatric day case beds will be utilised. OPD activity will be reduced as necessary to support acute service delivery.	PDU is closed on 25/12/25, 26/12/25, 1/1/26 and 2/1/26 and space to be used for ward overspill Contingency planning is in place.	From Oct 2025
Paediatric Day Unit (PDU)	Identify an area to support acute admissions within the service.	PDU	From Oct 2025
Community Children Nursing (CNN)	No service on Public Holidays	Contingency planning is in place.	Dec 2025 / Jan 2026
Complex care	Business as usual (BAU)	Contingency planning is in place.	Dec 2025 to Mar 2026
CAMHS	ICAMHS Service on public holidays		
Neonatal	No changes to service. BAU for inpatients, if capacity was an issue, link with other units via the network, and initiate contingency plans. Outreach visits could change to telephone support or in-reach if staffing was an issue.	Contingency planning is place	Festive break only
Obstetrics inpatient –	Review scheduled Induction of Labour to ensure appropriateness	Reduce cancellations. Better patient experience	From October 2025
Obstetric outpatient -	Consider converting some antenatal / postnatal appointments to telephone as clinically appropriate. Identify essential antenatal and postnatal visits & review appropriate professional to visit. Consider converting some antenatal education classes to virtual.	Reduce cancellations	From October 2025
Gynaecology - outpatient	Consider reducing benign gynaecology clinics and focus on suspected cancer clinics. Convert some appointments to virtual as clinically appropriate	Ensure high risk patients are seen	From October 2025
Gynaecology Theatre	Consider reduction in benign gynaecology theatre cases to support suspected cancer cases	Increase bed capacity and potentially support obstetric theatre cases.	From October 2025
Termination service	Consider opening longer hours. Review of Tele med service and reduction in face to face appointments.	Increased access for patients	From November 2025
Workforce	Staff vaccination programme access. Provide designated face fit testing for staff in department.	Support health to reduce potential absence rates. Staff prepared to care safely for patients with expected increase in respiratory infections. Promote wellbeing, resilience and staff retention	From September 2025

Table 4 Actions for 2025/26

Immunisation Team			
Area	Action title	Impact	Target date
Immunisation Team	Change % AL allowed to maximise peak programme delivery with available workforce	Increased workforce capacity to allow SG targets for vaccination programme delivery to be met	From Sept 16 th –mid Dec 2025
Immunisation Team	Drop-in availability across community vaccination hubs to support 6 days per week 12 hours per day access for vaccinations for staff	Higher uptake of vaccinations due to no restrictions on access to appointments.	From Sept 16 th –mid Dec 2025

Table 5 Actions for 2025/26

Pharmacy			
Area	Action title	Impact	Target date
Acute Dispensary	Explore purchasing a “pill popper” machine for filling MDS (weekly medicine trays). This machine pushes out medicines from blister packs to help with filling of weekly medicine trays	This equipment will speed up dispensing process for weekly trays (used in community pharmacies)	November 2025
Homecare provision (supply of medicines to patients by Homecare companies) e.g. biologics	Review process to maximise efficiency - particularly over periods of peak surge demand, including the festive fortnight	Patients don't require medicines from FVRH in an emergency to maintain supply	November 2025.
New Years Day Pharmacy service	Service for dispensing / supply only but open from 10am to 5pm (instead of 10am to 2pm) No clinical service will be offered	Improved site capacity to process discharges on New Years Day, and for urgent medicines related queries to be resolved.	1 st January 2026
Explore “hot spot dispensing team”	Consider having a computer on wheels / labeller to go round hot spot discharge areas with dispenser / checker to speed up discharge process	Improved discharge times in busy areas	November 2025
Community Pharmacy	<i>Explore community pharmacy dispensing discharge medications</i>		<i>For 2026/2027</i>
Pharmacy First and Pharmacy First Extension Service within Community Pharmacies	New posters and advice cards developed and distributed to Community Pharmacies and GP Practices. Information sent to education leads for each council with request to distribute via school email lists to all parents and carers of school aged children in FV. Include social care in all comms re Community Pharmacy – Pharmacy First / Pharmacy First Plus to ensure carers are aware of potential conditions that can be managed by CP	Increased awareness of the service leading to reduction in presentations at OOHs and GP practices for common clinical conditions	From October 2025

	Include staff in all comms particularly paediatrics		
Extending opening hours of Community Pharmacy	Take proposal to local Pharmacy Contractors to repeat scheme running in 2024/25 over 6 Sundays over festive period where a select number of community pharmacies able to offer Pharmacy First Plus (independent prescriber who can prescribe for extended range of common clinical conditions) will open from 10am until 5pm on a Sunday This year aim to target postcode areas highlighted by OOH to have increased demand for services	Reduction on the number of presentations to OOHs during this time.	From Nov 2025 – Sundays for a 6 week period during winter

Table 6 Actions for 2025/26

Out Of Hours			
Area	Action title	Impact	Target date
Out of Hours	Use of room 11 (UCC) as infectious control room e.g. measles, covid	Prevent patients having to access waiting area which reduces risk of spreading infections	From September 2025
Out of Hours	Use of appropriate staff resource to ensure patients receive right care by right person at right time	Ensure best patient journey with focus on unnecessary multiple demand on service and wider system	From September 2025
Out of Hours	Encourage and promote staff Vaccinations (flu/covid) across the team	Minimise staff sickness and absences	From September 2025
Out of Hours	Increased awareness of community services and partnership working	Further develop health and social care partnerships to deliver right care at right time by right person strategy	From September 2025
Out of Hours	Enhanced A&E protocol and patient pathway	Where appropriate redirect patients to OOH to reduce pressures on ED. Better patient experience	From September 2025
Out of Hours	Streamlined access for email referrals to/from other specialities and services e.g. lab results, Care Homes	Better patient experience, reduce wait times and unnecessary multiple demands on the service and wider system	established routine practice

Table 7 Actions for 2025/26

Surgery			
Area	Action title	Impact	Target date
Surgery/ theatres	Agreement reached to increase level of annual leave over festive period for theatres and reduce activity to emergency and cancer cases only for Public Holidays. The remaining 5 weeks will see an increase in the daycase activity and reduction in the requirement for overnight beds.	This will help to reduce on the day cancellations and increase bed capacity for urgent and unscheduled care during peak demand months. Better patient experience.	From 24 th December 2024- February 2025
Surgery/ Theatres	A new flow process will be established through Recovery during winter. This will make the most efficient use of the area during capacity challenges on site.	This will ensure day case activity is maintained.	December 2024- February 2025

Table 8 Actions for 2025/26

Radiology			
Area	Action title	Impact	Target date
Radiology CT	Explore provisions of additional CT capacity for IP: No funded capacity to extend core working hours in 25/26 as per CT funding approval for 25-26. Currently we scan in excess of 30 IP per day, and on average x10 OOH's. It will be important to maintain the emergency aspect of OOH scanning to genuine emergency critical to life scans only. Creep of routine IP CT scans into OOH must be avoided at all times – this detracts from the genuine emergencies and TAT for these.	Emergencies run 24/7 as BAU. Excessive IP scans being completed will be outsourced to Medica at a cost pressure of £75-£125 per scan. – to finance section – will capture additional costs. Only one Radiologist on-site on 25th, 26 th Dec, and 1st, 2 nd Jan. This is due to staffing pressures. The scanner can accommodate up to 40 IP per day session, and emergencies should remain as just that OOHs.	Start 1st Nov 2025 End 1st March 2026
Radiology Ultrasound (US)	Additional US capacity	Reduction in waiting times patients, therefore additional IP session can be facilitated weekly during the peak surge demand months. Additional 192 scans over a 16-week period provided within existing resources.	Start 1st Nov 2025 End 1st March 2026
Radiology MRI	Reduce number of non-urgent inpatient requests to create additional urgent capacity. Re-evaluate slot allocation using needs assessment. Realistic medicine requires to be promoted - many MRI IP scans are wasted due to incorrect location, or patient has been discharged.	Explore feasibility and costs. MRI Cauda Equina Syndrome scans from ED are 300% higher than pre SIGN Guideline update in 2024. This has caused local pressures for other IP scanning. MRI waits in NHS FV are highest in NHS Scotland - and scanners work 13hrs/day, 7-days/week. Unfortunately, there is no additional capacity to support.	Continued pressures.

Table 9 Actions for 2025/26

Laboratories			
Area	Action title	Impact	Target date
Pathology	Ensuring staffing levels if adverse weather was to occur	Consultant pathologists have workstations at home and would be able to take work home Triage system in place ensuring all urgent/ query cancer samples are processed. Contingency SOP in place	All year
Mortuary	Potential increase in deaths	Mortuary has 101 fridge spaces and 3 PM bench therefore capacity has never been an issue for FV. On occasions have provided mutual aid to other Boards Contingency plans set up with NHS Fife. Part of East Resilience and temporary mortuary available if required • Normal Mortuary operating hours: Monday to Friday, 08:00–16:30. • On-call cover: 16:30–08:00. Closed on Christmas Day and New Year's Day, but on-call staff will be available via switchboard. • Reduced staffing on public holidays (08:00–16:30), with on-call cover from 16:30 onwards	All year
Blood Science (Chemistry, Haematology and Transfusion)	Festive staffing	A 24/7 service is provided by Blood Science, and this will be maintained over periods of peak surge demand. The same shift pattern for staffing applies year-round and contingencies are in place to ensure service delivery. Public holidays are staffed to meet service requirements.	All year
Microbiology	Review and update staffing contingency plans to ensure adequate staffing levels in the event of an outbreak, high sickness absence or adverse weather.	Will ensure critical service delivery is maintained to prevent impact to patient management, patient placement, flow and discharge.	
	Ensure adequate staffing during festive fortnight period including public holidays.		
	Ensure contingency plans are in place for Alinity m analyser failure which performs respiratory testing within lab.	Will ensure COVID-19, Influenza and RSV testing is maintained at all times.	
	Review and plan workflow processes around PCR capacity should there be a spike in demand or outbreak of respiratory viruses.	Will maintain turnaround times for COVID-19, Influenza and RSV testing. Preventing delays to testing will support patient placement, flow and allow quicker treatment decisions.	
	Obtain an update on progress of unfunded COVID-19 testing posts within Microbiology which is affecting recruitment within the team.	Will allow the Microbiology department to proceed with recruitment to vacant posts again ensuring robust staffing levels.	

	Review contingency plans for critical tests provided through the Managed Service Contract (MSC) on public holidays when the MSC provider is not available (for example blood culture analyser, antibiotic level testing).	Will ensure critical service delivery is maintained to prevent impact to patient management, flow and discharge.	
Point of Care Testing (POCT) Service	Ensure robust staffing contingency over periods of peak surge demand - discuss with Microbiology Manager about contingency staffing, support with critical tasks to ensure continuity of service in the event of unforeseen staff absence.	Ensures adequate quality and governance of the service. The POCT is managed by only 2 staff members, if there was unforeseen absence testing would be at risk therefore having contingency plans in place will ensure respiratory testing is maintained.	End of November 2025
	Ensure continual supply of respiratory virus testing kits (FluA, FluB, COVID-19 & RSV) are supplied and available within Health Board. Currently at risk due to funding gap between SG and NSS. SBAR submitted to Acute Service Director and NHSFV Finance.	Communication with NSS around supply over winter, collaborative work with network and escalation of risk within NHSFV will ensure current supply is maintained and increased if necessary.	End of October 2025

Table 10 Actions for 2025/26

Scottish Ambulance Service			
Area	Action title	Impact	Target date
Scottish Ambulance Service	Change in hours in relation to Patient Transport Service discharge vehicle	Better meet the discharge profile through the periods of peak surge demand, increasing flow	November 2024
Scottish Ambulance Service	Agreed time period with FV that over Winter all patients with minor injuries to attend Stirling MIU.	Reduce Minor Injury attendances at FVRH and increase capacity on site	November 2025

Table 11 Actions for 2025/26

Patient Relations			
Area	Action title	Impact	Target date
Patient Experience	Proactive information for patients	Improved patient experience, local resolution of concerns and reduced volume of complaints	From Nov 2025
Patient Experience	Heightened patient experience team footprint at front door.	Improved patient experience, local resolution of concerns and reduced volume of complaints	From Nov 2025

Table 12 Actions for 2025/26

Mental Health			
Area	Action title	Impact	Target date
Mental Health	Change to vaccination programme	Increased uptake of vaccinations as vaccinations for older adults will be completed by immunisation team.	From October 2025
Mental Health	- The commencement of the intake of new registered nurses - Recruitment campaign for HCSW planned. Successful candidates likely to start late November 2025. - Working with staff and trade unions to maximise opportunities for mutually acceptable flexible working approaches.	Improved workforce resilience Improved workforce resilience Reduced burnout, fatigue and providing meaningful support for staff.	complete by 31st of October 2025 October 2025 2025/26

Table 13 Actions for 2025/26

Falkirk HSCP			
Area	Action title	Impact	Target date
Home First Falkirk	Continuation of Shifting the Balance of Care/ Discharge to Assess project.	- Reduction of patients waiting for assessment on hospital sites. - Length of stay – anticipated reduction - Development of robust PDDs – joint decision making - Reduce demand for care home placements care home waits within the acute, intermediate care and community hospital sites. - Increased flow of patients to intermediate care (who may have been delayed waiting a suitable rehabilitation residential vacancy) - Weekly discharge profile to be confirmed in line with budget requirements	From October 2025
Home First Falkirk	Test of Change – Development of frailty pathway IDS Team as part of developing Integrated Discharge Service (IDS). Testing concept and efficiency.	- Earlier identification and discharge of patients within front door/frailty area - Reducing risk of patient deconditioning - Reduce unnecessary admissions to acute site for those who do not require it. - Build relationships with clinicians within the frailty unit. - Managing expectations of patients, families and carers at an early point in discharge journey – supporting cultural change. - Support decision making which considers alternative pathways to support - Education on community demand at the front door to support future decision making - Supporting the development to clear pathways in the front door areas - Links with frailty projects – identifying frailty and links with Primary Care in the future.	From October 2025

Home First Falkirk	Adults with Incapacity Oversight Additional Assistant Team Manager Post Approval - experienced staff member with Mental Health Officer background to support service and operational process development	- Supporting the efficiency, development and implementation of operational process in relation to Guardianship/Awl process - Reduction in Guardianship patients being delayed due to oversight - Management of Guardianship cases – providing a consistent approach to case conferences, decision making and links with the community hospital and acute hospital sites. - Strategic role to support understanding of barriers locally to support efficient hospital discharges, supporting patients to receive the right care in the right place within legislative frameworks. - Key performance indicators include a reduction in Guardianship delays, an increased use in 13za to support moves and cases progressed within escalation/operational procedure guidelines.	From October 2025
Home First and Care at Home Inhouse Services - Falkirk HSCP	Care at Home capacity Review of capacity, pathways and rehabilitation capacity to support hospital discharge pathways Aim to release inhouse capacity and support developing pathways/links to care at home redesign	- Recruitment freeze impact – SLT to explore recruitment options to support efficiency for the “back to back” rotas and increase capacity - Options to explore possibility of capacity to be allocated to Home First to support discharges depending on OPEL score and site pressures. - Review capacity of existing POC to be scrutinised with a view to releasing capacity - Exploration around how to utilise resource we have in seasonal pressures – also capturing any possibilities with the Interim Care Team (ICT) - Managing expectations with wards and staff around what is provided – links to eligibility criteria for Falkirk HSCP - Falkirk HSCP Rehabilitation Team of Carers – exploration of any opportunities here to free up a community pathway from hospital and test the concept over Winter - Potential to review and implement Inhouse care at home criteria prior to seasonal pressures	From October 2025
Home First and Reach Services – Falkirk HSCP	Test of Change – Discharge to Assess at the front door/frailty area.	- Reducing admissions to the acute site as part of the developing frailty IDS team (as above) - Exploring front door and frailty opportunities, e.g. a potential “rapid response” service for those who have lost temporary function – this would avoid a potential unnecessary admission to an acute hospital bed to wait a rehab bed - Key performance indicators could measure admission avoidance based on this approach. - Length of stay could be predicted to be up to 72 hours in a front door/ assessment/	From October 2025

		frailty area with early intervention and earlier service opportunities to rehab at home. • Role of Reach to expedite and work with care at home services to avoid unnecessary admissions	
Home First Falkirk HSCP & Julie Mardon	OPEL tool escalation criteria	• Formal approach to system pressures in terms of stepping up capacity. • Supporting clear decision without need for escalation as levels for intervention will have been agreed. • Promotion of early intervention if pressures are increasing, responsive actions, reducing length of stay and reducing risk of boarders and delays on acute site.	From October 2025

Table 14 Actions for 2025/26

Clackmannanshire and Stirling HSCP			
Area	Action title	Impact	Target date
Capacity and Flow	Review of bed based resources. Development of IDS Team in partnership with NHS Forth Valley and Falkirk HSCP	• Length of stay – Actions so far have seen anticipated reduction • Development of robust PDDs – joint decision making • Increased flow of patients to community resources. • Reducing risk of patient deconditioning. • Resources aligned to proportionately meet demand. • Joint approach with NHS FV and Falkirk HSCP for increased seasonal demand and available community capacity. • Staffing resources within acute effectively utilised to support a shared approach to discharge - supporting cultural change. • Shared test of change Frailty Pathway - as detailed in Falkirk HCSP	From October 2025
Maximising our community resources	Development of Neighbourhood networks Review of reablement capacity, referrals and prompt assessment at home capacity to support hospital discharge pathways including potential discharge to assess pathways	• Maximise capacity and availability of resources within communities. • Greater capacity to offer supports over an extended period of time offering more flexibility to maintain individuals at home and prevent admission. • Managing expectations with wards and staff around what is provided. Shared risk threshold. • Alongside the review of bed based resources consider demand and resources are proportionately aligned. • Increased flow through reablement service. • Greater integration of community teams and shared assessments. • Consideration of all resources, seasonal demand and shared business continuity plans. • Ongoing review existing POC to with a view to releasing capacity	From October 2025

Appendix 2

Potential Additional Actions from Seasonal Pressures Planning Workshop (held on 5 September 2025) - for review in November 2025)

Ref	Area	Focus	Action title	Impact	Target date
1	Capacity, Demand & Flow	Improving Flow	Use Consultant Connect and ED in-reach	Improves decision-making and reduces delays	Winter 2025
2	Capacity, Demand & Flow	Alternative pathways	Develop Community Rapid Access pathways	Prevents hospital admissions	2025 /26
3	Capacity, Demand & Flow	Alternative pathways	Establish 7-day Frailty MDT service	Improves care for frail patients	31 December 2025
4	Capacity, Demand & Flow	Medical queues	Manage ED Flow 1 & 2 queues	Reduces bottlenecks in emergency department	Winter 2025
5	Capacity, Demand & Flow	SAS pathways	Redesign SAS pathways for care homes	Improves support for care home residents	31 December 2025
6	Capacity, Demand & Flow	Weekend discharges	Improve weekend discharge coordination	Enhances discharge efficiency	31 March 2026
7	Capacity, Demand & Flow	Proactive discharge	Strengthen discharge planning (integrated approach, advanced plan, D2A TOC; optimise D/c lounge, PDD, step-up/step-down	Improves patient flow and outcomes	2025/ 26
8	Capacity, Demand & Flow	Staff and Public signposting	Enhance service signposting	Increases awareness of available services	Winter 2025
9	Capacity, Demand & Flow	W&C flow	Improve Women & Children discharge planning; PDU review to support ward capacity	Optimizes patient transitions	Winter 2025
10	Pathway & Scheduling	Planned Care	Reschedule/ cancel elective surgeries in January	Manages festive surge capacity	31 January 2026
11	Pathway & Scheduling	Protected Zone for planned care	Explore 'hospital within hospital' model	Protects planned care services	Winter 2025
12	Pathway & Scheduling	Planned Care operational plan/ SG targets	Reduce waiting times to under 1 year	Improves patient access/ achieves SG WT targets	31 March 2026
13	Pathway & Scheduling	Day Surgery capacity	Expand DSU bed capacity	Increases day surgery throughput	1 October 2025 through 31 March 2026
14	Pathway & Scheduling	Inpatient surge capacity areas	Reopen closed wards or off-site options	Provides surge capacity	Winter 2025/ 26
15	Staff Engagement &	Staff vaccinations & awareness	Improve staff vaccination understanding and access	Boosts vaccination uptake	October 2025

16	Staff Engagement &	Staff vaccinations - messaging and access	Use social media and messaging for outreach. Develop peer to peer opportunities/ capacity.	Enhances communication & boosts vaccination uptake	October 2025
17	Staff Engagement &	Outbreak early warning	Enhance outbreak alert systems, improved communication and awareness	Improves early warning and response	Winter 2025
18	Staff Engagement &	Staff morale	Plan morale-boosting events (various suggestions); promote NHSFV values, improve work environment. December events such as x mas tree comp	Improves staff wellbeing	Winter 2025
19	Staff Engagement &	Leadership	Ensure leadership visibility (especially during Festive Fortnight)	Strengthens staff engagement	December 2025
20	Collaboration & Preparedness	Collaboration	Strengthen system-wide engagement, collaboration between services/ sectors	Improves care coordination	Winter 2025
21	Collaboration & Preparedness	Patient and staff transport	Coordinate out-of-areas transport with SAS; change timeframe for ABC patient transport. Maximise arrangements to support staff transport during extreme weather.	Ensures access/ service delivery during extreme weather	Winter 2025
22	Collaboration & Preparedness	Site readiness	Ensure site readiness (across various service sites) through good maintenance; improve SERCO staffing integration.	Prepares facilities for winter	1 October 2025 – 31 March 2026
23	Collaboration & Preparedness	Organisational Development	Support mentoring and leadership initiatives. Change how the Learning Centre at FVRH works.	Enhances organisational development	Winter 2025
24	Data & Digital	Conveyance to hospital	Review hospital conveyance data/ frequent attenders	Identifies frequent attenders	November 2025
25	Data & Digital	Data sharing	Improve NHSFV-SAS data sharing	Enhances integration and decision-making	Winter 2025
26	Data & Digital	Frailty register	Align frailty register systems. Support frailty scoring and pathway alignment. Support plans for chronic disease action plans. Verification of care home attendees.	Improves data consistency	Winter 2025
27	Data & Digital	Artificial intelligence	Explore AI and real-time data use (demand optimisation; service planning; trends; learning; and decision-making	Supports demand planning	Winter 2025

[End]

10. Governance Report: Meeting Dates**Purpose:** This report is for Decision**Executive Sponsor:** Kerry Mackenzie, Acting Director of Strategic Planning & Performance**Author:** Jack Frawley, Board Secretary

Executive Summary

A proposal has been developed with the Board Chair in consultation with Board members and the Senior Leadership team to amend the cycle of Board and Strategic Planning, Performance & Resources Committee meetings in 2026 to remove the July meeting from the cycle.

Action Required

The Forth Valley NHS Board is asked to:

- (1) approve the timetable of Board and Strategic Planning, Performance & Resources Committee Meetings set out in appendix 1;
- (2) approve the Committee and Seminar dates for 2026 including the additional March Seminar;
- (3) note that the Executive Leads and Chairs of the Clinical Governance Committee and the Staff Governance Committee will be asked to consider the scheduling of their July meetings in 2026 and future years;
- (4) note the intention to increase Board Seminars to be scheduled for a full day, and
- (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 builds on previous governance reporting to the Board. The dates of meetings for 2026 were approved at the Board in November 2024.

Risk Assessment and Mitigation

An effective schedule of key governance meetings is critical to the Board being able to undertake both its decision making and assurance functions.

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

A high functioning Board and Governance Committees positively impact on providing appropriate scrutiny and assurance on the quality of care and services. They also enable assurance of staff and patient experience.

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

Considerations

The Board and Strategic Planning, Performance & Resources Committee of NHS Forth Valley meet on the last Tuesday of alternate months. To date the Board has met on the odd months of the year, being January, March, May etc. including a July meeting. In response to feedback received and from both Non-Executive Members and Executives an alternative schedule has been produced to remove the Board meeting from July to support operational issues during the peak summer holiday period. This proposal does not impact on diaries other than to remove the July Board date.

In order to effect this change for 2026 it is proposed that Board meetings are held back-to-back in January and February and then on the dates set out in the table below.

In considering this change a review of upcoming business was undertaken. Any key items of business will be able to be appropriately dealt with at Board or SPPRC as required on the new schedule.

Board & SPPRC Meetings Schedule

Proposed Dates 2026

Board	27 Jan	24 Feb		28 Apr		16 June * (accounts followed by business meeting if required)		25 Aug		27 Oct		15 Dec
SPPRC			31 Mar		26 May	30 June			29 Sept		24 Nov	

*A meeting of the Audit & Risk Committee open to all members of the Board precedes the Board meeting. The Annual Accounts sign off timetable is subject to development with External Audit and may be subject to further decision at a future meeting.

Committees

Both the Clinical Governance and Staff Governance Committees have scheduled meetings for July. It is suggested that the Executive Leads and Chairs of these Committees consider the matter for 2026 and whether they wish to revisit their schedules to avoid a July meeting.

Seminars

It is proposed that going forward Board Seminars are held in diaries for full day sessions to assist with diary planning and the volume of business and Board Development opportunities.

2026 Dates

The Board agreed the meeting dates for its Committees and Seminars at its meeting of 26 November 2024. The Board and SPPRC dates are recommended for amendment to those set out in the table above. The remaining approved dates, with the exception of the additional March date, are:

Board Seminars (all Tuesdays)

- 10 February
- 3 March (new date)
- 21 April
- 9 June
- 11 August
- 6 October

Governance Committees

Forth Valley NHS Board – 9.30am to 1.30pm (subject to agreement of earlier proposal)

1. Tuesday 27 January 2026
2. Tuesday 24 February 2026
3. Tuesday 28 April 2026
4. Tuesday 16 June 2026 (private meeting) *
5. Tuesday 25 August 2026
6. Tuesday 27 October 2026
7. Tuesday 15 December 2026

Governance Committees

Strategic Planning, Performance & Resources Committee – 9.30am to 1pm (subject to agreement of earlier proposal)

1. Tuesday 31 March 2026
2. Tuesday 26 May 2026
3. Tuesday 30 June 2026
4. Tuesday 29 September 2026
5. Tuesday 24 November 2026

Audit and Risk Committee – 9am to 11am

1. Friday 23 January 2026
2. Friday 27 March 2026
3. Tuesday 16 June 2026*
4. Friday 30 October 2026

Clinical Governance Committee – 9am to 1pm

1. Tuesday 13 January 2026
2. Tuesday 17 March 2026
3. Tuesday 5 May 2026
4. Tuesday 7 July 2026
5. Tuesday 8 September 2026
6. Tuesday 10 November 2026

Staff Governance Committee – 9am to 12noon

1. Tuesday 20 January 2026
2. Tuesday 10 March 2026
3. Tuesday 12 May 2026
4. Tuesday 14 July 2026
5. Tuesday 15 September 2026
6. Tuesday 17 November 2026

Remuneration Committee

To be agreed but at least 3 times in a year.

***Annual Accounts - 16 June**

Audit & Risk Committee 9am – 10am

Endowments Trustees 10.05am – 10.45am

Private NHS Forth Valley Board 10.50am – 11.30am

11a. Quality and Assurance Report

Purpose: This report is for Assurance

Executive Sponsor: Andrew Murray, Medical Director and Karen Goudie, Executive Nurse Director

Author: Wendy Nimmo, Interim Head of Efficiency, Improvement and Innovation. Ashley Calvert, Head of Clinical Governance, Lucy Atalla, Interim Quality and Safety Lead.

Executive Summary

This Quality and Safety Report provides an overview of NHS Forth Valley's current position in relation to key areas of Quality and Safety performance. It has been reviewed by the Clinical Governance Committee and the Committee's comments are incorporated in this revision.

The appendices provide further detail on the following key areas:

- **SAERs:** The appendix details the challenging position relating to Significant Adverse Event Reviews (SAER) and the improvement plan regarding timescales to completion.
- **HSMR:** This report provides assurance regarding NHS Forth Valley's Hospital Standardised Mortality Rate (HSMR) which remains consistently below 1.0, indicating fewer people die after an acute hospital admission than expected. The latest HSMR is 0.94 and a comparative funnel plot for NHS Scotland is available in the appendices.
- **Complaints Management:** Significant improvement demonstrating a 50% reduction in open complaints. An improvement plan has been implemented which has had significant impact with additional resources allocated to the Patient Relations Team and new leadership in place. The appendix provides further graphical detail.
- **Safer Together Collaborative:** The STC has concluded after driving improvements in key harm areas, including falls with harm, cardiac arrests, pressure ulcers, enhanced observations, and catheter care. A New Quality and Safety Steering Group is being established to oversee whole system safety and ongoing work aligned to the Scottish Patient Safety Programmes for Mental Health and Adults in Hospital. The appendix provides graphical detail of the STC impact.
- **Freedom of Information (Fol) Response Timescales:** Fol performance has been >90% compliance with statutory timescales for the last two months and there remain only 2 incomplete Fol submissions within the backlog cohort. The improvement plan included 2 additional Information Rights Officers, weekly reporting at SLT and weekly senior leadership reviews chaired by the Medical Director. It is likely that the OSIC Level 3 Intervention will remain for a minimum of two quarters into 2026. This work is reported to the Information Governance Group and the Strategic Planning, Performance and Resources Committee in addition to SLT. There is no associated appendix.
- **HIS Unannounced Inspections:** Healthcare Improvement Scotland (HIS) undertook an unannounced inspection of NHS Forth Valley on 25 and 26 August, focusing on Mental Health Services and Women and Children's Services. Following meetings with the inspection teams, comprehensive

evidence submissions have been provided in response to their requests. The factual accuracy report for Women and Children's Services has been received and is currently undergoing review for factual accuracy, with a deadline for submission of 7 November. An associated improvement action plan is scheduled for submission by 14 November. The Acute Mental Health inspection is ongoing.

- **SPSP Process Improvement:** A new protocol has been implemented to ensure that all data submissions undergo rigorous internal review prior to dissemination beyond the Board. This governance measure has been developed collaboratively by the Clinical Governance and Quality Improvement teams, in partnership with the Senior Leadership Team (SLT), to enhance oversight and accountability. NHS Forth Valley has formally committed to participation in two newly established Scottish Patient Safety Programmes (SPSP), as outlined within the appendices.

Action Required

The Forth Valley NHS Board is asked to:

- (1) review the key areas of Quality and Safety contained within the report, noting the areas of progress and risk
- (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

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 Clinical Governance Committee reviewed the content of a previous version of this paper on 11 November 2025 and provided comment which is incorporated into this revision.

Risk Assessment and Mitigation

Operational Risk Significant Adverse Event Reviews (SAER) – CLINGOV 02 SAER Framework. This risk is presently assessed as high (score 15), with a target risk assessment of medium (score 10). A comprehensive programme of work is actively progressing, with completion planned within Safeguard by February 2026. This timeline reflects the scheduled delivery of several mitigating actions, all of which are detailed and recorded in Pentana.

Complaints Performance Risk - Additional resource added to the Patient Relations Team for a period of 12 months to support the reduction of the backlog, with leadership from Executive Nurse Direction and Corporate & Acute Director of Nursing. This risk results in ongoing reduced patient experience and therefore features on the risk register.

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, Digital and Infrastructure Implications

There are potential financial implications arising from this report in relation to the resources required to improve and sustain the timeliness of the SAER process.

There are potential infrastructure implications arising from this report, regarding the adverse event reporting system used by NHS Forth Valley.

Temporary resource has been placed in the Patient Relations Team until June 2026; this resource will be reviewed in the next five months

Workforce Implications

The escalation of adverse events and the ongoing SAER process have workforce implications. There are current pressures on capacity and resources within both Corporate Clinical Governance and Health and Safety departments, given the demands of the existing work plan commitments. The mitigation programme requires sustained engagement from these teams to ensure effective management and oversight of significant adverse events. As work progresses, ongoing assessment of workforce capacity and resource allocation will be essential to support the delivery of planned improvements and maintain robust governance throughout the mitigation period.

The newly appointed Operations Manager plans to review the workforce in PRT looking at how the team can meet the demand coming through the department with current workforce.

Quality / Patient Care Implications

This report gives an overview of the key areas regarding Quality and Safety that the NHS Forth Valley Board should be informed of.

Population Health & Care Strategy

The content of this report is intrinsically linked to NHS Forth Valley's Population Health & Care Strategy through its commitment to continuous improvement in patient safety, organisational learning, and the delivery of high-quality care.

Climate Change / Sustainability Implications

No immediate sustainability implications

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 – SAER update

Appendix 2 – HSMR funnel plot

Appendix 3 – Complaints graph

Appendix 4 – Safer Together Collaborative update

Appendix 5 – Scottish Patient Safety Programme update

Appendix 1

Significant Adverse Event Reviews (SAER)

Healthcare Improvement Scotland (HIS) works with NHS Boards to improve the effective management of, and learning from, adverse events. A revised framework in February 2025 promotes standardisation of processes for managing significant adverse events (SAERs).

NHS Forth Valley Corporate Clinical Governance team has undertaken a detailed review of the current position and has identified the root cause of the delays in the timeliness of the SAER process.

NHS Forth Valley's current data for all SAER commissioned from 2020-2025 shows:

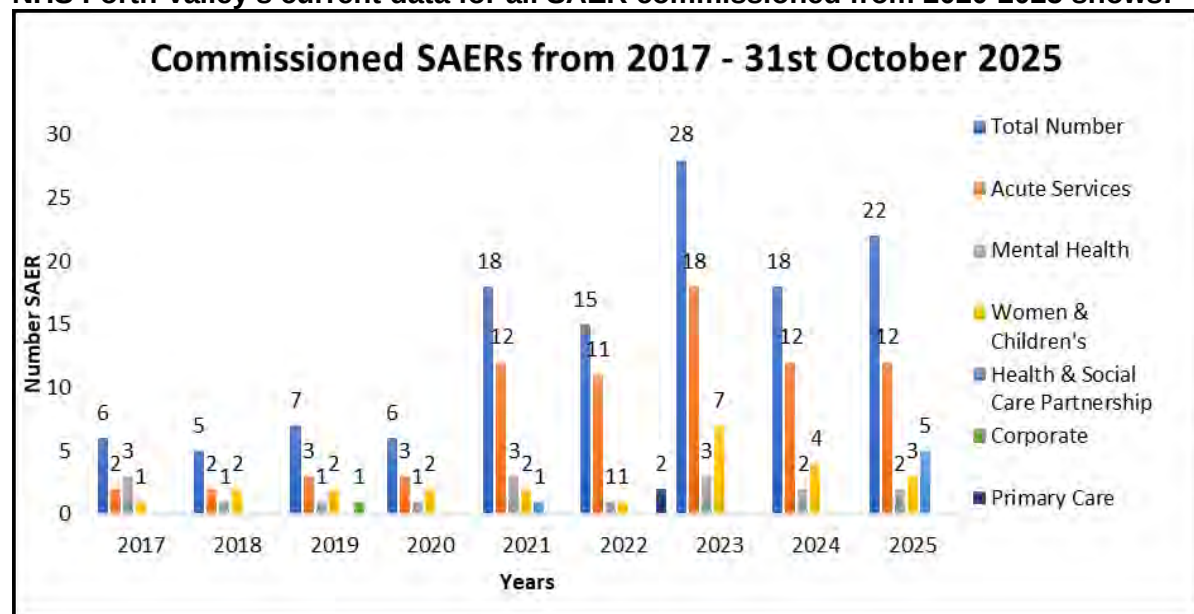


Chart 1: SAER commissioned NHSFV and Directorate breakdown

For the last two years NHS Forth Valley closed approximately the same number of SAERs as it commissioned. This was as a result of reviewing the end to end process, removing unnecessary steps and expanding the pool of senior individuals who can lead the SAERs. However, in 22/23 year only approximately half of the commissioned SAERs were closed. This created a 'backlog' of SAERs which has impaired timescales to completion ever since.

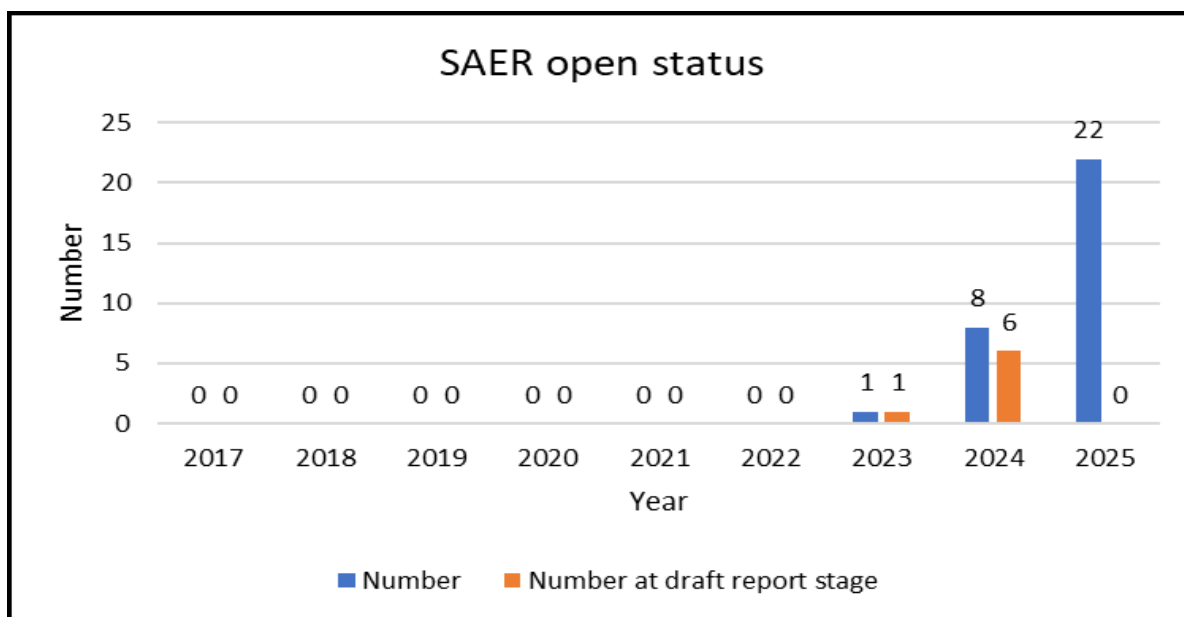


Chart 2: Current number of open SAER

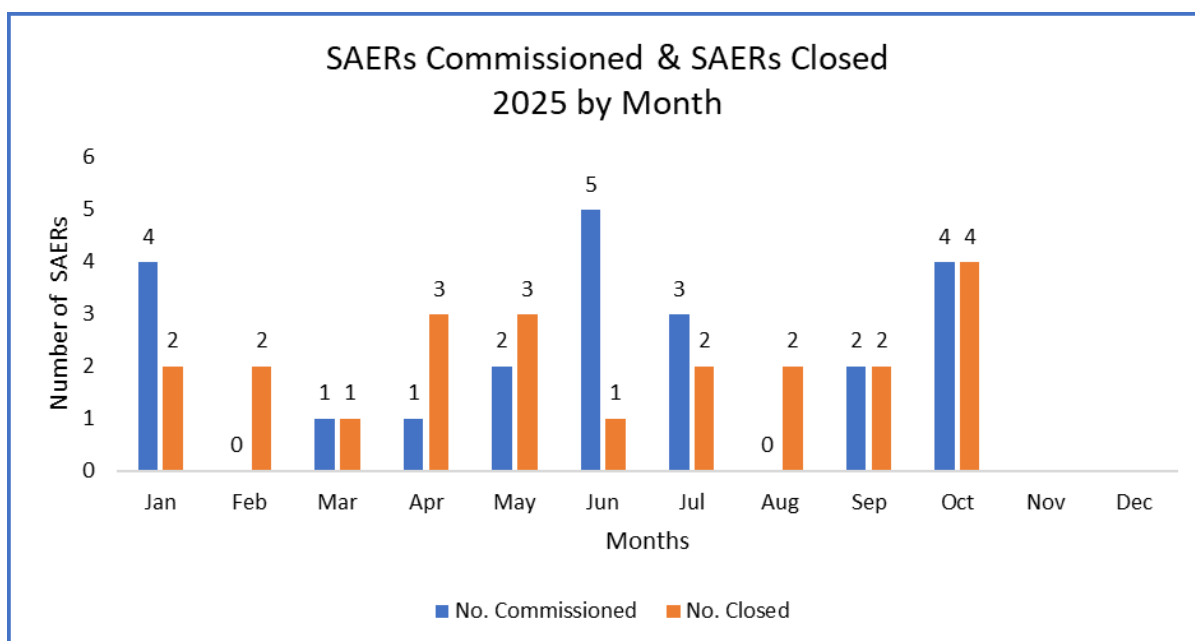


Chart 3: Commissioned v Closed by month

The Corporate Clinical Governance team are therefore developing a case for fixed term expansion of the SAER team to allow the “backlog” to be expediated and also any new SAERs commissioned to be immediately commenced. Once the “backlog” is cleared, the data shows that the NHS Forth Valley SAER system and team will be able to deliver sustained, high quality reviews.

Appendix 2

Hospital Standardised Mortality Rate (HSMR)

The HSMR is the ratio of the number of people who died, divided by the number of people predicted to die, in the 30 days following admission to an acute hospital. It does not capture all hospital mortality because it does not include patients that die after 30 days of admission.

It is a key and overarching indicator of the quality and safety of our care in the acute hospital. The Scottish HSMR is 1.00. If an HSMR value for a hospital is less than one, this means the number of deaths within 30 days of admission for this hospital is fewer than predicted. If an HSMR value for a hospital is greater than one, this means the number of deaths within 30 days for this hospital is more than predicted. If the number of deaths is more than predicted this does not necessarily mean that these were avoidable deaths (i.e. that they should not have happened), or that they were unexpected, or were attributable to failings in the quality of care

In NHS Forth Valley HSMR remains below 1.0, with the latest HSMR 0.94.(NHS FV are the 'big blue dot' in the funnel plot below)

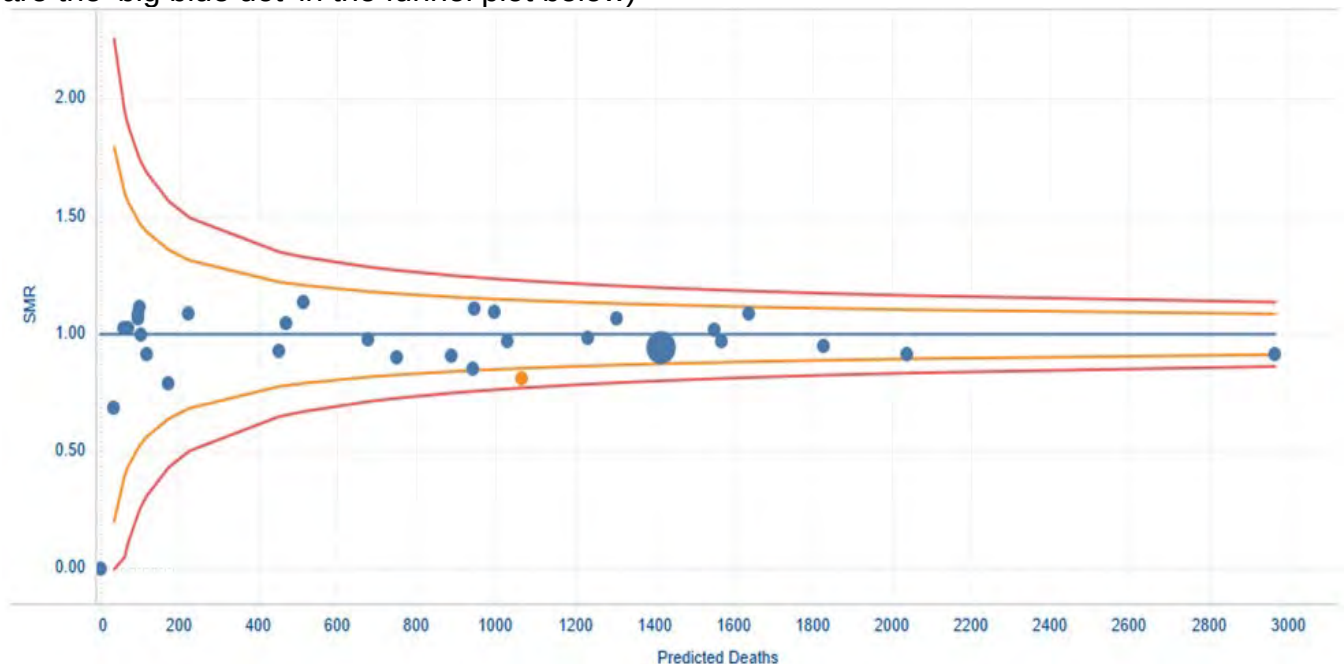
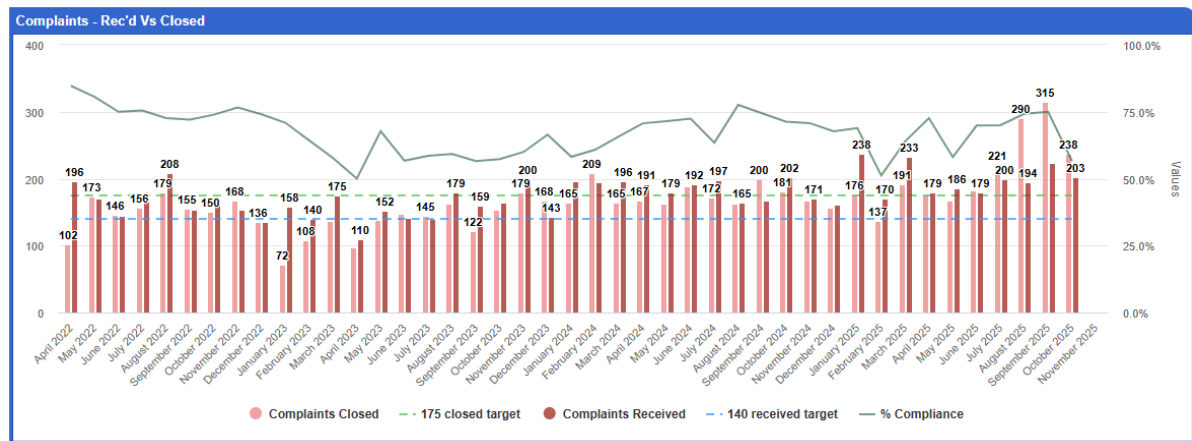


chart 1: NHS Scotland funnel plot position HSMR (Data source ISD Scotland) NHSFV is the large blue dot.

Appendix 3

Complaints Update

NHS Forth Valley had 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 totals 231.



Significant efforts have been made to reduce the back log as the graph above illustrates. An improvement plan has been presented to Clinical Governance Working Group, the Quality Programme Board and SLT, and SLT receives weekly updates to provide assurance and update on progress.

Appendix 4

Safer Together Collaborative (STC)

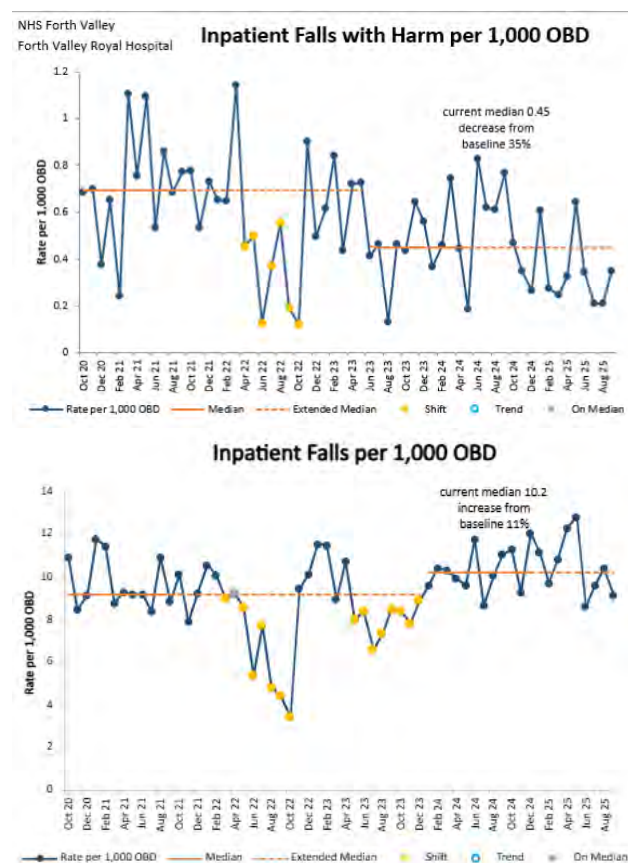
Key Data:

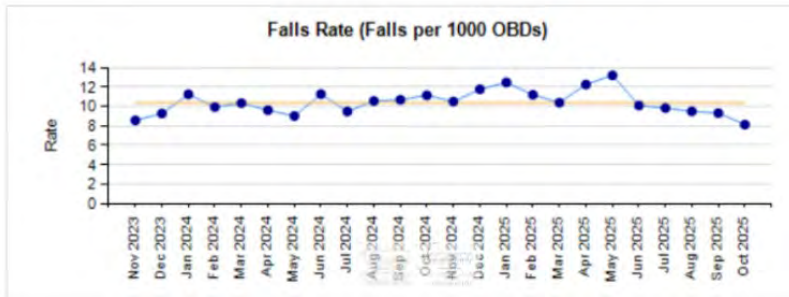
Safer Mobility – Falls and Falls with Harm

Aim: Reduce falls with harm 'moderate and severe' by 30% by November 2025.

SPSP data set submitted to Health Improvement Scotland (HIS) which is the outcome data for Safer Together Collaborative shows a rephased median following sustained improvement efforts with a baseline median of 0.7 which is now 0.45 indicating a 35% reduction in falls with harm, achieving our overall outcome measure.

It is important to note that although falls within the SPSP data set has shown a 11% increase in the number of falls within the definition for SPSP, this has been recognised nationally due to the number of patients being safer mobilised. The whole system data within Forth Valley not within SPSP definitions shows a 5 point trend within the overall falls data.

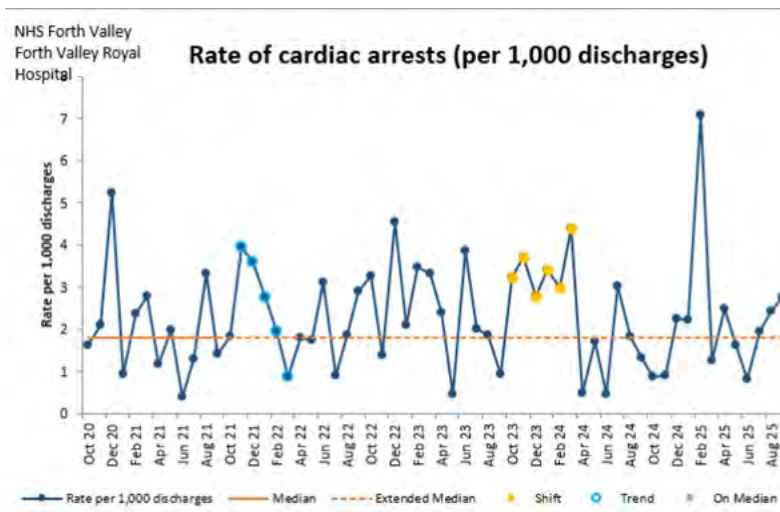




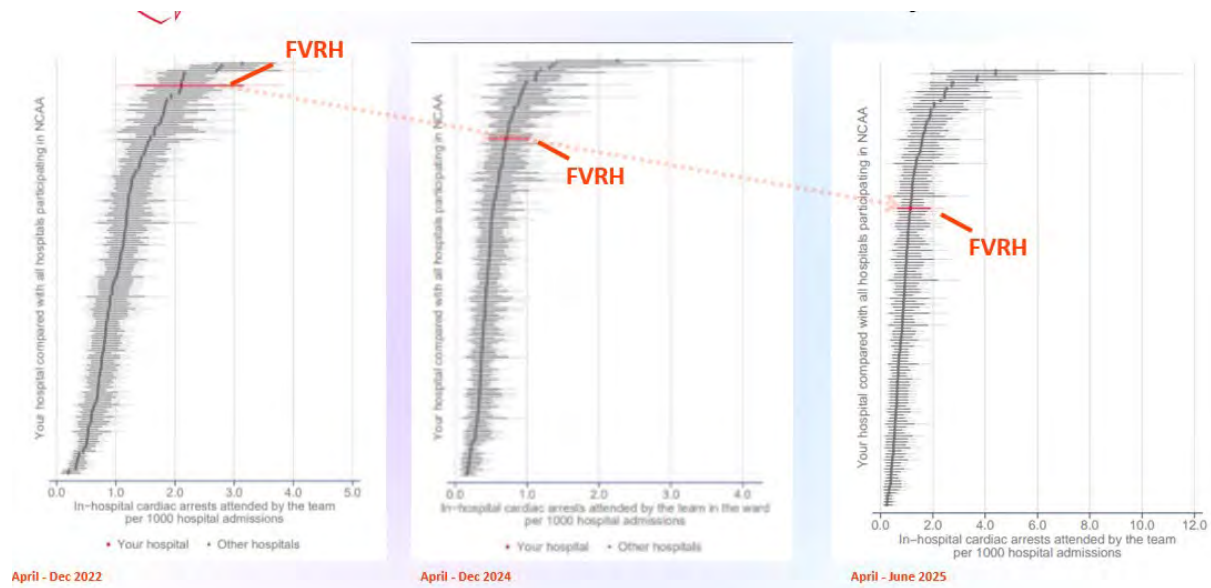
Deteriorating Patients - Cardiac Arrest

Aim: to reduce the cardiac arrest rate by 40% by November 2025.

SPSP data set for reporting to HIS which is STC outcome measure, this continues to identify random variation. Our baseline rate at the start of the collaborative was a median of 4.5 and is now 2.73.



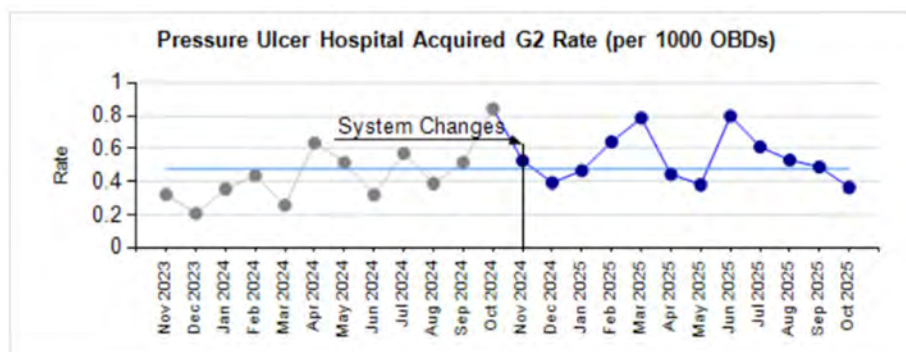
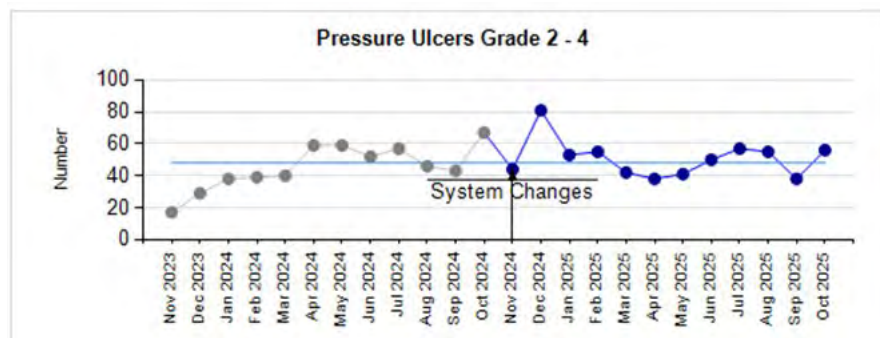
As a board we continue to submit data to the National Cardiac Arrest Audit (NCAA), this is a different data set from SPSP data submission. Within the participating boards of NCAA, since the launch of the collaborative we have moved from the top 10th percentile to the 25th-75th percentile. Improvements demonstrated in the national caterpillar plot below.



Pressure Ulcers

Aim: By Nov 25, reduce the organisationally acquired pressure ulcers grade 2-4 by 30%

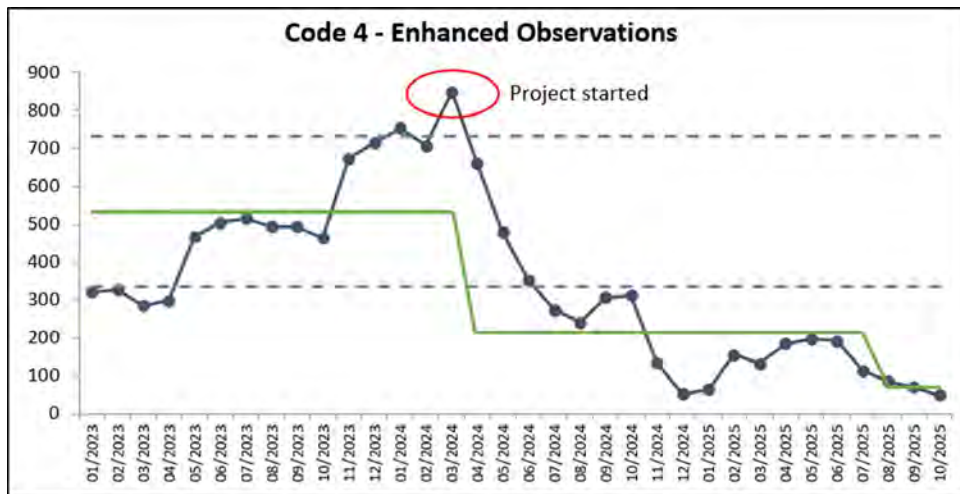
Outcome aim for the STC is looking at Grade 2-4 pressure ulcers, random variation noted within our system. Improved verification and accuracy of data quality have significantly improved. Statistical improvements noted for grade 2 pressure ulcers of a 5 point trend, indicative of improvement efforts carried out during STC.



Enhanced Observations

Aim: Reduce enhanced observations by 50 % by November 25.

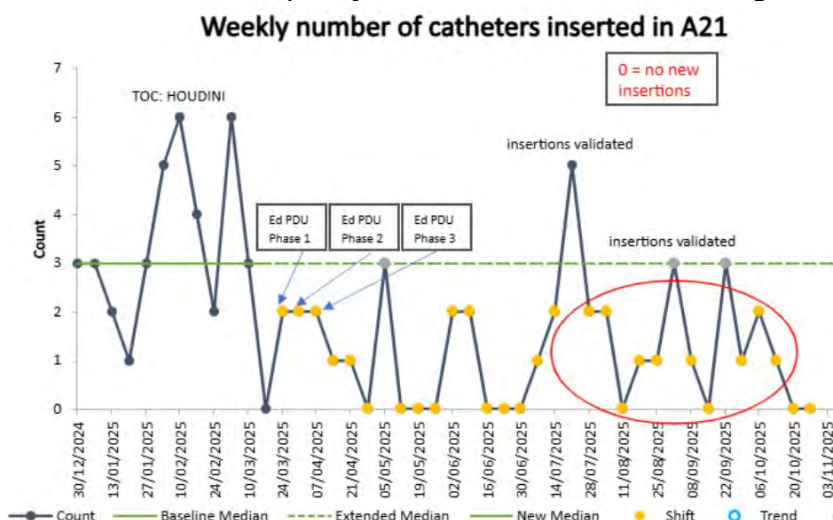
Enhanced observations have seen an 87% reduction in mean noted in graph below. Outcome measure has been achieved; this outcome is within quality control and continue to be monitored through safe staffing.



Catheter care

Aim: Reduce catheter usage by 30% by November 25.

No baseline data available prior to commencement of STC, ongoing whole system data collection continues. Statistical improvements noted within test team areas and verification of data quality has been embedded throughout this process.



A **Celebration Event** took place on 13 November at Falkirk College to recognise the achievements of the teams who contributed to the success of the Collaborative.

We continue to capture learning through a mixed-method evaluation approach, combining both qualitative and quantitative data. A comprehensive evaluation report

is being produced which will also provide an opportunity to share our learning system with other boards across Scotland.

STC Transition

Strategic planning is currently underway to support the transition from the STC into a revised operational framework aligned with NHS Forth Valley's evolving governance structures. All associated workstreams within STC will be realigned under the newly established Quality and Safety Steering Group model, ensuring cohesive oversight and integration across the system.

The commitment to whole system working will be sustained and demonstrated through key thematic pillars centred on quality and safety. These pillars will provide assurance via reporting to both the newly established Quality and Safety Steering Group and the existing Forth Valley Quality Programme Board, thereby strengthening governance, accountability, and transparency.

Appendix 5

Scottish Patient Safety Programmes (SPSP)

A revised sign-off structure has been implemented to strengthen governance and ensure clarity in the SPSP reporting process for the current Acute Adults and Perinatal and Paediatric programmes:

NHS Forth Valley has formally committed to two new Scottish Patient Safety Programme (SPSP) launched this month for Mental Health and the newly launched Adults in Hospital programme. which will take over from Acute Adult programme reflecting the inclusion of community hospitals and care homes:

- **SPSP Mental Health**
- **SPSP Adults in Hospital**, with targeted focus areas such as:
 - Cardiac Arrests
 - Pressure Ulcers
 - Falls and Falls with Harm
 - Medicines Safety

This strategic alignment reflects our continued dedication to improving patient safety and quality of care across all settings. Appropriate governance structures are in place to support this work, with Improvement Advisor input embedded to guide implementation and monitor progress. These programmes will be integrated into reporting structures for the above Safety Steering groups, ensuring that learning and outcomes are shared across the organisation and that efforts are sustained through robust oversight and reporting mechanisms.

11b. Healthcare Associated Infection (HAI) Report October 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 October.
- Total DABs remain within control limits. There were two hospital acquired DABs in October.
- Total CDIs remain within control limits. There were no hospital acquired CDIs in October.
- Total ECBs remain within control limits. There were five hospital acquired ECBs in October.
- There was one mandatory surgical site infection in October.
- There were no outbreaks reported in October.

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

The Clinical Governance Committee considered the HAIRT at its meeting of 11 November 2025.

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 ☐

- If yes, please provide details.

Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee.

Appendices

Appendix 1 – Main Report



Healthcare Associated Infection Reporting Template (HAIRT)

October 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 two healthcare acquired SABs this month.
- There was one nursing home acquired SAB this month.
- Total SAB case numbers exceeded control limits this month.

Device associated bacteraemia – total number this month: 5

- There were 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: 4**

- There were no hospital acquired CDIs this month.
- There were two healthcare acquired CDIs this month.
- There were two nursing home acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 7**

- There were five hospital acquired ECBs this month.
- There were two healthcare acquired ECBs 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 were no outbreaks reported this month.

New LDP interim targets for 2025-2026

The publication of [Further Update on Standards on Healthcare Associated Infections DL \(2025\) 05](#) sets out the local delivery plan standards for year 2025/2026.

The agreed standard **should be no increase in the incidence (number of cases) of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) in the period between April 2025 and March 2026, from the 2023/2024 case numbers baseline.**

In accordance with this ARHAI have provided FV with our 2023/2024 baseline number of healthcare associated CDI, ECB and SAB cases to enable local monitoring. This number reflects the number of cases that should not be exceeded in 2025/26 to meet the new standard.

Healthcare associated case numbers of CDI, ECB and SAB, NHS Forth Valley.

	2023/2024 case numbers (maximum number of cases for 2025/2026)	2025/2026 case numbers to date
CDI	40	19
ECB	142	72
SAB	57	34

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 **3** last month.
There was a data exceedance for SABs this month.

Total number of SABs (April 2025 – date) = **34**

- Hospital acquired = **4**
 - o Unknown x 3 (No attributed ward)
 - o Endocarditis x 1 (No attributed ward)

There was a data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **2**
 - o Hepatobiliary
 - o Ulcer

There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **1**
 - o Unknown

Hospital SABs

- **Endocarditis**; patient admitted due to multiple comorbidities and diagnosed and treated for endocarditis.
- **Unknown x3**; following investigations, cause of infection was not identified.

In relation to the data exceedance, no areas of commonality were identified.

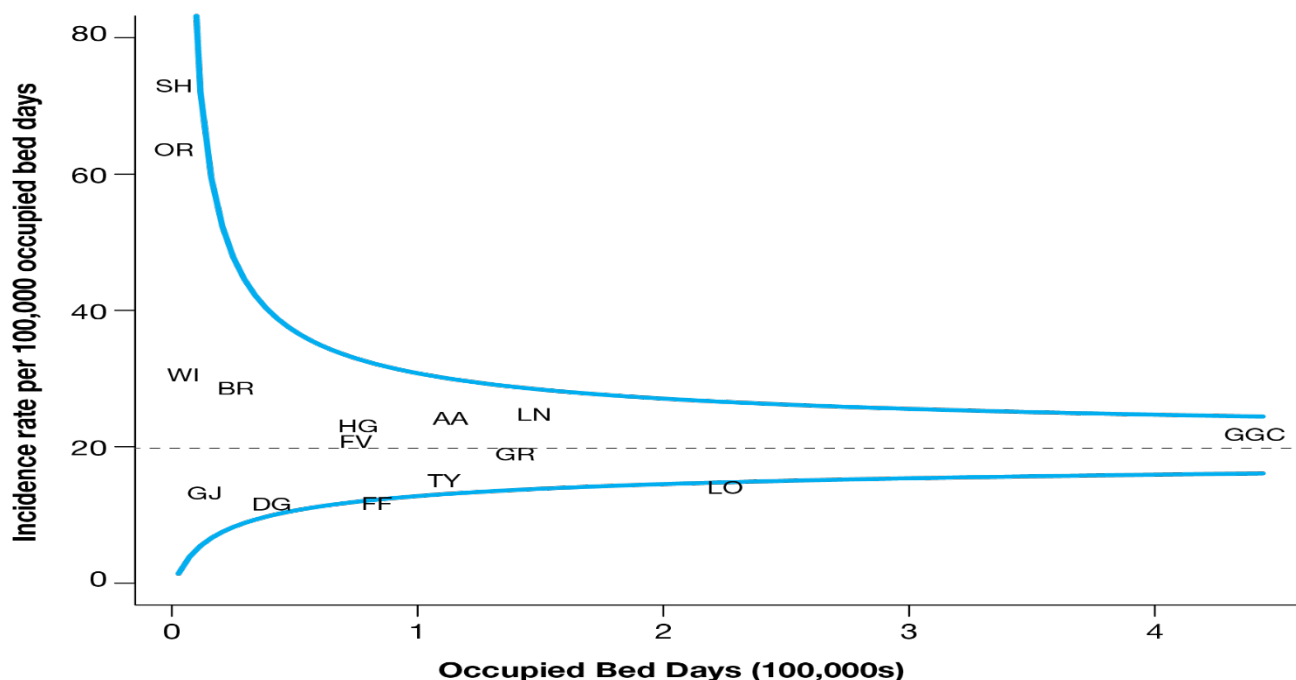
NHS Forth Valley's approach to SAB prevention and reduction

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 2 report (April – June 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 **4** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2025 – date) = **42**

- **Hospital acquired = 2**

- o PICC line (No attributed ward) x 1
- o Hickman line (Ward A12) x 1

There was no data exceedance for hospital acquired DABs this month.

- **Healthcare acquired = 3**

- o PICC line x 1
- o Hickman line x 1
- o CVC x 1

There was no data exceedance for healthcare acquired DABs this month.

- **Nursing Home acquired = 0**

There was no data exceedance for nursing home acquired DABs this month.

Hospital DABs

- **PICC line**; No attributed ward due to complete documentation.
- **Hickman line**; Infection developed during chemotherapy treatment. Attributed to ward A12 due to inconsistent bundle documentation.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. Following on from the 2019-2024 AOP targets, new targets are going to be set by the Scottish Government shortly. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

Total number of ECBs this month - **7** compared to **11** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2025 – date) = **72**

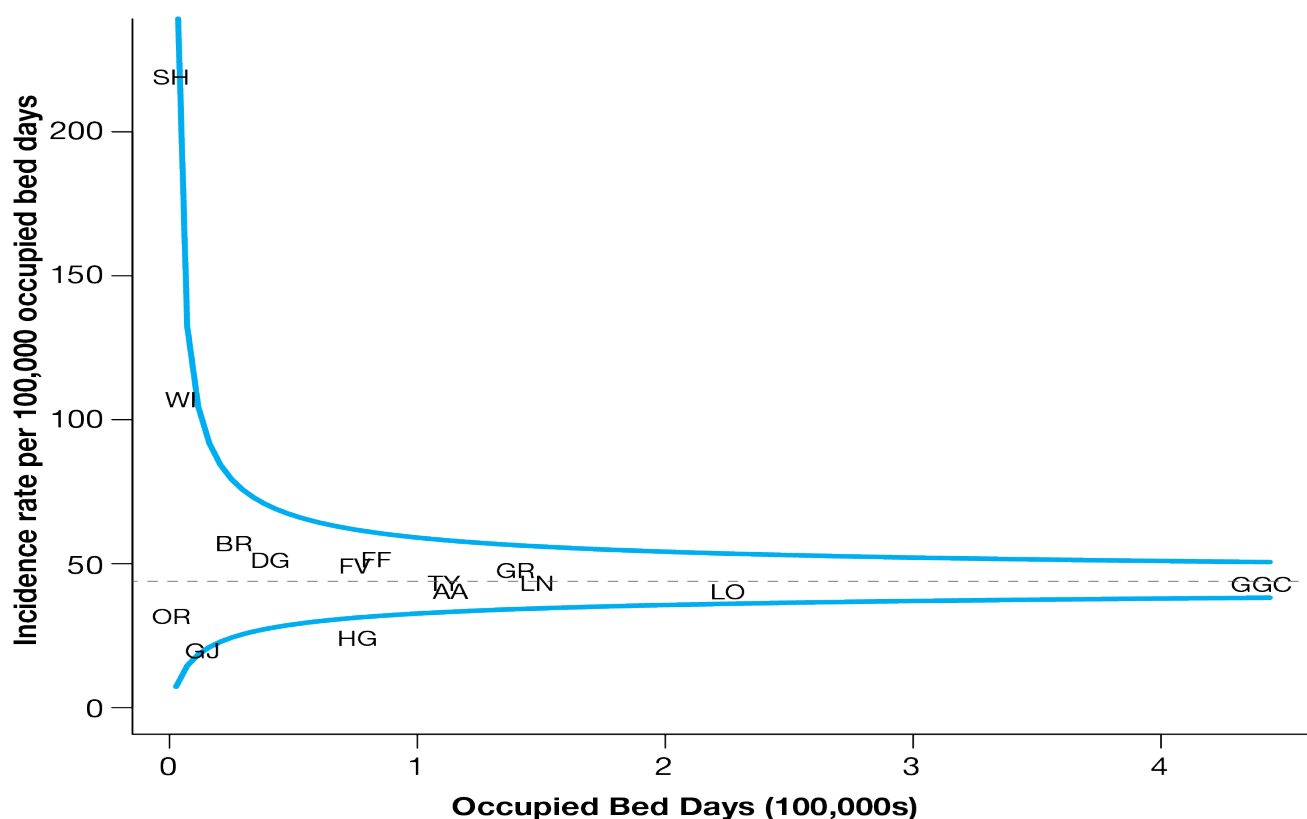
- Hospital acquired = **5**
 - o UTI x 1 (No attributed ward)
 - o Unknown x 2 (No attributed ward)
 - o Post procedural x 1 (No attributed ward)
 - o Hepatobiliary x 1 (No attributed ward)There was no data exceedance for hospital acquired ECBs this month.
- Healthcare acquired = **2**
 - o Hepatobiliary x 2There was no data exceedance for healthcare acquired ECBs this month.
- Nursing Home acquired = **0**
There was no data exceedance for nursing home acquired ECBs this month.

Hospital ECBs

- **UTI**; patient developed infection following admission with urinary retention.
- **Hepatobiliary**; No attributed ward due to patient admitted with symptoms of cholecystitis.
- **Post procedural**; patient developed infection following spontaneous vaginal delivery with trauma due to forceps.
- **Unknown x2**; following investigation cause of infection was not determined.

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 2 report (April – June 2025) highlighting Forth Valley's position compared to all other boards in Scotland.



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.

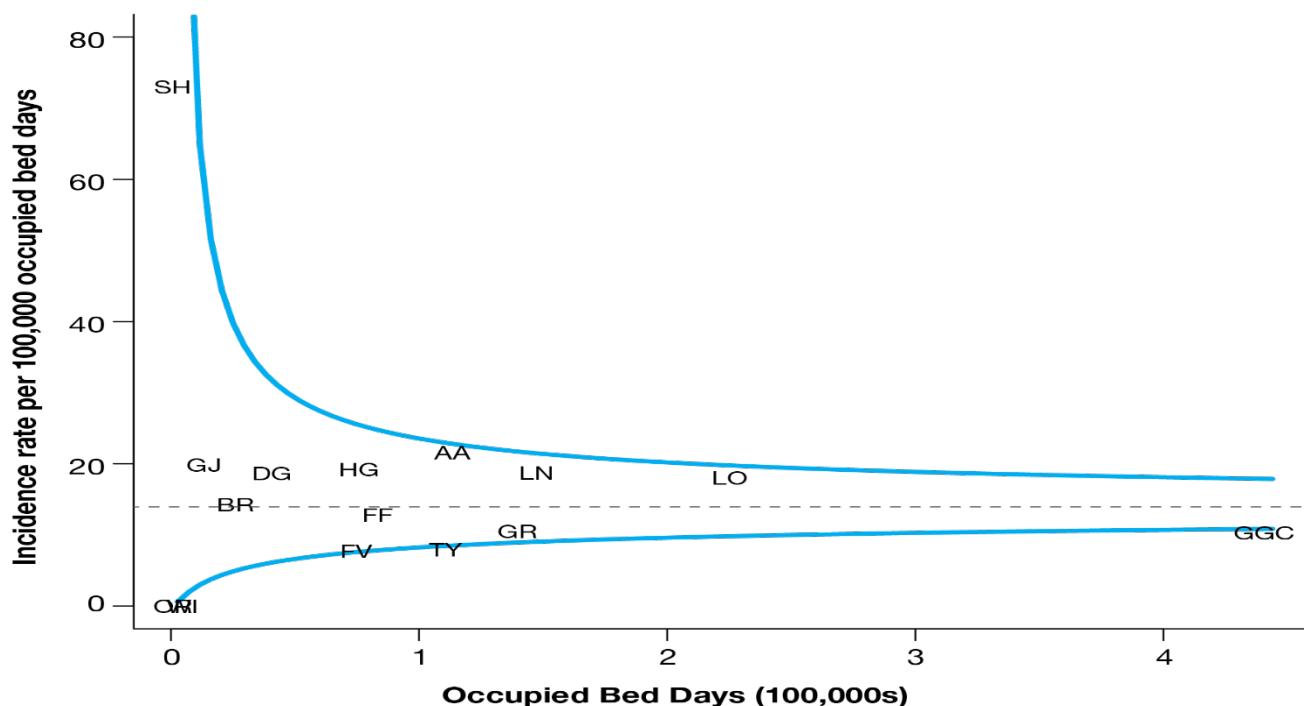
Total number of CDIs this month; **4** compared to **0** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2025 – date) = **19**

- Hospital acquired = **0**
There was no data exceedance for hospital acquired CDIs this month.
- Healthcare acquired = **2**
There was no data exceedance for healthcare acquired CDIs this month.
- Nursing Home acquired = **2**
There was no data exceedance for nursing home acquired CDIs this month.
- GP acquired = **1**
(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 2 report (April – June 2025) highlighting Forth Valley's position compared to all other boards in Scotland.



Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post-surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. The NHS Forth Valley infection rates are comparable to national infection rates.

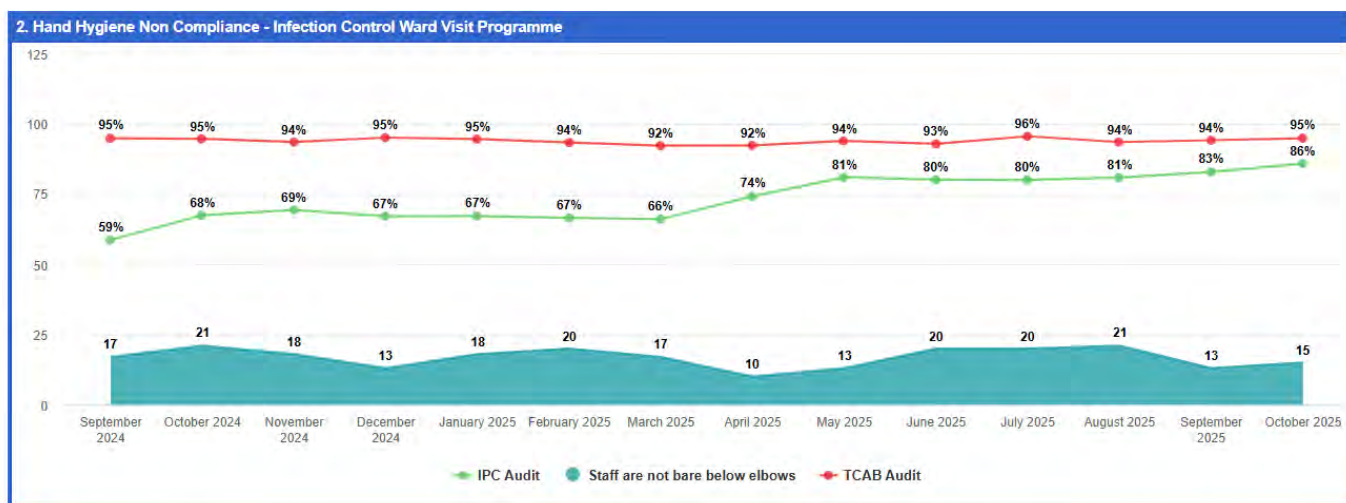
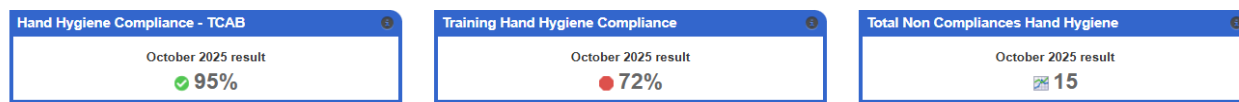
NHS Forth Valley's approach to SSI prevention and reduction

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patient's weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates, and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates. The table below also contains local surveillance with an extended surveillance period of 90 days.

Procedure	No of Procedures this month	No. of Confirmed SSIs this month (Mandatory 30 days)	No. of Confirmed SSIs this month (Local 90 days)
Abdominal Hysterectomy	12	0	0
Breast Surgery	36	1	2
Caesarean Section	93	0	0
Hip Arthroplasty	66	0	0
Knee Arthroplasty	51	0	1
Large Bowel Surgery	14	0	0

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.



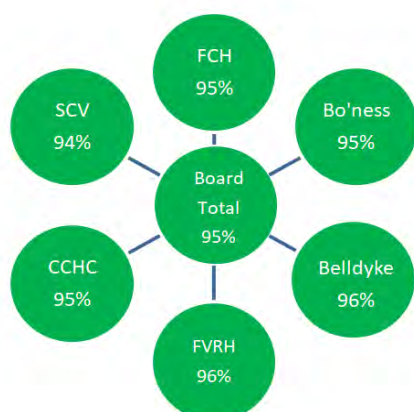
Estate and Cleaning Compliance (per hospital)

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.

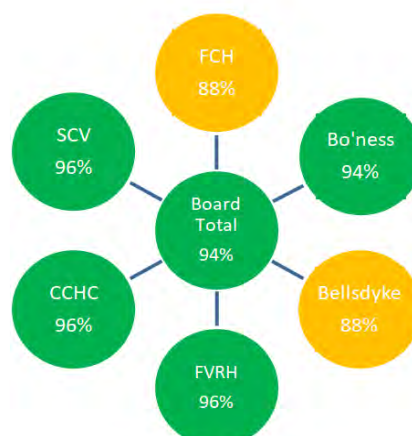
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

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 88% the previous quarter and Bellsdyke is 88% compared to 89% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard July – September 2025



Cleaning Compliance



Estates Compliance

Colour		Description
●	Green	compliance level 90% and above - Compliant
●	Amber	compliance level between 70% and 90% - Partially compliant
●	Red	compliance level below 70% - Non-compliant

Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICIP 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 increased this month from 212 non-compliances reported in September.

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	10	32	46	45	8	13	157
Primary Care & Mental Health Services	3	4	2	24	33	3	4	73
WC&SH Directorate	0	1	1	5	4	2	1	14
Totals	6	15	35	75	82	13	18	244

Please refer to the appendix for a further breakdown of non-compliances.

Incidence / Outbreaks

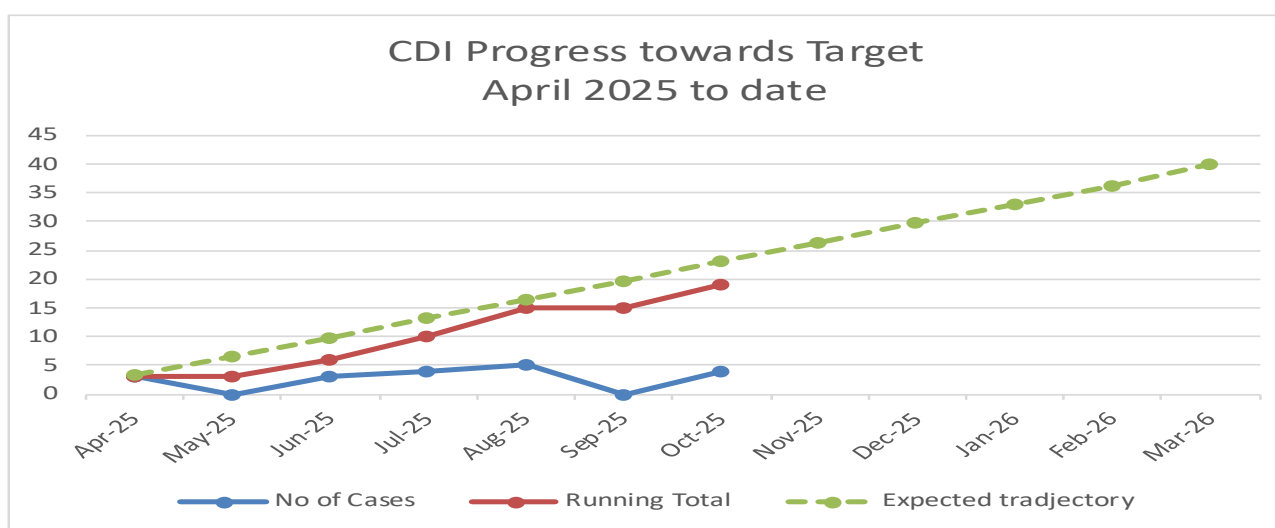
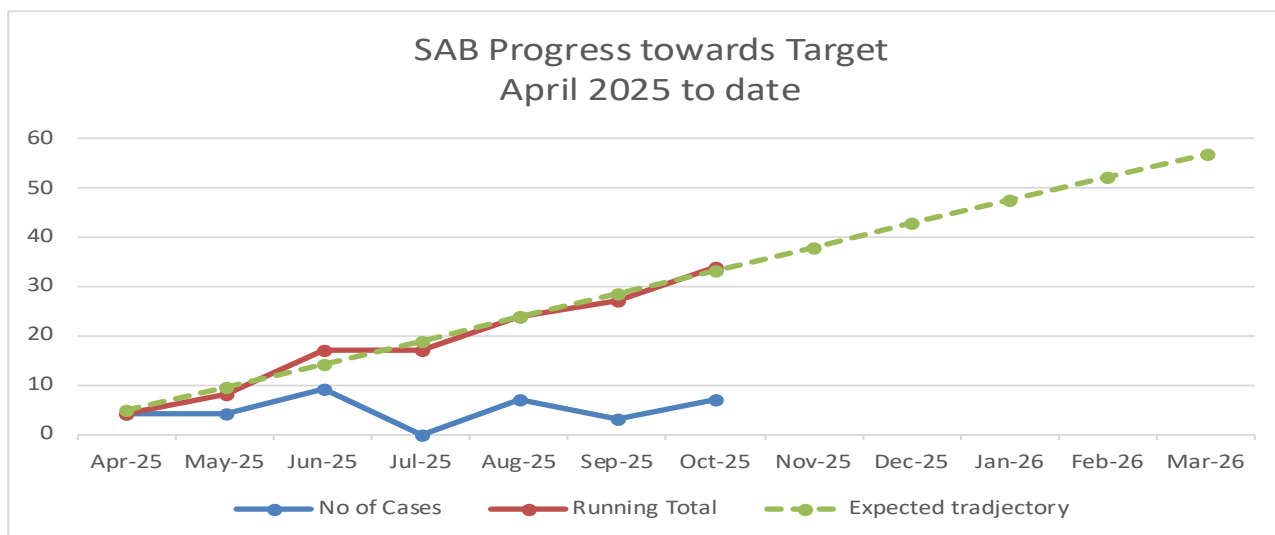
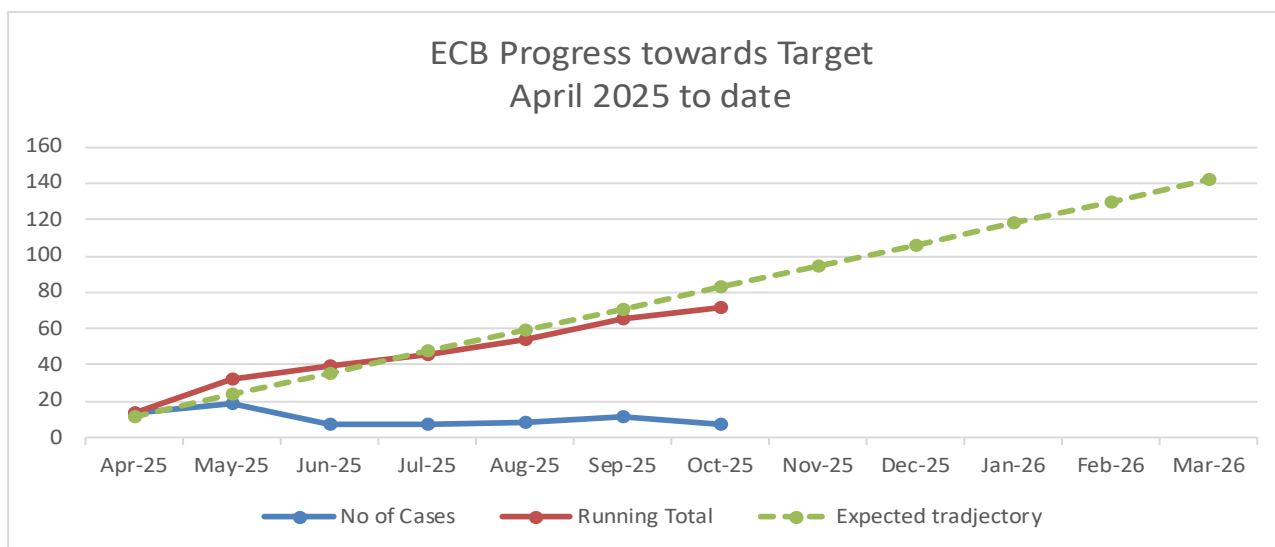
All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

Healthcare Acquired Infection Incident Template (HAIT)

The HAIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

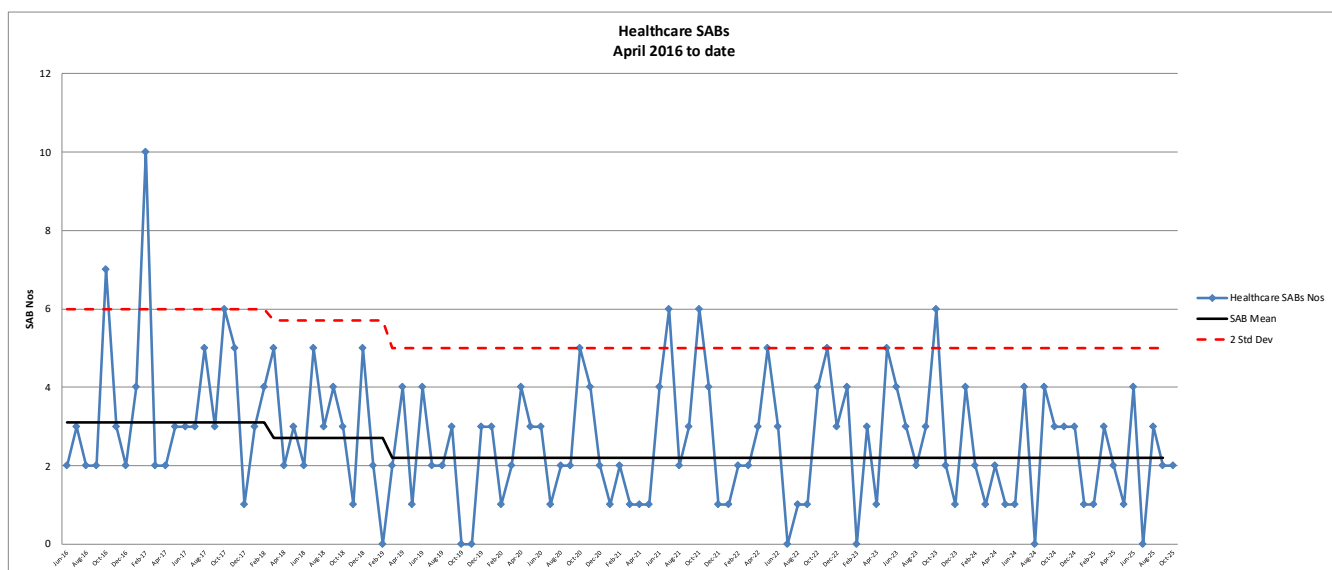
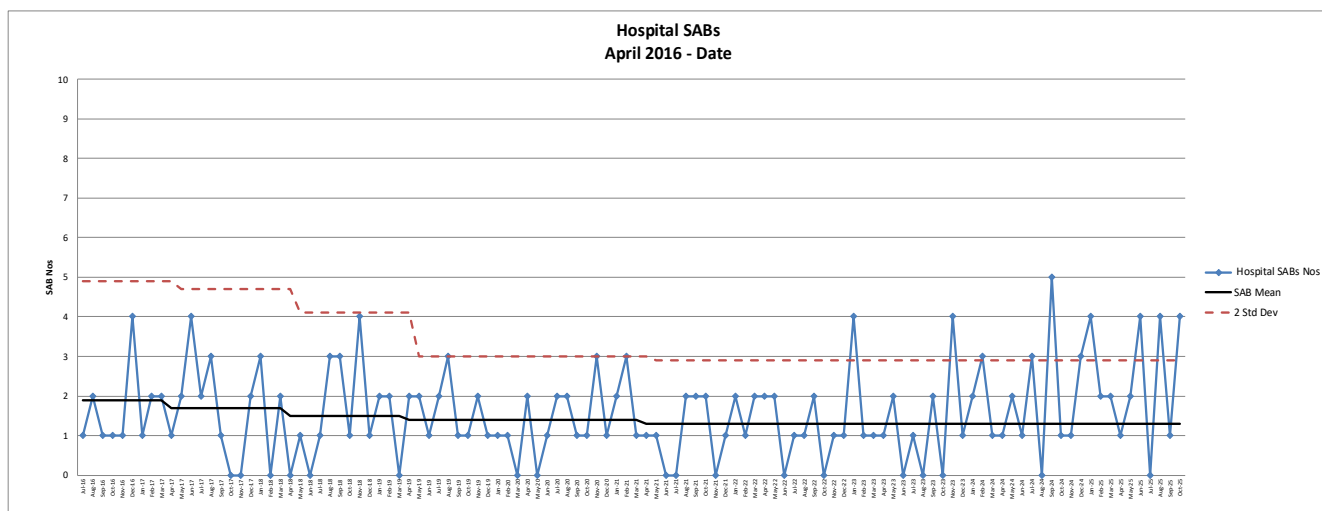
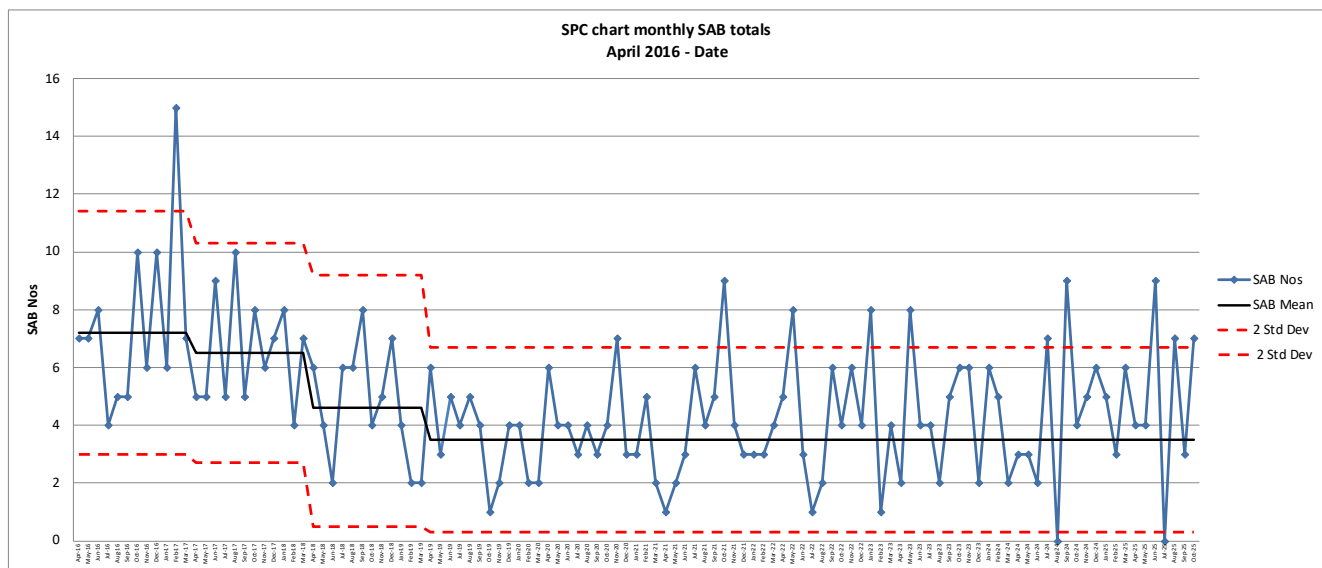
There were no outbreaks reported this month.

LDP Targets

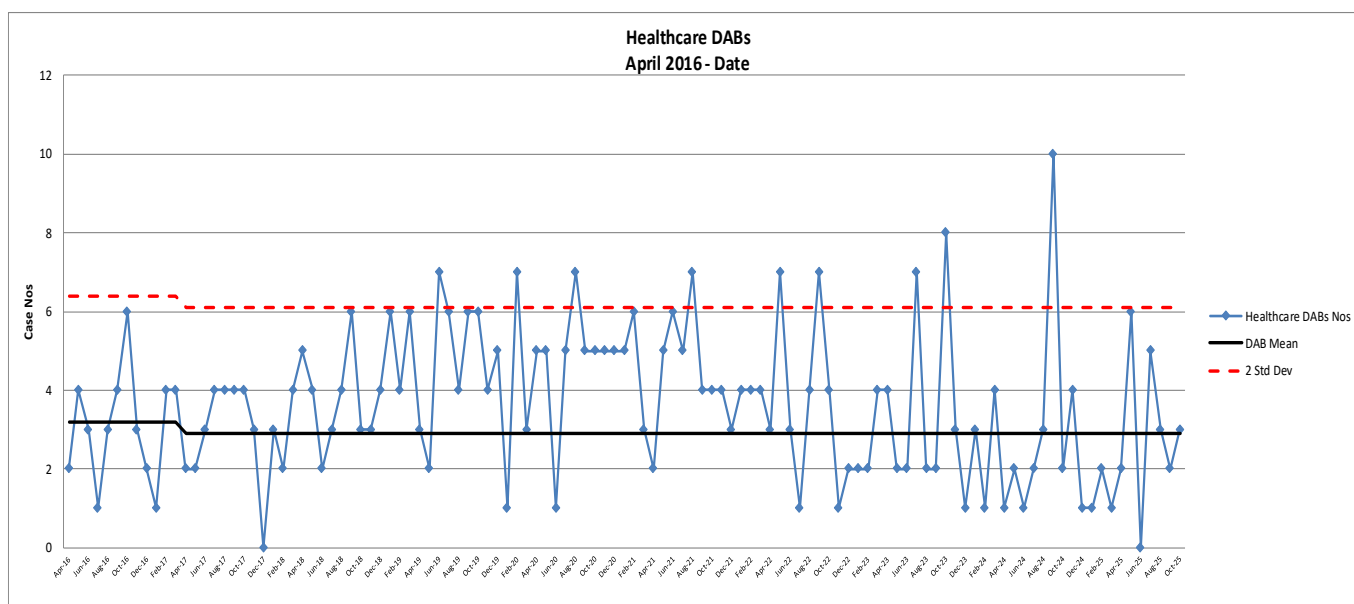
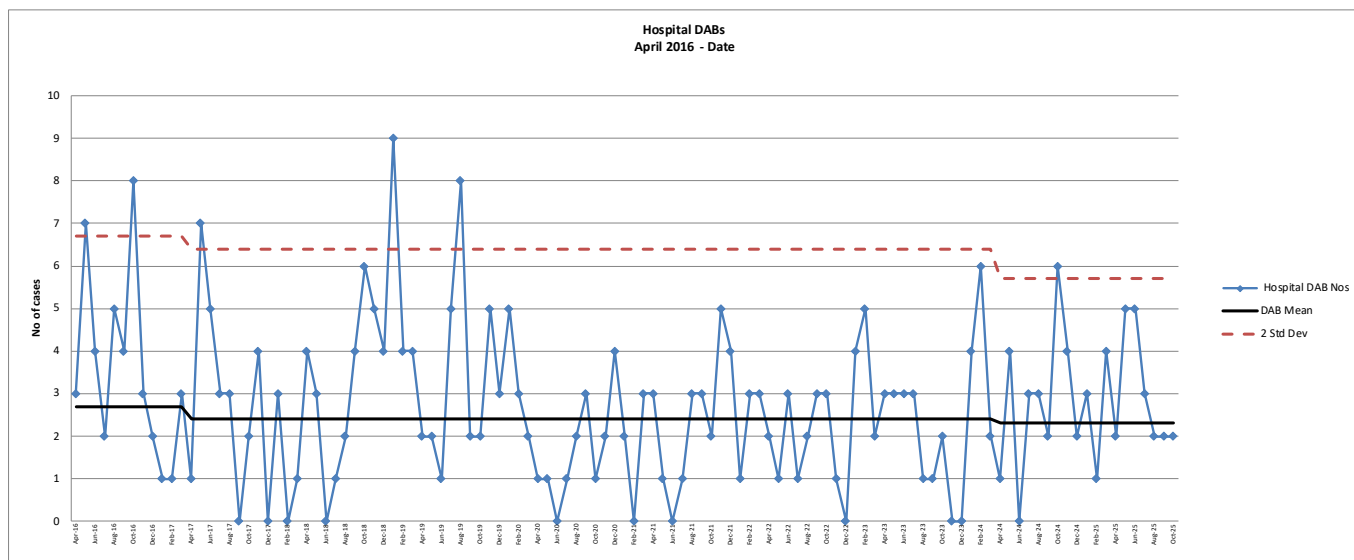
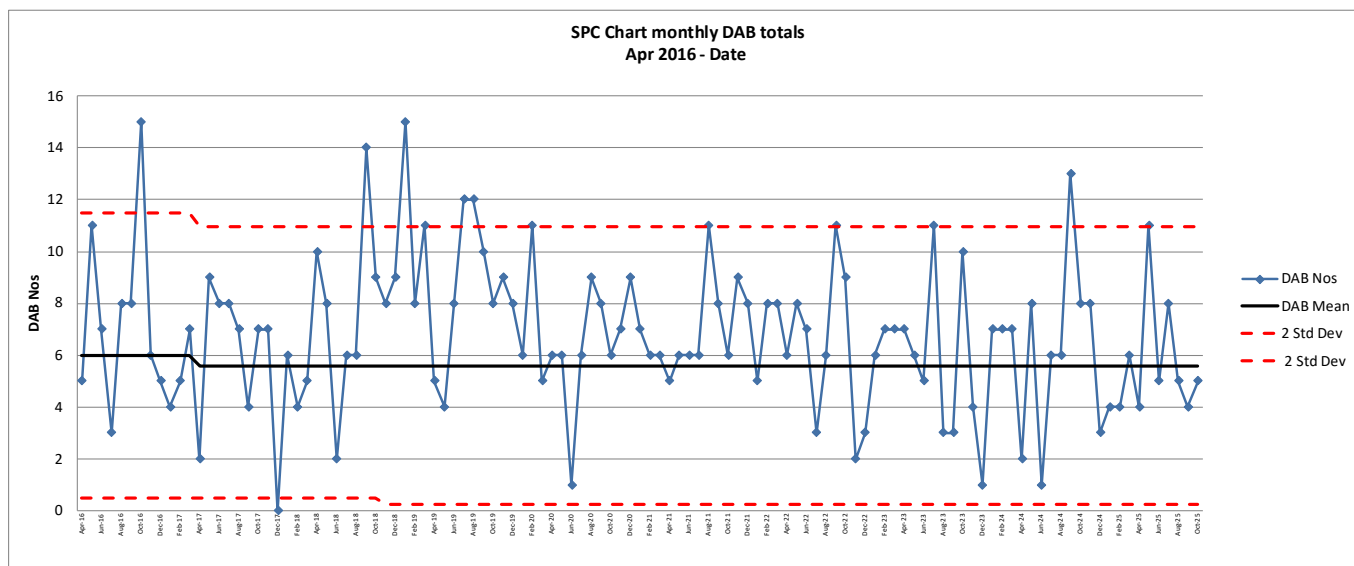


HAI Surveillance Statistical Processing Charts

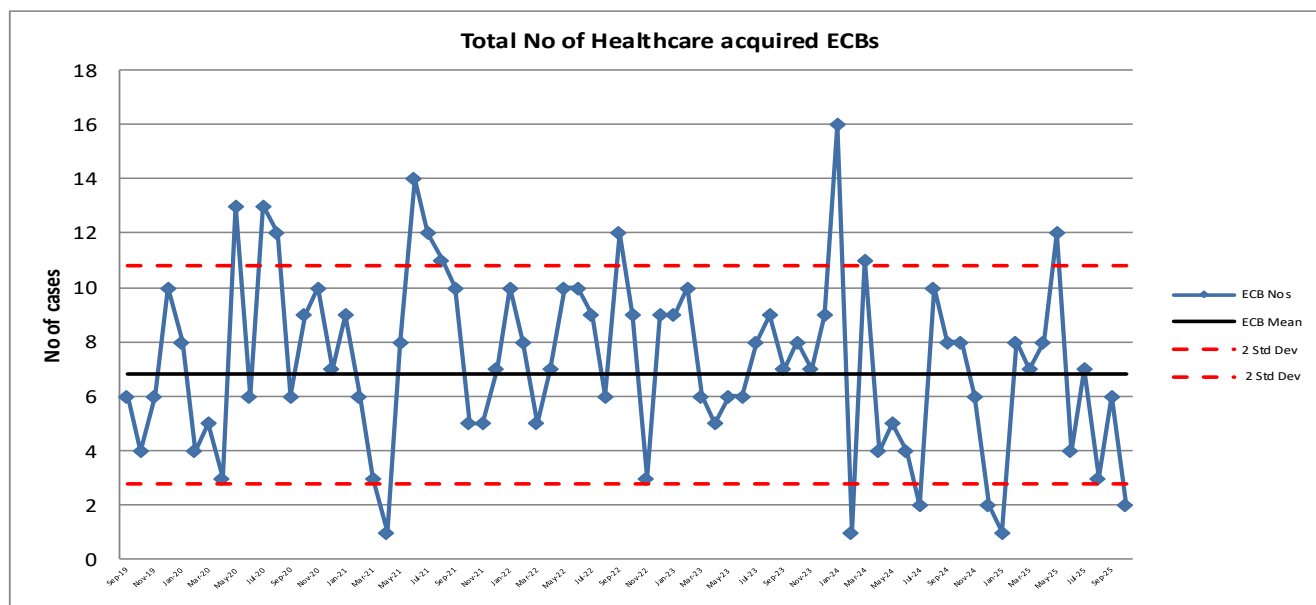
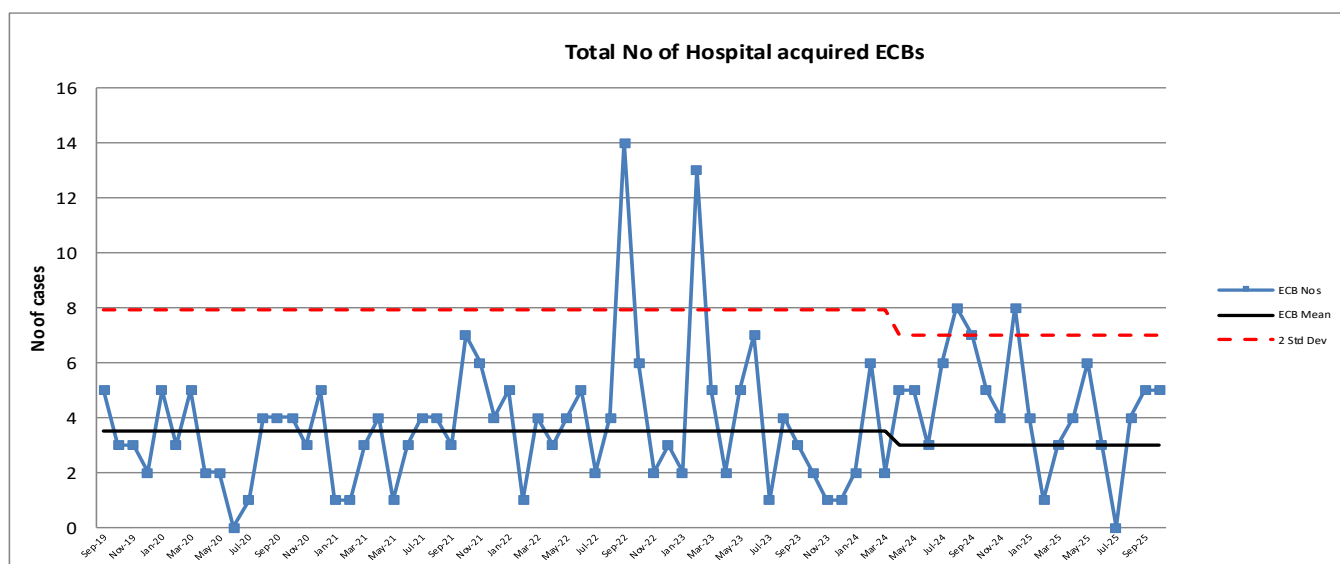
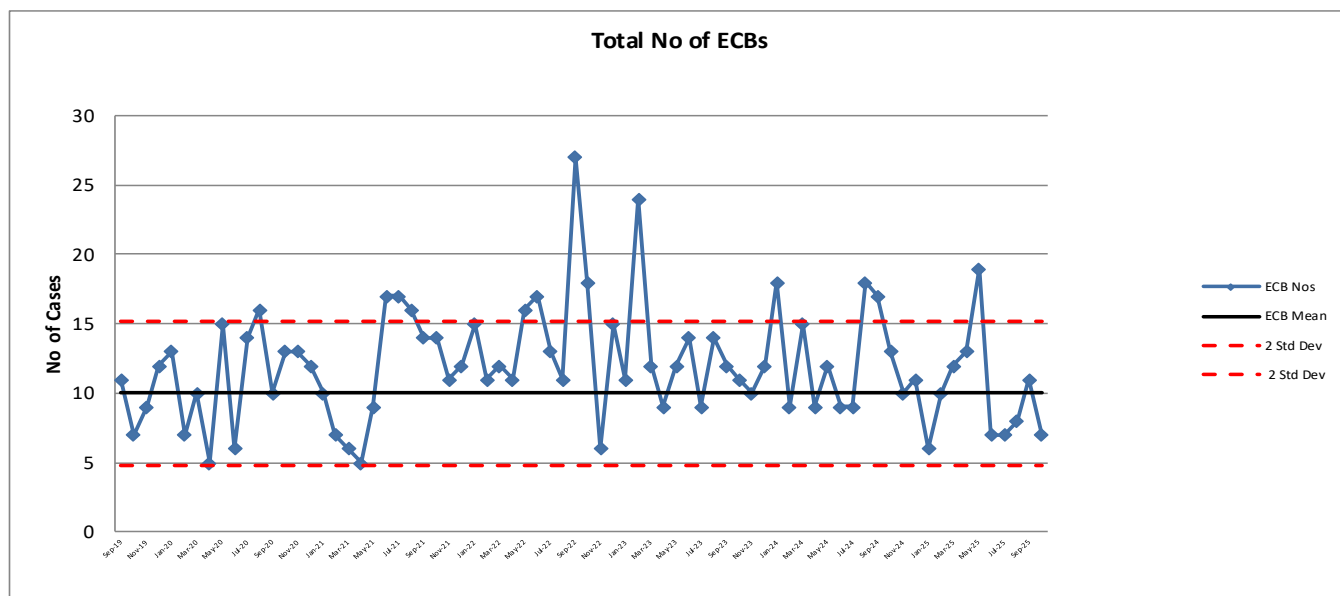
Staphylococcus aureus Bacteraemias (SABs)



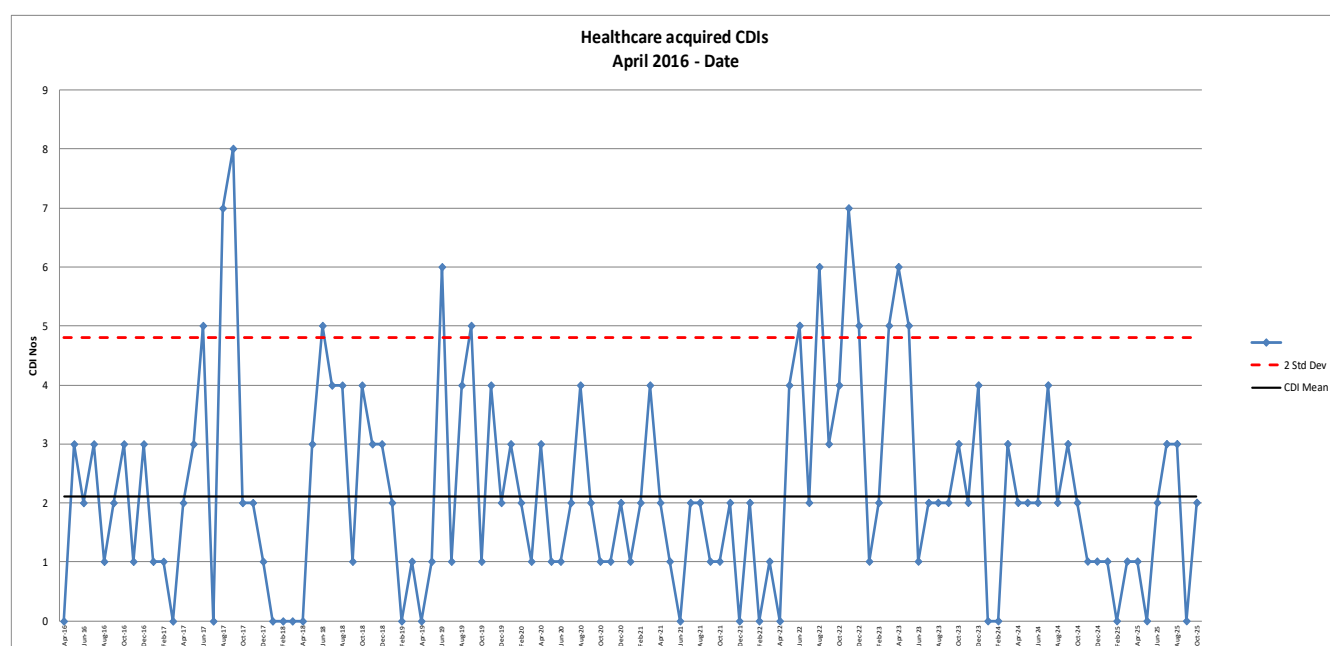
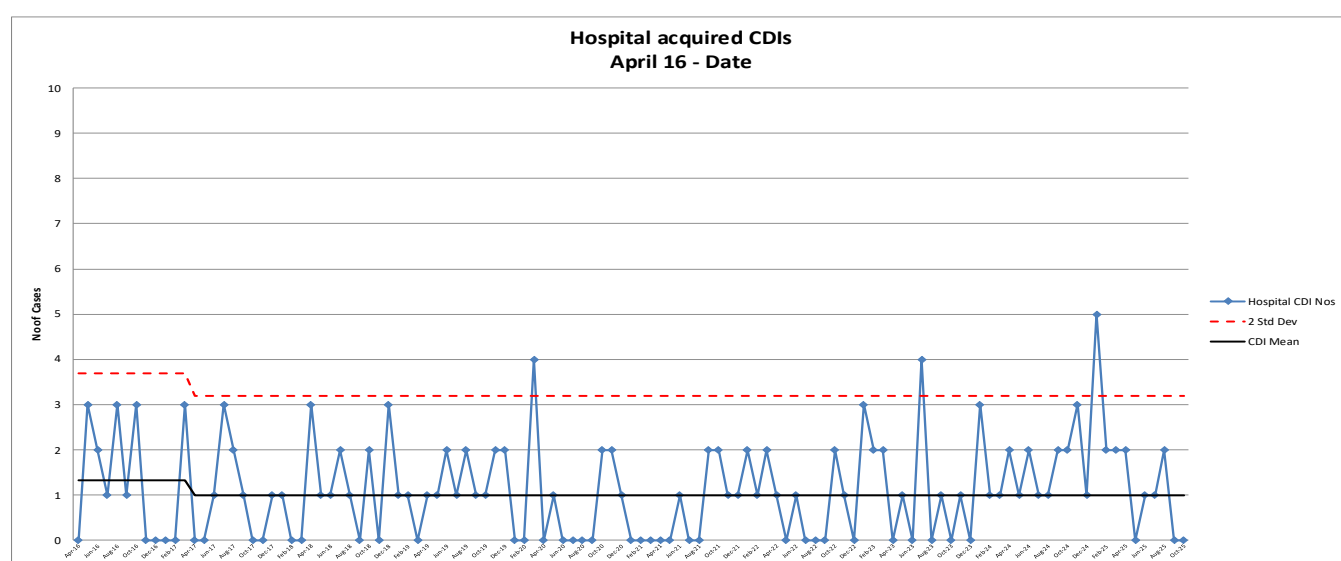
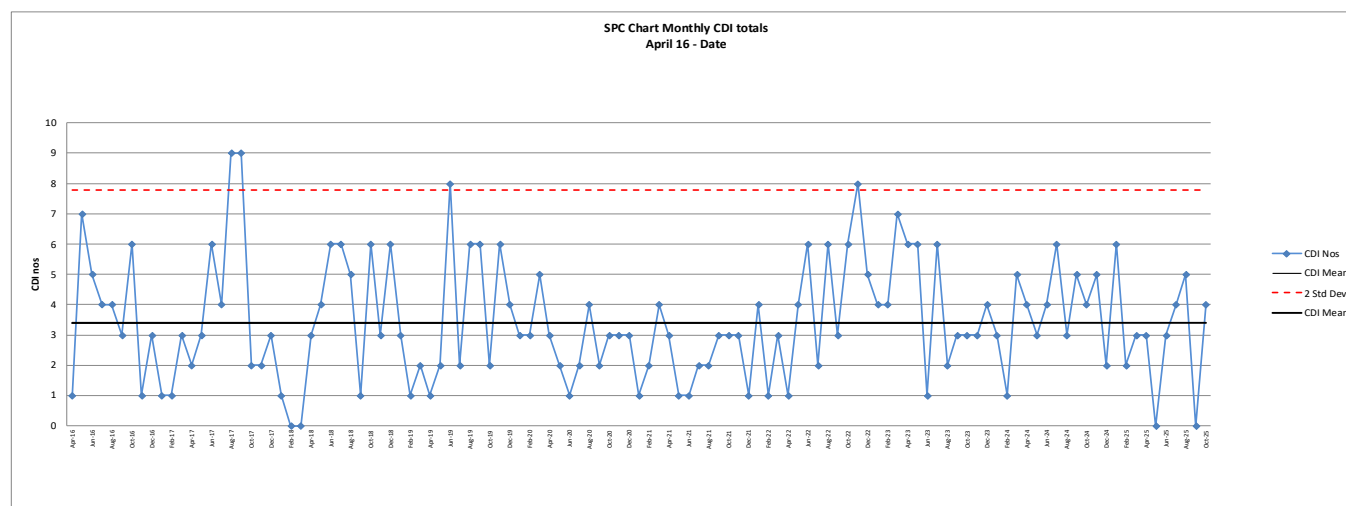
Device Associated Bacteraemias (DABs)



Escherichia coli Bacteraemias (ECBs)

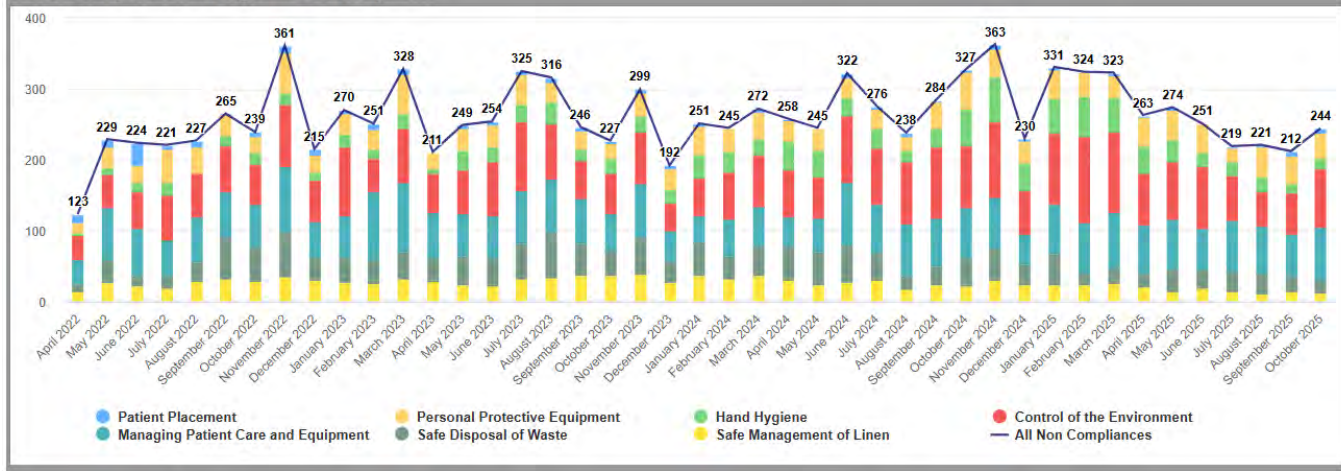


Clostridioides difficile Infections (CDIs)

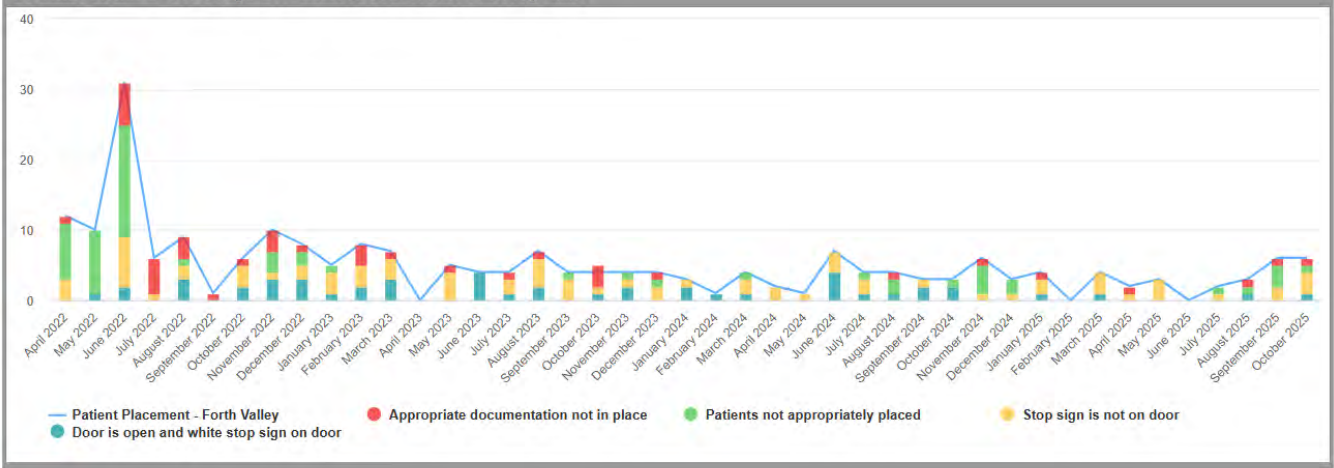


Ward Visit Non-Compliances by SICP

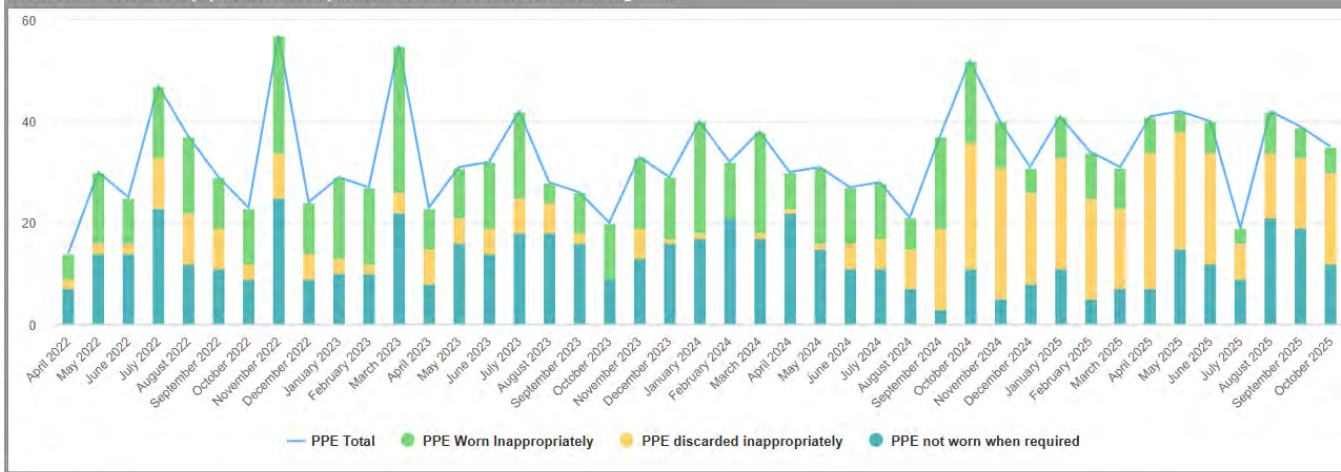
All Forth Valley - Ward Visit Programme - non compliances



1. Patient Placement - Non Compliance - Infection Control Ward Visit Programme



3. Personal Protective Equipment Non Compliance - Infection Control Ward Visit Programme



4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme



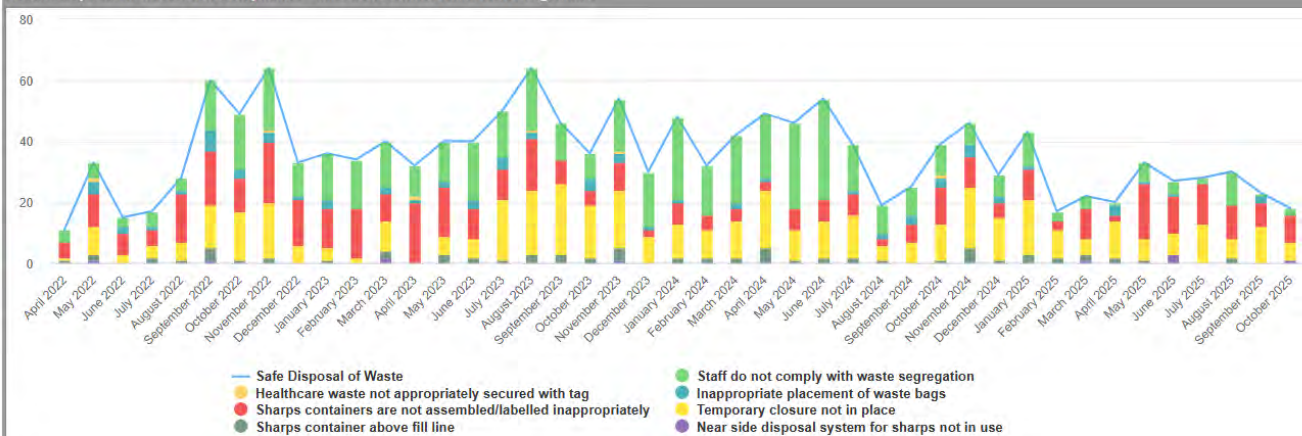
5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme



6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme



7.Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme



12. Community Pharmacy Sunday Winter Opening Pilot – Phase 2

Purpose: This report is for Noting

Executive Sponsor: Andrew Murray, Medical Director

Author: Laura Byrne, Director of Pharmacy and Kirstin Cassells, Lead Pharmacist for Community Pharmacy, Integration and Public Health

Executive Summary

Following the successful Phase 1 pilot of Sunday opening in two community pharmacies during winter 2024/25, NHS Forth Valley proposes to proceed with Phase 2 of the initiative. This will extend Sunday opening to up to three community pharmacy sites across Falkirk, Clackmannanshire, and Stirling for 9 weeks from 14th December 2025 to 8th February 2026. The aim of this pilot is to increase access to Community Pharmacy services in particular, Pharmacy First, Pharmacy First Plus and Unscheduled Care for the patients in Forth Valley over the weekend (with a specific focus on Sundays) in order to increase access for patients and to support Out of Hours (OOH) as part of the NHS Forth Valley Winter Plan.

Action Required

The Forth Valley NHS Board is asked to:

- (1) note the implementation of Phase 2 of the Community Pharmacy Sunday Opening Pilot and the use of non-recurring Community Pharmacy Development Budget funding to support the initiative.
- (2) support strong communications for the public and all NHS Forth Valley staff and services (in particular OOH and urgent and unscheduled care) to ensure successful delivery.
- (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.

- UUSC Programme Board, 19.09.25. Work has been supported by this group.
- Community Pharmacy Local Negotiations Committee on 26.09.25 and 31.10.25

Risk Assessment and Mitigation

Describe any relevant risk assessment/mitigations.

Risks:

- Insufficient contractor applications to cover all three sites.
- Public confusion if pharmacy opening sites vary week to week.
- Financial shortfall if more than three sites operate for the full 9 weeks.
- Limited measurable impact on OOHs if uptake is low.

Mitigations:

- Clear application and selection process to ensure fairness and transparency.
- Strong communications plan to raise public awareness and clarify which pharmacies are open.
- Use of existing community pharmacy development money non-recurring funding (£51K) with contingency planning for shortfall.
- Data collection and evaluation to monitor uptake and system impact.

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 ☒

The service improves access to urgent care for all population groups, particularly those unable to access weekday services.

Financial and Infrastructure Implications

Describe the financial impact (capital, revenue, and efficiencies) and how this will be managed. Describe any implication in relation to Infrastructure.

- **Funding Source:** £51,000 non-recurring funding from the Community Pharmacy Development Budget.
- **Cost per site per day:** £1,300 (includes staffing, utilities, admin, and data collection).
- **Total cost for 3 sites over 9 weeks:** £35,100 (if all sites operate each Sunday).
- No infrastructure changes required.

Workforce Implications

Describe any positive and negative impact on staff including resources, staff health and wellbeing.

- Positive impact on community pharmacy workforce morale and professional development.
- Supports use of Independent Prescribers in advanced clinical roles.
- Risk of workforce fatigue mitigated by rota-based participation and minimum 3-week commitment.

Quality / Patient Care Implications

Describe any positive and negative impact on quality of care and services.

- Improves access to urgent care and reduces unnecessary Emergency Department (ED)/OOH presentations.
- High patient satisfaction and clinical appropriateness demonstrated in Phase 1 of the pilot.
- Enables timely treatment and medication supply in a community setting.

Population Health & Care Strategy

Describe any linkages and contributions to the Population Health & Care Strategy including consideration of Realistic Medicine and Value Based Health & Care.

- Aligns with Realistic Medicine and Value-Based Health & Care by offering accessible, person-centred care.
- Supports NHS Forth Valley's Winter Plan and urgent care transformation priorities.

Climate Change / Sustainability Implications

Describe any implications in relation to climate change / sustainability.

There are no implications in relation to climate change / sustainability.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Engagement Activity:

- Contractor applications to be invited via formal communication.
- Communications team to lead public awareness campaign using social media, posters, and local press.
- Ongoing engagement with OOHs and GP practices to support integration.

Appendices

Appendix 1 – Main Report

Appendix 1 – Community Pharmacy Winter Sunday Opening Pilot (Phase 1)

Purpose

To update the Board on the outcomes of Phase 1 of the Community Pharmacy Sunday Opening Pilot and to present the proposed plan for Phase 2, which aims to expand access to community pharmacy services during winter 2025/26.

Background

The Community Pharmacy Sunday Winter Pilot was introduced as part of NHS Forth Valley's Winter Plan to improve access to community pharmacy services and reduce pressure on Out of Hours (OOH) and Emergency Department (ED) services. Phase 1 of the pilot ran for six weeks during winter 2024/25 and involved two community pharmacies offering extended Sunday services, including Pharmacy First, Pharmacy First Plus, and unscheduled care.

Over a six week period, 222 patients used the community pharmacy service. The most common complaints were upper respiratory tract infections/chest infections and cough/cold/flu symptoms, accounting for 41% of presentations, which aligned with the winter trend at that time.

There was a small decrease in OOH presentations compared to the previous year, despite higher flu and respiratory virus (RSV) levels and the pilot may have contributed to this reduction. 78% of patients required treatment under Pharmacy First Plus, suggesting that without the service, that 173 additional OOH presentations might have occurred.

As part of the pilot, patient satisfaction data was also gathered, whereby 99 patients responded stating 100% satisfaction with the service, with their condition being fully managed by the pharmacist. Furthermore, when asked what action they would have taken if the pharmacy had not been open:

- 48 (48%) would have contacted NHS 111
- 8 (8%) would have gone to A&E

Local Context

NHS Forth Valley has been a national exemplar in delivering community pharmacy services and was the founder of what is now the national "Pharmacy First" service. Pharmacy First Plus extends this model by enabling Independent Prescribers (IPs) to manage a broader range of clinical presentations.

Currently, community pharmacies across Forth Valley deliver core and national services, as well as locally enhanced services. Phase 2 of this pilot aims to scale up the learning and impact from Phase 1, raising awareness of Pharmacy First Plus and supporting the vision of community pharmacy as the "front door" to NHS services.

Next Steps

Following on from the success in Phase 1 (2024/25), Phase 2 of the pilot will run for 9 weeks from 14 December 2025 to 8 February 2026, with the aim of operating across three key community pharmacy contractor sites in Falkirk, Clackmannanshire, and Stirling. The final number of sites will depend on the number of suitable contractor applications received.

- Funding of £51,000 has been secured from the Community Pharmacy Development Budget (non-recurring).

- Pharmacies will be selected through an open application process, supported by a transparent review panel.
- A robust communications plan will be implemented to raise public awareness and ensure clarity on service availability.
- Data collection and quality improvement support will be embedded to evaluate impact and inform future planning.

Strategic Objectives for Phase 2 Expansion and testing:

With the allocated funding, NHS Forth Valley will:

1. **Raise Awareness of Local Community Pharmacy Services:**
Promote Pharmacy First and Pharmacy First Plus as accessible, high-quality care options for minor ailments and urgent care needs.
2. **Treat Patients with the Right Healthcare Professional at the Right Time:**
Ensure timely access to care by enabling patients to be seen by trained Independent Prescribers in community settings.
3. **Increase Capacity for Other Services:**
Reduce pressure on OOH and ED services by encouraging patients to access community pharmacy first.
4. **Strengthen Workforce (Retention):**
Support the development and retention of the community pharmacy workforce by providing opportunities for IPs to practice to the best of their competence.
5. **Improve Integration Across Pathways:**
Enhance collaboration between community pharmacy, OOH, and primary care to streamline the patient journey.
6. **Contribute to National Learning and Evaluation**
Generate data and insights to inform local and national policy and future service models.

Expected Outcomes

- Increased patient access to urgent care services on Sundays whereby community pharmacy access is first.
- Reduction in avoidable OOH and ED attendances.
- Improved patient satisfaction and experience.
- Enhanced utilisation of Pharmacy First, Pharmacy First Plus and other community pharmacy services.
- Strengthened integration with wider urgent care pathways.

Monitoring and Evaluation

Monitoring will be supported by structured data collection from participating pharmacies, including patient activity, presenting conditions, outcomes, and feedback. Quality Improvement support will be provided to ensure robust evaluation and learning from Phase 2 to inform future planning.

Recommendations

The Board is asked to:

- Note the implementation of Phase 2 of the Community Pharmacy Sunday Opening Pilot and the use of non-recurring Community Pharmacy Development Budget funding to support the initiative.

- Support strong communications for the public and all NHS Forth Valley staff and services (in particular OOH and urgent and unscheduled care) to ensure successful delivery.

13 Corporate Parents keeping The Promise

Purpose: This report is for Decision

Executive Sponsor: Karen Goudie, Executive Nurse Director

Author: Dr Jillian Taylor, Child Health Commissioner/Chief Nurse

Executive Summary

The Children and Young People (Scotland) Act 2014 , legislates that all NHS Scotland Health Boards, in collaboration with its associated partners, has a duty to advocate for the best interests of care experienced children and young people (CYP) to ensure they have every chance to fulfil their potential.

This report presents an overview of the corporate parenting duties and responsibilities of Forth Valley's NHS Board in order to raise awareness.

It will set out the strategic role of The Board in promoting the health and wellbeing of CYP in care, leaving care or those who have care experience.

It is well recorded that many children who are looked after or have care experience face significant challenges before adulthood. The report will outline the critical duties required by The Board to ensure that all looked after and care experienced young people receive appropriate support and opportunities to thrive and reduce the long-term impact these challenges could have.

This paper is being brought to The Board following the Care Inspectorate announcement that their strategic plan of joint inspections in 2025 onwards, will focus on the experiences and outcomes of CYP subject to a compulsory supervision order (CSO) and living at home with parents.

As part of this scrutiny process, the Care Inspectorate plan to examine the leadership and direction of corporate parents throughout Scotland.

During early preparations, involving self-assessment, it has emerged that The Board would benefit from coming together for a Board seminar/workshop to increase its members understanding of their statutory duties as a corporate parent and to consider the strategic direction of The Board in keeping The Promise.

It is also recommended that all Board members undertake the mandatory TURAS learn module titled: Care Experience and Corporate Parenting. Completing this module will be a pre-requisite for workshop attendance.

To inform the discussion regarding the direction of The Board, Appendix 1 has NHS Forth Valley's early draft version of its Corporate Parenting Plan for 2026-2030. The Board is invited to review and comment on this prior to it being sent to key stakeholders for wider consultation.

Action Required

The Forth Valley NHS Board is asked to:

- (1) review and approve the report and its recommendations of a learning and development Board seminar/workshop planned for February 2026.
- (2) agree to undertake the pre-requisite TURAS learn module prior to February 2026.
- (3) consider and comment of the draft Corporate Parenting Plan for 2026-30.
- (4) consider the assurance responsibility The Board has for ensuring the effectiveness of services in meeting the needs of care experienced CYP.
- (5) support ongoing collaboration with partner organisations to enhance service delivery and outcomes.
- (6) champion the voice and participation of care experience CYP in all relevant decision-making processes.
- (7) monitor and promote continuous improvement in the quality and responsiveness of services provided to care experienced CYP.
- (8) 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 previously been considered by NHS Forth Valley groups as part of its development.

Risk Assessment and Mitigation

A full risk assessment has not been completed at this time; however it is proposed that risk will develop within NHS Forth Valley if The Board has a lack of awareness, knowledge and understanding about their corporate parenting duties in Keeping The Promise and meeting the needs of care experienced CYP.

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 ☒

{Provide a brief summary of any impacts and mitigating actions}

Financial, Digital and Infrastructure Implications

Work is currently underway to have data held about NHS Forth Valley's care experienced service delivery to be displayed on Pentana.

System developments are being considered about how best to highlight a CYP care experienced status to practitioners in all services. It is important that this is done proportionately and with consent.

Workforce Implications

The paper does not highlight any implications for workforce numbers, but it does highlight the need for Board members to increase their knowledge and understanding of the needs of the care experienced community and the responsibilities and duties placed upon them as corporate parents.

This paper recommends The Board take time to complete the mandatory TURAS learn module titled: Care Experience and Corporate Parenting, and engage in a Board seminar/workshop

For Board awareness, the Child Health Commissioner for NHS Forth Valley currently acts as the Corporate Parenting Lead for The Board with leadership and co-ordination provided by a 0.4 WTE Care Experienced Co-ordinator and the Public Protection Department.

Health Visitors, School Nurses and the Keep Well Teams, in partnership with local authority teams, are instrumental in working directly with the CYP who are looked after and/or care experienced in accordance with NHS Forth Valley's Care Experienced Children and Young People Guideline

Quality / Patient Care Implications

The quality-of-service delivery and scrutiny will be positively impacted by The Board developing a broader and deeper understanding of their corporate parenting duties and responsibilities.

Population Health & Care Strategy

The work and activities are also in line with NHS Forth Valley's Population Healthcare Strategy. By raising The Board's awareness about the care experienced population using services. By highlighting they are being cared for closer to home and also by supporting The Board to understand that developing and sustaining services that focus on the care experienced community, The Board will enable a reduction in the health inequalities that are frequently present in the care experienced community.

Climate Change / Sustainability Implications

There are no implications in relation to climate change / sustainability.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 – Main Report

Appendix 2 – Draft Corporate Parenting Plan 2026-30

Appendix 1 – Main Report

What is Corporate Parenting?

1.1 The Children and Young People (Scotland) Act 2014 defines corporate parenting as

"the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers"

1.2 The term 'Corporate Parenting' is defined by the Act as the actions necessary to uphold the rights and safeguard the wellbeing of looked after children or care leavers, promoting their physical, emotional, spiritual, social, and educational development.

1.3 A corporate parent is any public, private, or voluntary organisation with responsibility for making decisions that may impact on the care experienced young people in Scotland.

1.4 The Children and Young People (Scotland) Act (2014) sets the statutory duties of corporate parents as:

- 1.4.1 Being **alert** to matters that could adversely affect the wellbeing of care experienced young people.
- 1.4.2 **Assessing** their needs for services and support provided by the organisation.
- 1.4.3 **Promoting** their interests and providing **opportunities** to participate in activities that promote wellbeing.
- 1.4.4 Taking **action** to help access available opportunities, services, and support.
- 1.4.5 Taking further actions as considered appropriate to **improve** how the organisation works with care experienced young people.
- 1.4.6 **Collaborating** with other corporate parents.

1.5 In more informal terms, a corporate parent should want the care experienced children and young (CYP) population served by the organisation in which they work, to have the same opportunities and experiences that they would want for the children within their own families.

How does a CYP become looked after?

1.6 Diagram 1 illustrates the legal journey that children and young people (CYP) take to be categorised as looked after and care experienced.

1.7 A CYP can be looked after at home, or away from home in kinship care, foster care or in a group home environment that is either residential or secure. Secure care normally indicates the involvement of justice services.

Diagram 1: A CYP journey to care



Scottish Context¹

3.6 Social work statistics published in 2025 indicates that during the reporting period of 2023/24, 11,844 children were looked after in Scotland.

3.7 Of these 11,844 children, 20% were supervised at home and 80% away from home

3.8 This is the lowest number of looked after CYP Scotland has recorded since 2006.

3.9 The number of children looked after has decreased by 2% since 2023 and by 24% since 2014.

3.10 The majority of looked after children (89%) were placed in community settings.

3.11 Forth Valley has contributed to this reduction by adopting a closer to home approach when caring for CYP in need of support by child protection services.

The Promise, Scotland

3.12 The Promise Scotland was established following an independent review of Scotland's care system.

3.13 It was established to deliver lasting change for the wellbeing of infants, children, and young people who experience care by transforming the systems that surround them.

3.14 Announced in 2016 and commencing in 2017, the care review was the first of its scale in Scotland, designed to listen to and consult with care experienced children, young people, and families to identify what works and what must change in the system.

3.15 Using the personal stories and experiences of CYP, that often reflect significant trauma and distress, The Promise Scotland's vision is that CYP grow up feeling loved, safe and protected with the help and support of corporate parents.

3.16 The Promise directs corporate parents to focus on helping families to stay together by ensuring services are shaped around the needs of children and families, rather than constrained by policies, budgets, or legislation.

¹ [Looked after children - Children's Social Work Statistics: Looked After Children 2023/24 - gov.scot](https://gov.scot/looked-after-children-statistics)

- 3.17 It stipulates that corporate parents design and deliver services that are accessible, responsive, and built to meet the expressed needs of the care experienced community they serve.

The Leadership Role of The Board

- 3.18 For NHS Forth Valley and its associated partners to achieve the direction of The Promise, its Board members require to act as corporate parents by:

- 3.18.1 **Championing** the health and wellbeing of the care experienced community by actively taking action to promote the physical and mental health of CYP by ensuring they have access to preventative, early intervention and specialist health services, including Child and Adolescent Mental Health Services (CAMHS) and Neuro-diversity services.
- 3.18.2 Strategically **leading** and robustly **governing** at every level of the organisation, holding leaders to account for establishing and measuring the vision, direction, and culture of the organisation, ensuring that corporate parenting duties are embedded in all policies and planning decisions.
- 3.18.3 **Prioritising** the voice of CYP by creating effective mechanisms that enable CYP to express their views, wishes, and feelings with evidence that these are genuinely considered in all decisions influencing their direct care and during the design and delivery of services.
- 3.18.4 Ensuring **access** and **opportunities** are available to care experienced CYP by working in conjunction with other partners and confirming CYP are enabled to access all available services - health, education, employment, social work & housing - and helped to overcome any barriers to participation.
- 3.18.5 **Promoting** high aspirations for all corporate parents so this in turn is passed to CYP as the encouragement they require to develop their strengths and aspirations in education and employment while preparing them for adulthood and independence.
- 3.18.6 **Collaborating** with other corporate parents and partners, such as Police Scotland, local authorities i.e. social work and education, and the voluntary sector, to provide a holistic and consistent approach to care, by sharing best practice examples, and avoiding duplication.
- 3.18.7 **Monitoring** and **assuring** the quality of services provided to care experienced CYP through regular performance review processes that scrutinise data such as the timeliness of health assessments and health service stability, to ensure services are effective and responsive.
- 3.18.8 **Advocating** and **challenging** stigma and discrimination and leading by example by ensuring care experienced CYP are treated by The Board with dignity and respect.
- 3.18.9 Ensuring **stability** and **safety** for CYP by creating and sustaining a stable workforce and robust safeguarding policies to ensure they are protected from harm and exploitation through preventative and early intervention measures.
- 3.19 All members of The Board are encouraged to stay informed about care experienced CYP using its services.

- 3.20 Taking responsibility to look after and protect the most vulnerable CYP in society is among the most important role a health board can do.
- 3.21 There is a collective responsibility for every leader and member of the health board, not just the lead of children's services, to embed corporate parenting principles and help CYP lead meaningful and fulfilling lives.
- 3.22 Being a corporate parent means striving to provide every opportunity for CYP with an additional focus on those in care to ensure they have the same experiences that other children receive.
- 3.23 This can be summarised to include assistance to be healthy and well, to prepare to transition smoothly to adulthood with the skills to live independently, to develop confidence in sharing their views knowing that they will be meaningfully heard and influence key care decisions.

NHS Forth Valley

Corporate Parents

Keeping the Promise
for all children and young people with
care experience in Forth Valley



2025 - 2030

1. INTRODUCTION

NHS Forth Valley provides healthcare for the population of Forth Valley and has a key role in providing care for our care experienced children, young people and care leavers in both a single and multiagency context. Our care is provided by staff employed directly by NHS Forth Valley and also via independent services such as GPs, dentists and opticians. We deliver healthcare across the three local authority areas of Falkirk, Stirling and Clackmannanshire and have strong, collaborative relationships across each of the Children's Services Planning Partnerships. These partnerships enable us to work collectively to improve outcomes and promote the wellbeing of our children, young people and their families, guided by the principles of Scotland's Getting It Right for Every Child (GIRFEC) framework, and underpinned by the United Nations Convention on the Rights of the Child (UNCRC).

[The Independent Care Review \(2020\): The Promise](#) set out Scotland's national commitment to ensuring that all children and young people grow up feeling loved, safe and respected. In line with this vision, NHS Forth Valley has developed this Corporate Parenting Plan to set out our priorities for 2025-2027 reinforcing our role in helping to achieve **The Promise** by 2030.

This plan will incorporate an Action Plan that will serve as a live document, to be regularly reviewed and updated to ensure meaningful progress and accountability in achieving positive outcomes for our care experienced children and young people.

2. OUR AMBITION

We strive to be a proud corporate parent, where the voices and experiences of care-experienced children and young people in Forth Valley shape the development and delivery of services that support them.

We will always act in a manner to ensure care experienced children and young people feel listened to, cared for and respected while feeling safe, included and nurtured to reach their full potential in a way that acknowledges and understands their individuality.

3. NATIONAL AND LOCAL CONTEXT

A wide range of legislation, regulation and guidance provides the context for our work with care-experienced children, young people and their families. This includes:

- Part 9, Section 58 of the Children and Young People (Scotland) Act 2014
- The United Nations Convention on the Rights of the Child (UNCRC)
- Getting it Right for Every Child (GIRFEC)
- The Promise
- Guidance on Health Assessments for Looked After Children in Scotland

These frameworks help ensure that the rights, wellbeing and needs of care-experienced children and young people are at the centre of all practice and decision making.

The United Nations Convention on the Rights of the Child



United Nations Rights of the Child (UNCRC) (Incorporation) (Scotland) Act, 2024 strengthens Scotland's commitment to children's rights and affirms our statutory obligations as corporate parents to ensure that care experienced children and young people grow up loved, safe and respected to realise their full potential, ensuring a rights-based approach to our work as a corporate parent. There are 54 articles contained within the UNCRC with 10 articles seen as special:

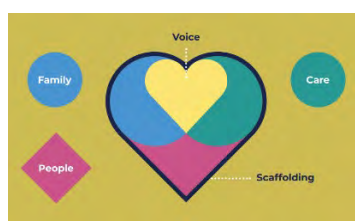
- Rights should be applied without discrimination (Article 2)
- Best interests of the child to be a primary consideration (Article 3)
- Right to life, survival and development (Article 6)
- Right to express a view and have that view taken into account (Article 12)

Getting It Right For Every Child



GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. It is locally embedded and positively embraced by organisations, services and practitioners across Children’s Services Planning Partnerships, with a focus on changing culture, systems and practice. This framework promotes and supports partnership and collaborative work.

The Promise



In October 2016, the First Minister committed to find out how Scotland could love its most vulnerable children and give them the childhood they deserve.

In February 2020 the Independent Care Review published The Promise in response to this commitment. The review provides very strong messages to Scotland on the need to be better parents for our care experienced children and young people. The work was published in seven parts with The Promise as the main part.

The Promise is based on five foundations:



“Children must be listened to and meaningfully and appropriately involved in decision making about their care, with all those involved properly listening and responding to what they want and need. There must be compassionate and caring decision-making culture focused on children and those they trust”
The Promise (2020) pg 30



“Where children are safe in their families and feel loved they must stay – and families must be given the support together, to nurture that love and overcome the difficulties which get in the way” The Promise (2020), pg 46



“While living with their family is not possible, children must stay with brothers and sisters where safe to do so, and belong to a loving home, staying there for as long as needed” The Promise (2020), pg 60



“The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and compassionate in their decision making and care” The Promise (2020) pg 96



“Scaffolding Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when required” The Promise (2020), pg 110

The foundations encourage us to listen carefully to what matters to care experienced children and young people and change how we work. The Promise offers advice on supporting our workforce to change culture and systems to improve support for all our children and young people. Changes must be made as part of the Promise by 2030, so that all of Scotland's children have the same health, education and employment opportunities.

Five core principles have been identified which underpin the delivery of the Promise.:

- A good childhood
- A whole family support
- Planning
- Supporting the workforce
- Building capacity

The Independent Care Review aims to identify and deliver lasting change in Scotland's Care System and leave a legacy that will transform the wellbeing of infants, children, and young people. The report recognises that achieving lasting

change for people in care is complex and challenging and requires listening to the voices of children and young people in care, care leavers, families, and carers.

4. WHAT IS CORPORATE PARENTING?

Corporate Parenting, as defined within the Children and Young people (Scotland) Act 2014, refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of care experienced children, young people and care leavers, through which their physical, emotional, spiritual, social and educational development is promoted, from infancy to adulthood.

The Corporate Parenting role is intended to support many of the roles and tasks expected of a parent and as a Corporate Parent, NHS Forth Valley must ensure that care experienced children and young people receive every opportunity to fulfil their potential and improve their life chances.

When we talk about care experienced children and young people we refer to all children **who have lived** or **are currently living** in care settings:

- Residential and Secure care including residential schools and secure care
- Foster care
- Kinship care, living with a family member that is not a parent (both formally and informally)
- Living at home with a supervision order
- Adopted
- Children with disabilities who experience respite care
- Care leavers, who were looked after on or after their 16th birthday, up until the age of 26.

Images of children and adults holding hands/ Background GIRFEC colours

5. NHS Forth Valley as a Corporate Parent

NHS Forth Valley embraces the Scottish Government's view that corporate parenting is not just a responsibility, but a real opportunity to improve the future of care experienced children and young people in Forth Valley.

We welcome the duties of Corporate Parents as set out in Part 9 of the [Children and Young People \(Scotland\) Act 2014](#),

- Be **ALERT** to matters which may adversely affect the wellbeing of care experienced children and young people.
- **ASSESS** the needs of care experienced children and young people for the services and support we provide.
- **PROMOTE** the interests of care experienced children and young people.
- Provide care experienced children and young people **OPPORTUNITIES** to participate in activities designed to promote their wellbeing.
- Take action to help care experienced children and young people **ACCESS** the opportunities we are providing and make use of services and access supports available.
- **COLLABORATE** with other Corporate Parents.

In striving to achieve the Scottish Government's aim that there should be **no discernible difference across all indicators** between the life outcomes of young people who have experienced the care system and those have not, NHS Forth Valley will:

- Provide opportunities for our care experienced children and young people to experience the best physical health.
- Support our young people to feel emotionally well and build their strength and resilience to recover from difficult experiences and trauma.
- Provide specialist mental health support for our care experienced children and young people in an easy and accessible way at the point they decide they need help.
- Involve children and young people in all decisions about them by creating new ways of working that supports them to do this in a way they want and need.
- Listen to all young people's views, even when challenging to hear.
- Be a rights defender and ensure children and young people know their rights and how to exercise them.

6. Partnership working

NHS Forth Valley works in partnership with all our care experienced children and young people and our partner agencies. We have worked extensively with all Forth Valley corporate parenting partners and in consultation with care experienced young people to develop multi-agency corporate parenting plans and strategy documents. These documents set out how we work together to support care experienced children and young people in Forth Valley.

As corporate parents we have a duty to work in collaboration with our partners to provide loving, safe and secure environments. We strive to provide the correct support at the right time to prevent inequity and disparity in the health and social outcomes of our care experienced population as compared to others in our communities.

Logos partner agencies

7. Engagement

We regularly engage with Champions Boards in two of our local authority areas and with Who Cares Scotland for the third. These opportunities allow us to gather some of the views of the young people and respond to any requests for more specific input.

NHS Forth Valley is an active member in Corporate Parenting and Promise Groups in each of the three local authorities supporting the Corporate Parenting plans for each locality.

We participate on national groups, forums and events:

- NHS Promise Network
- Collaborative Corporate Parenting Network (Who Cares Scotland)
- Scottish Through and Aftercare Forum (STAF)

Participation in these groups and activities allow us to gain additional views from care experienced children and young people and also emerging themes that may influence our service delivery or development.

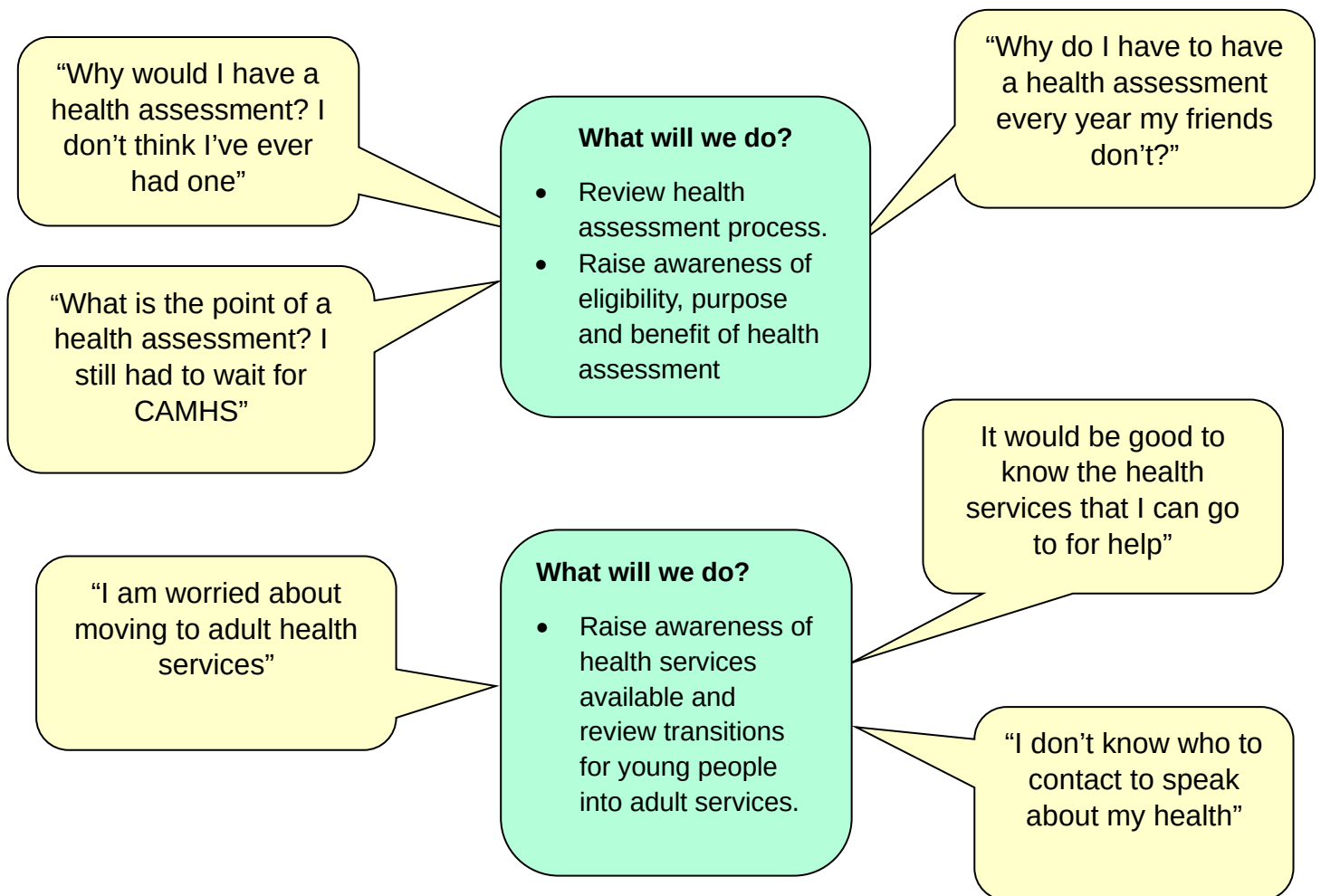
Images CYP and adults chatting

8. Our Progress So far

- NHS Forth Valley Care Experienced Children and Young People's Guidance (2023) developed in collaboration with partner Corporate Parents to provide accessible support in a timely manner at a minimum timeframe of annually from age-appropriate services:
 - o Health Visitors – 0 – 5-year-old population
 - o School Nurses – 5 – 19-year-old population
 - o Keep Well project – 19 – 26-year-old population
- Introduction of a Care Experienced Co-ordinator role to support the Health Board meet their corporate parenting responsibility in keeping The Promise
- Medical pathways and accelerated referral processes developed for care experienced children with developmental delay or medical concerns.
- Family Nurse Partnership programme offered to all Care Experienced first time mother's up to the age of 26 (Last menstrual period before their 25th birthday).
- Mandatory Care Experience and Corporate Parenting module developed and available for completion by all NHS staff.
- Implement supervision policy for staff to gain regular support when working with children and young people affected by health and/or social complexity
- Primary Care Mental Health Nurses within GP practices that 14–18-year-olds a access.
- Development of Substance Use Services for young people
- Incorporation of the UNCRC principles into NHS Forth Valley's Equalities Impact Assessment process
- Introduce the NHS Forth Valley Unseen Child/Was not Brought policy

To support us in thinking areas we could strengthen in future we consulted young people. What they said was:

9. What our Care experienced Children and Young People say:



10. Moving Forward

As a corporate parent, we are ambitious and aspirational for our care experienced children and young people. We are determined to support them in realising their full potential and leading happy, successful lives. In fulfilling our commitment to improving outcomes, we have identified four key priorities within our Corporate Parenting Action Plan that will guide our efforts and ensure our support is consistent and meaningful.

This plan will be kept under review to ensure that it takes into account the changing needs of our care experienced children and young people.

NHS FORTH VALLEY CORPORATE PARENTING ACTION PLAN 2025-2030

PRIORITY 1 - The voices of care experienced children and young people will be consistently heard, respected and utilised to influence policies, services and decisions that affect their lives.

OUTCOME TO BE ACHIEVED	ACTION TO BE TAKEN	HOW WILL WE MEASURE PROGRESS/IMPACT?	LEAD	DATE DUE	THE PROMISE FOUNDATION
Increased opportunity for children, young people and families to provide feedback on our services.	Develop a tool to support the collection of feedback from service users that will be utilised to inform and support service provision.	Collate number of feedback responses received from service users.	Care-experienced Co-ordinator	Mar-26	Voice Scaffolding
	Promote staff awareness of the importance of feedback from children, young people and their families	Delivery of update and awareness sessions re: importance of feedback to service delivery/development. Collate number of feedback responses received from service users.	Care-experienced Co-ordinator	Mar-26	Voice Scaffolding
Increased community engagement with care experienced children, young people and care leavers which will all	NHS representatives to regularly engage with residential homes, local groups and activities to allow relationships to be established.	Improved communication and agreed communication pathways between health services and residential homes, groups and services specific to care experienced community.	Care-experienced Co-ordinator	Mar-26	Voice Scaffolding People

PRIORITY 2 - A multidisciplinary Corporate Parenting Group will be established in NHS Forth Valley that ensures staff knowledgeable, supportive and proactive in their responsibilities as corporate parents and supports the identification and development of services to better support care-experienced children and young people.					
OUTCOME TO BE ACHIEVED	ACTION TO BE TAKEN	HOW WILL WE MEASURE PROGRESS/IMPACT?	LEAD	DATE DUE	THE PROMISE FOUNDATION
Creation of a supportive culture within NHS Forth Valley where the needs of care experienced individuals are prioritised and embedded in service delivery and planning.	Identify key stakeholders, which will include representation from health visiting, school nursing, paediatrics, midwifery, CAMHS, mental health, allied health professionals. Group to be established with TOR and agreed governance process to support group.	Regular meetings will be held with minutes shared with ??? group	Care-experienced Co-ordinator	Dec-25	Scaffolding People
Regular monitoring and evaluation of the impact of health services and interventions to ensure continuous improvement in outcomes for care experienced children and young people.	Scoping and identification of reporting mechanisms within services to monitor and evaluate impact of services. Development of reporting mechanisms where no current process in place.	Review and collation of evaluations and feedback from health services re: service impact.	Care-experienced Co-ordinator	Mar-26	Scaffolding People
PRIORITY 3 - Create and maintain an accessible dataset within NHS Forth Valley that enables analysis of the health needs, service use and outcomes of care experienced children and young people.					

OUTCOME TO BE ACHIEVED	ACTION TO BE TAKEN	HOW WILL WE MEASURE PROGRESS/IMPACT?	LEAD	DATE DUE	THE PROMISE FOUNDATION
Relevant healthcare data will be systematically gathered and analysed to identify areas for improvement or development and where appropriate to share information with partner corporate parents.	Develop an electronic dataset that will support the analysis of health needs of care experienced children and young people in Forth Valley	Development of reports providing analysis, trends and themes identified from data.	Care experienced Co-ordinator	Feb-26	Scaffolding
PRIORITY 4 - Every care experienced child and young person in NHS Forth Valley is offered a comprehensive health assessment and annual health review, ensuring that all health needs are met and potential for good health maximised.					
OUTCOME TO BE ACHIEVED	ACTION TO BE TAKEN	HOW WILL WE MEASURE PROGRESS/IMPACT?	LEAD	DATE DUE	THE PROMISE FOUNDATION
All care experienced children and young people will be offered an initial health needs assessment within 28 days of their care experience journey.	Review process for the delivery of health needs assessment and information provided to children, young people and families regarding benefit of health needs assessment.	Number of initial care experienced health review referrals will be equivalent to number identified by each locality.	Care experienced Co-ordinator/ Care experienced Admin team	May-26	Scaffolding People
Increased number of care experienced annual health needs assessment completed for school aged and care leavers.	Raise awareness of eligibility and benefit of annual health review with social work colleagues, parents and carers. Development of information leaflets to	Review of available data to identify increase in uptake of annual health assessment offer.	Care experienced Co-ordinator/ Care experienced Admin team	May-26	Scaffolding People

	promote understanding of purpose of review and ensure standard message being shared with children, young people, parents and carers.				
NHS Forth Valley will be aware of all care experienced children and young people in Forth Valley	Collaborate with Stirling, Falkirk and Clackmannanshire councils to agree a shared process that ensures NHS Forth Valley is informed as soon as child or young person enters care.	Number of initial care experienced health review referrals will be equivalent to number identified by each locality.	Care experienced Co-ordinator/ Care experienced Admin team	May-26	Scaffolding People
	Review appropriate NHS and Social Work staff's knowledge of NHS Forth Valley's Care Experienced Children and Young People's Guidance (2023) and their understanding of their roles.	Number of initial care experienced health review referrals will be equivalent to number identified by each locality.	Care experienced Co-ordinator/	Jan-26	Scaffolding People

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Scott Urquhart, Director of Finance

Executive Summary

This report provides an overview of the month 7 financial results and an updated forecast outturn for the year.

An overspend of £4.6m has been recorded for the 7-month period ending 31 October 2025, reflecting a range of ongoing financial pressures, primarily within the Acute Services Directorate.

The previously reported 2025/26 year-end projection indicated a forecast overspend of £10m. Following detailed review and analysis at the end of Quarter 2 including anticipated impact of recovery plan actions, the updated projection shows an improved position, with an overspend of £5m overspend forecast by 31st March 2026.

Work continues to further reduce the projected year-end deficit as far as possible and to maximise the pace of savings delivery, whilst recognising risks associated with seasonal service and staffing pressures during the winter months.

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.

A continued focus on positive financial stewardship at all levels across the organisation is required to support improved financial sustainability over the longer term. This is being supported with the development of a toolkit resource to enable budget managers to manage their resources more effectively.

Action Required

The Forth Valley NHS Board is asked to:

- (1) **Note** a £4.6m overspend after 7 months of the 2025/26 financial year.
 - (2) **Note** the improved forecast overspend for the year estimated at £5m, subject to risk in relation to the potential impact of winter and pace of savings delivery in the latter half of the financial year.
 - (3) **Note** the ongoing work in relation to financial planning and improved financial stewardship
-

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 Financial Stewardship Board
- The SPP&RC and the NHS Board receive 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. A in-depth review of the financial sustainability risk will be presented to the SPP&RC meeting in December.

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 at month 7.

Appendix 1 - Overview of Financial Performance

1. NHS FV Financial Performance

An overspend of £4.6m is reported for the 7-month period ending 31 October 2025 as summarised in Table 1 below. As previously reported, the majority of the overspend relates to ongoing pressures within the Acute Services Directorate (including women children & families), however material overspends are also reported for Externals/Cross Boundary Flow and Facilities.

TABLE 1: NHS Forth Valley 2025/26 Financial performance	Annual Budget	April - October Budget	April - October Expenditure	Underspend/ (Overspend)	Forecast Outturn
£m	£m	£m	£m	£m	£m
<u>Set Aside & Non-Delegated Functions*</u>					
Acute Services	262.469	152.625	165.175	(12.550)	(23.076)
Woman Children and Families	67.819	39.390	39.933	(0.543)	(0.951)
Cross Boundary Flow/External SLAs	72.299	42.084	42.681	(0.597)	(1.167)
Non-delegated Community Services	41.870	25.124	25.514	(0.389)	(0.551)
Facilities	115.971	67.128	67.984	(0.856)	(0.937)
Digital	27.015	15.697	15.052	0.645	1.221
Corporate Functions	41.478	21.848	20.720	1.128	1.437
Ringfenced and Contingency Budgets	34.165	8.500	0.000	8.500	18.944
Income	(37.049)	(21.199)	(21.302)	0.103	0.081
Sub total	626.036	351.196	355.756	(4.560)	(5.000)
<u>Delegated Functions</u>					
Operational Services	149.668	88.080	83.494	4.586	
Universal Services	186.233	112.728	117.035	(4.307)	
IJB reserves	7.726	(0.279)	0.000	(0.279)	
Sub total	343.627	200.529	200.529	0.000	
<u>Reserve transfers (to)/from IJB</u>					
Clackmannanshire & Stirling IJB	0.000	0.000	0.000	0.000	
Falkirk IJB	0.000	0.000	0.000	0.000	
Sub total	0.000	0.000	0.000	0.000	
TOTAL	969.663	551.725	556.286	(4.560)	

* 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 £626.0m above is £87.9m. An overspend of £5.423m is reported at month 7.

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 overall annual budget is currently estimated at £969.7m. This represents a reduction against the budget reported at month 6, primarily due to an update on the technical (AME) allocations for provisions, impairment, and depreciation and movement between anticipated and confirmed allocation values in-month.

In terms of the forecast outturn projection, an overspend of £5m has been reported to the Scottish Government as part of our formal Quarter 2 review meeting. Work is ongoing to support further improvements between now and the end of the financial year with immediate actions identified as part of a targeted recovery plan presented to SPPR&C Committee in November.

Key drivers of the deficit are pay costs (particularly in relation to medical staffing and unregistered nursing), drugs and devices (in terms of uptake of new drugs in Oncology and Dermatology and Diabetes technologies), ongoing pressures regarding non-emergency patient transport and increased costs of SLAs with neighbouring NHS Boards and external providers.

Note that work to realign unachieved historic savings targets is now complete for the Acute Services Directorate. Corporate areas will be finalised as part of the month 8 reports to improve financial stewardship, financial literacy and allocative value whilst ensuring that budget managers have full transparency of the current financial resources within their remit.

In term of progress in reducing supplementary staffing costs, the latest information to 31 October confirmed that expenditure is £5.1m or 21.7% lower than the same period in the previous year as summarised in Table 2 below.

Table 2: Non-Core Staffing Costs	Apr 24 to Oct 24 £	Apr 25 to Oct 25 £	Better/ (Worse) £	% Change
Admin agency	97,092	3,846	93,246	96.0%
Admin bank	801,757	634,921	166,836	20.8%
Medical agency	2,752,274	3,475,068	(722,794)	(26.3%)
Medical bank	1,384,402	1,882,530	(498,128)	(36.0%)
Medical locum	1,302,247	675,264	626,983	48.1%
Nurse agency	2,702,951	(16,614)	2,719,565	100.6%
Nurse bank	12,359,707	10,050,422	2,309,285	18.7%
Other agency	106,672	166,810	(60,138)	(56.4%)
Other bank	792,960	723,471	69,489	8.8%
Overtime	1,133,334	755,121	378,213	33.4%
Total	23,433,396	18,350,839	5,082,557	21.7%

The reduction is largely driven by the continued cessation of nurse agency; however nurse bank cost reductions are also a positive factor with expenditure down £2.3m 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.

Overall medical supplementary pay costs remain higher than the previous year and action is now 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 initial £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 £15.5m have been delivered which is £6.5m behind the planned trajectory. The majority of workstreams are behind plan to varying degrees with the exception of nurse agency staffing, prescribing and non-pay and other measures workstreams.

Annual plan £m	TABLE 3: 2025/26 Financial Sustainability Action Plan - YTD saving delivery	Apr - Oct plan £m	Apr - Oct actual £m	Variance £m
	15 Box Grid: Innovation & Value-Based Healthcare			
0.035	Clinical Variation Review	0.020	0.024	0.004
0.392	Digital savings	0.229	0.084	(0.145)
1.965	Energy Efficiency Schemes	1.146	0.000	(1.146)
3.691	Prescribing savings	1.555	1.589	0.035
6.083	Sub total: Innovation & Value-Based Healthcare	2.950	1.697	(1.253)
	15 Box Grid: Workforce Optimisation			
0.999	Agency Reduction	0.583	2.720	2.137
4.949	Sustainable staff bank usage	2.880	1.352	(1.528)
0.500	Sickness absence reduction	0.292	0.000	(0.292)
1.044	Non-compliant rotas review	0.609	0.000	(0.609)
0.000	Central functions job family review	0.000	0.000	0.000
7.492	sub total: Workforce Optimisation	4.364	4.072	(0.292)
	15 Box Grid: Service Optimisation			
0.500	Theatres optimisation	0.292	0.000	(0.292)
1.909	Remote outpatient appointments	1.114	0.000	(1.114)
0.200	PLICS roll out	0.200	0.200	0.000
0.000	Length of stay reductions	0.000	0.000	0.000
0.221	Non-pay spend review	0.129	0.038	(0.091)
2.830	sub total: Service Optimisation	1.735	0.238	(1.497)
	Other local savings plans			
2.482	Estates & Infrastructure	1.901	1.472	(0.428)
8.603	Service redesign & reform	4.490	1.468	(3.022)
10.409	Non-pay & other measures	6.542	6.530	(0.011)
0.163	Savings under development	0.082	0.000	(0.082)
21.657	sub total: Other local savings plans	13.014	9.471	(3.543)
38.062	TOTAL	22.063	15.479	(6.584)
21.899	Recurring	13.841	11.496	(2.345)
16.163	Non-recurring	8.222	4.020	(4.202)
38.062	TOTAL	22.063	15.516	(6.547)

Excellent progress has been made in relation to ongoing impact of nurse agency reductions with further savings reported this year. In addition, Prescribing savings through implementation of a range of technical switches and the review of stock management and off-contract spend are also delivered in line with plan.

Key areas of concern at this stage include the workforce optimisation savings category in terms of the risk around non-compliant rotas and high sickness absence levels in certain service areas. 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 (this is being closely monitored given current levels of contingency beds in use as we approach winter).

3. Directorate Financial Performance

3.1. Clinical Directorates (Set Aside & Non-Delegated Functions)

Clinical Directorates reported a combined overspend of £5.5m as at 31 October 2025 as summarised in Table 4 below.

TABLE 4: Clinical Directorates*	Annual Budget £m	April - October Budget £m	April - October Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Acute Services	262.469	152.625	165.175	(12.550)	(23.076)
Woman Children and Families	67.819	39.390	39.933	(0.543)	(0.951)
Cross Boundary Flow/External SLAs	72.299	42.084	42.681	(0.597)	(1.167)
Non-delegated Community Services	41.870	25.124	25.514	(0.389)	(0.551)
Ringfenced and Contingency Budgets	34.165	8.500	0.000	8.500	18.944
Income	(37.049)	(21.199)	(21.302)	0.103	0.081
Sub total	441.572	246.524	252.000	(5.477)	(6.721)

* 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 £87.9m. An overspend of £5.423m is reported at month 7.

Acute services – an overspend of £12.6m is reported as at end October 2025 (an adverse movement of £1.1m compared to the position reported in September). This reflects a £9.6m overspend in respect of Emergency Care & Inpatient Services and an overspend of £3.0m relating to Planned Care Services. Key pressure areas include pay costs, particularly in respect of medical staffing which is overspent by £4.1m and nurse pay budgets (primarily relating to unregistered nursing staff) which are overspent by £1.4m to date. This reflects use of contingency areas and other unfunded services (including the flow navigation centre). Proposals to address unfunded areas have recently been agreed by the Financial Stewardship Group and work is now underway across several SLWGs to take forward the redesign process. 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).

Women, Children & Families – an overspend of £0.5m is reported at end of October 2025, which is broadly in line with the position reported at end September. The overspend is largely driven by non-pay items including complex care packages provided through external providers, surgical sundries and equipment.

Cross boundary flow/external SLAs – this budget covers treatment for Forth Valley residents outwith FV, mainly through SLAs with other Scottish Health Boards, and UNPACs (cost per case arrangements). An overspend of £0.6m is reported at the end of October 2025 which reflects pressures in Acute UNPACs (ie high cost, low volume treatments and procedures recharged on a cost per case basis by NHS Lothian and NHS GG&C). These costs are difficult to forecast due to timing delays in receiving information and volatility, but early indications show rising costs for oncology drugs and bone marrow transplants along with a continuation of increasing numbers of Transcatheter Aortic Valve Implantations (TAVIs). Additional costs have also been incurred in relation to SLAs with NHS Lothian following their implementation of PLICS

(Patient Level Information & Costing System) SLA methodology. For financial planning purposes, it is anticipated that further cost increases will be incurred in 2026/27 onwards as SLAs are updated following the removal of the Covid pause and as NHS Scotland transitions to PLICS.

Non-delegated community services – an overspend of £0.4m is reported as at 31 October 2025. This reflects ongoing financial pressures in Prison healthcare settings due to 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 additional prisoners being transferred to Polmont and Glenochil above historic establishment levels).

Ringfenced and contingency budgets – £8.5m of funding has been released from central budgets in respect of a range of anticipated allocations which we are due to receive,

Income – income received at end October 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 £0.9m is reported for Corporate Services, Facilities and Digital Directorates as at 31 October 2025 as summarised in table 5 below.

TABLE 5: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	April - October Budget £m	April - October Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Facilities	115.971	67.128	67.984	(0.856)	(0.937)
Digital	27.015	15.697	15.052	0.645	1.221
Corporate Functions					
Director of Finance	7.238	4.207	4.261	(0.055)	0.011
Area Wide Services	0.334	(1.908)	(1.411)	(0.497)	(0.894)
Medical Director	13.845	8.046	7.046	1.000	1.277
Director of Public Health	3.226	1.870	1.784	0.086	0.155
Director of HR	7.007	4.108	4.030	0.077	(0.027)
Director of Nursing	6.090	3.395	3.240	0.155	0.208
Chief Executive	0.872	0.481	0.433	0.048	0.182
Strategic Planning & Performance	2.867	1.650	1.336	0.314	0.525
Corporate Functions sub total	41.478	21.848	20.720	1.128	1.437
Sub total	184.463	104.673	103.756	0.916	1.721

Facilities – an overspend of £0.856m is reported at the end of October 2025 which is an adverse movement of £0.095m compared to the position reported in September. There remain 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 1st class and 2nd 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 October 2025 (which is broadly in line with the position reported at end September) due to non-recurring underspends in Health Records and eHealth due to the lead in time to fill vacancies.

Corporate Functions – a combined underspend of £1.1m is reported at the end of October (an improvement of £0.1m compared to the position reported in September). 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 £0.3m as at 31 October 2025 as summarised in table 6 below, however this is assumed to be offset by corresponding reserve movements which brings both HSCPs to breakeven.

TABLE 6: Health & Social Care Partnerships	Annual Budget	April - October Budget	April - October Expenditure	Underspend/ (Overspend)
<u><i>Clackmannanshire and Stirling HSCP</i></u>				
Operational Services	67.685	39.152	36.747	2.405
Universal Services	94.240	56.905	60.120	(3.215)
Ringfenced and Contingency Budgets	4.058	0.810	0.000	0.810
Subtotal	165.983	96.867	96.867	0.000
<u><i>Falkirk HSCP</i></u>				
Operational Services	81.983	48.928	46.747	2.181
Universal Services	91.993	55.823	56.915	(1.092)
Ringfenced and Contingency Budgets	3.668	(1.089)	0.000	(1.089)
Subtotal	177.644	103.662	103.662	(0.000)
TOTAL	343.627	200.529	200.529	0.000

The HSCP budgets summarised in table 6 exclude budgets in respect of large hospital services, also referred to as Set Aside, which amount to £87.9m. 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 volume growth in the number of items prescribed, tariff adjustments as part of the Community Pharmacy funding 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 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 terms of potential risk sharing arrangements, an upfront payment was made to both IJBs during the 2024/25 financial year for projected risk share requirements in 2025/26 (based on the historic the risk share agreement for each IJB). It is assumed that this funding will be sufficient with no further payments required.

4. Capital Financial Performance

The total net capital budget for 2025/26 is currently estimated at £13.1m as summarised in table 7 below. This reflects the core formula allocation of £6.7m as advised by the Scottish Government, together with £6.4m 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 £m	April - October Budget £m	April - October Expenditure £m	Underspend/ (Overspend) £m
Elective Care	0.000	0.297	0.297	0.000
Information Management & Technology	5.761	1.318	1.318	0.000
Medical Equipment	3.648	0.872	0.872	0.000
Facilities & Infrastructure	5.239	1.820	1.820	0.000
NHS Board corporate projects	(0.908)	0.000	0.000	0.000
Right of Use Assets IFRS16	0.314	0.253	0.253	0.000
Total Available Capital Funding	14.054	4.560	4.560	0.000
Indirect Capital Charged to Revenue	(0.992)	0.000	0.000	0.000
Forecast NET Capital Resource Limit	13.062	4.560	4.560	0.000

As reported in Table 7 above, a balanced position is reported against the Capital Resource Limit (CRL), with total expenditure of £4.6m reported to date, leaving a net balance of £8.5m to be spent during the remaining 5 months of the financial year. Whilst expenditure to date is relatively low, this is expected to increase significantly in the coming months as a number of projects progress.

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. The delay 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 £1.3m has been spent on a range of infrastructure refresh projects, primarily relating to the new Radiology Information System (RIS), upgraded Picture Archiving and Communication System (PACS) and the new Digital Pathology system.

Medical Equipment – £0.9m has been incurred to date in relation to replacement beds, 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 financial year in line with supplier lead in times.

Facilities & Infrastructure – to date the sum of £1.8m 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, refurbishment of Resident Doctors accommodation at FCH and the initial roll out of the anti-ligature works at FVRH.

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 have concluded in relation to sale of land at Stirling Care Village with a preferred bidder identified and approved, however the sale is not expected to conclude until late 2026/27.

NHS Forth Valley

Forth Valley NHS Board

15. Performance Report

Purpose: This report is for Assurance

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Claire Alexander, Senior Information Analyst; Fiona Murray, Head of Emergency Care & Inpatients; Deborah Lynch, Unscheduled Care, Programme Manager; Garry Fraser, Director of Acute Services.

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 Committee in respect of NHS Forth Valley's performance against a range of national and local measures with information provided to support effective monitoring and management of system-wide performance.

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.

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.
-

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 28 October 2025 with questions invited.
 - Board member and senior leadership team urgent and unscheduled care briefing on 19 November 2025 focussing on key areas of urgent and unscheduled care performance, challenges and actions.
-

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.

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 October 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

October 2025

Report format

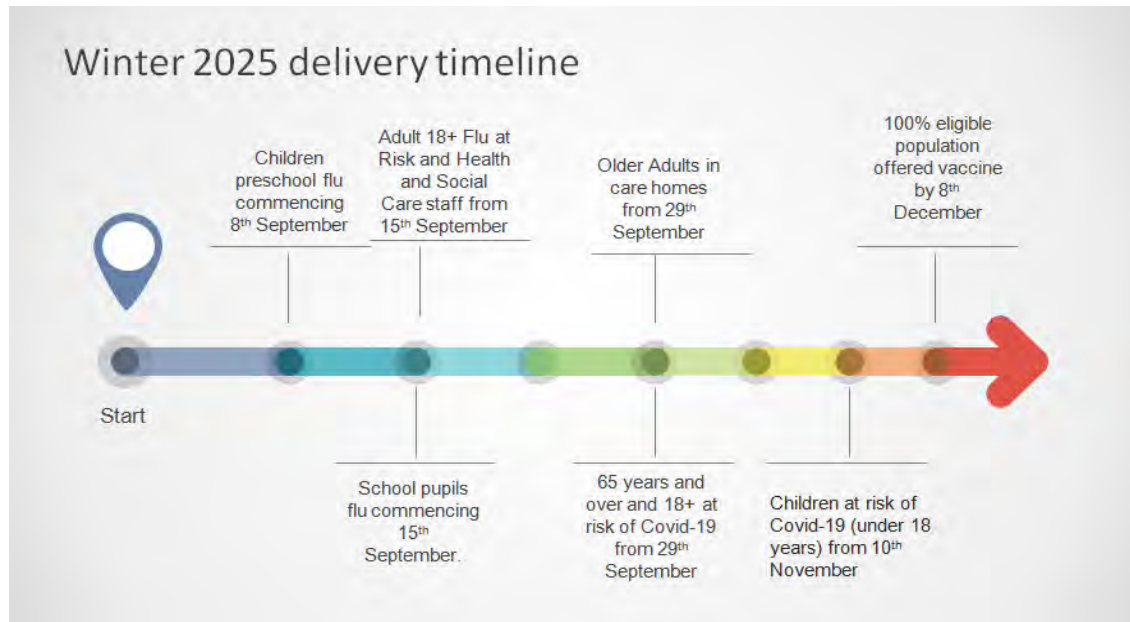
- The report is split into 4 sections
 - o Section 1: Performance Summary
 - o Section 2: Area of Focus
 - o Section 3: Performance Report
 - Priority Areas of Performance
 - Other Areas of Performance
 - o Section 4: Performance Scorecard
- Section 1: Performance Summary
 - o Section 1 provides a summary overview of key areas of performance.
- Section 2: Area of Focus
 - o Section 1 will focus on a particular area of performance with a detailed discussion in respect of areas of challenge and key areas of improvement.
- Section 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

Winter Vaccination Programme

The winter vaccination programme timeline highlighting start dates is detailed below. It is anticipated that everyone eligible will have been offered vaccine by 8 December 2025.



Activity to date (9 November)

The flu vaccination uptake for the over 18 years eligible population is, NHS Forth Valley 37.6% with the Scotland position 33.8%. The vaccination rate for Forth Valley care home residents is 75.5%. This is commensurate with the Scotland position.

All health care workers vaccination rate is 30% and is in line with the Scotland position.

The flu vaccination uptake for the under 18 years eligible population is, NHS Forth Valley 40% with the Scotland position 35%. At risk groups are being targeted to support vaccination uptake.

Area of Focus – Urgent & Unscheduled Care

Optimise Emergency Department Flow

The ED improvement plan is being co-developed with clinical and operational leads from the service, ensuring alignment with both national strategic principles and local service realities. Data is central to tracking progress and ensuring accountability, supported by an ED data pack and high-level dashboards that provide timely insights and enable targeted action.

Flow Navigation Centre (FNC)

Governance arrangements for this work are currently being shaped through a whole-system approach that includes collaboration with Scottish Ambulance Service (SAS), Primary Care, and HSCPs. A key priority is addressing current gaps in Flow Navigation Centre (FNC) data capture, particularly around call outcomes and RACU pathway utilisation, to ensure that delivery is underpinned by robust data systems and performance metrics that support transparency and accountability.

National Discharge Without Delay (DWD) Collaborative

DWD principles are being embedded across all inpatient sites, by fully implementing the Planned Date of Discharge (PDD), supported by ward-based discharge coordinators and target numbers of discharges and length of stay. The model will be further strengthened by embedding Discharge to Assess (D2A) pathways and optimising the use of community hospitals and stepdown rehabilitation units, ensuring early transfers from acute and frailty units.

Frailty Unit

Plans are being implemented to establish a 7-day Frailty at the Front Door unit with daily multidisciplinary team cover. The service will deliver frailty screening in the Emergency Department, offer specialist clinical advice to GPs and the SAS, and enable timely person-centred discharge planning. To support this, weekend community capacity will be strengthened to ensure continuity of care, with robust discharge pathways and escalation protocols in place to facilitate safe and effective transitions from hospital to home throughout the full week.

Hospital at Home

Expansion of hospital at home capacity will include access to specialist pathways and the development of admission avoidance and early supported discharge pathways across outpatient parenteral antimicrobial therapy (OPAT), respiratory, and heart failure services.

Priority Areas of Performance

Unscheduled Care

Overall compliance with the 4-hour emergency access standard (EAS) in September 2025 was 60.6%; Minor Injuries Unit 99.8%, Emergency Department 47.5%. A total of 2,829 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,252 waits longer than eight hours, 497 waits longer than 12 hours and 25 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 1,791 patients, noting this was 1,833 in September 2024. Wait for a bed accounted for 532 patients waiting beyond 4 hours with Clinical reasons accounting for 209 breaches. In September there were 491 new attendances to Rapid Assessment and Care Unit (RACU), 114 of which were via ED. It is worth noting 840 patients that attended ED did not wait in September 2025 compared with 858 in September 2024.

Delayed Discharges

The September 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 66 delays; this is compared to 71 in September 2024. There was a total of 57 code 9 and guardianship delays, with the total number of delayed discharges noted as 123. The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the September 2025 census was 1,917, this is a reduction from 3,020 in September 2024.

Scheduled Care

At the end of September 2025, the number of patients on the waiting list for a first outpatient appointment was 16,071 (15,773 excluding mutual aid) compared with 12,851 in September 2024 with the number waiting beyond 12 weeks 4,731 (4,457 excluding mutual aid) compared to 3,518 in September 2024.

In September 2025, the number of inpatients/daycases waiting was 7,156 (6,914 excluding mutual aid and NTC) compared with 5,696 in September 2024. An increase from the previous year in those waiting beyond 12 weeks from 3,197 to 4,319 was also noted.

At the end of September 2025, 2,149 patients were waiting beyond the 6-week standard for imaging with 66 patients were waiting beyond 6 weeks for endoscopy.

Cancer target compliance in July 2025:

- o 62-day target – 90.1% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the July 2024 position of 83.6%.
- o 31-day target – 100%.

The position for the April to June 2025 quarter is that 73.3% of patients were treated within 62 days of referral with a suspicion of cancer. This is an increase from 71.2% the previous quarter. During the same period, 100% of patients were treated within 31 days of the decision to treat.

Psychological Therapies

In September 2025, draft data indicates that 82.9% of patients started treatment within 18 weeks of referral.

Section 2: Area of Focus

Urgent and Unscheduled Care

Urgent and Unscheduled Care Programme Key Accomplishments – October 2025

Current Period	Planned for next period
Plans have been developed to optimise Emergency Department flow by enhancing data capture, enabling real-time breach analysis, and strengthening redirection policies. All of which directly support improved compliance with the 4-hour Emergency Access Standard by reducing delays, improving throughput, and ensuring timely care transitions.	The ED improvement plan is being co-developed with clinical and operational leads from the service, ensuring alignment with both national strategic principles and local service realities. Data is central to tracking progress and ensuring accountability, supported by an ED data pack and high-level dashboards that provide timely insights and enable targeted action.
Plans are in development to enhance the current Flow Navigation Centre (FNC) model . This will be achieved through improved access to senior clinical decision-makers, strengthened professional-to-professional communication, and pathways that provide direct referrals to Hospital at Home service to support reduced ED attendances and improved patient flow. This will support reduced ED attendances, improved patient flow, and more efficient use of system-wide resources.	Governance arrangements for this work are currently being shaped through a whole-system approach that includes collaboration with SAS, Primary Care, and HSCPs. A key priority is addressing current gaps in Flow Navigation Centre (FNC) data capture, particularly around call outcomes and RACU pathway utilisation, to ensure that delivery is underpinned by robust data systems and performance metrics that support transparency and accountability.
We have observed a recent increase in discharges from the acute hospital, which coincided with the commencement of our National DWD Collaborative improvement work. There has been a clear and sustained improvement in the average number of patients with a LOS of 14 days or more. The reduction from a peak of 226 to a low of 144 demonstrates the positive impact of introducing daily ward-level LOS meetings. These meetings have focused on early discharge planning, enabling the team to proactively identify patients who are suitable for discharge and to address barriers to patient flow in real time.	Embed DWD principles across all inpatient sites , by fully implementing the Planned Date of Discharge (PDD), supported by ward-based discharge coordinators and target numbers of discharges and length of stay. The model will be further strengthened by embedding Discharge to Assess (D2A) pathways and optimising the use of community hospitals and stepdown rehabilitation units, ensuring early transfers from acute and frailty units. This integrated approach will enhance patient flow, reduce length of stay, and support equitable access to timely, person-centred discharge pathways across all sites.
A key success of the dedicated Acute Frailty Unit , that launched in May, has been the focus on care coordination and proactive discharge planning at twice daily board rounds. PDD setting has been fully embedded, and the MDT are consistently referring to the alternative pathways to hospital admission that are currently available to them, to facilitate early discharge. We have seen a positive trend in direct discharges; rise in zero-day LoS and discharges within 24, 48, and 72 hours. In the wider system we are seeing improved hospital occupancy, reduced ALoS and increased utilisation of hospital at home.	Implementation of plans to establish a 7-day Frailty at the Front Door unit with daily multidisciplinary team cover. The service will deliver frailty screening in the Emergency Department, offer specialist clinical advice to GPs and the Scottish Ambulance Service (SAS), and enable timely person-centered discharge planning. To support this, weekend community capacity will be strengthened to ensure continuity of care, with robust discharge pathways and escalation protocols in place to facilitate safe and effective transitions from hospital to home throughout the full week.
Hospital at Home bed utilisation ranged from 94.9% to 106.9% during September. The recent increase in Hospital at Home utilisation is likely due to increased presence of the team within the Emergency Department and Acute Frailty Unit, enabling earlier identification of patients suitable for transfer to the service. As well as 25 Older Adult beds Hospital at Home have 3 OPAT spaces and 5 virtual respiratory beds funded using non-recurring HIS money.	Expand Hospital at Home capacity to 114 beds, to increase acute care delivery for older adults in their own homes. This expansion will include access to specialist pathways in OPAT, respiratory, and heart failure services. It will also include the development of admission avoidance and early supported discharge pathways across OPAT, respiratory, and heart failure domains, in alignment with national definitions of Hospital at Home+.

Urgent & Unscheduled Care Performance Data - October 2025

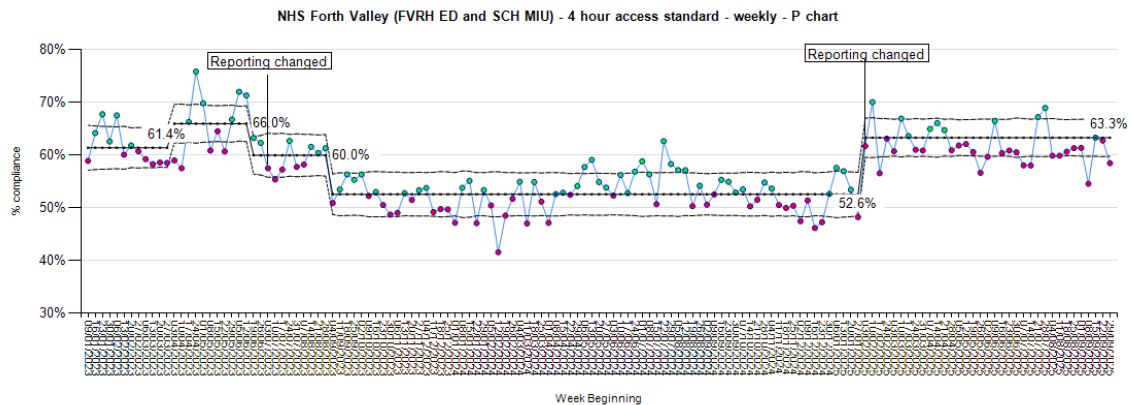
The performance data in the section of the report is associated with key accomplishments and challenges for the period.

Urgent and Unscheduled care services remain under significant pressure and although improvements have been demonstrated these have not been fully sustained due to increased activity in the months of August and September which adversely impacted on patient flow and access.

Optimising ED Flow

Four-hour performance data continues to demonstrate variability albeit the change in PHS guidance to include new planned attendances in our performance data has improved our overall position. Compliance against the standard declined slightly to 60% in September, compared to 61% in August and 63% in the previous May report.

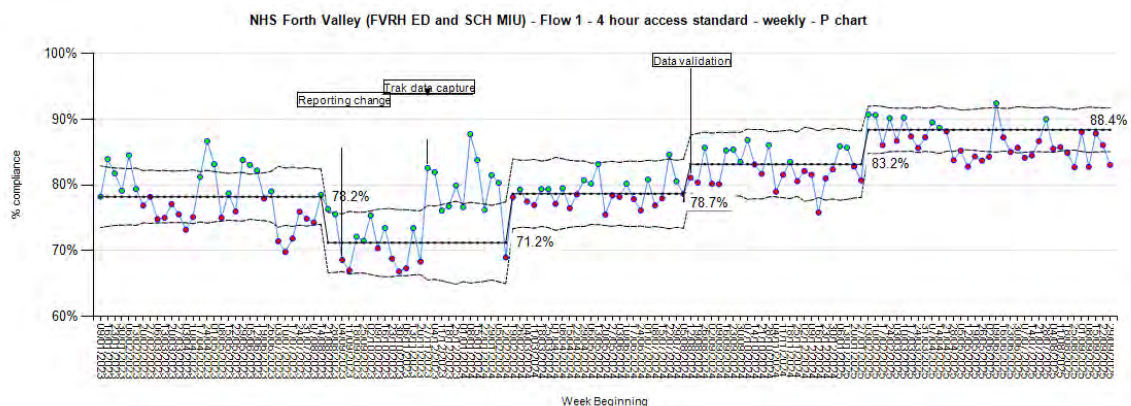
Graph 1: Emergency Access Standard



Flow 1 Performance against the 4-hour standard was 85% in September.

High utilisation of the minor injury unit has a positive impact on our 4-hour performance and work to increase the number of patients on this pathway continues.

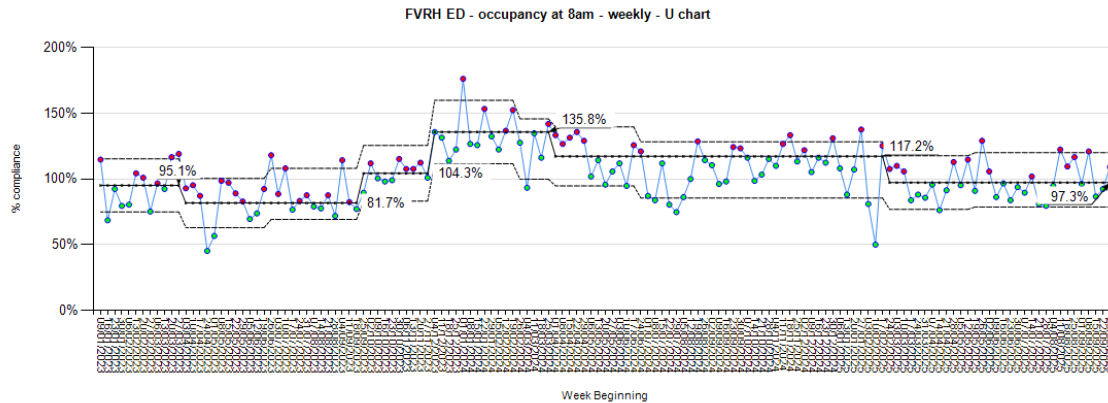
Graph 2: Flow 1 Emergency Access Standard



A recent improvement ED occupancy at 8am has led to a significant reduction in the mean occupancy rate, rebasing from 117.2% to 97.3%.

Recent weeks have shown significant fluctuation in occupancy, ranging from 81.7% to 135.8%, reflecting inconsistent patterns in demand and capacity. Periods of over-occupancy point to sustained system pressures, likely contributing to ED crowding and reduced performance.

Graph 3: ED Occupancy at 8am

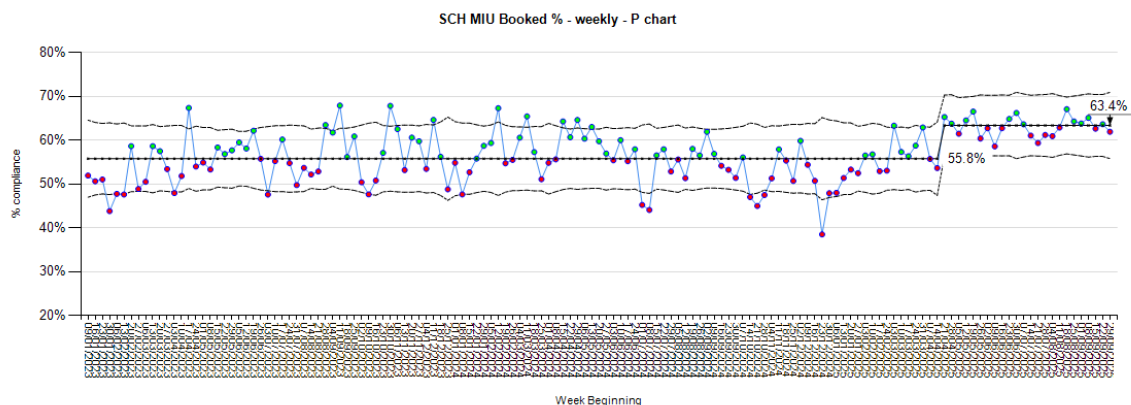


Flow Navigation Centre (FNC) Workstream

Our current Flow Navigation Centre model is not a senior decision maker model however discussions are ongoing regionally as well as locally to review the model going forward.

We have a high performing minor injury unit pathway which has a positive impact on our 4-hour performance. Improvements have been made to online and phone booking processes, including a walk-in with booking option. Appropriate patients are being directed to MIU at ED triage to reduce pressure on the department. Patient education and awareness about when to use MIU and the benefits of booking appointments continues.

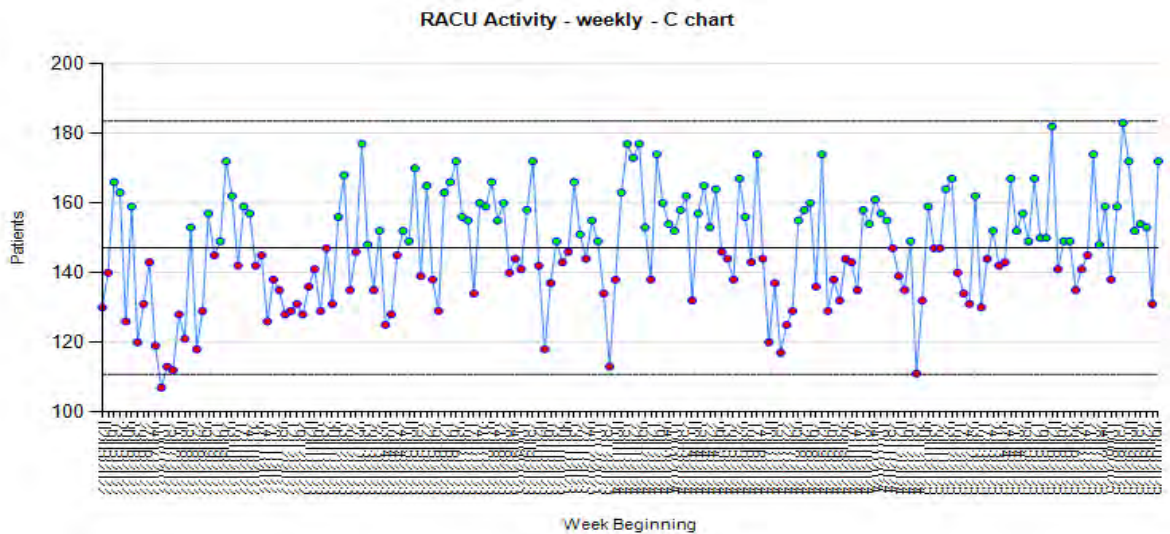
Graph 4: Percentage of MIU Booked Appointments



Our PHS Discovery data indicates that NHS Forth Valley has a higher proportion of GP admissions directly to RACU compared to other boards, which has had a positive impact on reducing ED attendances.

While we observed a recent increase in RACU patient numbers, this was not sustained. However, there has been a notable rise in the use of SAS Consultant Connect pathways to RACU (DVT, COPD, atrial fibrillation, and low-risk chest pain) suggesting growing confidence in alternative urgent care routes.

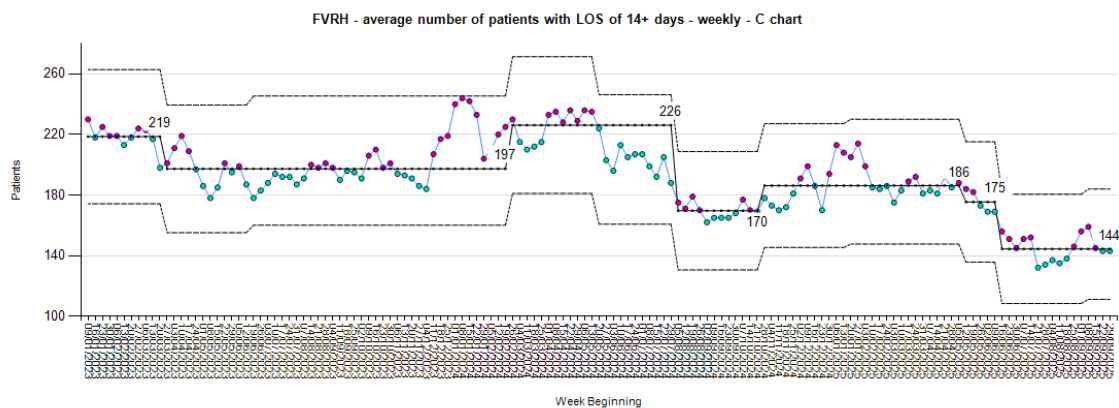
Graph 5: RACU Activity



Discharge Without Delay (DWD) Workstream

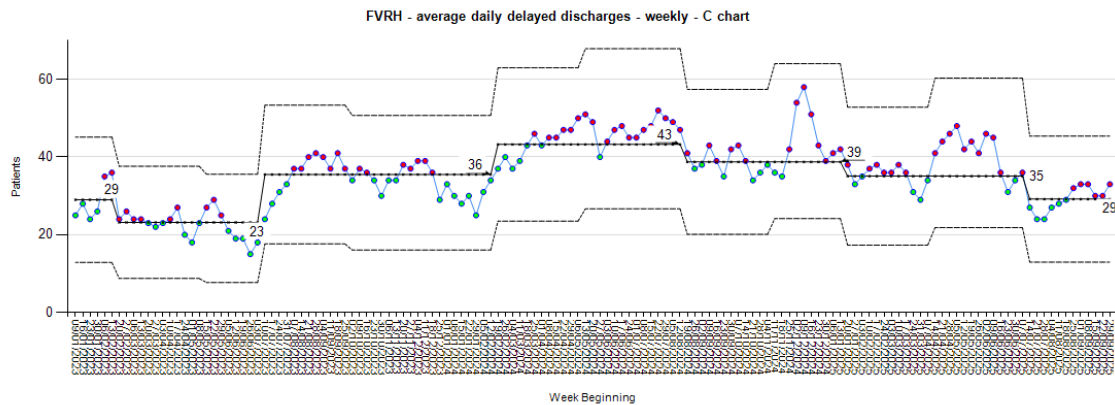
There has been a clear and sustained improvement in the average number of patients with a LOS of 14 days or more. The reduction from a peak of 226 to a low of 144 demonstrates the positive impact of introducing daily ward-level LOS meetings. These meetings have focused on early discharge planning, enabling the team to proactively identify patients who are suitable for discharge and to address barriers to patient flow in real time.

Graph 6: Length of Stay (LoS) >14 days



The Shifting the Balance of Care initiative has contributed to a reduction in delayed discharges on the acute site. A key objective of the National DWD Collaborative is to achieve a 20% reduction in Acute Hospital delayed discharges, by March 2026.

Graph 7: FVRH Delayed Discharges

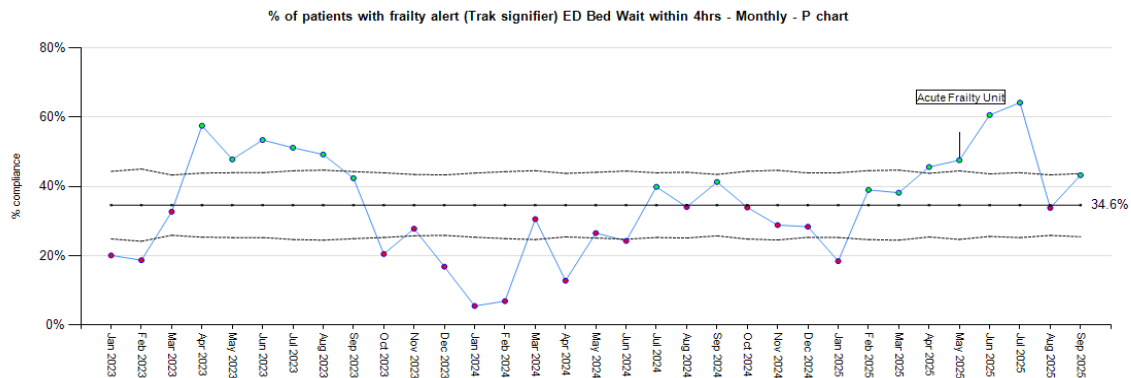


Frailty@Front Door Workstream

A Standard Operating Procedure to improve access to the unit within four hours of patient acceptance was implemented in May, leading to a noticeable improvement in performance. The temporary dip observed in August reflects a period of operational challenges affecting patient flow into the unit.

As screening for frailty begins in the ED, the aim is for the frailty team to proactively reach into the department to support access within the four-hour target.

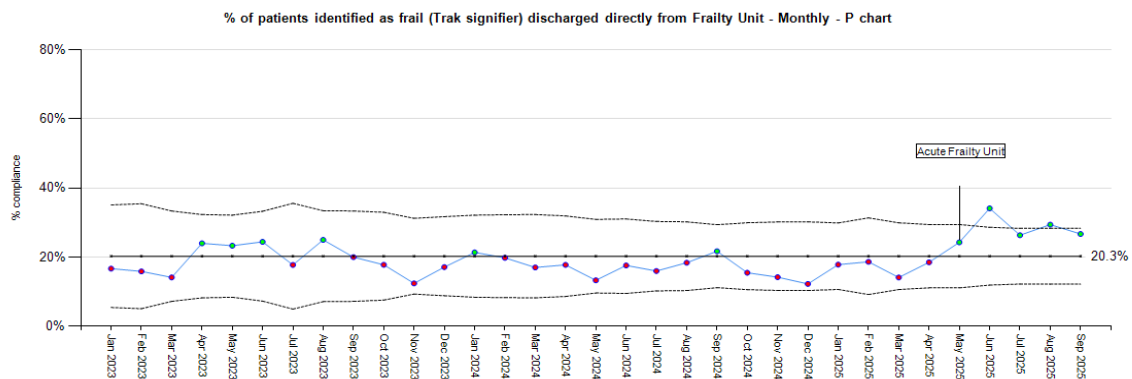
Graph 8: Acute Frailty Unit 4hr Access



A key success of the dedicated unit has been the focus on the care coordination and proactive discharge planning at twice daily board rounds.

PDD setting and recording has been fully embedded, and the MDT are consistently referring to the alternative pathways to hospital admission that are currently available to them, to facilitate early discharge. Since the launch of the unit, we've seen a positive trend in direct discharges and are currently on track to achieve a target of 50% of patients being discharged directly from the unit, by March 2026.

Graph 9: Acute Frailty Unit Direct Discharges

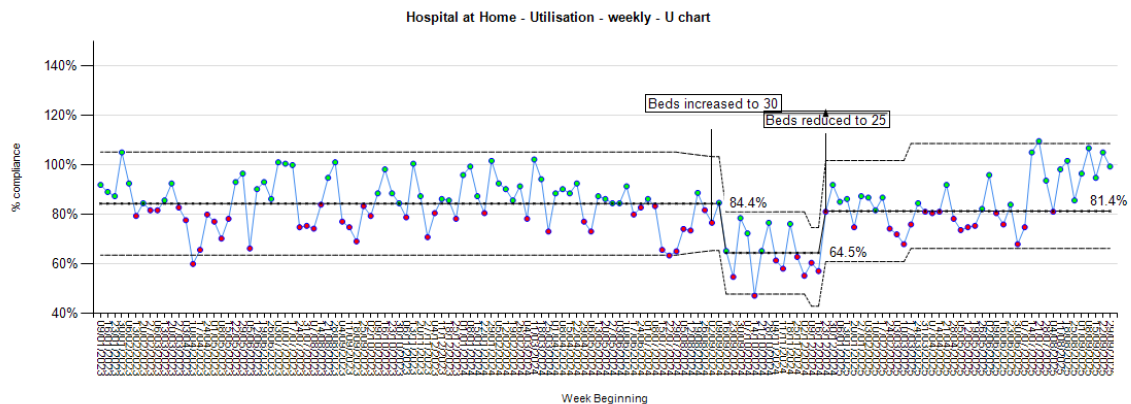


It should be noted there has been a slight drop in the number of patients discharged from the Acute Frailty Unit at 24-, 48- and 72-hours during September however this can be related to changes in activity across front door areas.

H@H Workstream

Hospital at Home bed utilisation ranged from 94.9% to 106.9% during September. The recent increase in Hospital at Home utilisation is likely due to increased presence of the team within the Emergency Department and Acute Frailty Unit, enabling earlier identification of patients suitable for transfer to the service.

Graph 10: H@H Capacity



Section 3: Performance Report - Priority Areas of Performance

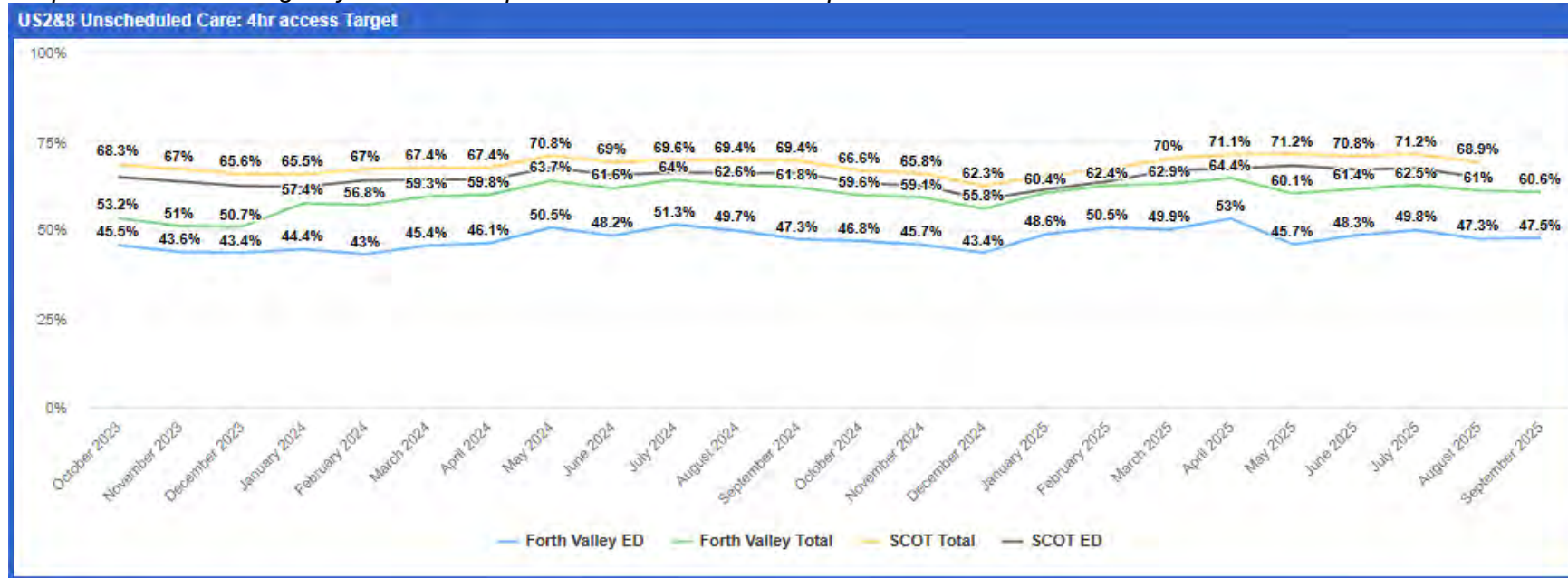
Unscheduled Care

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	30-Sep-25	95%	47.5%	47.3%	44.7%	▲	66.9%	30-Jun-25
Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Sep-25	95%	60.6%	61.0%	53.2%	▲	70.8%	30-Jun-25

Graph 11: 4-hour Emergency Access Compliance October 2023 to September 2025

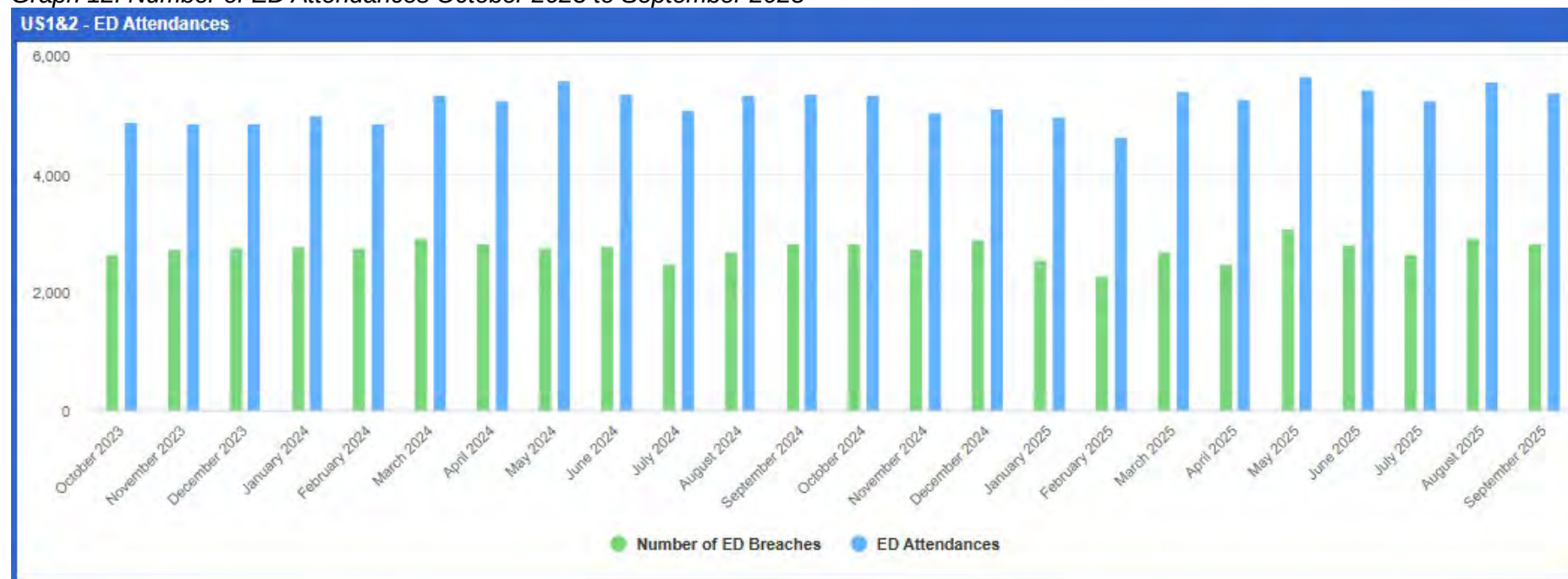


Overall compliance with the 4-hour emergency access standard (EAS) in September 2025 was 60.6%; Minor Injuries Unit 99.8%, Emergency Department 47.5%. A total of 2,829 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,252 waits longer than eight hours, 497 waits longer than 12 hours and 25 waits longer than 23 hours.

Emergency Department

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total Number of ED Attendances	30-Sep-25	Reduction	5,385	5,557	5,372	▼	-	-
Monthly	Number that waited >4 hours in ED	30-Sep-25	Reduction	2,826	2,926	2,820	▼	-	-

Graph 12: Number of ED Attendances October 2023 to September 2025



The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,791 patients, noting this was 1,833 in September 2024. Wait for a bed accounted for 532 patients waiting beyond 4 hours with Clinical reasons accounting for 209 breaches. It is worth noting 840 of patients attending ED in September 2025 did not wait.

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.

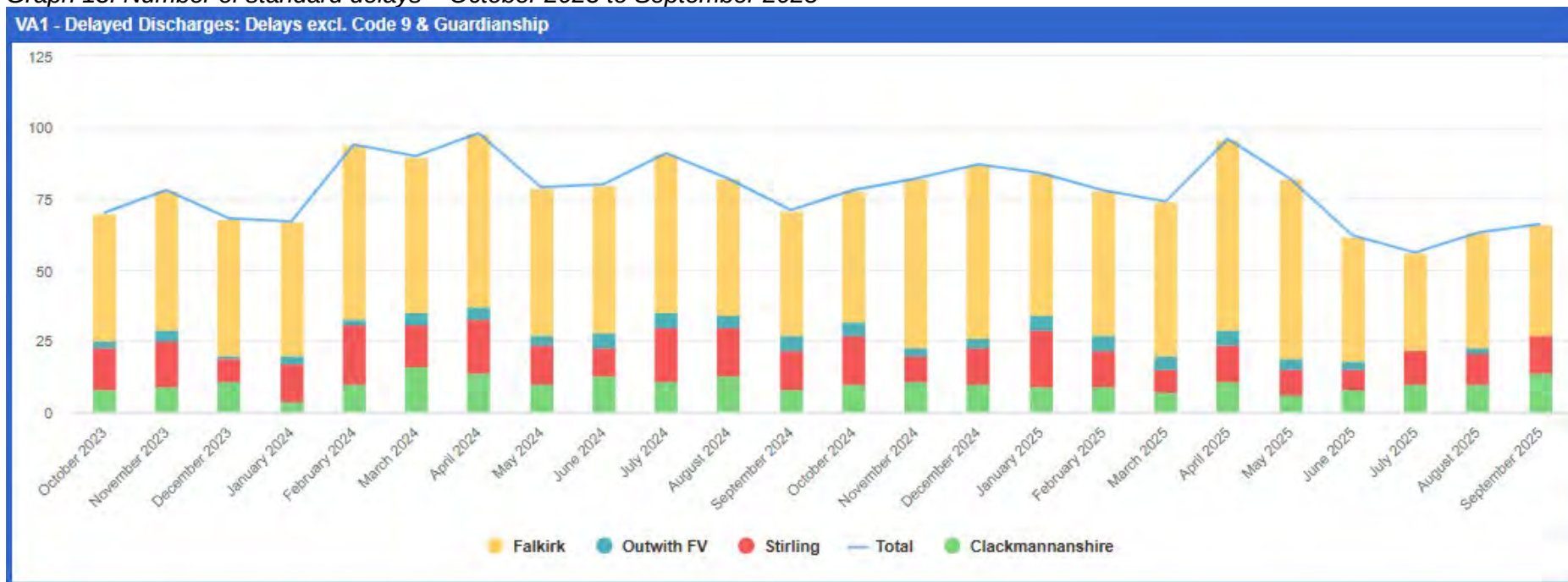
The Discharge without Delay programme underpins the work already underway in Forth Valley and focusses on four integrated delivery workstreams: Planned Date of Discharge and Integrated Discharge Hubs; Discharge to assess / Home First; Frailty at the Front Door; Community Hospital and Step-Down Rehabilitation 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.

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)	30-Sep-25	Reduction	66	61	71	▲	-	-
Monthly	Code 9 & Guardianship Delays	30-Sep-25	Reduction	57	52	58	▲	-	-
Monthly	Total Bed Days Occupied by Delayed Discharges (Standard Delays)	30-Sep-25	Reduction	1,917	2,007	3,020	▲	-	-

Graph 13: Number of standard delays – October 2023 to September 2025



The September 2025 census position in relation to standard delays (excluding Code 9 and guardianship) is 66 delays; this is compared to 71 in September 2024.

There was a total of 57 code 9 and guardianship delays, with the total number of delayed discharges noted as 123.

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 September 2025 census was 1,917, this is a reduction from 3,020 in September 2024. Local authority breakdown is noted as Clackmannanshire 247, Falkirk 1,493, Stirling 177. 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.

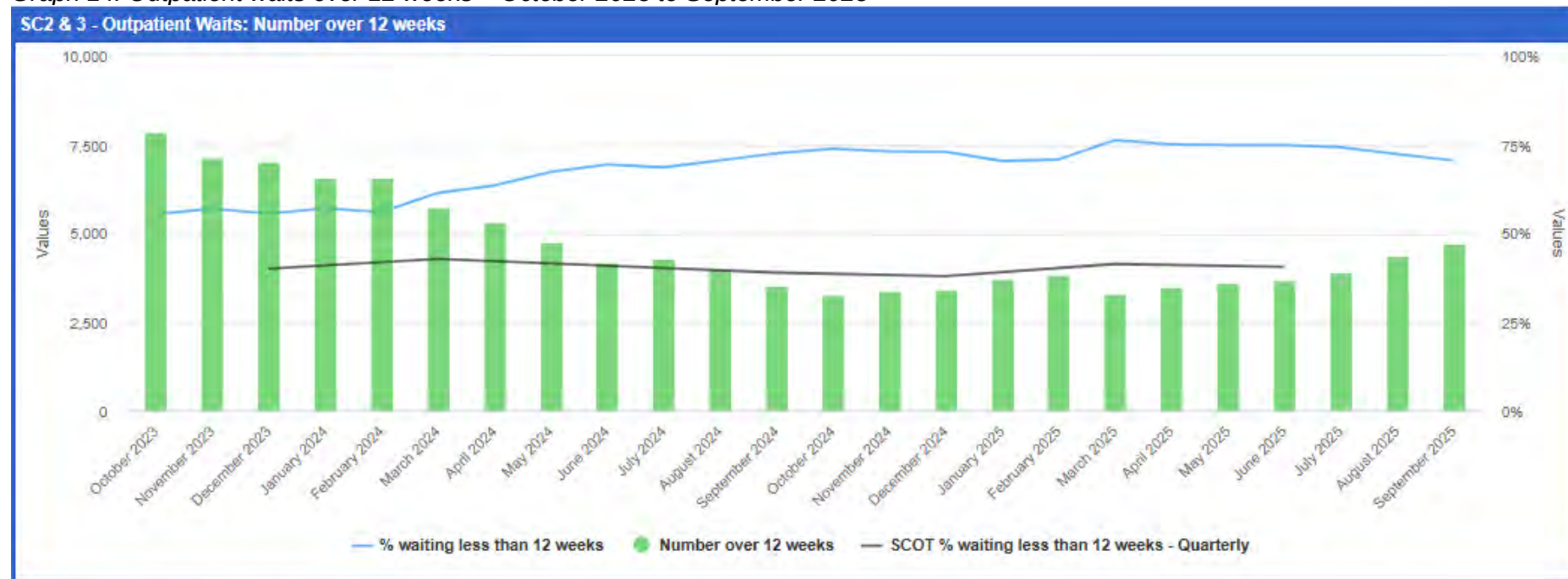
Scheduled Care

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	30-Sep-25	Reduction	16,071	15,790	12,851	▼	-	-
Monthly	Number of New Outpatients waiting over 12 weeks	30-Sep-25	Reduction	4,731	4,363	3,518	▼	-	-
Monthly	Number of New Outpatients waiting over 52 weeks	30-Sep-25	0	258	56	80	▼	-	-
Monthly	New Outpatients waiting under 12 weeks %	30-Sep-25	95%	70.6%	72.4%	72.6%	▼	40.6%	30-Jun-25

Graph 14: Outpatient waits over 12 weeks – October 2023 to September 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 September 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.

The Scottish Government target for 2025/26 that 0 patients waiting over 52 weeks for a New Outpatient appointment. The graph and table below show the numbers and breakdown by specialty. Most specialties have no waits over 52 weeks and those that do are minimal.

Graph 15: Number waiting over 52 weeks for new outpatient appointment - October 2023 to September 2025

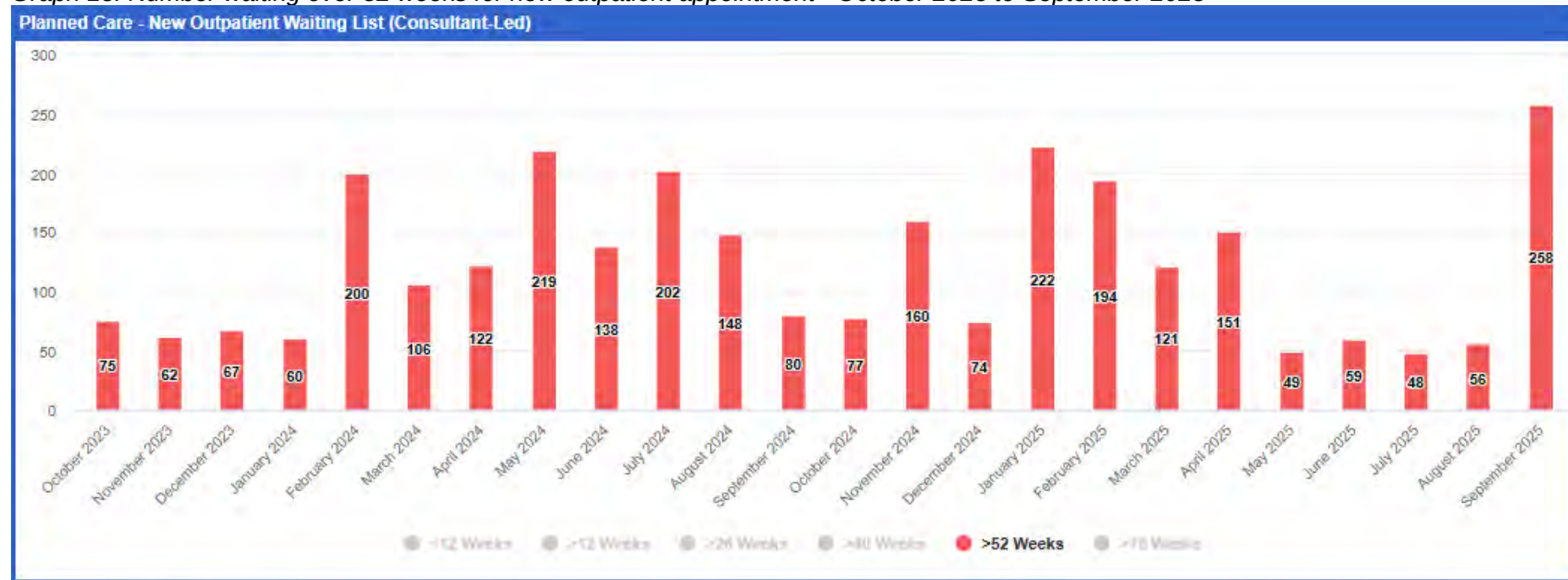


Table 1: Number waiting over 52 weeks for New Outpatient appointment by Specialty – September 2025

Planned Care - New outpatient >52 Week waits			
LG Service Area	Value	Numerator ▼	Denominator
Dermatology	4.4%	139	3,158
General Surgery - Plastics	23.5%	54	230
Rehabilitation Medicine	100.0%	27	27
Urology	1.6%	9	558
Rheumatology	.7%	6	878

← 1 of 6 →

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-Sep-25	0	2,054	1,972	1,488	-	-	-
Quarterly	% Compliance with 12 week TTG Standard	30-Sep-25	100%	33.6%	34.8%	44.1%	▼	57.0%	30-Jun-25
Monthly	Total Number of Inpatients/Day cases Waiting	30-Sep-25	Reduction	7,156	6,959	5,696	▼	-	-
Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Sep-25	Reduction	4,319	4,318	3,197	▼	-	-
Monthly	Number of Inpatients/Day cases waiting over 52 weeks	30-Sep-25	0%	425	402	459	▲	-	-
Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	30-Sep-25	100%	39.6%	38.0%	43.9%	▼	32.7%	30-Jun-25

Graph 16: Inpatients/Daycase waits over 12 weeks – October 2023 to September 2025



In September 2025, the number of inpatients/daycases waiting increased to 7,156 (6,914 excluding mutual aid and NTC) from 6,959 (6,668 excluding mutual aid and NTC) the previous month. An increase from the previous year in those waiting beyond 12 weeks from 3,197 to 4,319 was also noted.

The Scottish Government target for 2025/26 that 0 patients waiting over 52 weeks for Inpatient / Daycase treatment. Graph 15 and table 2 below show the numbers and breakdown by specialty respectively as at end of May. Weekly monitoring of the specialties with the largest numbers waiting over 12 weeks would suggest, based on progress so far, that we are on track to meet the target for end of March 2026. Details are included in the specialty sections below.

Graph 17: Number waiting over 52 weeks for Inpatient/Daycase – October 2023 to September 2025



Table 2: Number waiting over 52 weeks for Inpatient/Daycase by Specialty – September 2025

Planned Care - TTG >52 Week waits			
LG Service Area	Value	Numerator ▼	Denominator
Trauma and Orthopaedic Surgery	6.2%	153	2,476
Ear, Nose and Throat (ENT)	11.3%	93	825
General Surgery	7.2%	69	958
Urology	11.1%	52	469
Gynaecology	7.4%	40	540
Vascular Surgery	12.7%	13	102
Oral and Maxillofacial Surgery	3.7%	4	108
Ophthalmology	.1%	2	1,566
◀ 1 of 1 ▶			

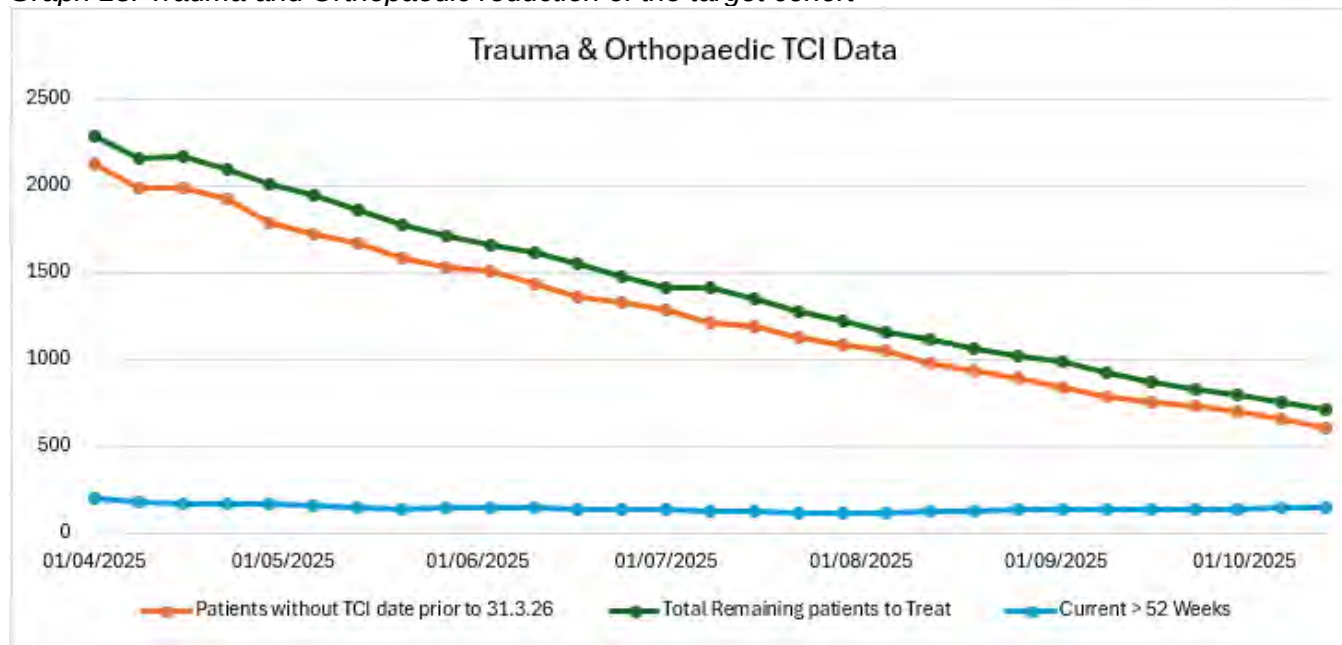
The following specialty level sections detail the weekly position of the waiting lists with the largest numbers waiting over 52 weeks, these show the numbers waiting in total and the numbers dated To Come In (TCI). Further breakdowns show the numbers waiting over 52 weeks and the numbers and percentages of these which are dated to come in and of which are currently unavailable.

Trauma and Orthopaedic Surgery

Table 3: Trauma and Orthopaedic clearance of IPDC >52-week waiters

		Included: Trauma and Orthopaedic 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 Treat	Current > 52 Week	Current > 78 Week	Longest Wait (week)	No > 52 Weeks Date	No > 52 Weeks Unavaila	% of 52 Weeks Date	% of 52 Weeks Unavailabl
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
05/08/2025	Trauma and Orthopaedic Surgery	113	1049	1162	113	10	96	19	23	16	20
12/08/2025	Trauma and Orthopaedic Surgery	140	978	1118	122	11	97	25	27	20	22
19/08/2025	Trauma and Orthopaedic Surgery	127	933	1060	131	9	98	21	21	16	16
26/08/2025	Trauma and Orthopaedic Surgery	135	888	1023	132	7	94	20	23	15	17
02/09/2025	Trauma and Orthopaedic Surgery	150	834	984	135	8	95	28	24	20	17
09/09/2025	Trauma and Orthopaedic Surgery	138	785	923	141	8	96	39	27	27	19
16/09/2025	Trauma and Orthopaedic Surgery	113	758	871	140	7	85	33	21	23	15
23/09/2025	Trauma and Orthopaedic Surgery	101	727	828	133	7	96	27	19	20	14
30/09/2025	Trauma and Orthopaedic Surgery	95	702	797	139	9	87	29	19	20	13
07/10/2025	Trauma and Orthopaedic Surgery	94	662	756	146	7	88	27	18	18	12
14/10/2025	Trauma and Orthopaedic Surgery	111	603	714	149	6	89	31	24	20	16

Graph 18: Trauma and Orthopaedic reduction of the target cohort

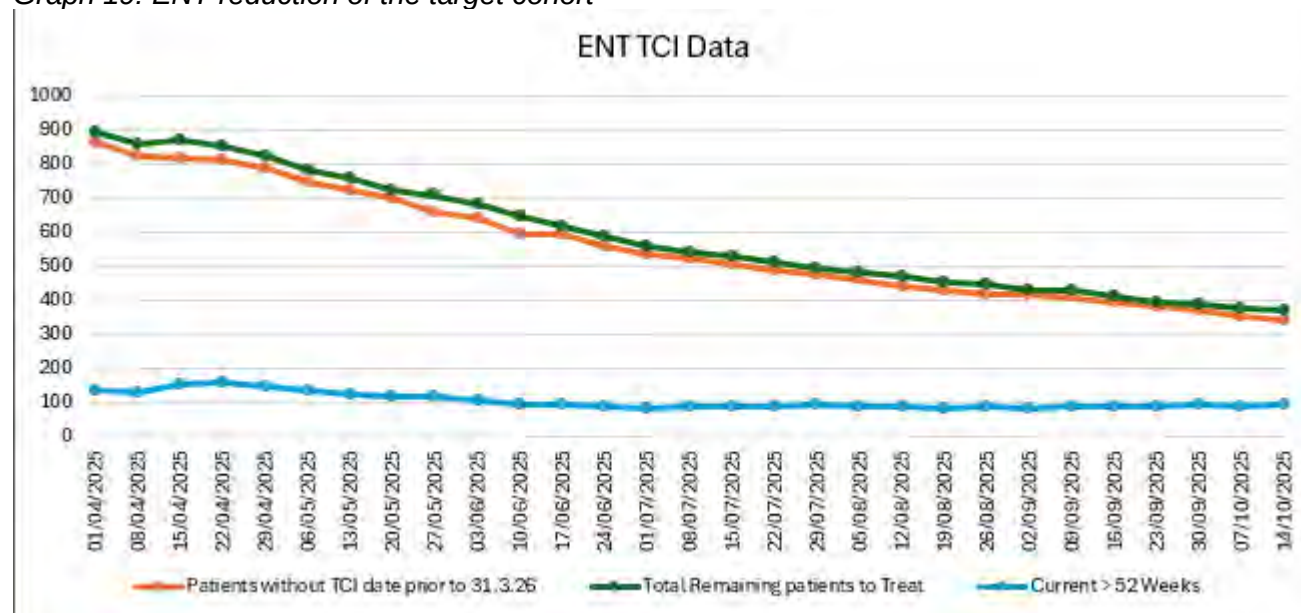


Ear, Nose and Throat

Table 4: 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 Week	Current > 78 Week	Longest Wait (week)	No > 52 Weeks Data	No > 52 Weeks Unavailabl	% of 52 Weeks Data	% of 52 Weeks Unavailabl
01/04/2025	Ear, Nose and Throat (EN	30	861	891	132	22	89	0	10	0	7
08/04/2025	Ear, Nose and Throat (EN	37	822	859	130	21	89	3	11	2	8
15/04/2025	Ear, Nose and Throat (EN	56	815	871	152	27	91	22	11	14	7
22/04/2025	Ear, Nose and Throat (EN	45	810	855	157	28	92	21	11	13	7
29/04/2025	Ear, Nose and Throat (EN	37	788	825	148	27	93	13	9	8	6
06/05/2025	Ear, Nose and Throat (EN	34	747	781	134	27	94	17	9	12	6
13/05/2025	Ear, Nose and Throat (EN	34	723	757	122	28	95	15	11	12	9
20/05/2025	Ear, Nose and Throat (EN	25	700	725	118	30	96	12	8	10	6
27/05/2025	Ear, Nose and Throat (EN	52	656	708	115	28	97	20	8	17	6
03/06/2025	Ear, Nose and Throat (EN	36	643	679	104	26	98	13	12	12	11
10/06/2025	Ear, Nose and Throat (EN	51	595	646	92	21	99	14	13	15	14
17/06/2025	Ear, Nose and Throat (EN	23	591	614	92	19	97	7	15	7	16
24/06/2025	Ear, Nose and Throat (EN	27	558	585	86	17	98	9	13	10	15
01/07/2025	Ear, Nose and Throat (EN	25	532	557	84	15	97	6	16	7	19
08/07/2025	Ear, Nose and Throat (EN	21	522	543	86	18	94	5	15	5	17
15/07/2025	Ear, Nose and Throat (EN	19	507	526	87	16	95	3	12	3	13
22/07/2025	Ear, Nose and Throat (EN	22	488	510	88	16	96	11	11	12	12
29/07/2025	Ear, Nose and Throat (EN	16	477	493	92	16	91	10	10	10	10
05/08/2025	Ear, Nose and Throat (EN	18	461	479	87	15	92	9	11	10	12
12/08/2025	Ear, Nose and Throat (EN	29	441	470	89	13	91	18	6	20	6
19/08/2025	Ear, Nose and Throat (EN	27	428	455	82	14	92	11	5	13	6
26/08/2025	Ear, Nose and Throat (EN	27	419	446	85	14	93	11	6	12	7
02/09/2025	Ear, Nose and Throat (EN	14	417	431	83	13	94	8	5	9	6
09/09/2025	Ear, Nose and Throat (EN	20	408	428	86	13	95	12	7	13	8
16/09/2025	Ear, Nose and Throat (EN	19	394	413	86	12	96	9	8	10	9
23/09/2025	Ear, Nose and Throat (EN	14	382	396	87	10	97	7	10	8	11
30/09/2025	Ear, Nose and Throat (EN	17	369	386	91	10	98	10	10	10	10
07/10/2025	Ear, Nose and Throat (EN	25	351	376	90	11	96	16	8	17	8
14/10/2025	Ear, Nose and Throat (EN	25	342	367	94	9	94	12	11	12	11

Graph 19: ENT reduction of the target cohort

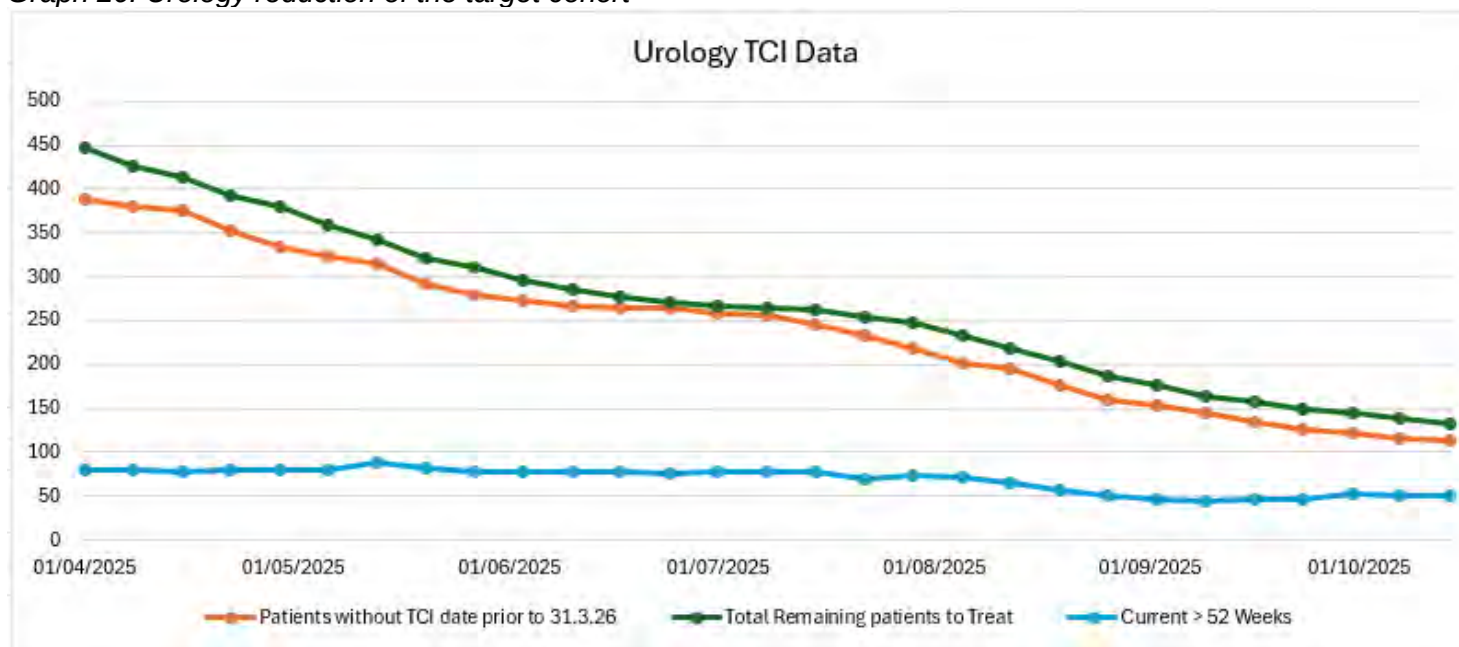


Urology

Table 5: 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 Week	Current > 78 Week	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
05/08/2025	Urology	33	201	234	72	36	115	24	8	33	11
12/08/2025	Urology	23	196	219	66	30	115	16	5	24	7
19/08/2025	Urology	26	177	203	57	23	116	12	4	21	7
26/08/2025	Urology	27	160	187	51	18	117	10	4	19	7
02/09/2025	Urology	23	154	177	46	17	118	6	4	13	8
09/09/2025	Urology	18	146	164	45	16	119	8	4	17	8
16/09/2025	Urology	23	134	157	46	16	120	8	1	17	2
23/09/2025	Urology	23	126	149	46	12	121	11	0	23	0
30/09/2025	Urology	23	122	145	52	12	122	13	1	25	1
07/10/2025	Urology	23	115	138	51	12	123	10	1	19	1
14/10/2025	Urology	18	114	132	51	12	124	8	2	15	3

Graph 20: Urology reduction of the target cohort

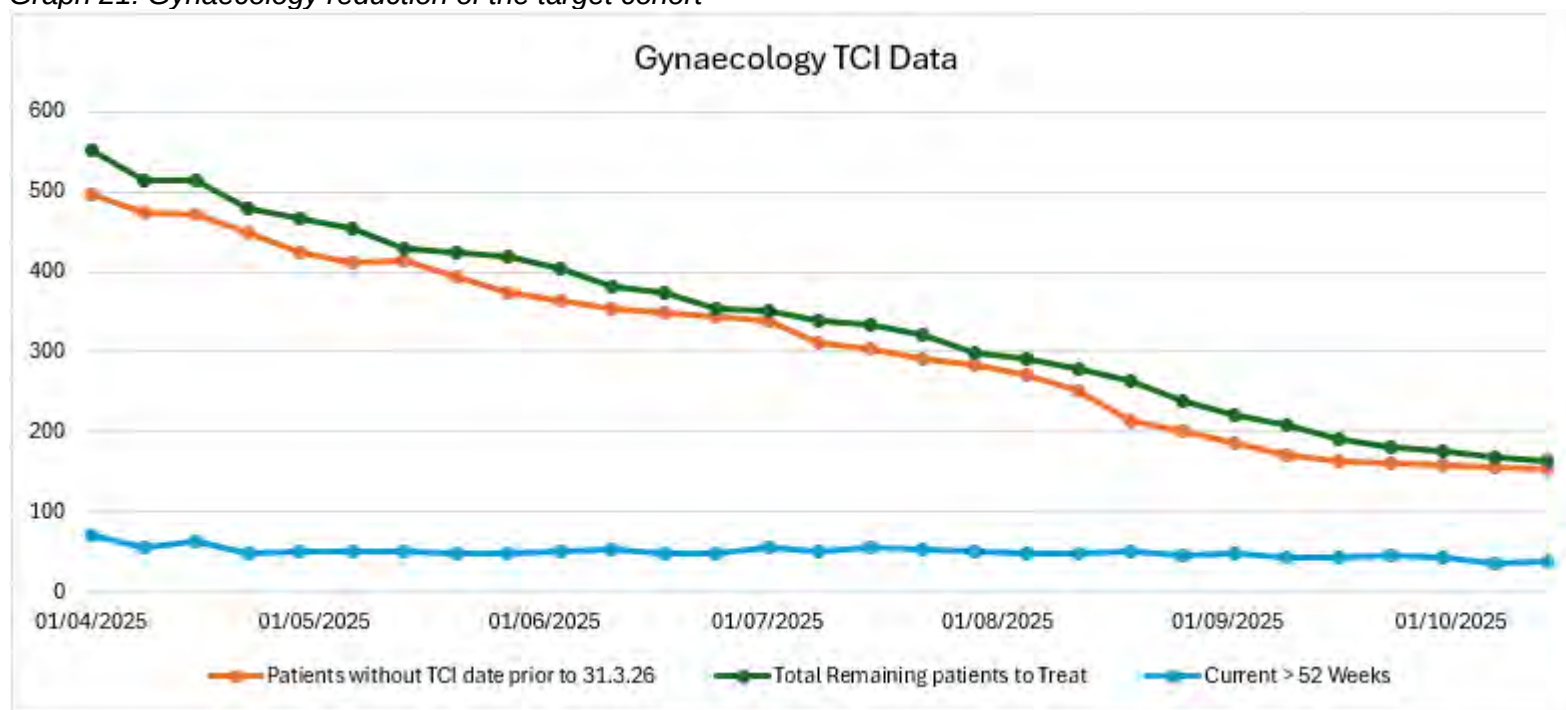


Gynaecology

Table 6: 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 Treat	Current > 52 Week	Current > 78 Week	Longest Wait (week)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
01/04/2025	Gynaecology	54	497	551	70	7	91	21	5	30	7
08/04/2025	Gynaecology	40	473	513	55	7	91	8	8	14	14
15/04/2025	Gynaecology	43	471	514	63	6	93	14	7	22	11
22/04/2025	Gynaecology	32	448	480	48	7	94	12	8	25	16
29/04/2025	Gynaecology	41	425	466	50	7	95	13	7	26	14
06/05/2025	Gynaecology	43	412	455	50	6	96	12	5	24	10
13/05/2025	Gynaecology	15	414	429	51	6	97	9	4	17	7
20/05/2025	Gynaecology	32	393	425	48	5	98	8	6	16	12
27/05/2025	Gynaecology	44	374	418	47	5	99	10	4	21	8
03/06/2025	Gynaecology	39	364	403	51	5	100	9	8	17	15
10/06/2025	Gynaecology	28	354	382	53	6	101	10	8	18	15
17/06/2025	Gynaecology	24	350	374	49	5	102	5	8	10	16
24/06/2025	Gynaecology	10	345	355	49	5	103	1	7	2	14
01/07/2025	Gynaecology	13	339	352	55	4	104	4	4	7	7
08/07/2025	Gynaecology	28	312	340	51	4	105	5	4	9	7
15/07/2025	Gynaecology	32	303	335	55	5	106	6	4	10	7
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
05/08/2025	Gynaecology	20	270	290	49	7	109	7	3	14	6
12/08/2025	Gynaecology	26	252	278	49	6	110	11	5	22	10
19/08/2025	Gynaecology	50	213	263	50	6	111	16	6	32	12
26/08/2025	Gynaecology	37	201	238	46	6	96	14	7	30	15
02/09/2025	Gynaecology	35	187	222	48	5	97	10	5	20	10
09/09/2025	Gynaecology	38	170	208	42	5	98	11	6	26	14
16/09/2025	Gynaecology	29	163	192	44	5	99	11	7	25	15
23/09/2025	Gynaecology	21	161	182	45	5	100	10	4	22	8
30/09/2025	Gynaecology	17	159	176	42	5	101	8	4	19	9
07/10/2025	Gynaecology	14	155	169	36	4	102	5	3	13	8
14/10/2025	Gynaecology	11	153	164	37	4	103	3	2	8	5

Graph 21: Gynaecology reduction of the target cohort

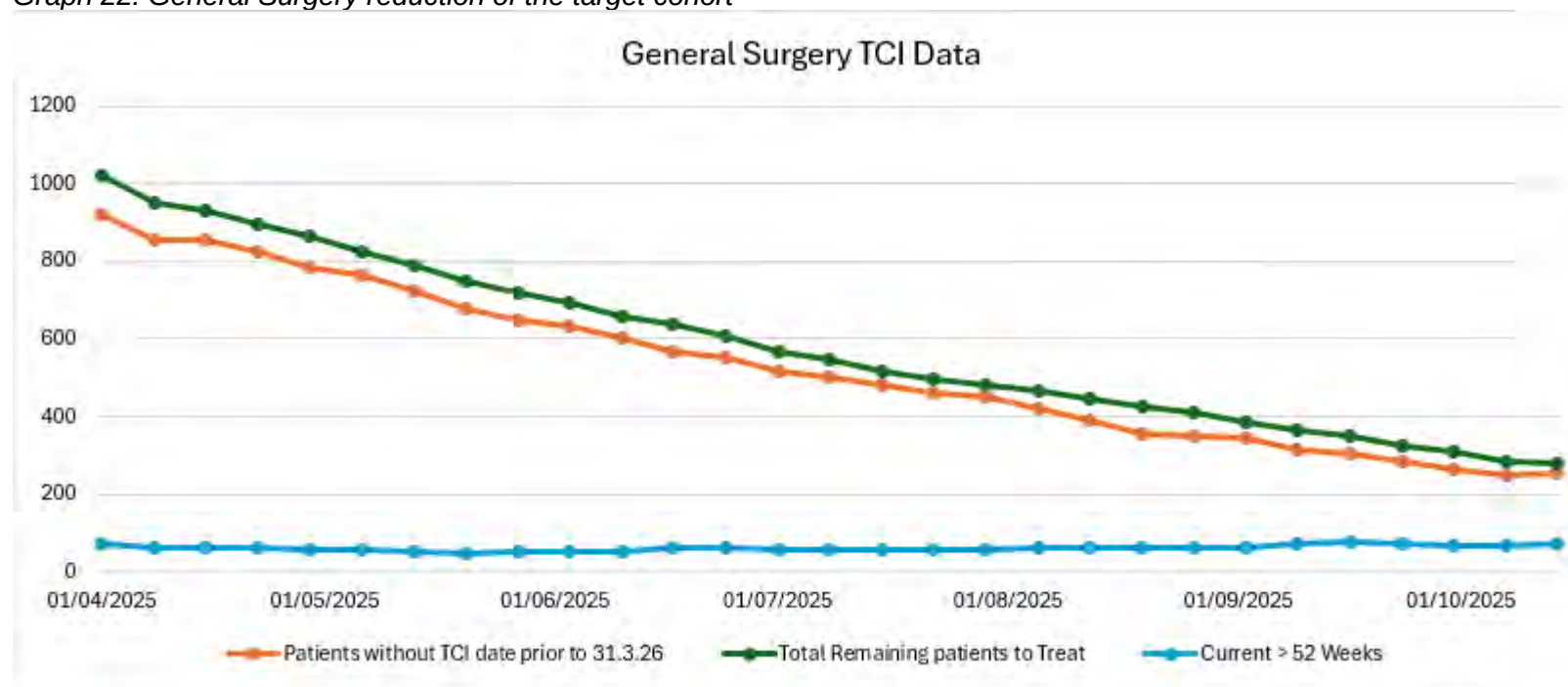


General Surgery

Table 7: 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 Treat	Current > 52 Week	Current > 78 Week	Longest Wait (week)	No > 52 Weeks Data	No > 52 Weeks Unavailable	% of 52 Weeks Data	% 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
05/08/2025	General Surgery	43	422	465	61	5	95	9	4	14	6
12/08/2025	General Surgery	57	391	448	64	5	96	10	8	15	12
19/08/2025	General Surgery	71	357	428	62	6	97	8	8	12	12
26/08/2025	General Surgery	58	350	408	62	10	98	9	8	14	12
02/09/2025	General Surgery	41	343	384	63	7	99	7	8	11	12
09/09/2025	General Surgery	47	316	363	74	8	100	10	9	13	12
16/09/2025	General Surgery	47	302	349	75	9	101	14	9	18	12
23/09/2025	General Surgery	40	285	325	72	8	102	12	9	16	12
30/09/2025	General Surgery	46	262	308	69	6	91	12	9	17	13
07/10/2025	General Surgery	34	251	285	66	5	92	4	10	6	15
14/10/2025	General Surgery	24	253	277	74	6	93	5	12	6	16

Graph 22: General Surgery reduction of the target cohort



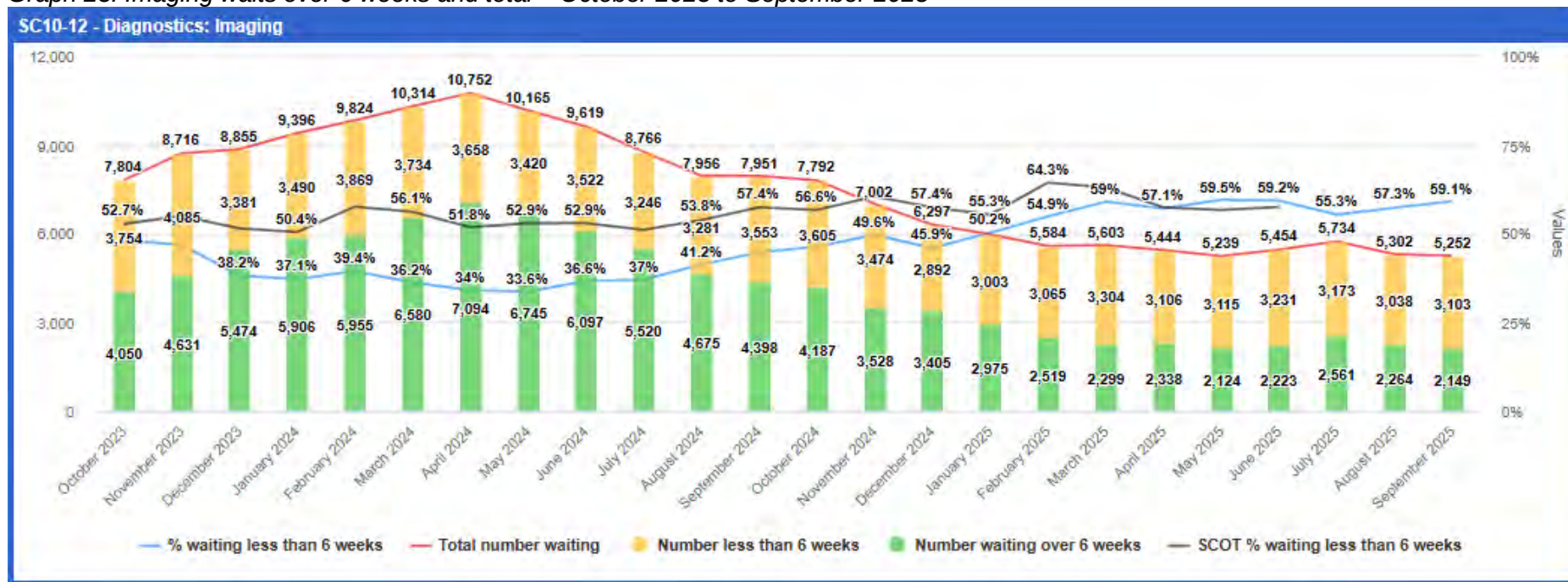
Diagnostics

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.

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	30-Sep-25	Reduction	5,252	5,302	7,951	▲	-	-
Monthly	Number waiting beyond 42 days - Imaging	30-Sep-25	0%	2,149	2,264	4,398	▲	-	-
Monthly	Percentage waiting less than 42 days - Imaging	30-Sep-25	100%	59.1%	57.3%	44.7%	▲	63.0%	31-Mar-25

Graph 23: Imaging waits over 6 weeks and total – October 2023 to September 2025



At the end of September 2025, 2,149 patients were waiting beyond the 6-week standard for imaging, a reduction from 4,398 in September 2024. At the end of September 2025, the compliance with the 6 weeks standard was 59.1%.

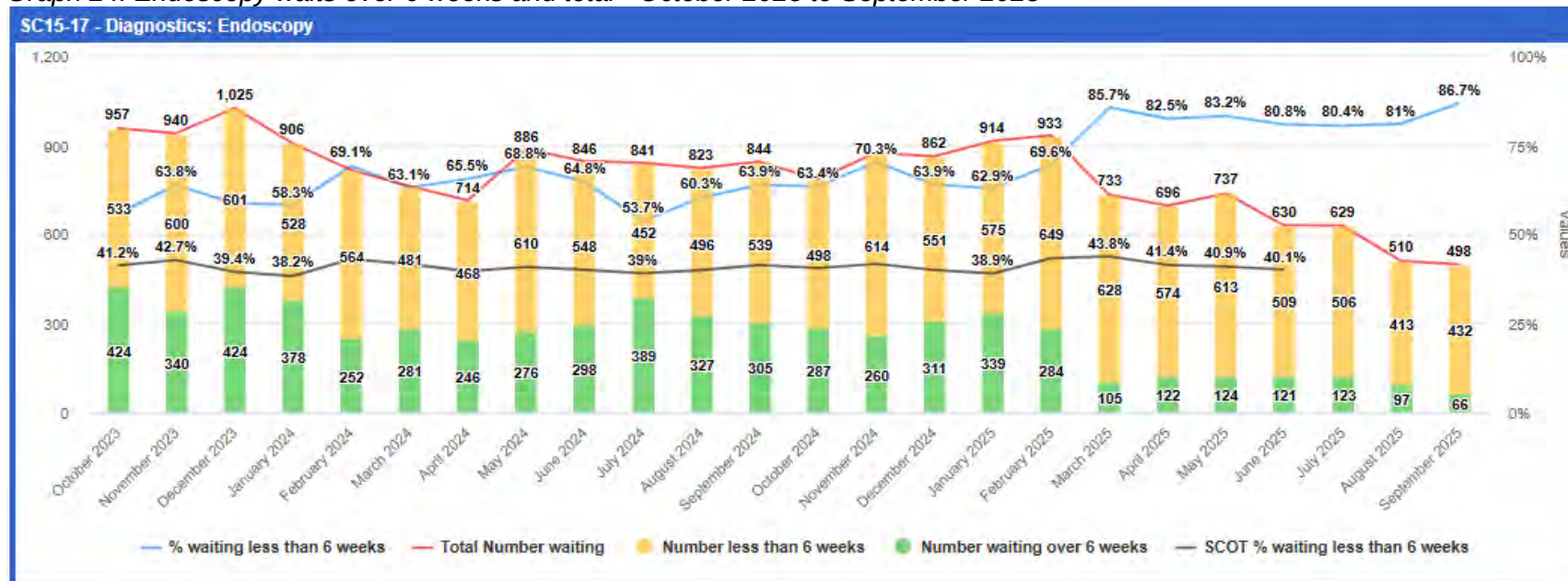
Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in September 2025 was 5,252; compared with 7,951 in September 2024.

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	30-Sep-25	Reduction	498	510	844	▲	-	-
Monthly	Number waiting beyond 42 days - Endoscopy	30-Sep-25	0	66	97	305	▲	-	-
Monthly	Percentage waiting less than 42 days - Endoscopy	30-Sep-25	100%	86.7%	81.0%	63.9%	▲	43.8%	31-Mar-25

Graph 24: Endoscopy waits over 6 weeks and total - October 2023 to September 2025



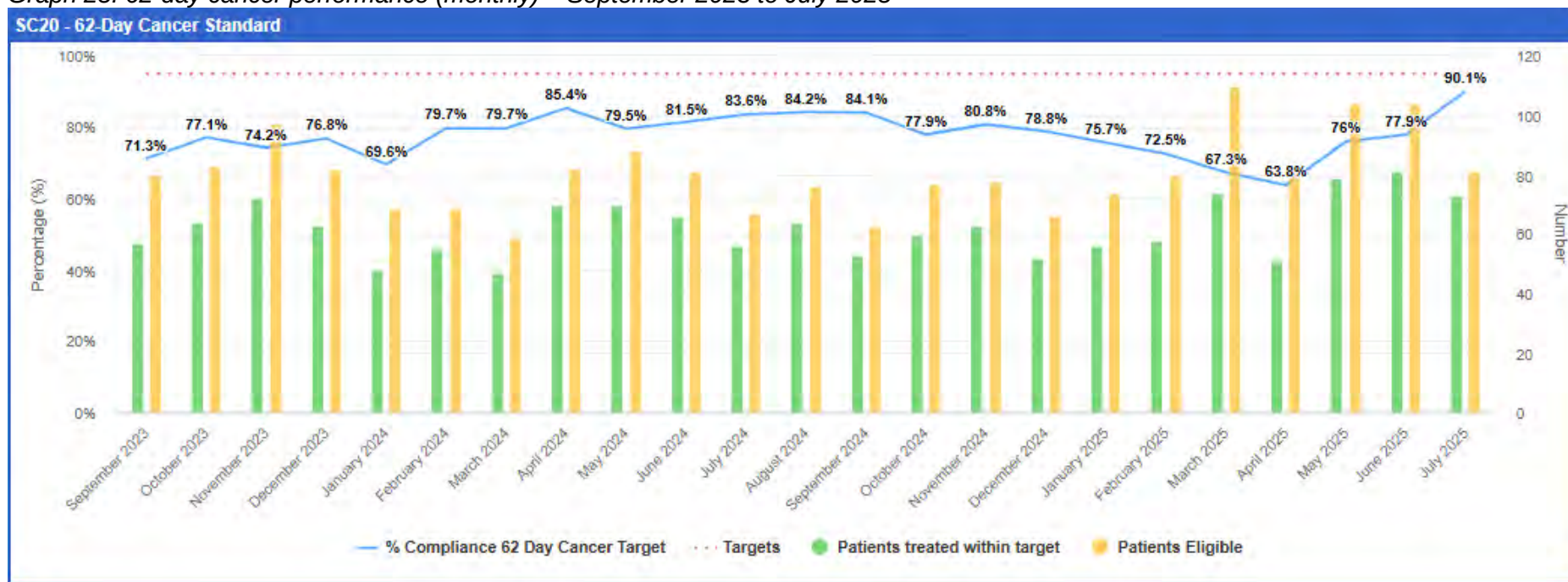
The current waiting list size for endoscopy (September 2025) is 498, compared to 844 in September 2024. NHS Forth Valley Endoscopy team is moving towards achieving the 6-week diagnostic standard. The size of the waiting list continues to reduce and the number of patients waiting over 6 weeks is also 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 40.1%.

62-day Cancer Standard

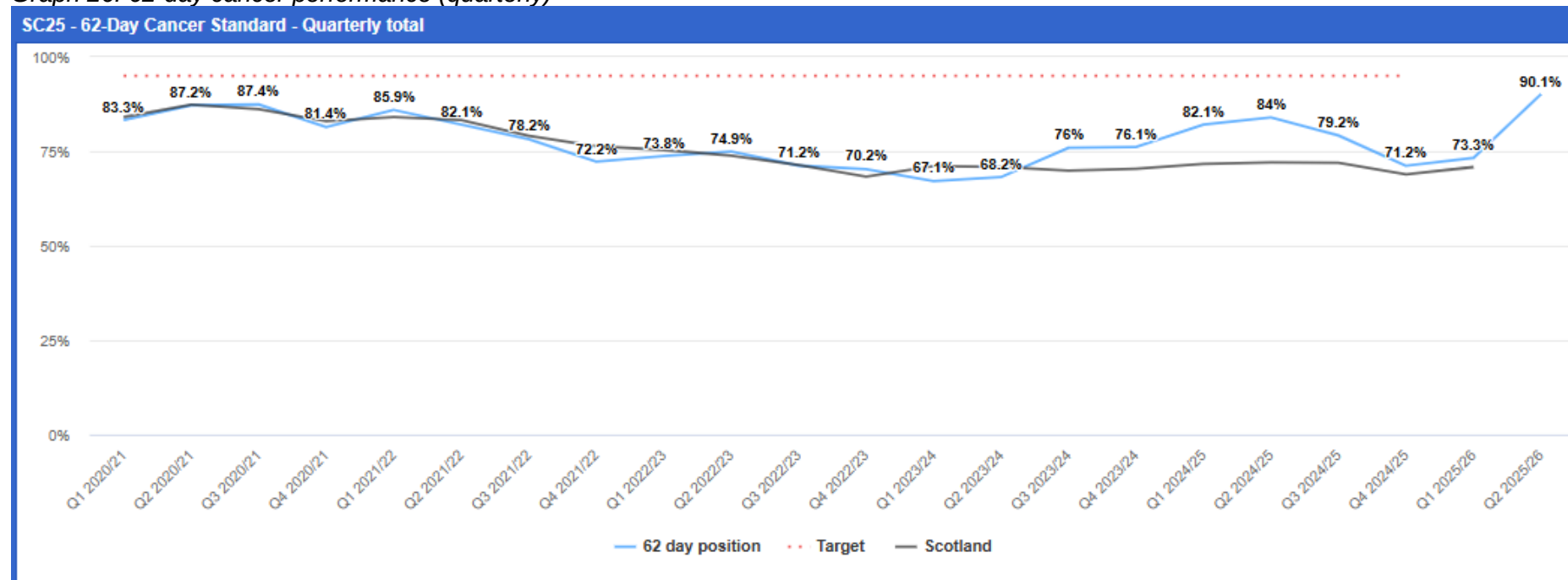
The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

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	31-Jul-25	95%	90.1%	77.9%	83.6%	▲	68.9%	30-Jun-25
Monthly	62 Day Cancer - Number seen within target against total	31-Jul-25	-	73/81	81/104	56/67	-	-	-
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 25: 62-day cancer performance (monthly) – September 2023 to July 2025



Graph 26: 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 853 of which 13.5% are confirmed cancer patients.

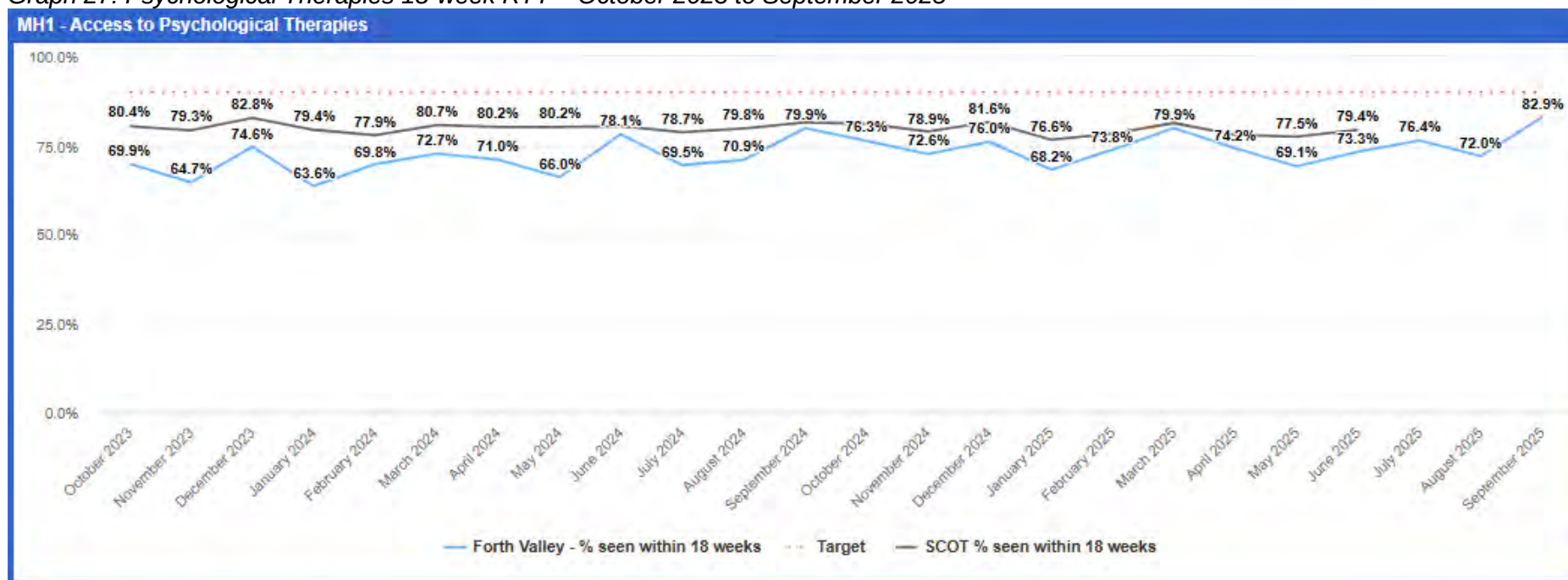
Five of the 10 cancer pathways achieved 100% with Colorectal 90% (9/10), lung 89.5% (17/19), Upper GI 85.7% (6/7) and urology 69.2% (9/13).

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	30-Sep-25	90%	82.9%	72.0%	79.8%	▲	79.4%	30-Jun-25
Monthly	Total Number Waiting for Psychological Therapies Initial Assessment	30-Sep-25	Reduction	1,040	960	836	▼	-	-
Quarterly	Psychological Therapies - 18 week RTT compliance	30-Jun-25	90%	74.2%	72.1%	73.2%	▲	78.3%	30-Jun-25

Graph 27: Psychological Therapies 18-week RTT – October 2023 to September 2025



In September 2025, draft data indicates that 82.9% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 72.0% and from 79.9% in September 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 1012 people awaiting assessment in September 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.

Psychological Services continue to work towards improving performance in relation to waiting times. Currently there are 316 people who have been waiting longer than 104 weeks for therapy. The longest waiting time is 146 weeks.

An improvement plan to address large waiting lists and long waiting times was submitted to Scottish Government in early June. Scottish Government have noted positively the detailed considerations included in the plan and have provided some observations regarding useful next steps for data analysis to inform service improvements. Implementation of the plan is now underway.

Analysis shows the longest treatment waits are within the Adult Psychological Therapies (APTs) specialty and in particular for two therapy lists (Trauma Reprocessing and Multi-Model Therapy) which represent the highest cost / lowest availability therapies. Referrals to the service increased from early in the 2023/2024 financial year which explains the high numbers of people currently waiting over 104 weeks. Demand has continued to increase year-on-year. Improvement actions are (1) improved referral screening processes and (2) the introduction of triage feedback forms to improve matching of clinical presentation to therapy type. The increasing gap between received and accepted referrals over the last 3 months suggests improved screening is allowing referrals to be signposted to other, more appropriate, services. The impact of the triage feedback forms is being monitored. It is important to note that these improvements focus on changing the pathways for people referred now rather than those people already on the waiting list, and so it will take some time to see impact of these actions on the length of waits.

Further analysis of the waiting list has indicated that a significant barrier to progressing improvement has been the high demand for prioritisation of referrals, which competes directly with the longest routine waits. Increased governance arrangements around referral management are now in place to ensure appropriate use of prioritisation criteria.

Another improvement action focuses on refining pathways within APTs whereby cases can be 'stepped up' to a higher intensity therapy, following an initial period of treatment. Case analysis has indicated that this was occurring more often than may be required. Closer scrutiny of this should release treatment capacity for the two areas of longest wait. This work is ongoing.

A Waiting Well project was piloted with a small number of people focussing on the over 104-week group. Subsequent reconfiguration of the workforce has allowed assistant psychologist resource to be established to ensure the continuation and evaluation of this work. Early indications are that this work successfully identifies people whose needs have changed or who have moved out of area. These people have been signposted

to other services where appropriate and removed from the waiting list. If positive evaluations continue the intention is to consider utilising capacity from Psychological Interventions Assistants (PIAs) for this work.

Work is ongoing to distribute appropriate cases to other specialties, to reduce the inequity of waits. While it is encouraging that the numbers of people who started treatment after a wait of 104+ weeks has increased month on month over the last three months (23 in July, 34 in August, and 36+ in September), the high numbers of referrals from the period around 2 years ago has meant that 50-60 people move in to the 104+ week time band each month explaining the continued rise in numbers of people waiting this length of time. Further analysis will enable clearer understanding of the capacity required to support a downturn in those numbers.

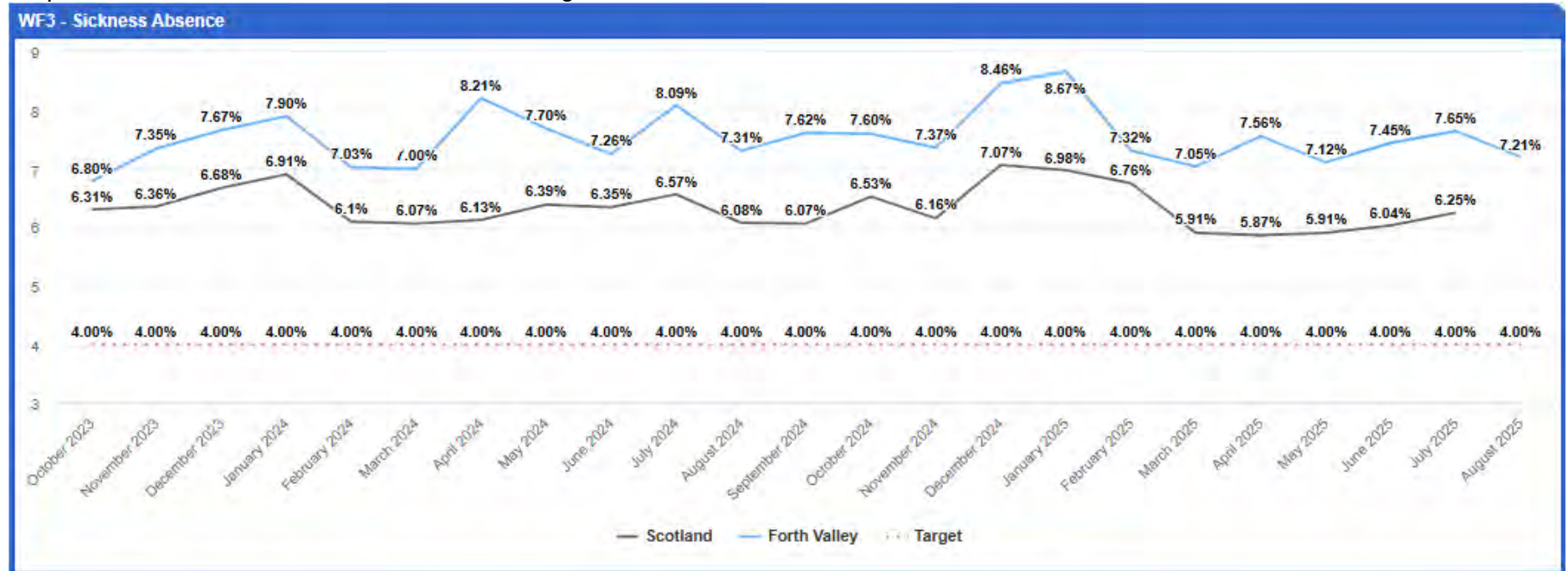
Section 3: Performance Report - Other Areas of Performance

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-Aug-25	4.0%	7.21%	7.65%	7.31%	▲	6.25%	31-Jul-25
Rolling 12 mth	Overall Absence	31-Jul-25	-	7.76%	7.60%	7.69%	▼	6.36%	31-Jul-25

Graph 28: Sickness Absence – October 2023 to August 2025



The sickness absence target is 4.0%. Absence remains above the target at 7.21% in August 2025 noting deterioration from 6.08% in August 2024. The 12-month rolling average August 2024 to July 2025 is noted as, NHS Forth Valley 7.76%; Scotland 6.36%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. This issue is being addressed through Directorate reviews with the expectation that targeted trajectories will be agreed for 2025/2026.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health and Staff Wellbeing. An Attendance Management Plan has been developed in partnership with staff side colleagues and an audit of the implementation of the NHS Once for Scotland Attendance Policy had been undertaken to review adherence and to understand any barriers.

A range of Occupational Health clinical services are providing staff with pathways to counselling, psychology, physiotherapy, management and self-referrals to align with Once for Scotland Policies. Awareness sessions, aimed at improving managers ability to make more accurate referrals to OH clinical pathways are delivered regularly to educate managers through a Management Referral training package. A proactive Occupational Health consultation advice line is established and increases a person-centred approach to enable individuals with access the right care at the right time.

With research evidence highlighting the link between the health and wellbeing of the workforce, and the ability to deliver high-quality patient care, work to support employee wellbeing continues supported by the Staff Support and Wellbeing Programme Group.

Issues in relation to sickness absence and workforce continue to be examined and discussed at the bi-monthly Staff Governance Committee.

Unavailability

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Outpatient Unavailability	30-Sep-25	Monitor	0.8%	0.7%	1.1%	▲	0.9%	30-Jun-25
Monthly	Inpatient/Day case Unavailability	30-Sep-25	Monitor	4.0%	4.4%	5.9%	▲	4.0%	30-Jun-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 September 2025 was 0.8% of the total waiting list.
- Inpatient/daycase unavailability in September 2025 was 4.0% a reduction from 5.9% in September 2024. The unavailability rate is less than 6% for all specialties except Oral and Maxillofacial Surgery (14.81%), General Surgery (7.29%) and General Surgery – Breast (6.25%). The highest in terms of numbers are Orthopaedics with 121 patients unavailable (5%) and General Surgery with 70 patients unavailable (7.29%). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	New Acute Services Outpatient % DNA	30-Sep-25	5%	4.1%	4.6%	5.1%	▲	6.1%	30-Jun-25
Monthly	Return Acute Services Outpatient % DNA	30-Sep-25	5%	5.0%	5.2%	7.9%	▲	-	-

The new outpatient DNA rate across acute services in September 2025 is noted as 4.1% which is an improvement from the position in September 2024 of 5.1%. Variation across specialties continues with rates ranging from 11.11% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 4.32% (53 patients).

The return outpatient DNA rate across acute services in September 2025 was 5.0%. There continues to be a high number of DNAs in Ophthalmology with 219 patients (3.43%), Diabetes 138 patients (9.71%), Orthopaedics 115 patients (4.6%) and Dermatology 101 patients (4.74%).

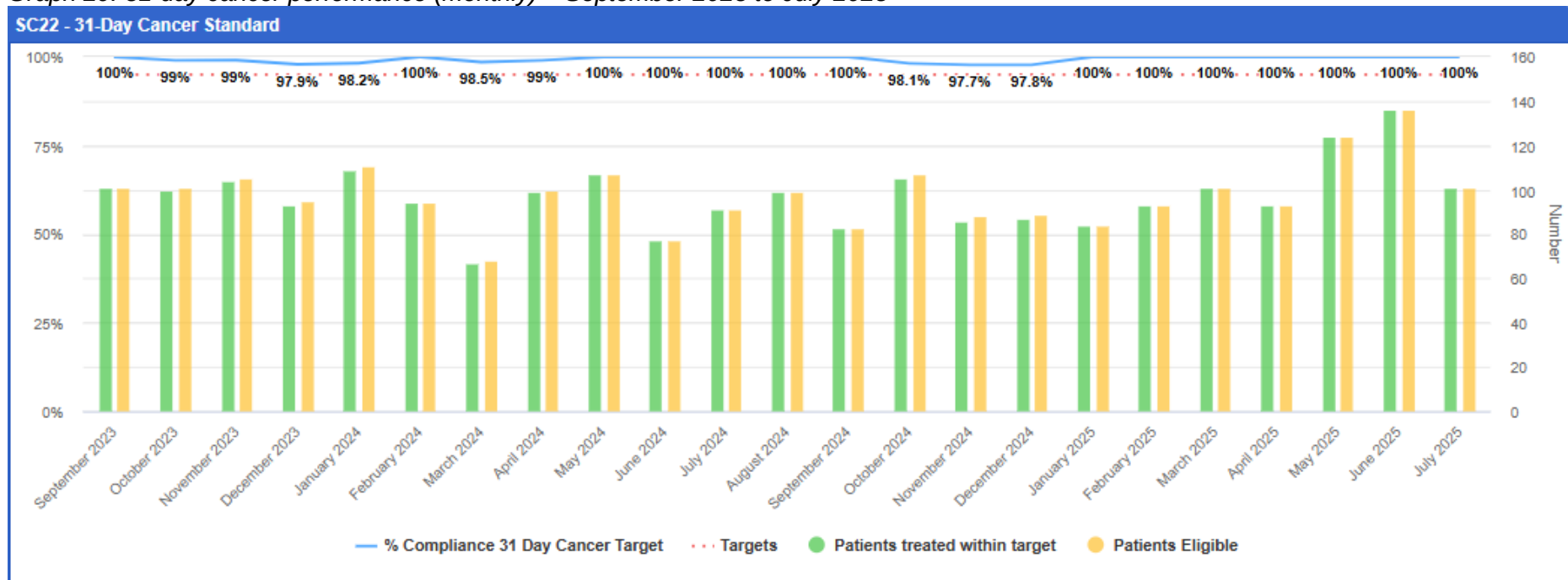
A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. Application of the Access Policy is actively endorsed and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process to cancel or change an appointment with the relevant contact information.

31- Day Cancer Standard

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	31 Day Cancer Target - Percentage compliance against target	31-Jul-25	95%	100.0%	100.0%	100.0%	◀▶	95.8%	30-Jun-25
Monthly	31 Day Cancer Target - Number seen within target against total	31-Jul-25	-	101/101	136/136	91/91	-	-	-
Quarterly	31 Day Cancer Target - Percentage compliance against target	30-Jun-25	95%	99.2%	99.3%	99.7%	▼	94.9%	30-Jun-25

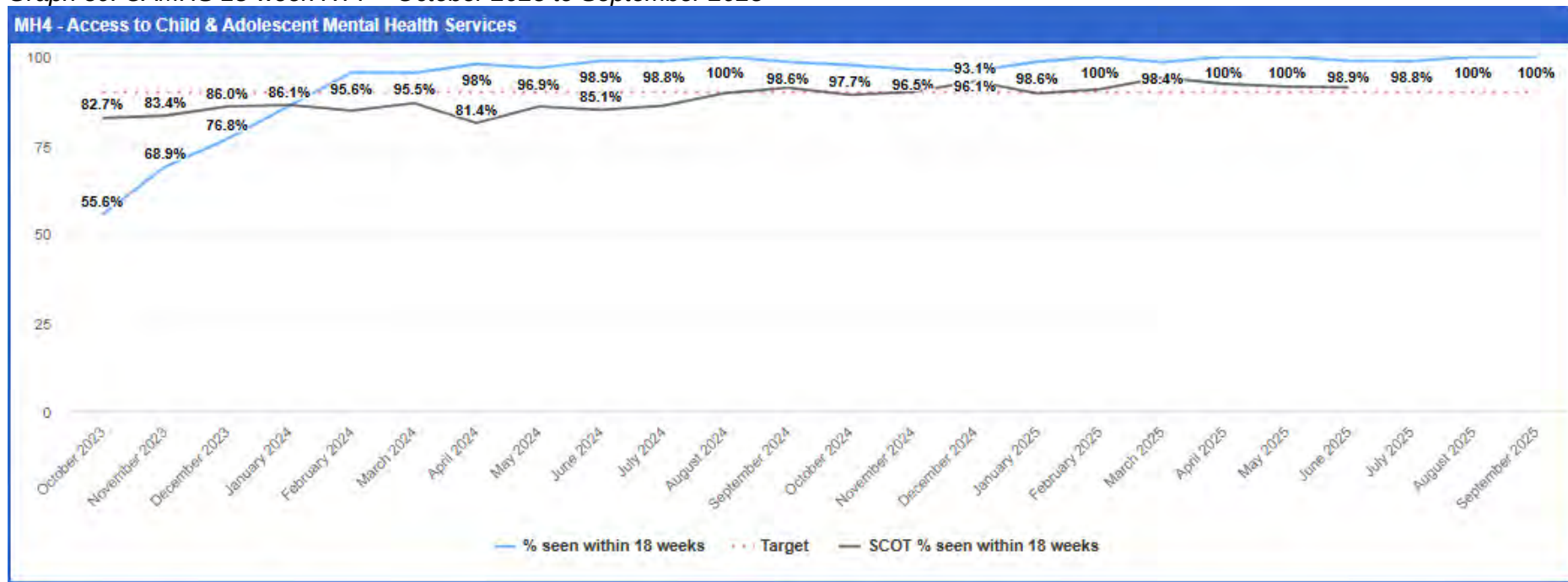
Graph 29: 31-day cancer performance (monthly) – September 2023 to July 2025



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	30-Sep-25	90%	100.0%	100.0%	98.6%	▲	91.4%	30-Jun-25
Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Sep-25	Reduction	106	53	76	▼	-	-
Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-25	90%	91.8%	91.6%	99.2%	▼	91.8%	30-Jun-25

Graph 30: CAMHS 18-week RTT – October 2023 to September 2025



Draft September 2025 numbers show we are continuing to perform above target with 100% 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. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE													
	FV	Monthly	Total Number of ED Attendances	30-Sep-25	Reduction	5,385	5,557	5,372	▼	-	-	-	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned and new planned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	30-Sep-25	Reduction	5,385	5,557	5,103	▼	-	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	30-Sep-25	95%	47.5%	47.3%	44.7%	▲	66.9%	30-Jun-25	✓	
US3	S5	Monthly	Number that waited >4 hours in ED	30-Sep-25	Reduction	2,826	2,926	2,820	▼	-	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	30-Sep-25	Reduction	1,252	1,332	1,334	▲	-	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	30-Sep-25	Reduction	497	583	594	▲	-	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	30-Sep-25	Reduction	25	44	56	▲	-	-	-	
	FV	Monthly	Total Number of MIU Attendances	30-Sep-25	Reduction	1,787	1,978	2,078	▲	-	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	30-Sep-25	Reduction	1,787	1,978	954	▲	-	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	30-Sep-25	95%	99.8%	99.2%	98.5%	▲	-	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	30-Sep-25	95%	60.6%	61.0%	53.2%	▲	70.8%	30-Jun-25	✓	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	30-Sep-25	-	491	501	486	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	30-Sep-25	-	201	177	116	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	30-Sep-25	-	612	596	588	-	-	-	-	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 %	30-Sep-25	-	11.4%	10.7%	10.9%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	30-Sep-25	Reduction	3,227	3,369	3,286	▲	-	-	-	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	30-Sep-25	Reduction	4,736	4,675	5,015	▲	-	-	-	
	FV	Monthly	Advice	30-Sep-25	-	3,303	3,172	3,432	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	30-Sep-25	-	1,219	1,242	1,279	-	-	-	-	
	FV	Monthly	Home Visit	30-Sep-25	-	183	220	188	-	-	-	-	
	FV	Monthly	Mental Health	30-Sep-25	-	31	41	37	-	-	-	-	
	FV	Monthly	SAS In Attendance	30-Sep-25	-	0	0	74	-	-	-	-	
	FV	Monthly	Remote Consultation	30-Sep-25	-	0	0	5	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	30-Sep-25	-	97%	97%	94%	▲	-	-	-	

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	30-Sep-25	Reduction	16 071	15 790	12 851	▼	-	-	✓	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
				30-Sep-25	Reduction	15 773	15 729			-	-	-	
				30-Sep-25	Reduction	298	61			-	-	-	
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	30-Sep-25	Reduction	4 731	4 363	3 518	▼	-	-	✓	
				30-Sep-25	Reduction	4 457	4 326			-	-	-	
				30-Sep-25	Reduction	274	37			-	-	-	
		Monthly	Number of New Outpatients waiting over 52 weeks	30-Sep-25	0	258	56	80	▼	-	-	✓	
				30-Sep-25	0	42	39			-	-	-	
				30-Sep-25	0	216	17			-	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	30-Sep-25	95%	70.6%	72.4%	72.6%	▼	40.6%	30-Jun-25	✓	
				30-Sep-25	95%	71.7%	72.5%			-	-	-	
				30-Sep-25	95%	8.1%	39.3%			-	-	-	
SC5	Audit	Monthly	Outpatient Unavailability	30-Sep-25	Monitor	0.8%	0.7%	1.1%	▲	0.9%	30-Jun-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	30-Sep-25	5%	4.1%	4.6%	5.1%	▲	6.1%	30-Jun-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	30-Sep-25	5%	5.0%	5.2%	7.9%	▲	-	-	-	
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	30-Sep-25	Reduction	5 252	5 302	7 951	▲	-	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - X-ray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy. Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	30-Sep-25	0	2 149	2 264	4 398	▲	-	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Sep-25	100%	59.1%	57.3%	44.7%	▲	63.0%	31-Mar-25	✓	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	30-Sep-25	Reduction	498	510	844	▲	-	-	-	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.
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	30-Sep-25	0	66	97	305	▲	-	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Sep-25	100%	86.7%	81.0%	63.9%	▲	43.8%	31-Mar-25	✓	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-Jul-25	95%	90.1%	77.9%	83.6%	▲	68.9%	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.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-Jul-25	-	73/81	81/104	56/67	-	-	-	-	
	SG	Monthly	62 Day Cancer - Breast - Percentage compliance against target	31-Jul-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	31-Jul-25	-	18/18	16/16	15/15	-	-	-	-	
	SG	Monthly	62 Day Cancer - Colorectal - Percentage compliance against target	31-Jul-25	95%	90.0%	81.8%	100.0%	▼	61.1%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Colorectal - Number seen within target against total	31-Jul-25	-	9/10	9/11	11/11	-	-	-	-	
	SG	Monthly	62 Day Cancer - Cervical - Percentage compliance against target	31-Jul-25	95%	100.0%	0.0%	n/a	▲	42.9%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Cervical - Number seen within target against total	31-Jul-25	-	2/2	0/1	0/0	-	-	-	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Percentage compliance against target	31-Jul-25	95%	100.0%	75.0%	50.0%	▲	66.7%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Head & Neck - Number seen within target against total	31-Jul-25	-	3/3	3/4	1/2	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lung - Percentage compliance against target	31-Jul-25	95%	89.5%	81.8%	70.0%	▲	78.7%	30-Jun-25	-	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 - Lung - Number seen within target against total	31-Jul-25	-	17/19	9/11	7/10	-	-	-	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Percentage compliance against target	31-Jul-25	95%	100.0%	100.0%	66.7%	▲	90.6%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Lymphoma - Number seen within target against total	31-Jul-25	-	4/4	4/4	2/3	-	-	-	-	
	SG	Monthly	62 Day Cancer - Melanoma - Percentage compliance against target	31-Jul-25	95%	100.0%	88.9%	100.0%	▲	92.8%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Melanoma - Number seen within target against total	31-Jul-25	-	5/5	8/9	2/2	-	-	-	-	
	SG	Monthly	62 Day Cancer - Ovarian - Percentage compliance against target	31-Jul-25	95%	n/a	100.0%	100.0%	▲	82.6%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Ovarian - Number seen within target against total	31-Jul-25	-	0/0	1/1	2/2	-	-	-	-	
	SG	Monthly	62 Day Cancer - Upper GI - Percentage compliance against target	31-Jul-25	95%	85.7%	100.0%	100.0%	▼	80.7%	30-Jun-25	-	
	SG	Monthly	62 Day Cancer - Upper GI - Number seen within target against total	31-Jul-25	-	6/7	7/7	10/10	-	-	-	-	
	SG	Monthly	62 Day Cancer - Urology - Percentage compliance against target	31-Jul-25	95%	69.2%	60.0%	54.5%	▲	40.7%	30-Jun-25	-	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 - Urology - Number seen within target against total	31-Jul-25	-	9/13	24/40	6/11	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-Jul-25	95%	100.0%	100.0%	100.0%	◄►	95.8%	30-Jun-25	✓	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-Jul-25	-	101/101	136/136	91/91	-	-	-	-	
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-Sep-25	0	2,054	1,972	1,488	-	-	-	-	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-Sep-25	100%	33.6%	34.8%	44.1%	▼	57.0%	30-Jun-25	-	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	30-Sep-25	Reduction	7,156	6,959	5,696	▼	-	-	✓	
			Forth Valley	30-Sep-25	Reduction	6,914	6,668	-	-	-	-	-	
			Mutual Aid	30-Sep-25	Reduction	76	51	-	-	-	-	-	
			NTC	30-Sep-25	Reduction	166	240	-	-	-	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	30-Sep-25	Reduction	4,319	4,318	3,197	▼	-	-	✓	
			Forth Valley	30-Sep-25	Reduction	4,127	4,073	-	-	-	-	-	
			Mutual Aid	30-Sep-25	Reduction	58	42	-	-	-	-	-	
			NTC	30-Sep-25	Reduction	134	203	-	-	-	-	-	
		Monthly	Number of Inpatients/Day cases waiting over 52 weeks	30-Sep-25	0	425	402	459	▲	-	-	✓	
			Forth Valley	30-Sep-25	0	390	372	-	-	-	-	-	
			Mutual Aid	30-Sep-25	0	9	2	-	-	-	-	-	
			NTC	30-Sep-25	0	26	28	-	-	-	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	30-Sep-25	100%	39.6%	38.0%	43.9%	▼	32.7%	30-Jun-25	✓	
			Forth Valley	30-Sep-25	100%	40.3%	38.9%	-	-	-	-	-	
			Mutual Aid	30-Sep-25	100%	23.7%	17.6%	-	-	-	-	-	
			NTC	30-Sep-25	100%	19.3%	15.4%	-	-	-	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	30-Sep-25	Monitor	4.0%	4.4%	5.9%	▲	4.0%	30-Jun-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	30-Sep-25	Reduction	3.0%	2.8%	2.2%	▼	-	-	-	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	30-Sep-25	Reduction	6.2%	6.0%	4.1%	▼	-	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	30-Sep-25	Reduction	2.1%	1.5%	1.7%	▼	-	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	30-Sep-25	Reduction	4.5%	3.9%	4.2%	▼	-	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Sep-25	90%	82.9%	72.0%	79.8%	▲	79.4%	30-Jun-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	30-Sep-25	Reduction	1040	960	836	▼	-	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Jun-25	90%	74.2%	72.1%	73.2%	▲	78.3%	30-Jun-25	✓	
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Sep-25	90%	100.0%	100.0%	98.6%	▲	91.4%	30-Jun-25	✓	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Sep-25	Reduction	106	53	76	▼	-	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-25	90%	91.8%	91.6%	99.2%	▼	91.8%	30-Jun-25	✓	
SUBSTANCE USE													
SM1	SG	Quarterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	30-Jun-25	90%	100.0%	98.5%	94.0%	▲	94.3%	30-Jun-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	Quarterly	% Compliance with the 3 Week target - Prisons	30-Jun-25	90%	98.5%	98.9%	98.9%	▼	94.4%	30-Jun-25	✓	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	31-Aug-25	100%	74.6%	69.3%	76.6%	▼	-	-	✓	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	31-Aug-25	100%	82.5%	76.9%	73.9%	▲	-	-	✓	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	31-Aug-25	100%	32.9%	18.1%	25.0%	▲	-	-	✓	

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-Aug-25	4.0%	7.21%	7.65%	7.31%	▲	6.25%	31-Jul-25	✓
WF4	FV	Monthly	Short Term Absence	31-Aug-25	-	2.20%	2.29%	2.30%	▲	-	-	-
WF5	FV	Monthly	Long Term Absence	31-Aug-25	-	5.00%	5.36%	5.01%	▲	-	-	-
WF6	FV	Rolling 12 mth	Overall Absence	31-Jul-25	-	7.76%	7.69%	7.69%	▼	6.36%	31-Jul-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
DELAYED DISCHARGES												
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	30-Sep-25	Reduction	66	61	71	▲	-	-	✓
			Falkirk	30-Sep-25	Reduction	39	40	44	▲	-	-	✓
			Clackmannanshire	30-Sep-25	Reduction	14	10	8	▼	-	-	✓
			Stirling	30-Sep-25	Reduction	13	11	14	▲	-	-	✓
			Outwith Forth Valley	30-Sep-25	Reduction	0	0	5	▲	-	-	✓
VA2	FV		Code 9 & Guardianship Delays	30-Sep-25	Reduction	57	52	58	▲	-	-	✓
			Falkirk	30-Sep-25	Reduction	28	28	21	▼	-	-	✓
			Clackmannanshire	30-Sep-25	Reduction	13	9	13	◀▶	-	-	✓
			Stirling	30-Sep-25	Reduction	14	12	21	▲	-	-	✓
			Outwith Forth Valley	30-Sep-25	Reduction	2	3	3	▲	-	-	✓
VA3	FV		Total Bed Days Occupied by Delayed Discharges (Standard Delays)	30-Sep-25	Reduction	1,917	2,007	3,020	▲	-	-	✓
			Falkirk	30-Sep-25	Reduction	1,493	1,284	1,584	▲	-	-	✓
			Clackmannanshire	30-Sep-25	Reduction	247	456	521	▲	-	-	✓
			Stirling	30-Sep-25	Reduction	177	264	353	▲	-	-	✓
			Outwith Forth Valley	30-Sep-25	Reduction	0	3	562	▲	-	-	✓
VA4	FV	Daily	Number waiting for a Community Bed	30-Sep-25	Reduction	40	37	49	▲	-	-	-
AVERAGE LENGTH OF STAY												
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	30-Sep-25	Reduction	6.53	5.95	6.53	▲	-	-	-
EFFICIENCY												
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	30-Sep-25	Reduction	1,779	1,836	1,686	▼	-	-	-
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	30-Sep-25	Reduction	728	796	814	▲	-	-	-
E3	FV	Monthly	% Bed Occupancy - FVRH	30-Sep-25	Reduction	101.7%	100.0%	100.9%	▼	-	-	-
E4	FV	Monthly	% Bed Occupancy - Assessment Units	30-Sep-25	Reduction	80.1%	80.8%	109.4%	▲	-	-	-
E5	FV	Monthly	% Bed Occupancy - ICU	30-Sep-25	Reduction	81.4%	82.3%	84.2%	▲	-	-	-
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%	91.6%	84.4%	84.4%	▲	94.4%	2023/24	-
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	31-Mar-25	87	57	51	81	▼	-	-	-
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	31-Mar-25	100%	66.0%	59.0%	93.0%	▼	64.0%	31-Dec-24	-
FINANCE												
F1	SG	FYTD	Year to date revenue position	30-Sep-25	Breakeven	-£6,522m	-£6,793m	-£20,139m	▲	-	-	-

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

Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target ▼ - Deterioration in period or below target ◄► - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	

16. Leadership for Value Based Health and Care

Purpose: This report is for Assurance

Executive Sponsor: Jennifer Champion, Director of Public Health

Author: Jennifer Champion Director of Public Health

Executive Summary

NHS Forth Valley aims to deliver health and care through a value-based approach. This is a paradigm shift in how healthcare is delivered. Health Improvement Scotland is supporting us to use the Scottish Approach to Change to enable this change. The key enablers for change are Clear vision and purpose; required leadership and culture; process rigour; person led.

This paper focusses on the **leadership** that is required to shift from performance-driven operations to value-based, person-centred care. Going forward as a Board we should support the deliverables to:

1. Redesign the reporting framework towards learning from new data, including outcome data
2. Reframe leadership and governance approaches to allow focus on new data and ensure rigorous learning from it.
3. Create and sustain convening spaces for learning and decision making.
4. Systematise and coordinate learning activities – including pre-existing research and insights.

These deliverables should be viewed as the delivery mechanism for building towards a future in which a learning system underpinned by a learning culture is the business-as-usual model of NHS Forth Valley.

Action Required

The Forth Valley NHS Board is asked to:

- (1) continue commitment to the VBHC Programme;
- (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

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.

- Reporting to the Strategic Planning, Performance & Resources Committee on the progress of the Programme. The most recent update was to the meeting of 28 October 2025.
- There has also been reporting on VBHC to the Board who retain the overall oversight of this paradigm shifting work.

Risk Assessment and Mitigation

Without the ongoing commitment of the Board to VBHC there is a risk that the transformative programme will not be a success. The success of VBHC is vital to

delivering sustainable health services for the future. Programme risks are reviewed regularly and are captured on the programme risk register 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, Digital and Infrastructure Implications

There are no direct financial implications arising from this paper, however through VBHC the Board will make changes which seek to deliver financial sustainability for the longer term.

Workforce Implications

There are no specific work implications as a result of this paper.

Quality / Patient Care Implications

There are no direct quality or patient care implications arising from this paper, however a VBHC approach will prioritise personal value and enhance patient experience.

Population Health & Care Strategy

Aligned to Population Health Care Strategy.

Climate Change / Sustainability Implications

No implications from this paper.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 – Leadership to deliver the change to VBHC in NHS Forth Valley - the Learning organisation.

Appendix 2 – Better Outcomes – Bigger Impact: First Steps to Delivering VBHC

Leadership to deliver the change to VBH and C in NHS Forth Valley - the Learning organisation.

Purpose

Health Improvement Scotland is supporting NHS FV to use the Scottish Approach to Change to enable the transformation change in our organisation to deliver value based health and care. The key enablers for change are clear vision and purpose; leadership and culture; process rigour; person led.

This paper focusses on the **leadership** that is required to shift from performance-driven operations to value-based, person-centred care.

Strategic Context

NHS Forth Valley is seeking to implement Value-Based Health and Care principles using the Scottish Approach to Change. At the core of the Scottish Approach to Change is the development of a learning system underpinned by an organisation-wide commitment to a learning culture.

This report aims to outline an approach that acknowledges the importance of a rigorous learning system for implementing Value-Based Health and Care in NHS Forth Valley.

Recommended deliverables

1. Redesign the reporting framework towards learning from new data including outcome data.
2. Reframe leadership and governance approaches to allow focus on new data and ensure rigorous learning from it.
3. Create and sustain convening spaces for learning and decision making.
4. Systematise and coordinate learning activities – including pre-existing research and insights- and develop governance around it.

These deliverables should be viewed as the delivery mechanism for building towards a future in which a learning system underpinned by a learning culture is the business-as-usual model of NHS Forth Valley.

This brief aims to outline how the Scottish Approach to Change can facilitate the establishment of a quality management approach that acknowledges the importance of a rigorous learning system for implementing Value-Based Health and Care in NHS Forth Valley.

Deliverable 1: Redesign the reporting framework towards rigorous learning from new data

Across NHS Scotland, the current approach to information relies heavily on the utilisation of throughput and time-series metrics. These measures are often utilised to hold delivery teams to account and track performance against national standards and targets. This can lead to an oversimplification of the means of analysis, which limits the system's ability to respond in complexity and constrains the ability of leaders to make informed decisions. VBH and C requires supplementing throughput and output measures with a series of more holistic value-based outcome insights to support decision-making.

To achieve this, NHS Forth Valley is seeking to add to its current reporting metrics, measures of staff experience, patient outcomes and experience, service costings and wider-system impacts.

Embedding an outcomes based approach with costs related to care is essential if we are to create a sustainable healthcare system for the future. We must take an integrated approach to care pathways and understand resourcing across the continuum of care not just in a hospital setting or in the primary care setting. All of it should be considered together.

Adjusting NHS Forth Valley's reporting requirements both demands and enables more meaningful conversations, as it emphasises engagement with people and colleagues to understand and gather different types of data, to support actionable change.

How VBH and C are developing this.

Work with cardiology in the case of the heart failure service work is underway to design a reporting framework which looks at patient reported outcomes and experience, clinical reported outcomes, staff experience, resource across the patient pathway and system and population health indicators in addition to waiting times and demand figures.

Developing Patient Reported Outcome measures (PROMS), Workforce reported Outcome measures (WREMS)

VBH and C steering group and cardiology staff are working with:

- 1) SG and HIS to test a PROM in cardiac rehabilitation
- 2) ICHOM (international collaboration for health outcomes measures) to bring these measures to heart failure initially with possible spread across FV.
- 3) Scoping work considering the value a patient seeks from their healthcare.
- 4) A draft WREM (workforce reported experience measure) currently with SLT members for consideration.
- 5) Developing 'Collaborate' as part of the patient Hub. Collaborate is an app that assesses joint decision making from the patients perspective. This is an important aspect of personal value.

(1) to (5) above are in development.

Data management and financial information support are key to using the data from PROMS appropriately for VBH and C. A PROMS support team is being formed to achieve this.

A data team is considering population health and system data in cardiovascular health

A finance team are developing costing models for patient pathways in heart failure. *The Board are asked to support the development of new data within the organisation and using this to compliment the national Performance Framework requirements.*

Deliverable 2: Reframe leadership and governance approaches to commissioning data

Leadership and governance are key enablers for implementing and growing a learning system underpinned by a culture of learning. The vast majority of data collected and distributed across health and care organisations are focused on leadership teams and for reporting in governance processes. As such, leadership and governance represent the primary commissioners of information within the health and care sector.

A key enabler of changing how people interact with information is changing the way it is commissioned. This shift can be technical, involving the request for different data sources (as above), or relational, by changing the emphasis placed on various data and their correlations.

Leaders and governance spaces should shift toward reflective practice questions, which can lead to actionable change, not performative ones, which can lead to resistance. Reflective questions include, “Are we seeing the right patients? What did we learn about x? How did the staff/people feel? What helped in achieving outcomes? What could have made it better?”

Changing how and what leaders and governance structures ask for when examining operational data and change programs alters the entire organisation's approach to data.

This framing enables discussions, requires colleagues to seek out different information themselves and promotes reflective practice. In effect, this approach changes the commissioning environment for information and analysis. It drives the shift to a learning system, which has a significant impact on the type and success of change initiatives. If this process is repeated over time it builds trust, psychological safety, shared purpose across teams – and crucially, it humanises leaders and teams.

How VBH and C are developing this

VBH and C information and first steps guide (Appendix 3)

This resource has been designed to support staff to consider themes within VBH and C and ask new questions, effectively commissioning and bringing new data to their service that can lead to increasing the value from their actions.

The Board is asked to endorse the distribution of the First Steps and Information Guide across the organisation

The Board are asked to consider their governance role in asking questions that support value-based health and care.

Deliverable 3: Create and sustain convening spaces for learning and informed system decision making.

A significant barrier to the adoption of a learning system and culture is the perception that it is a nice-to-have, rather than an essential part of the health and care system functioning. For system leaders, it is essential to enable learning by creating and curating places (physical or virtual) where colleagues, communities and stakeholders can meet to discuss, sense-make and learn together. This requires persistence over

time; it requires a commitment from leaders to prioritise time for learning. It requires investment of resources and time.

Even if outstanding PROMs or other models are introduced, the space and time to come together and work out how to change in response to what is captured are required. Creating this space not only facilitates learning but also demonstrates the organisation's commitment to it.

For NHS Forth Valley, an effective learning system will be determined by the nature and shape of the places and spaces convened for learning.

There are many examples of digital tools for learning and reporting, and innovative models for collating and sharing information. However, these technical solutions have a limited impact due to the lack of a supporting learning culture that **prioritises time and resources for learning**.

When implemented effectively, a learning system ensures that information flows more efficiently, with horizontal and vertical flows of data and insights. Similarly, over time, a learning system fosters communities and groups to collaborate and build change initiatives to lead change.

This process naturally drives the devolution of learning. But when beginning, leaders will need to lead and drive change in existing spaces and places which are already established. This might be changing the way operational huddles, mortality and morbidity meetings, whole system leadership team meetings and one-to-one staff meetings are held.

It should be recognised that learning systems require investment beyond technology. There needs to be a focus on investing people's time, building relationships and supporting leaders.

How VBH and C are developing this

Creating a learning culture links to the FV culture programme work

The VBH and C Steering Group meets every 2 weeks and provides a sustained space for learning and informed decision making. We know the Boards's vision but the exact path forward is not always clear. The format of the steering group is a thinking space, allowing space for discussion and decision about the best steps forward. All steps are tested and checked in at steering group. There is process rigor in having a learning space where ideas discussed.

Holding ambivalence is more comfortable for some people than others. As a member of the Steering group support is consistently present.

A VBH and C collaborative is to commence. This will provide a space for teams to come together and share ideas and learning.

A VBH and C leadership training programme is in development

The Board are asked to consider the role of the staff governance committees in achieving this, for example by ensuring staff uptake of study leave time and PDPs.

Deliverable 4: Systematise and coordinate learning activities – including pre-existing research and insights.

To successfully implement a learning system underpinned by a learning culture using the Scottish Approach to Change, it requires the coordination and capturing of learning across the entire organisation.

Across the whole system, colleagues routinely engage in research, audits and data extraction, which are seeking to understand and improve services, treatments and develop research. As such, the commitment to learning is something embedded into clinicians' values and ways of working. An important deliverable in enabling a learning system and culture is to identify activities, people and teams where learning is already taking place.

The responsibility of leaders is to ensure the organisation coordinates and connects these. Ensuring the flow of time and resources is directed into building connections between existing approaches and learning infrastructure. This approach will enable the delivery of improvement at pace and scale, by decentralising and distributing learning across the organisation through existing networks and people, supporting Forth Valley to meet short, medium and longer-term deliverables.

How VBH and C are developing this

Information on VBH and C activity is being collated by theme and is accessible presently on a spread sheet with the aim that it will be available through an electronic FV toolkit which is being co-created with HIS. This will form part of a framework for learning.

The Board are asked to note this requirement to capture and disseminate learning and if possible provide support in this area.

**Adding
Value**

**Reducing
Waste**

**Improving
Outcomes**

Better Outcomes - Bigger Impact

First Steps to Delivering Value Based Health and Care



**VALUE BASED
HEALTH & CARE**



This guide introduces **Value Based Health and Care** - what it is, why it matters, and how to start implementing it. It includes learning resources, self-assessment tools, and examples to help evaluate the readiness of your service to adopt Value Based Health and Care principles. It is a resource for all health and care services.

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What is Value Based Health and Care?

Quite simply, Value Based Health and Care is about maximising health benefits while using resources fairly and responsibly. It focuses on making the best use of available resources to achieve better outcomes for people while also supporting the delivery of sustainable services by:

- Concentrating on activities that deliver the greatest benefits.
- Reducing or stopping those that don't.

This approach increases capacity and frees up valuable time and resources for the areas that make the biggest difference and matter most. Value Based Health and Care may involve reviewing tests, treatments, and medications to reduce potential harm and waste, and looking at how services are organised and delivered to identify improvements.

Sometimes things are done simply because they've always been done that way. By taking a step back and asking how you would design services from scratch, you can often find smarter, simpler, and more effective approaches. Value Based Health and Care builds on the principles of [Realistic Medicine](#), with shared decision making at its core.

Getting Started

This First Steps Guide aims to help you identify small, simple, or initial changes that can make a real difference to staff and patients. You can complete the questions individually or as a team, ward, or service to start conversations about doing things differently and identifying improvements that could benefit local patients and families.

1. **Access Online Resources:**

[NHS Forth Valley Value Based Health and Care webpage](#)
NES Turas – [Introduction to Value Based Health and Care](#)
Further resources are available in Appendix

2. **Build Team Engagement & Shared Understanding:**

Involve staff, explore the self-assessment and spark team discussion.

3. **Complete the Readiness Self-Assessment:**

[The Value Based Health and Care Readiness Self-Assessment](#) supports team discussions and helps identify strengths or gaps in your service.

4. **Get in Touch:**

[Contact the Value Based Health and Care Team](#) for guidance and support if you'd like to start a Value Based Health and Care project. You can also [access online learning resources](#) via NHS Education for Scotland to build your knowledge and confidence.

Who is this Guide for?

This guide is relevant to you whether:

- You work in a clinical or non-clinical role.
- You have limited knowledge about Value Based Health and Care and want to learn more.
- Your team is starting to discuss how Value Based Health and Care could be implemented in your area of work.
- You are looking to introduce Value Based Health and Care principles into your team or service.
- You have already started a Value Based Health and Care initiative and want to assess progress.

In NHS Forth Valley, Value Based Health and Care means ensuring every action and decision delivers value - to patients and the wider population - and stopping those that do not. The following themes and questions can help you explore where to begin.

Stewardship

Stewardship means using our health and care resources wisely - including money, staff time, medicines, equipment - to benefit as many people as possible, now and in the future. Stewardship also delivers benefits for the environment.

A culture of stewardship exists where everyone feels responsible for the effective use of available resources to deliver the best value healthcare and ensure the long-term sustainability of NHS Forth Valley. Staff (clinicians and non-clinicians) need support to look at the population they serve through a different lens from that of considering only the quality of service provided to the individual in front of them.

Stewardship requires a connectedness across the whole system that moves away from siloed working and cultivates a sense that we are all working together.

It's important that costs are reviewed across the entire pathway and that true value-based decisions are taken. Working through each step in a patient's pathway provides space for clinicians to consider and question every interaction made to deliver patient care, and whether they all add value.

Financial information raises the awareness of the costs of inputs that may not be understood or are sometimes otherwise taken for granted. Having a better awareness of costs can alter people's approach to finances – this often spreads beyond the original scope of the project or pathway and promotes improved utilisation and stewardship of resources.

Actions for consideration:

- Understand the cost breakdown for items used by your service and assess use. Could procurement support alternative items?
- Understanding the resources available to your service area and considering if they could be moved to achieve better outcomes.

Personal Value

Personal value focuses on person-centred care, supporting teams to deliver compassionate care that achieves outcomes important to individuals. Patients are empowered to make informed choices about their treatment, guided by what matters most to them.

Shared Decision Making—a core principle of Realistic Medicine—is central to personal value. It recognises that both clinicians and citizens bring valuable perspectives to decisions. Clinicians contribute expertise on treatments and outcomes, while citizens share how their condition affects their lives and their attitudes to risk. This partnership leads to fewer unnecessary interventions and greater satisfaction.

Actions for consideration:

- Ensure staff are trained in [Shared Decision Making](#) (see the TURAS module)
- Use tools like CollaboRATE and Care Opinion to gather feedback.
- Develop the use of PREMs in your service (available at present through Care Opinion).
- Prepare for PROMs (in development across NHS Forth Valley).

Case studies:

- [Delivering Speech & Language Therapy Support in Schools & Nurseries](#)
- [Boxing Classes in the Mental Health Unit \(MHU\)](#)
- [Forth Valley Diabetes Prevention Team Human Learning Systems Experiment](#)

Waste

Waste occurs when resources are used but do not improve health or wellbeing. At present about 20% of spending on health and care does not achieve the outcomes that matter to people. Reducing waste frees up resources for care that truly makes a difference and supports sustainable care in line with the NHS Scotland Climate Emergency Strategy.

Types of waste in healthcare include:

Waste type	Clinical examples	Non-clinical examples
Transport - Unnecessary movement of patients, materials, or information that adds no value.	<i>Avoidable movement of patients either from home or between hospitals, wards or departments for tests that could be done locally</i>	<i>Excess movement of documents between offices instead of using digital systems</i>
Inventory - Excess stock or supplies beyond what is needed, leading to waste or expiry.	<i>Stockpiling medications that expire before use; surplus surgical instruments in theatres.</i>	<i>Over-ordering office supplies or catering for meetings that go unused.</i>
Motion - Extra physical movement by staff caused by poor layout or inefficient processes	<i>Clinicians walking long distances to access equipment or supplies due to poor layout.</i>	<i>Staff repeatedly moving between offices for signatures or approvals</i>

Waste type	Clinical examples	Non-clinical examples
Waiting - Idle time when patients, staff, or processes are delayed.	<i>Patients waiting for test results or discharge due to delays in clinical decision-making.</i>	<i>Staff waiting for IT systems to load or approvals for routine tasks.</i>
Overproduction - Producing more than required or earlier than needed.	<i>-Printing unnecessary copies of patient notes; preparing extra medication doses not needed.</i>	<i>-Producing excessive reports or duplicate data entry for the same purpose.</i>
Overprocessing - Doing more work or using more resources than necessary.	<i>Duplicate diagnostic tests with little clinical benefit</i>	<i>Re-entering the same data into multiple systems due to lack of integration.</i>
Defects - Errors or mistakes that require rework or cause delays.	<i>Medication errors requiring rework; incorrect test results needing repeat sampling.</i>	<i>Errors in billing or scheduling that require correction and extra admin time.</i>
Skills (underutilisation) - Not fully using people's talents, ideas, or capabilities.	<i>Highly trained clinicians doing basic admin tasks instead of patient care.</i>	<i>Staff not involved in improvement projects or decision-making despite expertise.</i>

Action for consideration:

- Consider one aspect that you consider wasteful in your service and change it.

Case study:

- [Inhalers Work](#)

Demand Optimisation

Demand optimisation is about ensuring that both clinical and non-clinical staff use interventions, resources, and processes appropriately—prioritising those that deliver genuine value and avoiding unnecessary or low-value activities. Everyone should understand not only the cost but also the impact of the tests, equipment, and resources they use each day. By optimising how we use these resources, we can ensure that more people benefit from necessary interventions, while reducing waste and inefficiency.

Examples include -

Diagnostic Tests: Before ordering blood tests, imaging, or other investigations, consider whether the result will influence patient management. For instance, avoid repeating tests that have already been performed and are still valid.

Treatments and Procedures: Prescribe medications and recommend procedures only when there is clear evidence of benefit for the patient, rather than out of routine or habit.

Administrative Processes: Review the necessity of meetings, reports, or data collection activities. Are they essential, or could they be streamlined or replaced with more efficient alternatives?

Resource Use: Consider the value of equipment, supplies, and services used in your area. For example, only order stationery or catering when genuinely needed, and avoid over-ordering.

Actions for consideration:

Consider a test, process, or resource commonly used in your area—clinical or non-clinical—and consider its ideal use. Ask yourself:

- Is this intervention or resource always necessary?
- Could it be used more efficiently or less frequently?
- Are there alternatives that would add greater value for patients, staff, or the organisation?

Case studies:

- [Lab Requesting QI Project](#)
- [Vitamin D Testing](#)

Unwarranted Variation

Unwarranted variation happens when people receive different care depending on where they live or which service they use, even when their needs are similar. Reducing variation promotes fairness and consistency and will also inform discussion on how to shift resources to areas which provide the greatest value.

For example (simple explanation, not whole case study), when one clinical team offers 5 tests and another 1 for the same condition.

Recognising unwarranted variation helps identify:

- underuse of higher value interventions – i.e. under-treatment
- overuse of lower-value interventions
potential harm from unnecessary care.

We seek to understand and reduce unwarranted variation, using local and national sources of information, while working with Public Health Scotland and third sector organisations, to address disparities in access, treatment and outcomes.

Action for consideration:

- Compare an aspect of your service with others to assess for unwarranted variation.

Resources:

- [Discovery](#)

Case study:

- [CT Requesting Patterns](#)

Activities of Low or Limited Value (clinical and nonclinical)

Some interventions have little evidence of improving outcomes. These activities may be ineffective, unnecessary, or pose risks that outweigh any potential benefits. Examples might

include certain diagnostic tests or activities that are not supported by current evidence for specific patient conditions. Reducing or stopping these interventions helps patients avoid unnecessary procedures and allows focus on what truly helps.

Action for consideration:

- Identify an activity being undertaken in your service that provides little or no benefit

Measuring Outcomes

In NHS Forth Valley, we are committed to being an outcome-focused system. An outcome-focused system places what matters most to people—their health outcomes and experiences—at the heart of decision-making and improvement. Success is not measured by activity or throughput, but by the impact of care on health and wellbeing in relation to the resources used. This approach ensures that every part of the system contributes to meaningful, measurable results.

Starting with Outcome Measures

Outcome measures are the foundation for assessing value because they show whether care delivers real benefits. In NHS Forth Valley, the Value Based Health and Care teams are developing a collection of measures such as:

- **Patient-Reported Outcome Measures (PROMs)** – clinical and functional improvements from the patient's and clinician's perspective.
- **Patient-Reported Experience Measures (PREMs)** – how care feels and whether it meets expectations.
- **Workforce-Related Experience Measures (WREMs)** – staff wellbeing and engagement, which influence quality.
- **System Outcomes** – broader indicators like safety, efficiency, and equity.

These measures allow services to compare performance, identify gaps, and drive improvement.

Further information will be shared soon.

There are also process and operational measures that demonstrate how value is delivered. These measures help explain why outcomes appear as they do and identify where interventions can have the greatest impact. By considering the full range of ways to measure outcomes, both clinical and non-clinical services can recognise their unique contribution to improving value.

Self-Assessment

In NHS Forth Valley, Value Based Health and Care is about ensuring that all decisions and actions are important, useful and beneficial – to the patient and to the wider population – and that we stop or prevent those which are not. Staff at all levels of the organisation can lead in Value Based Health and Care.

We have developed a [Readiness Self-Assessment form](#) for you to support team discussions and help identify strengths or gaps in your service.

Questions to consider before contacting the Value Based Health and Care Team:

- What is your aim?
- What data do you need?
- How will you know when you make a difference?
- How can the Value Based Health and Care Team support you?

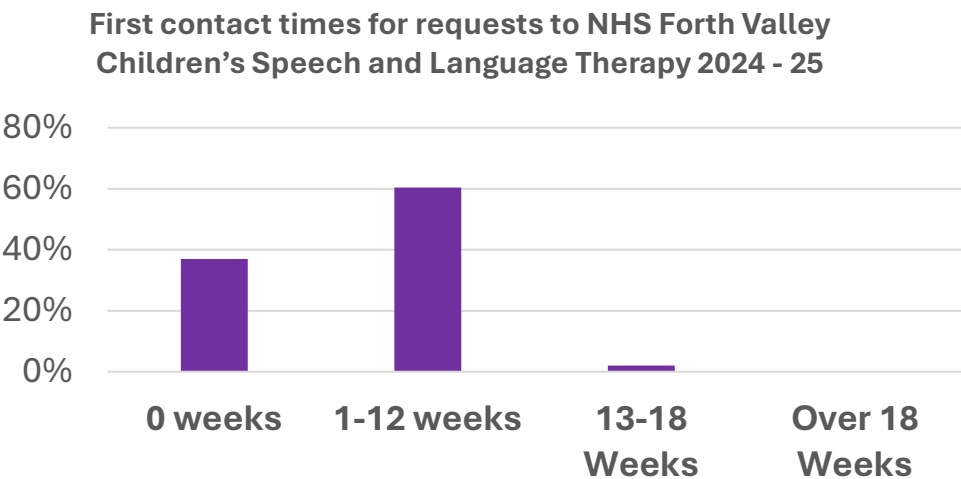
Appendix 1 - Case Study Example

Case Study 1: Delivering Speech & Language Therapy Support in Schools & Nurseries

Speech and Language Therapy (S&LT) staff have transformed the way that support is provided to children and young people. The approach prioritises early intervention and prevention by moving resources upstream away from delivering the service in traditional settings like community hospitals and health centres, to providing direct support in local nurseries and schools across the Forth Valley area.

Aims of the initiative

- Provide easy access to help
- Prioritise early intervention, prevention, and supported self-management
- Ensure the child is at the centre of all decisions
- Share expertise with people closest to the child
- Deliver wellbeing outcomes



Our Whole System approach improves communication for local children and young people. The shift to providing support in schools and nurseries has improved access to care, leading to a significant reduction in waiting times and referrals to the service.

What change was made?

The service:

- Combined their resource and moved closer to the community
- Became visible and present within educational establishments
- Prioritised building relationships with adults around the child

Results

75% of conversations with health visitors and educators provided sufficient early advice and reassurance to enable them to self-manage the ongoing support needs without the child having to be stepped into individualised care. The service continues to have some of the lowest waiting times in Scotland, with 38% of children and young people accessing help within 1 week and 94% within 12 weeks from the request being received.

Transferable learning

- NHS Forth Valley has demonstrated that timely, integrated support can transform the communication experiences of children, especially those with additional needs and those living in poverty.

- In challenging financial times, we cannot be drawn back into a “refer, assess, treat” system which focuses on individualised care. We need to continue to have a strong focus on self-management and building capacity within families, placements and communities.

How does this align with Value Based Health and Care?

Outcomes that Matter

The strong relationship between the schools and nurseries and S&LT ensures that early intervention can be offered swiftly, optimising outcomes for children and families.

Culture of Stewardship

Development of the workforce empowers staff to implement strategies independently, enhancing their confidence in supporting children and young people with communication challenges.

Unwarranted Variation

Through training and coaching from S&LT, staff have become adept at recognising communication needs and identifying effective strategies for support. By being visible and present within education placements, staff have easy and ongoing access to expert advice, ensuring that issues are addressed in real time. As a result, the school has developed a more responsive approach to communication challenges, ensuring that no child's needs go unnoticed.

Public Engagement

Staff actively engage families in supporting their child's communication needs by providing key messages to promote speech, language and communication skills through social media and NHS FV YouTube. There is also a weekly helpline to provide easy access to help for parents when they are concerned. User feedback is also encouraged.

Case Study 2: Boxing Classes in the Mental Health Unit (MHU)

A change idea of creating a boxing class was trialled and measured for eight weeks within the Mental Health Unit (MHU). Boxing was chosen due to a Physiotherapist's prior experience in Martial Arts and patient requests for more high-intensity exercise. Research shows that non-contact boxing classes within a mental health setting appear to provide a cathartic release of anger, aggression, stress, and the dissipation of anxious energy, with evidence of improved mood, strength and coordination (Bozdarov, 2022).

Method

Following outreach to local boxing clubs, SMAC (Scottish Martial Arts Centre - Alloa) and Wolfpack Martial Arts (Livingston) kindly donated equipment to the Unit, with others keen to help if interest in the classes continued. Patients were asked their pre-class and post-class ratings of stress, anger, anxiety, mood and overall enjoyment of the class. Attendance was recorded and compared to determine if, by delivering groups, physiotherapy was able to reach patients who were not on the 1:1 caseload.

Eight weeks of boxing classes were delivered on the MHU. Each class followed a similar structure:

1. Warm up & stretching
2. Techniques: stance, movement, guard, punches, body movements.
3. Circuit rounds: 1.30 mins on 1 min rest
4. Co-ordination exercise

5. e pad work: combinations slow: jab cross duck Weights Bag work cool-down: stretches, square breathing

During the eight weeks, the unit ordered a punching bag for the gym, which benefitted the classes. Over eight weeks, 11 classes were delivered, with an average of four participants per class – this meant classes were at 90% capacity each week. The classes lasted on average 35 minutes. Pre and post scores were taken for seven weeks (0-10 Likert scale) for stress, anger, mood, anxiety and overall enjoyment of class.

Results

There was an average reduction in stress by 19%, in anxiety by 16%, in anger by 5%, an increase in mood by 16.9% and an overall enjoyment rating of 7.7/10.

The boxing classes have proved to be popular, so they will continue to run in the unit. The next steps will be focused on outreach to local clubs. By facilitating taking patients to sessions in gyms and local clubs, boxing coaches can deliver sessions rather than solely physio led.

Case Study 3: Forth Valley Diabetes Prevention Team Human Learning Systems Experiment

To address the needs of those at risk of developing type 2 diabetes in high deprivation areas, NHS Forth Valley Diabetes Prevention Team provided health interventions alongside community activities like the Food Pantry. The experiment aimed to test how a less formal setting for interactions compares with the traditional pathway of care in relation to efficiency and value of the intervention. The results showed the following in relation to service efficiency:

57% fewer professionals involved in a person's care pathway from end to end.

100% fewer formal onward referrals to GP services.

Only 25% of those who were spoken to in an informal setting needed a formal appointment.

This approach highlighted the value of informal health interventions and the need for community-based service redesign. Through person-led conversations and partnerships with third sector organisations, services such as health assessments and weight management were offered, fostering trust and relationship-building.

Case Study 4: Inhalers Work

The Forth Valley Greener Practice Group reduced the climate impact of inhaler prescribing, which accounts for 3% of the NHS carbon footprint. By finding alternatives for high-carbon inhalers, there was a 51% reduction in CO₂ equivalent emissions at Ochilview Practice from December 2021 to December 2023.

Case Study 5: Unwarranted Variation - CT Requesting Patterns

Introduction

Reducing variation is a key aim of Realistic Medicine. Whilst variation may exist for patient-centred, well-considered reasons, the premise of this approach is to reduce unwarranted variation. Radiology colleagues in NHS Forth Valley noticed that such variation existed

within requesting patterns of a secondary care team's imaging (CT requesting). The Realistic Medicine Team sought to gather data to identify requesting patterns, identify whether variation existed and if so, to explore the reasons why.

Method

Working collaboratively with radiology, the secondary care team and IT colleagues, data was gathered on the service's CT requesting patterns within the health board. The aim was to identify variation in requesting patterns in imaging.

Results

Initial data showed a steady rise in the number of CT requests (Figure 1). This may be partially explained by evolving surgical techniques and the availability of treatment, requiring more detailed imaging. Figure 2 shows significant variation in the requesting pattern of individual consultants over 12 months (each bar on the X axis represents an individual clinician - anonymised for confidentiality). Although there were limitations in accessing more detailed data, work is ongoing to ascertain the reasons for this within the relevant teams.

Figure 1. Activity All CT

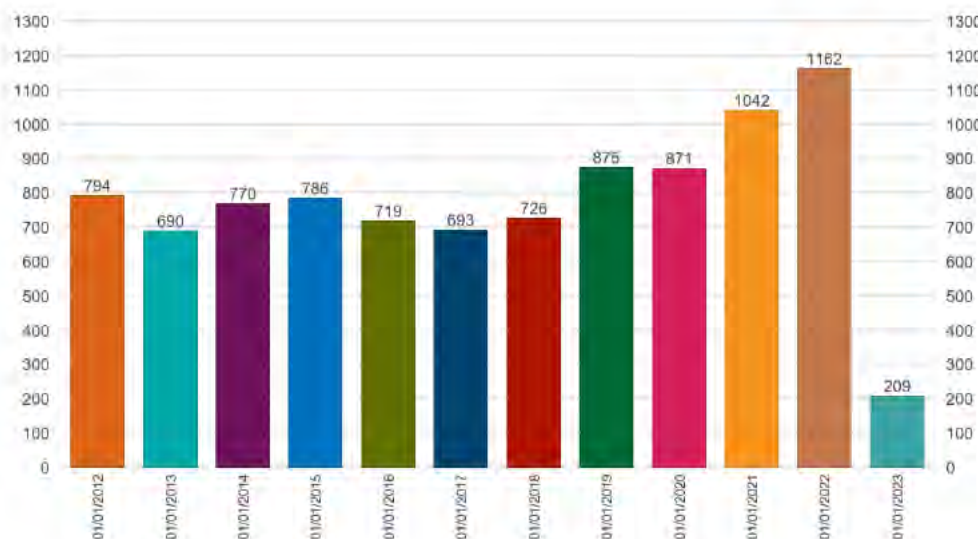
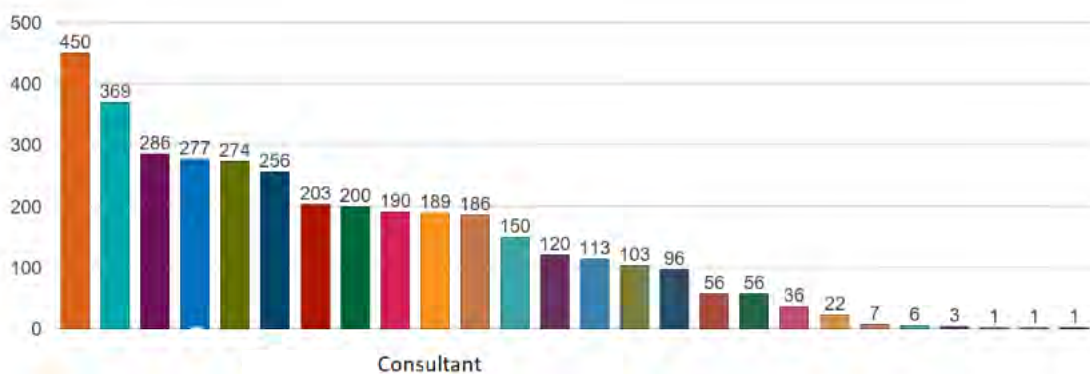


Figure 2. Activity by Secondary Care Team CT and MR 2022



Discussion

There were some difficulties with data collection from the onset of the project, which limited progression. This was largely around obtaining speciality-specific requesting patterns,

alongside challenges in accessing radiology IT systems, which could only be accessed by staff within the Radiology department.

Identifying patterns in unwarranted variation and the reasons for this can be difficult to achieve retrospectively with current data systems. Feedback from clinical teams on preliminary data may help to identify reasons and guide further Quality Improvement work. In this instance, the project was limited by the availability of staff to access systems and the limitations of clinical systems to provide sufficient data. These results are intended to prompt discussion within education sessions.

Case Study 6: Demand Optimisation – Lab Requesting Quality Improvement Project

The ongoing Improving Laboratory Requesting Quality Improvement Project aims to standardise test ordering by addressing variation and reducing unnecessary tests. Surveys showed that clinicians often rely on personal experience for test decisions, with notable differences between consultants and junior doctors. In response, interventions were piloted in the Acute Assessment Unit (AAU) to support Foundation Year 1 doctors with structured decision-making tools and guidance from consultants, fostering confidence in appropriate test ordering. Long-term goals include implementing a retesting policy to further align practices with Realistic Medicine, enhancing both patient care and resource efficiency.

The surveys were conducted to understand laboratory test ordering habits, variation, and decision-making influences. It was found that 63.8% relied on personal experience, and barriers like senior expectations influenced ordering. An educational session was implemented for FY1 doctors, and interventions were tested in Acute Medicine, which identified variation and barriers in test requesting. This highlighted opportunities for structured test planning and education. A lab retesting policy was proposed for future implementation, although low survey uptake limited robust conclusions.

Case Study 7: Demand Optimisation - Vitamin D Testing

The number of vitamin D tests undertaken in NHS Forth Valley increased by 186% between 2019 (n=5739) and 2024 (n=16423). However, this increase in testing did not result in a corresponding increase in identifying patients with vitamin D deficiency, with only a 12% increase in positive results (<50mmol/L). This highlighted an area where applying core principles of Realistic Medicine could improve the experiences for our patients.

Data was collated from the labs to explore the demographics of the patient cohort and identify any anomalies. The greatest increase in testing was for working-aged females and was driven within the primary care sector. A NHS Forth Valley Realistic Medicine Champion decided to review and update the NHS Forth Valley guidelines on Vitamin D testing to ensure they aligned with national guidelines and were in keeping with reducing unwarranted variation. Clarity was added around the requirements of when to test and when not to test, with increased information on risk groups and preventative supplementation. This was important to address concerns around inappropriate testing that had the potential to increase patient risk, add burden to the patient journey and the financial implications to the board due to wasted resources on unnecessary and inappropriate testing. Information was collated into an easy-to-follow flow chart within the guidelines.

The Realistic Medicine Champion sought innovative solutions from across Scotland with a proven track record of reducing unnecessary testing. Reminder boxes were implemented for clinicians at the point of request, as successfully used by Lothian and Greater Glasgow and Clyde health boards and reached all requesters in NHS Forth Valley. Further work is ongoing with colleagues in primary care to highlight the importance of Right Test Right

Time. Infographics were used to deliver bite-sized, important messages to colleagues across the board. These included targeted statistics:

“NHS Forth Valley undertook over 16,000 vitamin D tests last year, costing over £335,000”

And

“Inappropriate blood tests cost patients time and can lead to adverse outcomes”

The Realistic Medicine Team continues to encourage the use of BRAN questions when it comes to blood tests. Following a rollout of education on vitamin D testing, the Team will continue to monitor the impact of the programme going forward.

Appendix 2 - CollaboRATE

An already established and broadly applicable PREM is CollaboRATE. Existing patient experience measurement typically involves lengthy surveys that ask patients to recall encounters occurring up to 6 months in the past. In contrast, CollaboRATE is brief and focuses on a core construct, namely the perception of being informed and then involved in decision - making steps. This focus reduces survey burden and enables the use of efficient and inexpensive survey administration methods, which minimise the delay between a patient experiencing a health - care interaction and responding to an evaluation survey.

CollaboRATE contains three brief questions that patients, their parents, or their representatives complete following a clinical encounter. It was created by a research group working at The Dartmouth Institute for Health Policy & Clinical Practice at Dartmouth College, led by Professor Glyn Elwyn. It is recommended that CollaboRATE not be modified as the measure has been rigorously developed and tested.

The CollaboRATE questions are as follows:

- (i) How much effort was made to help you understand your health issues?
- (ii) How much effort was made to listen to what matters most to you about your health issues?
- (iii) How much effort was made to include what matters most to you in choosing what to do next?

The NHS Forth Valley Realistic Medicine Team has [collected data](#) using CollaboRATE on three occasions. The tool was piloted in three outpatient clinics to measure shared decision-making and receive real-time patient feedback using QR codes, paper surveys, and direct patient engagement. The team gathered 42 responses in 2023 and 66 in 2024. There were high satisfaction rates amongst patients (80%+ felt listened to and understood), and this further raised awareness of patient-centred care and [BRAN](#) questions.

Examples of Patient Feedback

"I felt listened to and supported, and time was taken at my appointment"

"I was seen very quickly at my appointment and was given the results of my tests on the same day. I was very impressed."

"I have lots of appointments and feel well looked after"

Appendix 3 - Online Learning Resources

NHS Education for Scotland (NES), in collaboration with the Scottish Government, have developed the following online learning resources to support Value Based Health and Care.

1. [Introduction to Value Based Health and Care](#)

Time: 30 mins

Learning Outcomes:

- Summarise the challenges currently facing health and social care systems
- Explain the link between Realistic Medicine and Value Based Health and Care
- Explain the theory of Value Based Health and Care and how it can overcome these challenges
- Describe what we mean by outcomes that matter to people
- Apply Value Based Health and Care principles to current practice

2. [Shared Decision Making](#) and [how to measure it](#)

Time: 30 mins

Learning Outcomes:

- Describe what shared decision-making is and why it is important
- Identify the barriers to shared decision making
- Use the BRAN model to structure shared decision-making conversations

3. [Outcomes and Experiences that Matter to People](#)

Time: 30 mins

Learning Outcomes:

- Define the different types of outcomes that matter to people receiving health and social care.
- Explain the significance of outcomes in providing effective person-centred care.
- Explore and reflect on the practical application of outcome-focused approaches in your everyday practice and care setting.
- Examine the impact of Value Based Health and Care on individuals' experience and engagement with shared decision-making, informed consent and individual autonomy.

4. [Unwarranted Variation](#)

Time: 30 mins

Learning Outcomes

- Explain what is meant by unwarranted variation
- Describe the impact that unwarranted variation has on the health and care system, and on individuals accessing the system
- Identify the sources of data that we can use to discover, explore and understand unwarranted variation.

5. [Value Based Health and Care for Social Care](#)

Time: 30 mins

Learning Outcomes:

- Explain how Value Based Health and Care is for everyone and how it sits alongside the Health and Social Care Standards
- Describe the Four Pillars of Value, and provide an example of how each value can be achieved in a social care context

- Identify examples of Value Based Health and Care in practice in social care settings, and how these could apply to your own organisation.

- Identify opportunities in local and national communities of care to share learning and best practice.

Videos

Forth Valley patient experience videos focused on patient choice, informed decision-making, and shared perspectives.

- [Video 1 - The Value of Choice - YouTube](#)
- [Video 2 - In a Nutshell – YouTube](#)
- [Video 3 - What Matters to You ? – YouTube](#)
- [Video 4 - Informed Choice – YouTube](#)
- [Video 5 - What Lisa thinks would make a difference - YouTube](#)

17a. Clackmannanshire and Stirling Annual Performance Report

Purpose: This report is for Noting

Executive Sponsor: Joanna Macdonald, Interim Chief Officer - Clackmannanshire & Stirling IJB

Author: Wendy Forrest, Head of Strategic Planning and Health Improvement

Executive Summary

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 outlines what the Annual Performance Report is required to describe. The publication of an Annual Performance Report ensures the Integration Joint Board fulfils its ongoing responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership (HSCP). Whilst the purpose of the Annual Performance Report (APR) is to provide an overview of performance in planning and carrying out integrated functions. It is produced for the benefit of Partnerships and their communities.

Performance reports are used across service areas to inform planning, priorities and management actions. The data included in the APR is quality assured at a local level and may differ from nationally reported data. Work continues to align the performance reporting with the Integrated Performance Framework, which was agreed by the Integration Joint Board in June 2024, as well as being the basis of the report relied on to access activity data and performance information for all delegated NHS and Council services.

The content of this APR is routinely and actively monitored, and the information supports wider planning and delivery in areas such as HSCP's Strategic Commissioning Plan delivery, operational service planning, work supporting our transformation programmes and aligns to the priorities of the agreed Delivery Plan programme of work presented as part of budget planning and reporting.

The report also seeks to ensure that data is as accessible as possible to a range of readers and therefore follows guidance around the presentation of information and data which is reflective of the work of staff in supporting those within our communities.

Action Required

The Forth Valley NHS Board is asked to:

- (1) Note Clackmannanshire & Stirling's Annual Performance Report.
- (2) Be assured of performance related to NHS colleagues and services, as outlined in the report (appendix 1).
- (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.

- Finance, Audit and Performance Committee, 17 September 2025. The APR was presented to this IJB Committee where comments reflected members satisfaction that this APR which continues to highlight and celebrate successes across different services internally, and from our partners. As well as noting their pleasure at being able to see the progress being made across the Partnership, and the positive impacts that this is having on those who access services within our community, including those people seeking to be discharged from hospital to home.
- Clackmannanshire & Stirling Integration Joint Board, 24 September. The APR was presented to the Board, who were asked to approve the Report in line with the recommendation from Finance, Audit and Performance Committee. The paper was approved, and while there were some questioned related to the detail, there was consensus that this was a well-rounded report that reflects the work and progress for many areas of work with directly impact those living within our communities.

Risk Assessment and Mitigation

Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of local social work information systems, which is being progressed, is unlikely to occur in the short-term meaning progress will continue to be limited by the constraints of current information systems and capacity.

The Public Bodies (Joint Working) (Scotland) Act 2014 established the legislative framework for the integration of health and social care services in Scotland. To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

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, Digital and Infrastructure Implications

Performance reports should be read in conjunction with financial reports to give a broad overview of strategic, operational and financial performance and sustainability.

Given the context on constrained resources, increasing demand and complexity and a programme of transformation and service modernisation there is a fundamental tension between financial and service sustainability and performance which is likely to require difficult choices and service prioritisation decisions.

Workforce Implications

The level of support required for people in Clackmannanshire & Stirling communities is changing due to an increasing proportion of older adults and increasing numbers of people with more than one long term condition (also known as co-morbidities).

This is compounded by the challenging financial picture in the operating context, and the savings that are required to be made, which does not look to ease in the coming years. This picture has also been affected by workforce issues including recruitment and retention of staff across all professions and within partners organisations. It should also be reflected that Brexit and migration controls have also restricted the pool of new staff to fill vacancies.

Quality / Patient Care Implications

Please see below a selection of instances outlining positive impacts on quality of care and services.

Delayed Discharge - Local data shows a 37% decrease in the total number of people delayed in hospital from March 2024 to March 2025 with a 55% decrease in the number of standard delays over the same period with a reduction in the number of bed days lost over the year. This reduction is aligned to the implementation of the Discharge without Delay programme, with a specific focus on a discharge to assess/home first approach.

District Nursing - 2024/25 showed an increase in District Nursing activity, the number of home visits attended over the year is over 10,000 more than in 2023/24. This is reflected against the context that there have been no extra staffing or increases in resources over the past four years. Instead, the increases in performance over the last few years can be attributed to multiple factors including more care taking place in community settings instead of acute / community beds, earlier discharges from hospital following surgery, increase in palliative and end of life care patients remaining at home, and more proactive discussions around anticipatory care enabling those in hospital to return home sooner.

GPs - The percentage of people with positive experience of the care provided by their GP practice has increased from 67.3% to 72.3% in 2023/24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

Falls - The falls rate per 1,000 population (aged 65+) has reduced from 23.5 in 2022/23 to 20.6 in 2024/25. This is thanks to collaborating with the Scottish Ambulance Service (SAS), to encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. MECS (Telecare) is also used to attend uninjured fallers and help return them to their feet to improve capacity within SAS. This is also within the wider context of consistently informing and continuing to education both our staff and those within communities.

Population Health & Care Strategy

The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance being a key element of demonstrating Best Value.

The APR encompasses activities and considerations to those who reside in Clackmannanshire or Stirling. The Report focusses on a holistic approach to support, and thus social work as well as third sector and community supports are highlighted, in addition to those which are carried out by NHS colleagues.

The Performance Report is split into sections which align to the five strategic themes as outlined in the Partnership's Strategic Commissioning Plan, which align with a population health approach, which are:

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting empowered people and communities
- Reducing Loneliness & Isolation

Climate Change / Sustainability Implications

The report contains no implications in relation to climate change / sustainability.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 – Clackmannanshire and Stirling's Annual Performance Report 2024-25



Clackmannanshire and Stirling Integration Joint Board Annual Performance Report 2024-2025

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Message from the Chair

Whilst 2024-2025 had brought its own challenges through the continuation of the cost-of-living crisis and increasing demand for health and social care across the country, our vision for Clackmannanshire and Stirling remains the same – to enable people to live full and positive lives in supported communities.

We have seen progress across our five key strategies: prevention and early intervention; independent living; care closer to home; empowering people and reducing social isolation. However, we still face the challenge of meeting the increasing needs of an ageing population against the backdrop of limited resources.

Given the increased demand on resources, we need to ensure money is spent where it will most positively impact on people's health and wellbeing. That involves transforming our model of care. In Clackmannanshire and Stirling, one in five of us is over the age of 65, by 2038 this will be one in four.

And we need to make sure everyone has a say in how health and care is seamlessly delivered in their communities.

Finally, I would like to acknowledge the hard work and dedication of our staff, GP practices, third sector and independent providers in making a positive difference to thousands of lives. And reserve a special thank you to our unsung heroes - the 21,000 unpaid carers who look after their loved ones in Clackmannanshire and Stirling.

Thank you.



David Wilson

Chair

Integration Joint Board

Message from the Interim Chief Officer

I want to express my sincere thanks to all staff across the Partnership area, including colleagues across both Councils and the NHS. In addition to colleagues within the third and independent sectors who have continued to work tirelessly to ensure the safe and effective provision of community health and social care and support across our communities. I have seen first-hand the dedication of both staff and our partners in supporting and championing people to achieve their outcomes.

This report reflects some of the significant work and efforts of everyone who worked and continues to work alongside the communities of Clackmannanshire and Stirling. We have seen improvements in progressing key pieces of transformational work, that directly impact our communities and staff, which will continue into 2025-26.

This Annual Performance Report, the Partnership's tenth, evidences that there is much to be proud of, and outlines how we are working to increasingly support people to remain in their communities for as long as they are able to, which is aligned to what people have told us they want. However, whilst there continues to be progress the report also reflects that we continue to seek to meet the challenges of our growing aging population and those living with increasing levels of complex needs. This is all set against a backdrop of significant financial challenges now and going into the future. With that said our focus now, as it continues to be, is on supporting and empowering our communities.

Addressing these pressures requires ongoing transformation focussed on how we deliver a range of supports and services across the partnership area in the coming years. It is important to look at the need for continued engagement with those within our communities to co-produce solutions to allow us to continue to understand what matters to best inform our response.

I would like to thank everyone involved in developing, delivering and those who access the tapestry of supports that we and our partners offer across our communities.

Joanna MacDonald

Interim Chief Officer



Introduction and background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board (IJB) to publish an Annual Performance Report. This is the tenth Annual Performance Report for Clackmannanshire and Stirling IJB. This document outlines and reflects on work and projects carried out in 2024/25 and reviews the progress made in delivering the priorities set out in our [Strategic Commissioning Plan 2023 - 2033](#). The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle of the IJB, services are delivered in line with the Strategic Commissioning Plan 2023 - 2033. See [Appendix 1](#) for a list of the functions delegated to the IJB.

The Strategic Commissioning Plan is a ten year plan based on the principles of human rights, equality and ecology. Five strategic themes reflect our strategic priorities which align our focus to our vision of health and social care services in Clackmannanshire and Stirling.

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Care Closer to Home
- Supporting empowered people & communities
- Loneliness & isolation

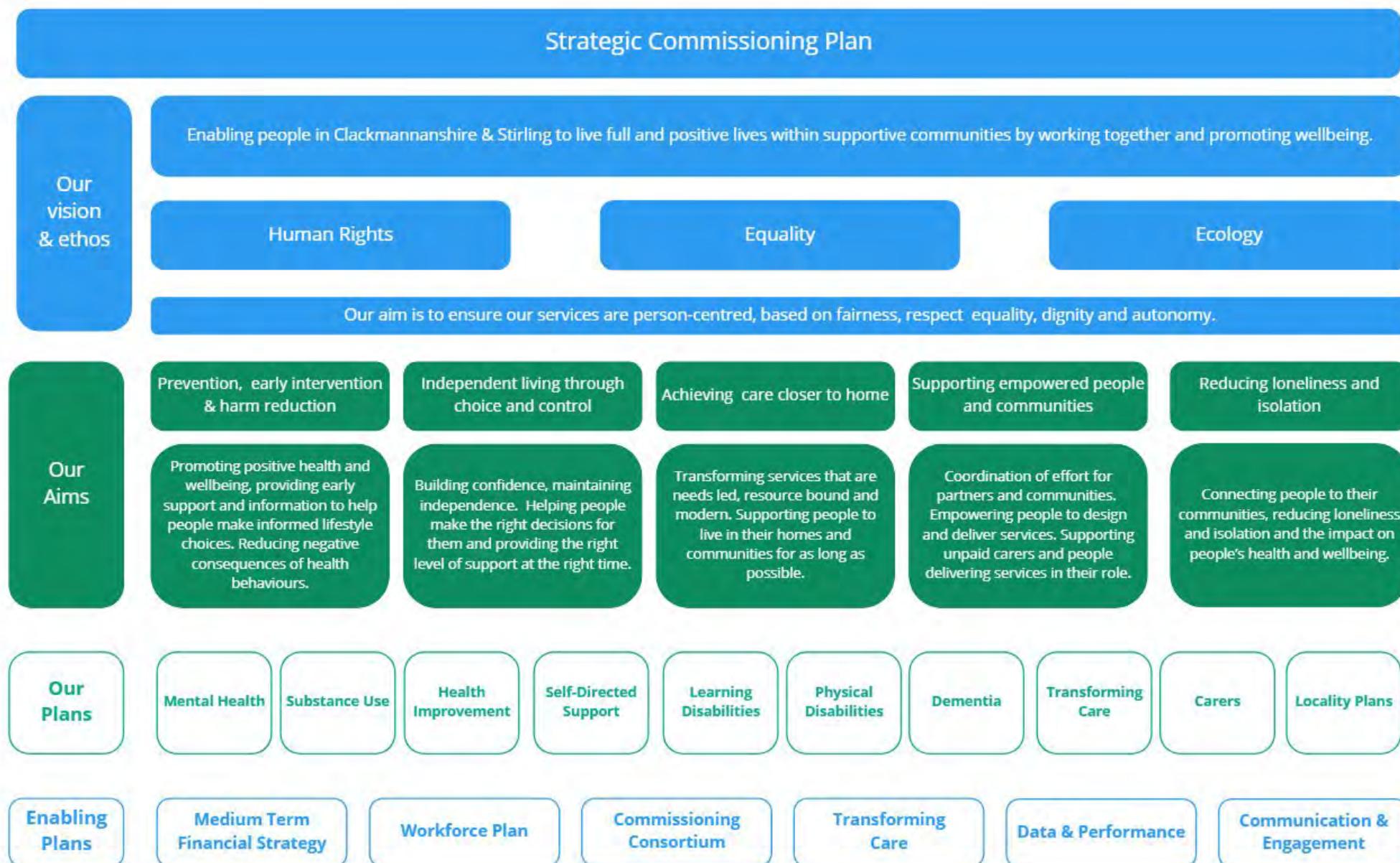
In our [Strategic Commissioning Plan](#) we set out our key strategic themes and priorities based on what our communities, staff and partners have told us; where they wish for us to focus our activity and resources based on local demographics, population and need. The participation and engagement work carried out with communities, partners and stakeholders and how this feedback, alongside current data informed our priorities within the strategic themes. We have also linked our priorities to the national and local environment to reflect how our enabling activities support our delivery. On page 5 we have detailed links across our strategic themes to the [National Health and Wellbeing Outcomes](#) set by the Scottish Government.

This report is a review of service delivery across Clackmannanshire and Stirling Health and Social Care Partnership outlining outcomes for communities, key achievements, effective partnership working and challenges as well as reporting on the significant programme which has been delivered to modernise and transform services post-COVID and the continuing challenging financial position we face.

Engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of all plans and policies that impact people. Stakeholders include the public, people with lived and living experience, people who access services, unpaid carers, staff, providers, third sector and independent sector. Clackmannanshire and Stirling Health and Social Care Partnership are committed to the co-design and coproduction of community health and social care. Engagement with people helps us all understand need, demand and work out how to deliver this in partnership with a wide range of people and organisations.

Have your say and get involved in shaping community health and social care. You can find out more here: [Get involved](#).



National Health & Wellbeing Outcomes

All themes and priorities of the Strategic Commissioning Plan are linked to the National Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

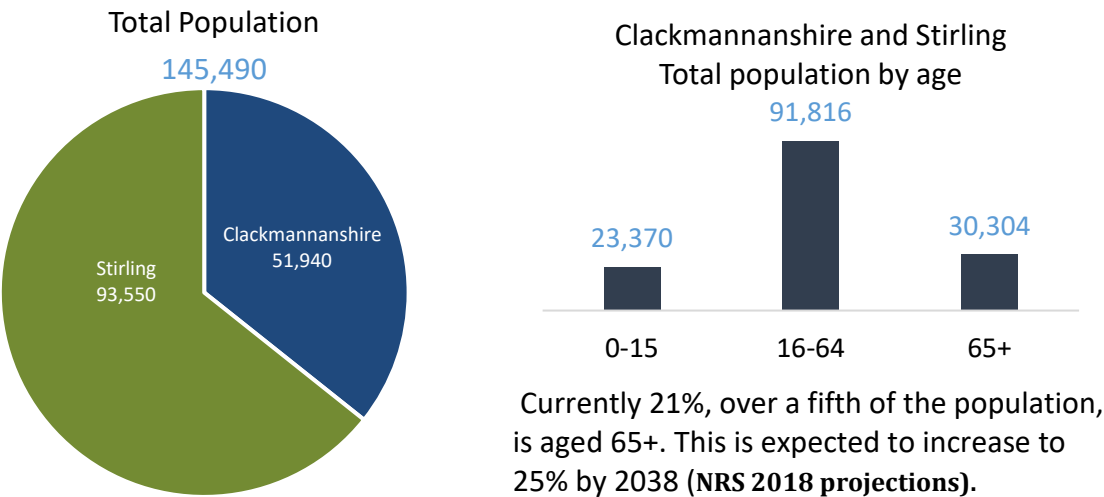
Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting empowered people & communities	Loneliness & isolation
●	●	●	●	●
●	●	●	●	●
●	●	●	●	
●	●	●	●	●
●	●	●	●	●
	●	●		
●	●	●		
Enabling Activities				

Overview of the demographics within Clackmannanshire and Stirling

Our Population (NRS 2023 mid-year)



Average Life Expectancy (ScotPHO 2021-2023 3 Year aggregates)

Females	2020-22	2021-23	Direction
Clackmannanshire	80.0	80.3	▲
Stirling	81.6	81.2	▼
Scotland	80.7	80.8	▲
Males	2020-22	2021-23	Direction
Clackmannanshire	76.0	75.8	▼
Stirling	77.3	78.3	▲
Scotland	76.5	76.8	▲

Health and Social Care Needs

- 68% of people living in Clackmannanshire and 72% of people living in Stirling consider their health to be good or very good. This compares to 70% in Scotland (Scottish Household Survey).
- In Clackmannanshire 39% of people are living with a limiting long term illness or condition. In Stirling, 38% of people are living with a limiting long term illness or condition. This compares to 37% in Scotland. (Scottish Household Survey).
- In 2025, 1001 adults with learning disabilities (410 in Clackmannanshire and 591 in Stirling) were known to the HSCP (Adult Social Services).
- There are approximately 21,250 unpaid carers in Clackmannanshire and Stirling area. 12,958 people identify themselves as unpaid carers and it is estimated that there are an additional 8,000 unknown unpaid carers.
- In Clackmannanshire 23.3% and in Stirling 19% of the population were prescribed medication for anxiety, depression or psychosis in 2023-24. This compares to 20.9% in Scotland. (ScotPHO)
- 18% of adults in Clackmannanshire and 17% in Stirling are current smokers, compared to 15% in Scotland. (Scottish Health Survey)
- In Clackmannanshire 13,426 people (26.1% of the population) live in the 20% most deprived areas of Scotland. In Stirling, 11,110 people (11.8% of the population) live in the 20% most deprived areas of

Female life expectancy is generally higher than male life expectancy.

Scotland (SIMD 2020).

When compared to Scotland, our population in Clackmannanshire has a lower life expectancy whereas our population in Stirling has a higher life expectancy.

How we measure our performance

The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. The IJB needs to be able to monitor performance and measure impact for our communities against our Strategic Commissioning Plan priorities and be able to share with communities and stakeholders.

Our Integrated Performance Framework relies on an integrated approach to managing, using, and understanding our data. This is because driving performance is most efficiently achieved based on a sound understanding of the systems and processes involved. Analysing our data alongside listening to our supported people and other stakeholders provides the best way to do that and provides advantage in planning change, deploying preventative approaches, evidencing our functions under legislation and driving process and cost efficiency.

Due to the nature of the delegated services (Appendix 1) within the Health and Social Care Partnership, the data we require to report and analyse is held across systems in NHS Forth Valley, Clackmannanshire Council and Stirling Council, national datasets and a collection of smaller datasets across a range of wider partners. The complexity of multiple organisations is further complicated by the fact that each organisation works with multiple systems. This leads to challenges in pulling Partnership wide information together. However we continually work to make our reporting processes as efficient as possible. Local data is reported throughout the relevant Strategic Themes and priorities in this report.

Appendix 2 shows our performance for the Ministerial Strategic Group (MSG) indicators which support the delivery of the National Priorities Partnerships. The MSG information covers a range of activities under the umbrella of 'unscheduled care'. These activities support people to remain in their own homes, and return to their homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care.

In [Appendix 3](#) we have provided an assessment of our performance against the National Core Indicators (NCI) and includes comparisons with the Scottish average and with our comparator HSCP's. The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government with the latest information being published in 2023/24. The 'Data' Indicators measure mainly contain health activity, community related information as well as data associated with deaths.

Performance (MSG and NCI) 25 indicators	12	Improving performance	3	Static	10	Declining performance
Strategic Theme 1 - Prevention, early intervention, and harm	6	1	3			
Strategic Theme 2 - Independent living through choice and control	1	1	2			
Strategic Theme 3 - Achieving care closer to home	4	1	5			
Strategic Theme 4 - Supporting empowered people and communities	1	0	0			

Benchmarking (NCI only) 18 indicators					
Scotland	9	Better than average	4	Within 5%	5 Worse than average
Comparators	8	Better than average	4	Within 5%	6 Worse than average

Performance Summary

Strategic Theme 1 - Prevention, early intervention & harm reduction

Prevention, early intervention, and harm reduction is focused on working with partners and communities to improve overall health & wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on people’s health and in turn health and social care services. Early intervention and harm reduction is about getting the right levels of support and advice at the right time, maintaining independence, and improving access to services at times of crisis.

There has been a small increase in the rate of emergency admissions per 100,000 population for adults (18+)(NI-12) from 13,076 in 2023-24 to 13,424 in calendar year 2024. This is above the Scottish average and the average for our comparator HSCP’s.

The rate of emergency bed days per 100,000 population for adults (18+)(NI-13) has reduced slightly from 116,414 in 2022/23 to 116,095 in 2023-24. This is below the Scottish average of 112,883 and the average of our comparator HSCP’s.

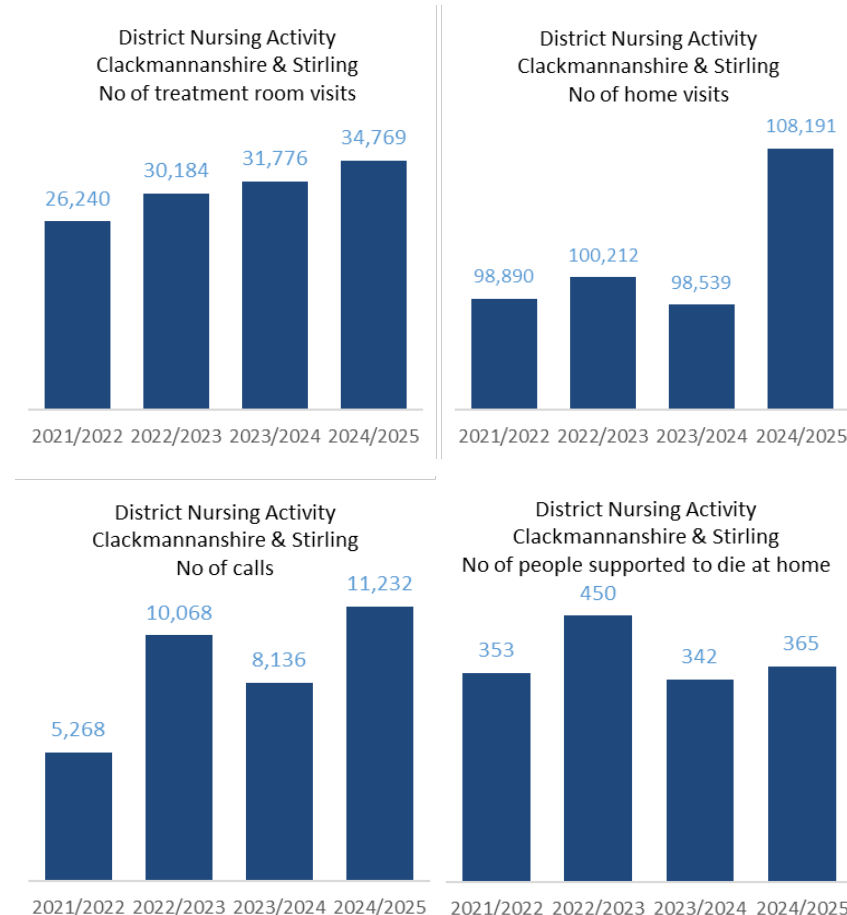
District Nursing

Many adults and older people can be supported at home, even when unwell, as staying in hospital when there is no need to can be detrimental to a person's ability to be reabled or rehabilitated. The community nursing team is available 24 hours a day, 365 days a year, and provides planned and unplanned care and support.

In 2024-25 there has been an increase in District Nursing activity. This is reflected against the context that there have been no extra staffing or increases in resources over the past four years. Instead, the increases in performance over the last few years (see graphs to the right) can be attributed to:

- More care taking place in a community settings.
- Increase in frail elderly patients being nursed and kept in their own homes instead of a hospital setting, which correlates with an increase in age profile in our communities. This also links to more people living with several long-term conditions (comorbidities) at once.
- Proactive discussions around anticipatory care so that those who do go to hospital return to their own homes sooner.
- Increase in palliative and end of life patients being supported to remain in their own homes.
- Earlier discharges from hospital following surgery, due to the support the district nursing team can provide at home.

The falls rate per 1,000 population (aged 65+)(NI-16) has reduced from 23.5 in 2022/23 to 23.2 in 2023/24. This is higher than the Scottish average of 22.7 and the HSCP comparator average of 22.5.



For our care staff, we held 8 Reablement training sessions which included an innovative Falls Simulation to support the 91 carers who attended to be more confident having conversations with service users regarding falls and identifying risk factors. You can find a link to a YouTube video of our first session [here](#).

Preventing Falls

In Scotland, falls are the most common cause of emergency hospital admission for unintentional injuries in adults and can have a major impact on people's health and wellbeing. From an organisational perspective we know the significant pressures that falls puts on hospital beds, requests for packages of care and community rehabilitation services. In light of these pressures a key objective of the Allied Health Professional (AHP) Falls Prevention Lead is to both improve the accessibility of our services and increase awareness about falls and the many components involved that increase a person's risk of falling. The [Community Falls webpage](#) has been redeveloped and Local Falls Awareness Events have been held to help support self-management strategies within the community and encourage people to act earlier to seek the right support at the right time. Also, a Falls Local Community Support leaflet is available to provide information on what local support is available to the community in relation to falls prevention.

Through collaboration with the Scottish Ambulance Service (SAS), we encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. We also explored using MECS (Telecare) to attend uninjured fallers and help return them to their feet to improve capacity within the SAS.

Provisional Local Data for 2024/25 shows an admission rate of 20.6 per 1,000 population (age65+) with 616 admissions.

Informing and continuing to education both our staff and those within communities is very important.

Delayed Discharges

A delayed discharge is when someone is assessed as ready to go home after being admitted to hospital, however, they are unable to leave because of issues relating to them being able to move to a safe environment. For example, sometimes a person needs social care, or adaptations to their home or they are moving into a care home. We aim to reduced delayed discharges, as extended delays without a medical need to be there can lead to poorer outcomes for the individual this delay in throughput also means that people who need medical attention may need to wait longer.

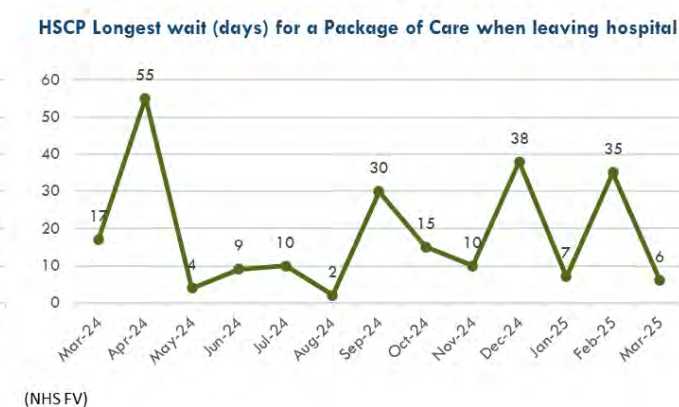
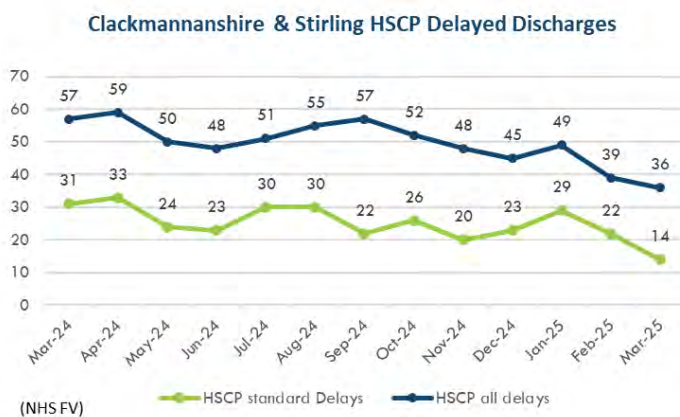
Local data shows a 37% decrease in the total number of delayed discharges From March 2024 to March 2025 with a 55% decrease in the number of standard delays over the same period with a reduction in the number of bed days lost over the year.

We ran 20 community engagements sessions across 2024/25, reaching out to approximately 200 people across Clackmannanshire & Stirling. The central focus of these sessions was to have conversations around falls, frailty and bone health. This has been targeted through various existing groups such as:

- Dementia friendly Dunblane
- Alzheimer's Scotland (Alloa)
- Inspiring Communities
- OTAGO Exercise Classes
- Stirling Libraries
- Falkirk & Clackmannanshire Carers Centre



More information from Falls Awareness week 2024 can be found [here](#).



These improvements are due to work reducing length of stay, timely admission from acute and discharge home from community sites under the Discharge Without Delay (DWD) programme. This is evidenced by the decrease in waits for those coming out of hospital, which can be attributed to improvements in working across the whole system. The aim of this work is aligned to the understanding that reduced waits in acute settings ensures better outcomes for people around reduced risk of hospital acquired infections and deconditioning. This is coupled with taking an assets-based approach to what people require, as the majority of people wish to return home after hospital. To this end there has been a particular focus on the discharge to assess/ home first approach and the community hospital and step-down rehabilitation unit parts of the DWD programme, and how this can facilitate swifter discharges (see right hand graph), which align people wishes with their abilities to ensure discharges home are safe. This programme of work has been sustained while aligning budgets to deliver our services more effectively and efficiently.

Stop Smoking Services

The service collects client feedback through the Care Opinion Platform. One client said “Great support and advice was offered through my 12-week program. Very beneficial program and I highly recommend.”



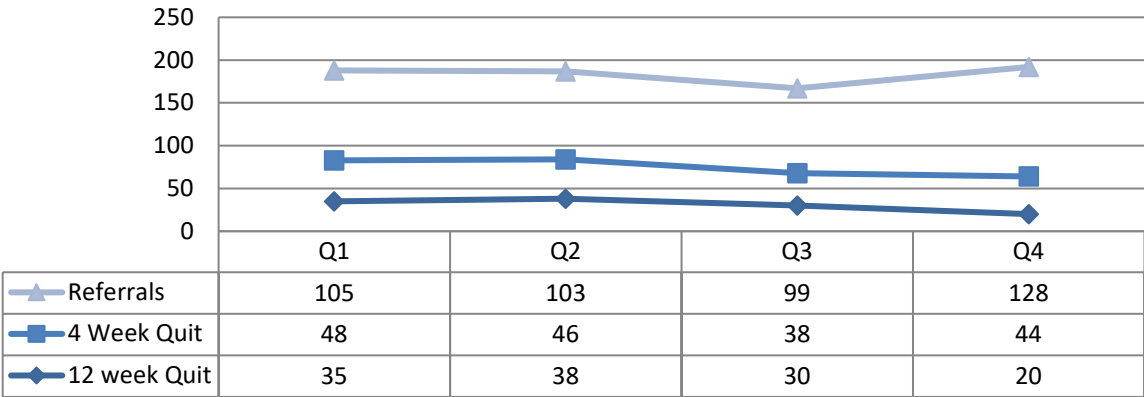
The Specialist Stop Smoking Service, in partnership with Community Pharmacies, provides free behavioural support and pharmacotherapy for individuals who want to stop smoking. Referrals to the Specialist Stop Smoking Service are received through various clinical and community pathways, as well as self-referrals.

Of the 435 individuals referred to Stop Smoking Services in Stirling in 2024-25, 40% (176) reported they had not smoked in the prior four weeks. Moving into the measured quit attempt period, this fell to 28% (123) at the twelve week mark. The definition we use for a ‘successful quit’ is an individuals not smoking for at least 12 weeks.

Data related to those who did not smoke for 4-week and then 12-week is only accurate at the time of reporting, leading to variation in quarterly reporting.

Variation occurs due to differences in follow-up timing and validation of quit attempts. The entire reporting period for any ‘quit success’ is 16-20 weeks after the date an individual last smoked. Therefore, final reporting for 2024-25 will not be available until late 2025.

PH5-HW2 Smoking Quit Rate



Priority 1 Mental Health and Wellbeing

Mental health and wellbeing is as important as physical health and wellbeing. There have been significant changes regarding how we deliver mental health services, through redesign of existing services and developing additional resources to meet increasing needs.

A Joint Strategic Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership took place in November 2024. Which specifically focussed on adults living with mental illness (under the age of 65) and their unpaid carers.

Areas for improvements were identified and reported as part of the finalised Report published in November 2024. Staff and partners working with people across the Partnership area were highlighted as providing good care and support to people living with mental illness in Clackmannanshire and Stirling. Their care and compassion was noted as contributing to good outcomes for some people and improved their quality of life. There were specific actions around local systems and the processes linked to working across three employing organisations as well as specific supports for carers of people with issues of mental health.

An Improvement Plan was developed with staff, partners and supported people's representatives in December 2024; the subsequent Plan was approved by Chief Executives from all partner bodies in January 2025, presented to governance bodies of each constituent organisation and approved at Integration Joint Board before submission to the Care Inspectorate. The Plan was focused on the identified key areas for improvement within the published Inspection Report. The need to focus on local systems and processes is being progressed and should create increased consistency across the Partnership area. This will also ensure developing processes for capturing robust data focussed on outcomes which can be used to inform service planning and ongoing improvement. There is work underway to improve integrated processes for assessment, care planning and treatment to support more effective collaboration between staff. As well as developing a more proactive approach to emergency and future care

The total number of unplanned bed days (mental health) 18+ financial year (MSG 2c) has continued its downward trend from its baseline of 24,851 in 2015/16 to 21,605 in 2023-24.

In 2024/25 there were 414 referrals to Adult Social Care services for Mental Health Clients. This is a 43% increase from 232 in 23-24.

(Adult Social Services)

planning.

Work continues to progress in line with the actions outlined within the Improvement Plan, the Plan is monitored by a monthly Inspection Group meeting chaired by Chief Officer.

In March 2025 the percentage of people who commenced treatment within 18 weeks of referral to Psychological Therapies in Forth Valley was 79.9% which is an increase from 73.6% at March 2024. This is below the Target of 90% (PHS) but is above the Scottish average of 78.6%.

What is the Mental Health Act?

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have a "mental disorder" - this is defined under the Act and includes any mental illness, personality disorder or learning disability. This includes Emergency Detention Certificates and Compulsory Treatment orders.

Clackmannanshire & Stirling	2022-23	2023-24	2024-25
Number of Emergency Detention Certificates (Mental Health) Section 36	62	66	58
Number of Short Term Detention Certificates (Mental Health) Section 44	139	134	104
Number of Compulsory Treatment Orders (existing)	31	45	41
Number of Compulsory Treatment Orders (new applications)	107	90	72

(Adult Social Services)

What is a Guardianship?

This is a court appointment which authorises a person to act and make decisions on behalf of an adult with incapacity.

Clackmannanshire & Stirling	2022-23	2023-24	2024-25
Total number of Existing Guardianships (private and local authority)	473	561	629

(Adult Social Services)

Anyone with an interest can make an application for a guardianship order. When we refer to an adult, this is someone who is aged over 16. Someone would require a guardian if they were not able to look after their own affairs.

Across April 2024 to March 2025, Forth Valley Advocacy supplied 9,500 hours of support to people, which equates to supporting just over 700 people. As this service is based on demand it is important to note that their annual levels of support provided is based purely on referrals and their complexity.



Independent advocacy enables individuals to articulate their needs, make informed choices, and build the confidence to speak up. It is not only a statutory entitlement for many service users, which safeguards people who are vulnerable, but also a vital support in navigating complex systems and service pathways. During summer and autumn 2024, a comprehensive consultation was undertaken with internal and external stakeholders to inform the commissioning strategy for advocacy.

Key finding from that engagement process identified that for those with lived and living experience, independent advocacy is primarily to support individuals to make their own decisions about they want and assist them in expressing their needs to other people and organisations, especially during statutory procedures. However, they widely agreed that advocates should also help people to understand their options and help them gain access to information, particularly in supporting earlier interventions. Individuals also overwhelmingly expressed the importance of speaking to someone in person about their eligibility and their views, but widely requested that a variety of means of communication be available to support varying needs.

The consultation process culminated in the development of the Clackmannanshire & Stirling HSCP Independent Advocacy Strategic Commissioning Plan 2024–27, which incorporates stakeholder feedback and sets out a corresponding action plan. The strategy received formal approval in October 2024.

The current advocacy service is commissioned until 31 October 2025. In preparation for this contractual milestone, the advocacy commissioning consortium was convened in early 2025, building on the Strategic Commissioning Plan’s foundations. The consortium’s objective is to co-produce a Model of Care in collaboration with individuals with lived and living experience, as well as practitioners. This model, taking into account what people have told us, will reflect statutory duties around independent advocacy, with a strong emphasis on early intervention, prevention, and community capacity building.



The Mental Health Money and Benefits Advice Project led by Stirling District Citizen’s Advice Bureau (CAB) was supported by the Health Improvement Fund from NHS Forth Valley in partnership with The Robertson Trust.

The Mental Health Money and Benefits project delivers an accessible, colocated and holistic person-centred specialist advice service for people in treatment (or recovery) for/ from chronic or episodic mental ill health. The project provides client led advice, information and representation/advocacy services and is fully accessible throughout the existing CAB outreach sites for Stirlingshire residents in the Forth Valley Health Board area. It also collocates twice weekly within Livilands Community Mental Health Hospital and Action in Mind Mental Health support service.

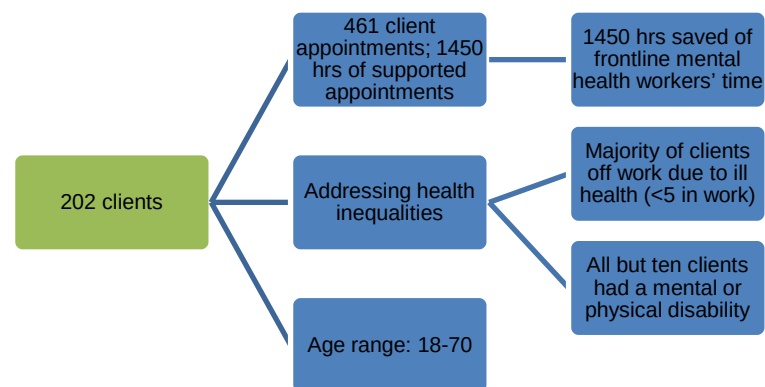
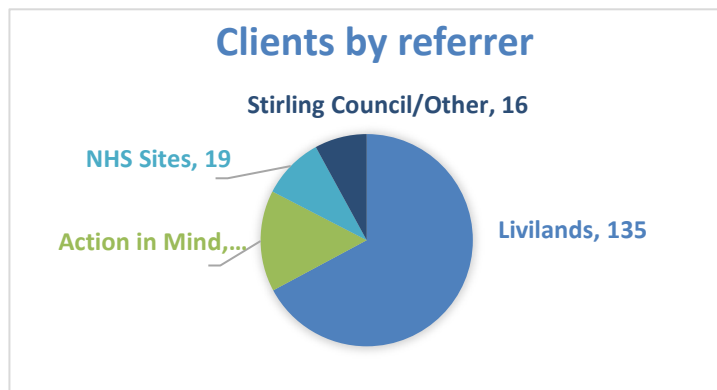
The project encompasses a second-tier consultancy support service to front line mental health professionals on rights, financial inclusion and associated social/ welfare/ legal matters for their clients or patients. This project adopts an early intervention educative element through the delivery of financial capacity building and welfare reform mitigation workshops for service user groups. Bespoke training delivered through the project helps build capacity of front-line mental health professionals.

In the period 1st April 23 to 31st January 24 the Mental Health Money & Benefits Outreach advice service:

- Supported 202 clients
- Generated reported client financial gains of £340,123.35

Please note the above figure is likely an underestimation of actual client financial gain as it is based on what clients choose to share.

The last year of operation has seen an unprecedented level of organisational development that has allowed the project to provide a wider variety of services to more people. However, it has also brought forward challenges around ensuring that the team are able to respond to the increased opportunities.



Key actions for 2025/26

- For Independent Advocacy approval from the Integration Joint Board will be sought for a proposed Model of Care, which is currently being developed through the commissioning consortium. Followed by procurement activity aligned with the strategic aims for delivering independent advocacy.
- Publication of the Mental Health and Wellbeing Strategic Commissioning Plan, and a subsequent workplan which will provide the direction of travel going forward for mental health services.

Priority 2 Drug and alcohol care and support

The Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) is responsible for the planning of local support services in partnership with Clackmannanshire and Stirling Councils, NHS Forth Valley, Police, Fire, and Third Sector colleagues.

Commissioning

The Alcohol and Drug Partnership (ADP) continues to focus on the transformation of the substance use system ahead of the end of the National Drugs Mission in 2026. Work continues to implement a model of mobile prescribing in primary care as agreed by the IJB in August 2024, with funding reinvested in harm reduction outreach and recovery oriented supports. We anticipate that our system will support comprehensive delivery of prescribing MAT Standards* by April 2026.

Performance against the Scottish Government LDP Target that 'People seeking Drug and Alcohol treatment are supported within 3 weeks' has been met consistently across the Forth Valley area (most local dataset available) since Q1 2024-25.

Lived Experience and Human Rights

We continue to work with our ADP Lived Experience Advisory Panel (LEAP) to facilitate lived and living experience input to ADP Strategic Planning. The group has advised on the expansion of our lived experience data gathering and the strategic commissioning of recovery and harm reduction support. We continue to work also with family and loved ones who are supported through the Scottish Families Affected by Alcohol and Drugs (SFAD) service. Human rights empowerment and accountability activity is now being included in contract monitoring arrangements in line with the IJB Strategic Commissioning Plan 2023-33. Collaboration with the Health Improvement Service is increasing this activity to other areas of HSCP work.

Waiting times data is currently available from two sources. DAISy, local data which is gathered and reported to Public Health Scotland who use this data to form their online dashboard. The Public Health Scotland published data shows different levels of compliance than our own local data. Generally, data for Clackmannanshire and Stirling shows higher rates of compliance than the Forth Valley wide figures that are published nationally.

MAT Standards and Harm Reduction

MAT Standards* implementation has been key to ADP work, supported by Public Health Scotland. Harm reduction activity is now being coordinated by ADP support team and has reduced response time to new harms from months to less than 48 hours. People at risk of overdose receive more comprehensive support from partners who are able to share knowledge and wrap around each person's own needs. The rebalancing of ADP investment agreed in 2024-25 will be enacted in 2025-26 and is expected to sustainably resource improvements from the National Drugs Mission period within available resource.

There has been no national publication of Alcohol Brief Intervention delivery data since 2020, and local recording is still being examined for validity. This is not being reporting on locally or nationally but it remains a national target.

*MAT Standards are Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care. For more detailed information about MAT Standards please see the Scottish Government web page [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/mat-standards/pages/default.aspx).

Forth Valley Recovery Community



Workshops with community members and ADP partners in 2024-25 have been supported by Scottish Recovery Consortium and reflected on the delivery of recovery services. We have flourishing recovery communities across Clackmannanshire and Stirling but our collective ambition is to enhance their autonomy and sustainability with additional investment made possible by the ADP Commissioning Consortium. In 2025-26 we will recontract provision for Recovery Communities to make foster the enthusiasm of people in recovery and wide support of stakeholders.

Recovery cafés and Recovery Drop-ins (mini cafés) provide support seven days per week.

Locations in Clackmannanshire and Stirling

- Recovery café in The Gate at Alloa.
- Recovery drop-in, in Alva at The Baptist Church.
- Recovery café in Stirling at The Mayfield Centre.
- Women's mini -cafe in Stirling at Kildean Business and Enterprise Hub.
- Recovery drop-in, Stirling at Kildean Business and Enterprise Hub.

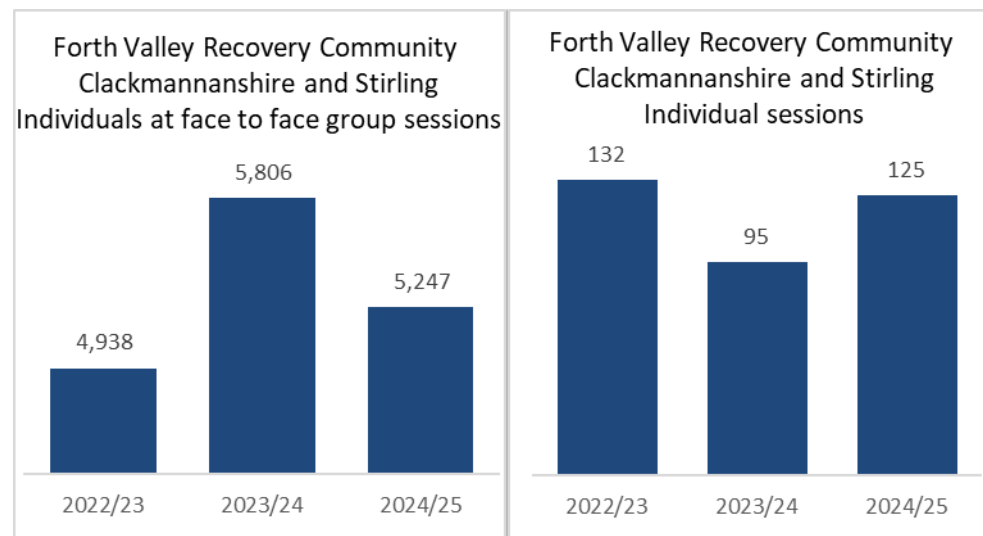
Peer Support sessions run at the following locations:

- The FV Royal Hospital in Larbert
- The SMS clinics

Recovery Ramble walks and Recovery in the Wild events continued to be popular activities which contributed to improving the physical and mental wellbeing of community members. Employment, training and education and self development along with various other activities and events were also held.

Find out more information at [Forth Valley Recovery Community website](https://www.forthvalleyrecoverycommunity.co.uk/).

Attendance numbers at Recovery Community activity fluctuate throughout the year. Our focus for 2025-26 is to develop a sustainable contract for delivery of autonomous recovery activity, building on the thriving work already done so far.



Key actions for 2025-26

- Continue work to assure delivery of MAT Standard care within available resource from end of National Drugs Mission in April 2026
- Continue transformational redesign of system of care and support through further commissioning activity
- Develop practical Human Rights Based Approach, building on successful development of LEAP and other activity to date.
- Align ADP support for prevention messaging to Health Improvement planning and delivery.
- Continue coordination of harm reduction activity across localities.

Strategic Theme 2 - Independent living through choice and control

This Strategic Theme focuses on how the HSCP supports people and carers to actively participate in making informed decisions about how they live their lives and meet agreed outcomes. Services are focussed around helping people identify what is important to them to live full and positive lives and make decisions that are right for them.

Percentage of adults with intensive care needs receiving care at home (NI-18) has increased from 69.3% in 2022/23 to 74.6% for 2023/24 which is above the Scottish average of 65% and our comparators average of 64.5%.

Percentage of adults supported at home who agreed that they are supported to live as independently as possible (NI-2) has decreased from 72.5% to 67.2%. This is below the Scottish average of 72.4% and below our comparators average of 71.9%

Priority 3 Self-Directed Support information and advice promoted across all communities

Self-Directed Support, supports people's rights to provide choice, dignity and being able to take part in the life of their communities. As part of our response to the Self Directed Support Act, we have developed, in partnership with staff and supported people, a new [Self Directed Support Policy](#) which was published in June 2024. Since the outcomes focused policy was approved the emphasis has been on implementation and operationalisation of the policy in practice.

Self Directed Support (SDS) is the way that social care is delivered across the Partnership. To enable more empowered individuals to make decisions through the adoption of an asset-based approach the Care at Home Review Team was established as a test of change with work commencing in Stirling on 20 May 2024. The financial impact of the changes made by this team are reflected in reporting around the IJB's Delivery Plan.

When considering the team and the agreed measures which would evidence success, each point can clearly be evidenced from their first nine months in post:

- Ensuring that those requiring care are accessing supports they need to, taking into account an asset-based approach and non-statutory supports.
- An aligned performance against wait times in Locality Teams leading to reductions in length of wait and number of people waiting.
- Improved oversight and governance arrangements in relation to unmet need, vulnerability and risk.
- Increase in signposting or referrals to third sector, where appropriate.

The Review Team in Stirling over a short period of time has increased consistency through their application of the SDS principles and practices throughout the HSCP through adopting an asset-based approach. In Clackmannanshire, where there is not a dedicated Care at Home Review Team, data gathered clearly shows that numbers and duration of outstanding reviews continues to grow in the absence of a dedicated review team.

Although a challenging and often lengthy task, there is a growing body of positive testimony from supported people, families and carers relating to their experience of their reviews, and also from providers.

Supported People Testimony (As this has been anonymized, SP = Supported Person, RTW = Review Team Worker)

SP1's Family: The below testimony Paraphrases what the supported person's wife and daughter said of the worker within the Review Team:

"I would like to sincerely thank you for your invaluable efforts in helping reunite our family. After months of conflict and misunderstanding, your support, patience, and guidance have brought us back together. We are truly grateful for the compassion and dedication you showed throughout this journey. Your role in restoring peace and harmony within our family will always be deeply appreciated."

Asset Based Approach

An asset based approach looks at someone's personal strengths, familial supports and community resources, this may include assistance from family or friends or attending activities within the community. For some individuals they can achieve their outcomes and have their needs met through their own assets/community resources and therefore will not require formal supports to achieved their assessed needs.

This approach is being used to ensure that as a Partnership we are able to provide as much care and support to as many people as possible, through ensuring that we are working with individuals to define the right amount of support for them. This process also means that through looking to our partners in the community and third sector we are able to continue providing support, where there is an assessed need in line with available resources and supports that enable that goal. This approach is about enabling individuals to live well in their communities for as long as they are able to.

Lived and Living Experience

Learning from the experiences of those with lived experience is important in influencing and driving how we work and continue to develop through providing insight and understanding from the perspective of those who access service that we provide.

The Lived Experience Panel was formed at the end of 2024. They has an agreed terms of reference and meet regularly. The group wants to ensure their experiences are reflected to help further develop practices and be used as a basis to drive forward meaningful change. The group are also looking at ways to extend the membership of the group, to enable more views and experiences to be reflected, ensuring the voice of lived and living experience remains at the heart of informing developments that affect those within our communities.

Raising Awareness

Self-directed Support Forth Valley have been working, through Support In the Right Direction funding from Scottish Government, to raise public awareness of SDS. They have been delivering 'Know Your Options' presentations across various locations across Stirling and Clackmannanshire to ensure communities, third sector organisations and leaders are aware of what the SDS options are, what they entail and how to access them.

35 Carers reported feeling better supported in their caring role. An average of 42 Carers accessed information or received support regarding their cared for person throughout the year.

Staff Training:

It is important that everyone, including members of staff, are aware of the ethos of SDS. Staff need to understand how to put knowledge into practice to continue to embed a consistent and holistic approach to social care. In light of this, Self-directed Support Forth Valley (SDSFV) have developed and rolled out

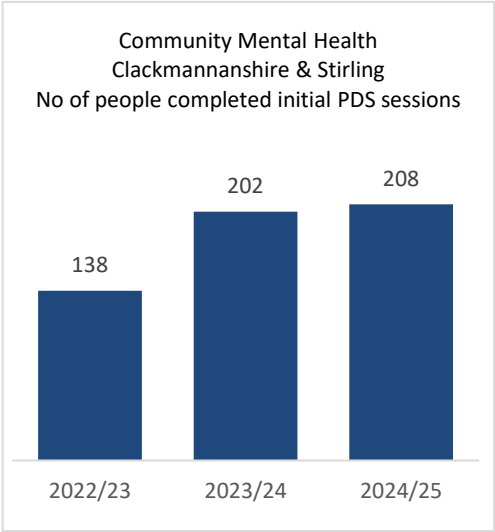
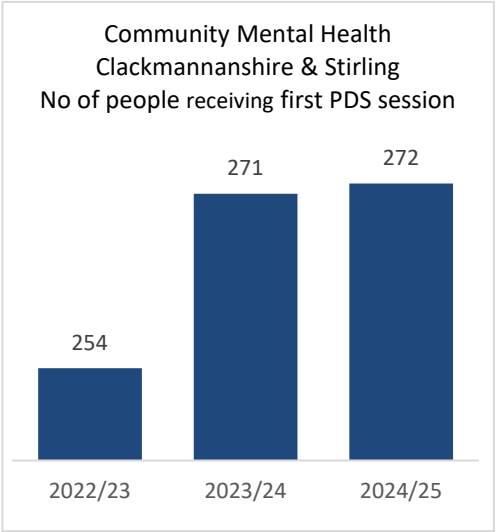
‘SDS - Putting It Into Practice’ training. This is a whole day session which covers the values and principles, legislative and duties and practical application. 10 members of staff across the HSCP attended this training on the 6th May and feedback from both SDSFV and staff who attended was positive. Further sessions have been scheduled with SDSFV to deliver this training throughout the year. These sessions will continue to run throughout the year to enable any new members of staff joining the HSCP to attend as part of their induction.

Priority 4 Support those affected by dementia at all stages of their journey.

We aim to support people living with dementia to live well within their own communities following their diagnosis as well as reducing the amount of time people with dementia spend unnecessarily in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with dementia, their family, carers and wider support networks.

Delivery of one year’s post-diagnostic support to every individual who is diagnosed with dementia is a Local Delivery Plan commitment from the Scottish Government. Below are details of this support from the perspective of the Community Mental Health Teams across both Clackmannanshire and Stirling, who provide initial sessions to those newly diagnosed with dementia.

In 2024-25 269 people received a diagnosis of dementia. 272 people had their first post diagnostic support (PDS) session with a member of the Community Mental Health Team (CMHT), compared to 208 people who completed their initial sessions of PDS with the same teams.



Commissioning

At the March 2025 meeting members of the commissioning consortium agreed to take forward a Hub and Spoke model. A Community Hub Model would allow people to access the information, advice and resources they need, within a colocated space with the Community Mental Health Team and third sector, that would be able to offer a wide range of advice and supports. It should be made clear that this approach would not replace home visits for those who need them. This would complement, not replace, community and peer support out with a fixed location.

The Hub and Spoke model takes into account the supports and interconnections of supports available to those living with dementia. We propose a community hub would be created to be at the centre of this model. The purpose of the hub would be to:

- Provide a space for information, advice and signposting
- Provide activities and respite for those living with dementia
- Be a place where both clinicians and third sector organisations can come together and share knowledge/ information.
- Be a place that has support from clinicians so that people can be supported closer to home until later into their diagnosis, and provide a mechanism for

early intervention and prevention, before a crisis.

- Bring together carers supports and those for people living with dementia

The emphasis is on supporting someone's functional impairment, which is wider than solely people with a diagnosis of dementia, by providing information, advice, signposting and supports that will aid that person in their community.

Key actions for 2025-26

- Develop tools that mean asset based and good conversations can be evidenced on our systems, after assessments, support plans or reviews take place.
- Continue to inform and educate both staff and communities about SDS and their right, and how these can be implemented in a way that meets an individual's outcomes.
- Work related to dementia commissioning will focus on developing the Hub and Spoke Model and determining what commissioning activities are required going forward to ensure sustainable service delivery that can meet increasing demand.

Strategic Theme 3 - Achieving care closer to home

Achieving care closer to home shifts the delivery of care and support from institutional, hospital-led services towards services that support people in their community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the supported person's journey, ensuring people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home. It is also

In 2023-24 there was small increase in the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (NI-19) to 785 in 2023-24 from 776 in 2022-23. This is under the Scottish average of 867 and lower than our comparators average of 844.

The percentage of people with positive experience of the care provided by their GP practice (NI-6) has increased from 67.3% to 72.3% in 2023-24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

The total percentage of adults receiving any care or support who rated it as excellent or good (NI-5) has decreased from 67.8% to 64.8% in 2023-24. This is below the Scottish average of 70% and below our comparators average of 70.5%

about providing people with good information and supporting our workforce.

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them. It is goal focussed and involves intensive therapeutic work. There is a focus on a person’s strengths and abilities and what they can do safely, rather than focus on what they cannot do anymore. Reablement can support people recovering from an illness or accident and may prevent acute hospital admission, delay an admission to long-term care, supports timely discharge from hospital and maximises independent living and can reduce the need for ongoing care.

Reablement	2022-23	2023-24	2024-25
Number of people who completed reablement in year	367	587	598
% of people who required reduced or no care after reablement	65%	65%	59%

Planned Care in Place in People's own Homes

At the end of March 2025, 2,186 people received care and support in their own homes . At the same time 38,860 hours of care and support were commissioned from providers. An average of 104.9 placements start each month so there has been a steady increase in placements over the last 3 years.

Waiting list for Care and Support

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however there are challenges such as high demand and staff shortages, as seen nationally. This is an important area for the Partnership as we know that behind each of these numbers there is a person.

In March 2025, 26 people without care already in place were waiting for care and support . This time last year 46 people were waiting.

Palliative and end of life care

The World Health Organisation (Palliative care) defines palliative care as encompassing “the care and support which is provided to support someone to live well following diagnosis of a life-threatening illness. This includes the support that is provided to their loved ones and carers.” Palliative and end of life care (P&EOLC) remains a national and local priority for change and improvement. In response to this, Clackmannanshire and Stirling Integration Joint Board, Falkirk Integration Joint Board and NHS Forth Valley agreed a joint approach to develop and produce a Strategic Commissioning Plan and to subsequently commission community palliative and end of life care across Forth Valley. This is a whole system partnership approach to identify need in particular areas of health and care provision, and agreeing how to provide services to meet that need. Clackmannanshire and Stirling have led this pan Forth valley work.



Engagement meeting hosted by our previous Interim Chief Officer, David Williams

To inform the drafting of a Forth Valley Strategic Commissioning Plan for P&EOLC, engagement took place across Stirling, Clackmannanshire as well as Falkirk between April and May 2024. Engagement was sought from those who had views on palliative and end of life care. In Stirling and Clackmannanshire six engagement events took place. The questions asked focussed on what was good, what could be improved, and what should be aspired to. The feedback gathered from this initial engagement contained a good mix between people with professional experiences, both within the NHS and third sector organisations, and those with personal experiences.

In August and September a follow up consultation took place, and in Stirling and Clackmannanshire two engagement events were held, as well as an online survey. Across both rounds of consultation, in person sessions and online surveys, a total of 161 views were contributed from both Stirling and Clackmannanshire.

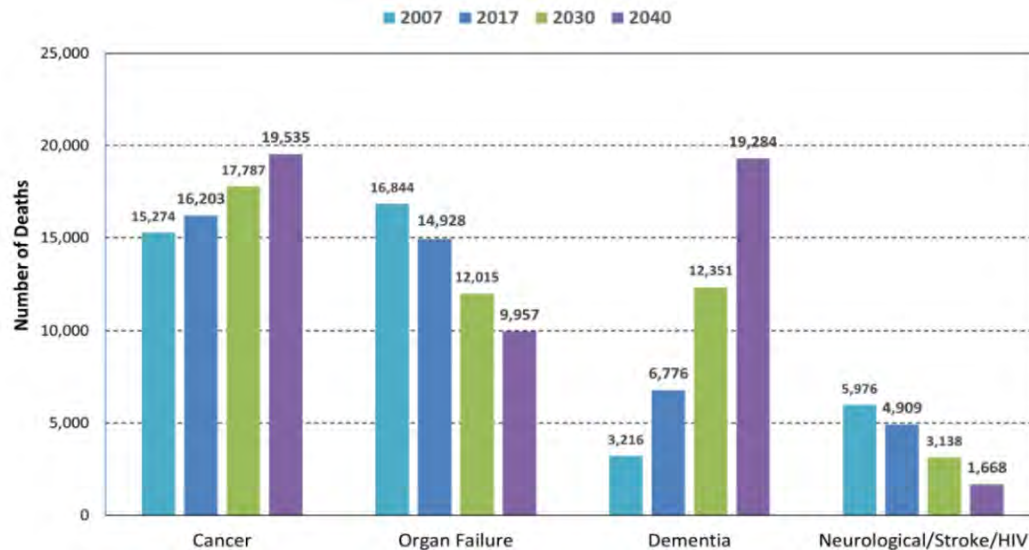
Based on views sought from engagement the following vision was developed, *“Health and wellbeing is important throughout everyone’s lives, although some may need additional support to enable them to live well with long term conditions. However, we want all people with palliative and end of life care needs to be able to access compassionate, responsive and coordinated holistic care and support throughout their palliative journey in their preferred location.”*

Upon agreement of the P&EOLC Strategic Commissioning Plan in November 2024, by both IJBs in Clackmannanshire and Stirling, and Falkirk, a commissioning consortium was convened.

The Commissioning Consortium had its first meeting in January 2025 and has wide representation from across Clackmannanshire, Stirling and Falkirk. The consortium has a focus on discussing and considering how to better financially resource supports in the community, as this is where people have told us they want to be, that provides consistency and equity to those at the end of their life.

Projected main underlying cause of death associated with palliative care need by disease group up to 2040

Ref: Finucane AM, Bone AE, Etkind S, et al. How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. *BMJ Open* 2021;11:e041317. doi:10.1136/bmjopen-2020-041317



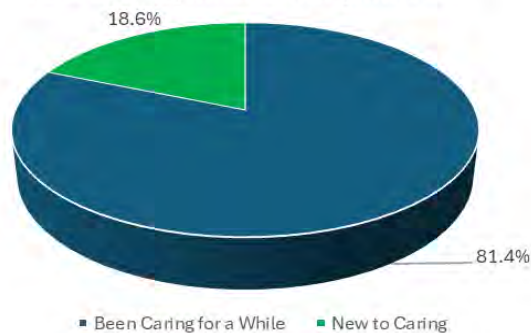
Our health and social care system needs to evolve and transform to keep pace with the changing PEOLC needs of FV residents. An ageing population, increasing multi-morbidities and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources. As well as staff constraints related to recruitment and retention all mean that the status quo in the way that people are currently supported through their palliative care and at end of life is not a viable option moving forward.

It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will likely add increasing pressures onto the system of health and care.

Priority 5 Good public information across all care and support working

Digital Information

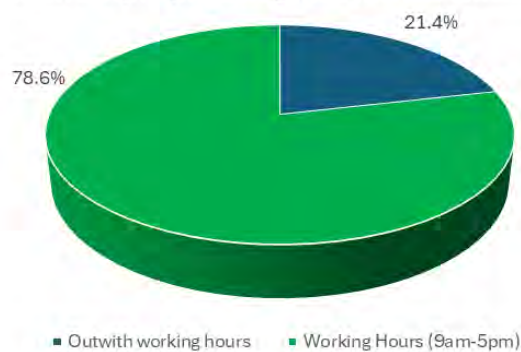
How would you describe yourself?



How we access information is quicker and easier than ever before. A quick search on the internet and we can order food, supplies, book events and trips, learn something new, and diagnose ourselves.

We know that digital information and support helps a lot of people navigate their conditions, disabilities and illness and can also be a place of support though social media groups for example. But how do people find relevant information for Clackmannanshire and Stirling? This year, we have been planning how we can improve the provision of information to those within Clackmannanshire and Stirling, with our third sector interfaces and partners. Over the next year, what we have learned will be developed into better digital support and communication with people.

When are people using the Mobilise website?



Mobilise provides digital supports for carers and was commissioned in 2024 in response to carers wanting more choice and the ability to have access to more digital supports to complement existing ones. Mobilise provides access to virtual meetings, telephone support and a wide range of advice and guidance to support carers in their caring role and improve their health and wellbeing. This approach enables carers to access light touch support 7 days a week to self-manage and improve their emotional wellbeing.

The top graph outlines the self-identity profile of people accessing Mobilise, over the past year 81% of people identified themselves as having been caring for a while.

The second graph shows that over the past year the majority of people (78.6%) sort information about caring were outside working hours (9am-5pm on weekdays). In addition, 79% of those who accessed Mobilise had not accessed support before. Which reinforces the need for a range of supports to be available for people.

Priority 6 Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention in health and social care. This work has been carried out in collaboration with HR leads in all three employing bodies to understand trends and analysis linked to recruitment and retention of our health and social care workforce. The three employing organisations are also building on collation and analysis of workforce data to better understand the future needs of our workforce. In response to issues identified in terms of consistency with regards to data an HR lead has been appointed who will operate across the HSCP, to work towards and ensure there is cohesion across the piste.

This year we have:

Review of Roles

Over the year all partners have been working collaboratively to review and re-design job roles centered around the staff involvement. This work focusses on considering the skills, knowledge and competence to deliver roles confidently and safely, while building on the Fair Work Principles. For example, the senior role within Assessment and Locality teams was approved and evaluated, which has provided career development for staff. In addition, there has been collaborative working in terms of role design, to reduce dependence on agency staffing in some of our services.



Recruitment and Work with Partners to increase employability

All three employing organisations currently have vacancy controls in place, which mean only essential posts are able to go out to advert. This has an impact on teams where there are vacancies, but the roles are considered non-essential.

Despite challenges there are regular recruitment drives via social media, as well as through partners and community partnerships. Engagement is in place in line with our staffing needs as demand changes across the seasons.

The HSCP continues to work with partners to ensure that the recruitment process is positive, timely, inclusive and supportive. Whilst there are a number of programmes that support this, some examples of this approach are outlined below:

- The NHS Forth Valley/ Department of Work and Pensions Sector Based Work Academy Programme for HCSW roles was piloted in Forth Valley Royal Hospital with a view to expanding into community hospitals. This programme provides training, work experience and a guarantee of a job interview upon completion.

- Stirling Council continues to work with local schools, Forth Valley College and Universities which continue to be developed to support young people into health and care careers. Through a multi-agency partnership approach opportunities are widened within health and care for young people. In addition there was a pilot for a new pre-foundation apprenticeship programme in health and care with SQA qualification. This mirrors the work of the Employability Team within Clackmannanshire.

Training

Community development with partners is encouraged, for example, through the continued offer for programmes of recruitment for staff in our rural locations. In addition to the standard health and social care mandatory training. The HSCP, through the Multi- Agency Public Protection Learning and Development Advisor, offers a robust multi-agency public protection training programme that covers child protection, adult support and protection and violence against women and girls. The programme of learning and development opportunities is available across the general, specific and intensive workforces.

The multi-agency public protection training calendar is produced annually. To accompany the calendar, we provide a learning and development framework and guidance document which outlines the learning outcomes for each of the learning and development opportunities available. The learning opportunities help support those we serve; the needs of the service and our practitioners own professional development.

Key actions for 2024 - 2025

Guiding Principles

Work is underway to develop a set of guiding principles across the three employing organisations, this is important as it will outline which organisation's policy should be used in instances such as the grievance process, which means all those involved in these matters are clear about which policy is being used. This is important as staff are sometimes managed by managers who are employed by a different organisation than themselves, having guiding principles will also mean there is consistency and fairness in these matters.

The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (NI-17) has increased from 80.8% in 2022/23 to 84.6% in 2023/24 which is above the Scottish average of 77% and our comparators average of 78.7%.

Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (NI-4) has decreased from 61.7% to 56%. This is below the Scottish average of 61.4% and below our comparators average of 59.8%

Strategic Theme 4 - Supporting empowered people and communities

Working with communities to support and empower people to continue to live healthy, meaningful, and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports. It is also about providing people with good information and supporting our workforce.

Priority 7 Support for Carers

In 2023/24 32.8% of carers felt supported to continue their caring role (NI-8). This is above the average for Scotland of 31.2% and above the average of 31.9% in our LGBF family. This is an increase from 25.6% in the 2021/22 survey.

Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support and compliment the support already provided by both Carers Centres.

In March 2025 the IJB agreed the Carers [Short Breaks Statement](#) which provides information on what a short break is, how to access one and what it may look like. As well as providing details for seeking further information.

In collaboration with the HSCP, Carers Centres and Citizens Advice Bureau (CAB) a [Welfare Rights Project for Carers](#) facilitated by Citizens Advice Bureau provides support for carers to provide immediate holistic person-centred advice and information. They provided representation to unpaid carers and supports colleagues working with unpaid carers and, where necessary, refer individuals to appropriate advice agencies. There were 451 contacts with unpaid carers during 2024/25 with 54 clients reporting a financial gain of £144,435 over the year.

Please note CAB are only permitted to disclose financial gains unless reported by the client as it is their right to decide. CAB are not permitted to report amounts beyond a one year period (i.e. if a £30k award is granted for 3 years they are only permitted to report £10k and the remaining £20k goes unreported). Therefore, such figures are likely to be far greater than those reported and should not be considered comparable to other providers that report on client financial gain.

Key actions for 2025-26

- Provide good information and support to carers around Self-Directed Support.
- Continue to develop and update the Carers Support Pack, providing current information on community groups and organisations supporting carers and supported people throughout Clackmannanshire and Stirling. In response to requests for a local support pack and developed in collaboration.
- The Short Breaks Bureau will be a hub for information and support to carers for access to short breaks and respite.



Priority 8 Early intervention linking people with third sector and community supports

Community Connectors & Social Prescribing



The main aim of the Community Link Worker Project is to support activities that provide a person-centred and human rights approach. This is done by utilising social prescribing, which is an important self-management tool, enabling people to continue to live in their community, independently, safely and well. It widens choice and control through signposting to third sector organisations and statutory agencies.

The Community Link Workers (CLWs) promote the understanding of and access to self-directed support. It has been recognised that CLWs also provide one-to-one support to enable people to gain confidence to access local activities. The CLW programme was developed through partnership collaboration. Clackmannanshire Third Sector Interface and Stirlingshire Voluntary Enterprise, the Third Sector Interfaces in each of their respective local authority areas, are the employing organisations and the lead partners in the project. The interfaces provide the necessary resources, training, and supervision to ensure effective service delivery and professional development for the CLWs.

The CLW project ascertains the impact of their service in terms of the affects it has had on someone wellbeing. Using the ONS4 Wellbeing survey they focus on life satisfaction, meaning and purposefulness and someone’s emotions. The impact of CLW supports clearly show a positive impact on those who used the services wellbeing.

New Referrals 248 Stirling 142 Clacks 106	Reason for referral to CLW Social prescribing 94 Financial problems 60 Social isolation 50 Housing 38 Physical disability 27 Carer support 26 Stress 18	Onward referrals Financial support 74 Mental health support 50 Housing 30 Community groups 29 Self-help 19
Total Encounters 1238 Stirling 727 Clacks 511	Duration of encounter/ appointment 0 – 30 minutes 455 30 – 60 minutes 233 60 – 90 minutes 105 90 – 120 minutes 57 120 + minutes 46	Onward referrals to other services CAB Stirling Council on Disability Wellness exercises HSTAR Mental Health Nurse Scottish Autism Reachout with Arts in Mind Stirling Council Inspiring Communities



Priority 10 Ethical Commissioning

Clackmannanshire and Stirling Health and Social Care Partnership have developed a collaborative approach to understand, plan and commission local services and care & support. The Commissioning Consortium is based on co-production regarding assessment and focus on delivery of services. The aim is to create, develop, maintain and grow high quality service delivery. In the past year, there has been a focus on carers' support (Strategic theme 4), alcohol & drug partnership funding priorities (Strategic theme 1), dementia support (Strategic theme 2), palliative & end of life care support (Strategic theme 3) and independent advocacy (Strategic Theme 1) with a new programme focused on mental health and well-being currently under development.

This approach relies on a partnership with the third and independent sector, people with lived experience, carers and their representatives as well as Health and Social Care Partnership delivered services. There is a focus on ethical commissioning, of choice & control and the principles of Human Rights-Based, to ensure we are future proofing the commissioning model to comply with current and future policy direction. The approach creates the conditions for open discussions around the right care at the right time whilst ensuring the budgets are managed effectively i.e. services are needs led but resource bound - creating a discussion with partners and supported people focused on best use of available financial spend, rather than cost pressures within the system.

The Commissioning Consortiums have agreed shared principles of partnership working:

- To have an interest in, support, and promote the Consortium approach and its development across the whole system.
- Provide high quality, innovative services in collaboration with others and towards the delivery of the National Health and Social Care Outcomes.
- Have clear health and social care objectives whether delivering universal or specialist services.
- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within Clackmannanshire and Stirling; with existing providers being asked to demonstrate their track record of providing high quality and robust care and support in the area.

The principles of the consortia approach ensure, in equal measure, a commitment to involvement and participation for those in receipt of care and support as well as a commitment to Best Value and resource efficiency across the whole system.

In 2024/25 there were commissioning consortium meetings covering the following topics:

- Dementia
- Alcohol and Drugs Partnership
- Carers
- Independent Advocacy
- Palliative and End of Life Care (this covers the whole of the NHS Forth Valley board area)

In 2025/26 there will be commissioning consortiums developed with a focus on learning disabilities and mental health (the latter will be pan Forth Valley).

Impact of the Commissioning Consortium approach

A key success factor for the Commissioning Consortium has been the ability to communicate the principles across the sector by targeting the right partners and stakeholders; explaining the ethical commissioning model approach; what it will mean for providers and people with lived experience; and finally how each can play a part in planning and commissioning the right care and support.

We have recognised that the approach is resource and time intensive to deliver, with officers offering safe spaces for discussions with all external stakeholders and internal providers, with the models of care which have been developed are more robust, person centred and economically viable. As well as more focused on outcomes for people and their carers.

The process of the commissioning consortium meetings has ensured all partners and stakeholders to be at same place when making commissioning recommendations to the Integration Joint Board, the IJB is committed to the approach as it provides detailed and robust feedback from supported people, providers, Health and Social Care Partnership staff and communities about the type and level of service required. There have been more positive and mature relationships created with internal and external commissioned services as well as a clarity of the role of the Third Sector Interfaces as key delivery partners of Consortium.

Feedback from providers has been mostly positive around openness of commissioning conversations and the opportunities to be flexible in their offering; feeling more able to participate meaningfully in planning and commissioning conversations.

Feedback from supported people and their carers has been really positive, individuals feeling that can influence the model of care, create flexibility in system, ensure they have choice & control as well as an ongoing commitment to the delivery of Human Rights-Based Approach across all services.

There has already been interest from Scottish Government colleagues as this approach aligns to current policy directives linked to human rights legislation as well as from IJB Chief Officers Network nationally.

The Commissioning Consortium across Clackmannanshire and Stirling is demonstrating the strength in relationships between Health and Social Care Partnership, third sector and independent sector providers to ensure care and support can continue to be delivered with those receiving care and their carers as key influencers and partners in the planning and commissioning of services.

Strategic Theme 5 – Reducing Loneliness and Social Isolation

Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

Priority 11 Reducing levels of Loneliness and Isolation



In 2024/25 613 Carers were offered Adult Carer Support Plans by the Carers Centres with 389 people choosing to complete one



Reducing loneliness and social isolation is important for everyone, whether someone is being cared for, they require care and support themselves, or whether they are supporting themselves without the use of statutory services. Our communities provide an important network of supports. There are numerous supports available in our communities throughout Stirling and Clackmannanshire, that cater to a range of interests and host a number of different activities for different groups of people.

Carers Centres provide support to unpaid carers, there is currently one that covers Clackmannanshire and another that supports those living within Stirling. They empower people to understand their rights, and also provide options to develop peer supports. In the past year 642 new Adult Carers were registered with both Carers Centres with 389 choosing to complete an adult carer support plan. As at 31st March 2025 there were 2926 Adult Carers registered with 1914 one to one appointments carried out throughout the year.

Another way that carers and those they care for can be supported is through our local directory of community supports and services. The [Clackmannanshire & Stirling carers support pack](#) has been compiled and is regularly updated, it is aimed toward both carers, and those they support. The resource is split into different categories, to make it easier to use, and enable someone to see what services available locally that would support specific needs.

Our third sector partners provide a wealth of care and support within our communities. The Community and Mental Health Wellbeing Fund is now entering its fifth year and distributes around £400k annually between Clackmannanshire and Stirling.

The Community Mental Health and Wellbeing Fund supports grassroots initiatives aimed at improving mental health and wellbeing across Scotland, with a focus on prevention and early intervention. One of the key priorities is to address Social Isolation and Loneliness, specially looking at initiatives aimed at

connecting individuals and fostering community support networks.

Financial, Best Value Governance and Risk

Annual Financial Statement

The Integration Joint Board will continue to use the funding available to the partnership to improve services for people and pursue our Strategic Commissioning Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Commissioning Plan priorities and key performance indicators will continue to improve and evolve.

Financial Performance

The funding available to support delivery of the Strategic Commissioning Plan comes from Clackmannanshire and Stirling Councils and NHS Forth Valley and funding from Scottish Government.

This forms the Integrated Budget and the Set Aside budget for Large Hospital Services. The IJB then directs partners to deliver and/or commission services on its behalf.

The operational financial position on the Integrated Budget (the partnership budget excluding set aside budget for large hospital services) was a net overspend of £6.991 million after taking account of the impact of financial recovery measures.



£286.9m total
IJB Strategic Plan
Budget 2024/25



£6.991m net
overspend after
use of reserves

The 2024/25 Revenue Budget was approved by the IJB on 27 March 2024. The plan was predicated on a savings requirement of £14.041 million on the Integrated Budget and £6.469 million in relation to the Set Aside Budget for Large Hospital Services with risk assessed plans in place to deliver these. The budget was also predicated on utilisation of £3.947 million of reserves, fully depleting general reserves balances. Approximately 55.9% of the planned savings and efficiencies programme were achieved in the year in relation to the Integrated Budget with a c£1.5m reduction in costs pressures delivery being observed in relation to the Set Aside Budget for Large Hospital Services.

The overspend on the Integrated Budget was predominantly met by additional payments from the constituent authorities including £1.327m from Clackmannanshire Council which the Council have provided on the basis of this being repayable in 26/27. The unresolved risk share amount totals £0.421m and the dispute resolution process, in line with the requirements of the extant Integration Scheme is ongoing. The IJBs Annual Accounts are published here: Clackmannanshire and Stirling HSCP – Finance (clacksandstirlinghscp.org).

Best Value, Governance & Risk

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing Outcomes set by the Scottish Government. Put in a simpler way, the Board identify our priorities and plan how we will deliver our services, improve outcomes for people and support people to live independent lives with the care and support they need.

The governance framework are the rules, policies and procedures that ensure the IJB is accountable, transparent and carried out with integrity. The IJB had legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling.

The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance a key element of demonstrating Best Value.

We monitor Best Value through:

- The Performance Management Framework and performance reports
- Development and approval of the Annual Revenue Budget
- Development of and reporting on the Transforming Care Programme
- Regular Financial reports
- Regular reporting on Strategic Improvement Plan
- Topic specific progress reporting e.g. Primary Care Improvement Plan
- Reporting on Strategic Plan Priorities to the IJB and topic specific reports.
- Best Value Statement

The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The IJB is supported by the Finance, Audit & Performance Committee which report to the IJB through committee chairs who are voting members of the IJB.

There was a change in the committees in January 2025, where the Finance, Audit & Performance Committee meetings convened its first meeting, both the Audit and Risk Committee and Finance and Performance Committees. The Finance, Audit and Performance



Committee's purpose is to provide an effective scrutiny role to support the corporate governance of the IJB and its performance and risk management arrangements.

Appendix 1 - Functions delegated to Clackmannanshire and Stirling IJB

Clackmannanshire and Stirling Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care. We have strong relationships with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

NHS services delegated to HSCP

- Primary Care (as of April 2023)
- Mental Health (as of April 2023)
- Health Improvement (as of April 2023)
- District Nursing
- Substance use services
- Allied Health Professional services in outpatient clinics/out of hospital
- Public dental services/Primary medical services including out of hours, general dental, Ophthalmic & Pharmaceutical services
- Geriatric medicine and palliative care outwith hospital settings
- Community Mental Health & Learning Disability services
- Continence and kidney dialysis outwith hospital

Clackmannanshire and Stirling Council services delegated to HSCP

- Social work services for adults aged 16+
- Services and support for adults with physical disabilities
- Services and support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult Protection
- Carers support services
- Community Care Assessment Teams
- Support services
- Care home services
- Adult Placement services
- Aspects of housing support and assistance including aids and adaptations
- Day services
- Respite provision

- Occupational therapy, equipment and telecare

Appendix 2 – Ministerial Strategic Group (MSG) Indicators

To support the delivery of the National Priorities Partnerships we completed a self-assessment and improvement action plan as well as agreeing local targets for key areas. Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).

The MSG information covers a range of activities under the umbrella of ‘unscheduled care’. These activities support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care. Unscheduled care is a core element of the health and social care system and as such, our services need to be responsive to need whilst being transformative in that contact with patients is shifted from reactive to proactive planned engagement, and from hospital settings to the community where appropriate.



Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG1a	Number of emergency admissions (all ages)	For Info only	16,710	14,249	16,385	16,444	16,693	17,694	↓
	% change from previous year		22.08%	-14.73%	14.99%	0.36%	1.51%	6.00%	
	Number of emergency admissions (aged 18+)	ST1	14,579	12,640	13,941	14,202	14,595	15,738	↓ 5% decrease from 2015/16 to 10,584
	% change from previous year		24.61%	-13.30%	10.29%	1.87%	2.77%	7.83%	
MSG2a	Number of unscheduled hospital bed days (all ages); acute specialties	For Info only	103,032	85,668	98,920	109,855	109,827	108,888	↓
	% change from previous year		7.09%	-16.85%	15.47%	11.05%	-0.03%	-0.85%	

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
	Number of unscheduled hospital bed days (aged 18+); acute specialties	ST1	100,118	83,708	96,410	107,090	106,697	106,699	↓ 5% decrease from 2015/16 to 88,804
	% change from previous year		7.60%	-16.39%	15.17%	11.08%	-0.37%	0.00%	
MSG2c	Number of unscheduled hospital bed days (all ages); mental health specialties	For Info only	24,177	23,648	21,860	23,292	23,061	Not available	↓
	% change from previous year		-12.35%	-2.19%	-5.76%	-0.39%	-23.41%		
	Number of unscheduled hospital bed days (aged 18+); mental health specialties		23,640	23,026	21,629	23,044	22,601	Not available	↓ 18% decrease from 2015/16 to 20,378
	% change from previous year	ST1	-9.61%	-2.34%	-7.43%	6.55%	-0.99%		
MSG3a	A&E attendances (all ages) - patients from all areas	For Info only	40,552	28,388	36,805	36,430	32,769	30,727	↓
	% change from previous year		5.17%	-30.00%	29.65%	-1.02%	-10.05%	-6.23%	
	A&E attendances (aged 18+) - Patients from all areas	ST1	32,040	23,092	28,512	28,398	26,053	24,847	↓ Maintain 2015/16 baseline of 26,585
	% change from previous year		5.80%	-27.93%	23.47%	-0.40%	-8.26%	-4.63%	
MSG4a	Delayed discharge bed days (aged 18+) - All Reasons	ST1	12,630	9,355	13,518	14,786	15,624	19,792	↓ Maintain 2015/16 baseline of 10,069
	% change from previous year		14.65%	-25.93%	44.50%	9.38%	5.67%	26.68%	

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG4b	Delayed discharge bed days (aged 18+) - Code 9	For Info only	2,540	3,482	2,608	5,446	6,963	9,571	↓
	% change from previous year		-13.66%	37.09%	-25.10%	108.82%	27.86%	37.46%	
MSG5a	Percentage of last 6 months of life spent in community (all ages)	ST3	88.19%	90.97%	89.59%	89.25%	89.45%**	Not available	↑ 4.1% increase from 2015/16 baseline to 90%
	% change from previous year		0.41%	2.78%	-1.38%	-0.34%	0.20%		
MSG6	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (supported) C&S HSCP	For Info only	4.95%	4.91%	4.40%	4.63%	4.93%	Not available	↑
	Scotland		4.49%	4.51%	4.13%	4.19%	4.35%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (unsupported) C&S HSCP	For Info only	92.00%	92.00%	92.00%	92.00%	92.00%	Not available	↑
	Scotland		91.62%	91.98%	92.29%	92.16%	92.07%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (Supported and unsupported)	ST3	96.96%	97.41%	97.29%	96.85%	96.53%	Not available	↑ 0.1% increase from 2015/16 baseline to 96.6
	Scotland	For Info only	96.11%	96.49%	96.43%	96.35%	96.42%		

**

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target

Figures for 2023/24 are provisional (p):- NRS deaths data for 2024 is provisional and may be revised in the future, SMR data in some areas may be affected by data completeness issues.

MSG report advises this data should not be published for peer partnership/Scotland comparison.

Appendix 3 - National Core Indicators

The national core indicators are a requirement of the Annual Performance Report. Sourced from the latest release of the [Core Suite of Integration Indicators](#) published in July 2025.

Desired Trend ↑ increase ↓ decrease						
Performance		Improving performance		Static		Declining performance
Benchmarking		Better than average		Within 5%		Worse than average

	Ref	Indicator	Strategic Theme	2015/16	2017/18	2019/20	2021/22	2023/24	Desired Trend	Comparator Average	National average
Outcome Indicators	NI-1	Percentage of adults able to look after their health very well or quite well.	ST2	94.56%	93.64%	93.57%	91.74%	90.80%	↑	91.84%	90.70%
	NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	ST2	81.65%	81.87%	76.05%	72.48%	67.20%	↑	71.90%	72.40%
	NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	ST2	76.40%	73.54%	74.37%	64.28%	57.90%	↑	63.73%	59.60%
	NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	ST3	72.94%	76.47%	68.80%	61.68%	56.00%	↑	59.77%	61.40%
	NI-5	Total % of adults receiving any care or support who rated it as excellent or good.	ST3	77.64%	77.57%	75.20%	67.77%	64.80%	↑	70.51%	70%

	NI-6	Percentage of people with positive experience of the care provided by their GP practice.	ST3	86.72%	86.55%	78.79%	67.28%	72.30%	↑	71.34%	68.50%
	NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	ST3	77.05%	79.43%	79.12%	79.18%	66.10%	↑	69.46%	69.80%
	NI-8	Total combined % carers who feel supported to continue in their caring role.	ST4	32.36%	38.32%	29.65%	25.57%	32.80%	↑	31.87%	31.20%
	NI-9	Percentage of adults supported at home who agreed they felt safe.	ST3	81.60%	85.98%	83.51%	75.26%	66.80%	↑	71.43%	72.70%

The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government (latest 2023/24). Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot

Our Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross

	Ref	Indicator	Strategic Theme	2020	2021	2022	2023	2024	Desired Trend	Comparator Average	National average
Data Indicators	NI-11	Premature mortality rate per 100,000 persons by Calendar Year	ST1	458	439	409	386	Not available	↓	396	441
				2019/20	2020/21	2021/22	2022/23	2023/24			
	NI-12	Rate of emergency admissions per 100,000 population for adults (18+).	ST1	13,211	11,776	12,835	13,076	13,424 *2024	↓	12,659	11,859
	NI-13	Rate of emergency bed day per 100,000 population for adults (18+).	ST1	109,741	96,425	106,686	116,414	116,095	↓	119,501	120,407
	NI-14	National Indicator 14 Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	ST1	130	153	130	126	122	↓	115	104
	NI-15	Percentage of adults who rated their care or support as excellent or good.	ST3	88.2%	91.0%	89.6%	89.2%	89.4%	↑	89.2%	88.9%
	NI-16	Falls rate per 1,000 population aged 65+	ST1	23.5	20.2	23.6	23.5	23.2	↓	22.5	22.7
	NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	ST3	91.0%	91.1%	87.0%	80.8%	84.6%	↑	78.6%	77.0%
	NI-18	Percentage of adults with intensive care needs receiving care at home	ST2	69.8%	69.2%	71.2%	69.3%	74.6%	↑	65.0%	64.5%
	NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	ST3	665	448	743	776	785	↓	844	867

	NI-20	% of health and care resource spent on hospital stays where the patient was admitted in an emergency.	NA	23.0%	Not reported after 2019/20

Data for indicators 12 is reported for the calendar year 2024 as a proxy for 2024/25 as data for the full financial year is incomplete at this time. Data for indicator 11 for calendar year 2024 is not currently available. Data is derived from various organisational/system datasets. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot

Our Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross

Appendix 4 - Inspection of Services

Registered services operated by the Partnership are inspected annually by the Care Inspectorate. There were three registered service inspections during 2024/25. Additional information and full details on inspections can be found at the [Care Inspectorate](#) website. Since 1 April 2018, the new [Health and Social Care Standards](#) have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people.

Inspection Summary

Registered Service	Date Inspection Completed	How well do we support people's wellbeing?	How good is our leadership?	How good are our staff team?	How good is our setting?	How well is our care and support planned?	Recommendations	Requirements	Areas for improvement
Menstrie House Care Home Service	02/10/24	Very good	Not assessed	Very good	Not assessed	Not assessed	0	0	0
Bellfield Centre Care Home Service	22/11/2024	Very good	Not assessed	Very good	Not assessed	Not assessed	0	0	1
Riverbank Centre & Streets Ahead Support Service	08/02/25	Very good	Very good	Not assessed	Not assessed	Not assessed	0	0	0
Care Inspectorate									

Between April and September 2024 a [Joint inspection of adult services Integration and outcomes – focus on people living with mental illness](#) took place. The report was then published in November 2024.

Executive Sponsor: Gail Woodcock, Chief Officer - Falkirk HSCP

Author: Tom Cowan, Head of Strategic Planning and Transformation

Executive Summary

The report provides a summary of the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to Forth Valley NHS Board on 12th November 2024. In line with the requirements of the Integration Scheme, the most recent update of the Business Case and Medium-Term Financial Plan presented to IJB on 31 October 2025 is also attached.

Action Required

The Forth Valley NHS Board is asked to:

- (1) note the report and progress by the HSCP in meeting its priorities in the Strategic Plan
- (2) discuss and comment on the Draft Business Case and Medium Term Financial Plan
- (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 previously been considered by any NHS Forth Valley Governance Groups but has had appropriate consideration in the Falkirk IJB structure.

Risk Assessment and Mitigation

There are no risk implications arising from this report.

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 Draft business case and Medium Term financial plan for Falkirk IJB has identified pressures over the medium term of £19.1m excluding Children and Justice services and Prison Healthcare. Work is under way to identify solutions to closing the financial gap and regular updates will be provided to partners.

Workforce Implications

There are no workforce implications arising from this report.

Quality / Patient Care Implications

There are no Quality/Patient Care Implications arising from this report.

Population Health & Care Strategy

There is no requirement to consider this.

Climate Change / Sustainability Implications

There are no Climate Change/Sustainability Implications arising from this report.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 – HSCP Annual Performance Report 2024/25

Appendix 2 – Draft IJB Business Case presented to IJB 31 October 2025

Falkirk Integration Joint Board

MEETING DATE: 20 JUNE 2025

AGENDA ITEM NO:	12
REPORT TITLE:	Annual Performance Report 2024 / 2025
LEAD OFFICER:	Tom Cowan, Head of Strategic Planning and Performance
REPORT AUTHOR:	Lesley MacArthur Partnership Funding Coordinator

1. Executive Summary

- 1.1. The report presents the draft Falkirk Health and Social Care Partnership (HSCP) Annual Performance Report 2024/25. This outlines how the Partnership is working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1. consider and comment on the draft Annual Performance Report 2024/25
- 2.2. delegate authority to the Chief Officer, in consultation with the Chair and Vice Chair, to approve the final report for publication by 31 July 2025.

3. Directions

No Direction Required	☒
Direction to NHS Forth Valley	☐

4. Annual Performance Report 2024/2025

Background

- 4.1. The Public Bodies (Joint Working) (Scotland) Act 2014 specify that a performance report must be produced by an Integration Authority (IA) on an annual basis to ensure that performance is open and accountable and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is to be produced for the benefit of communities and partners.
- 4.2. The Act requires IAs to prepare a Performance Report for the previous reporting year and for this to be published by the end of July each year. For example, a Performance Report covering the period 01 April 2024 to 31 March 2025 is required to be published no later than 31 July 2025.
- 4.3. The required content of the Annual Performance is set out in the Public Bodies (Joint Working)(Content of Performance Reports) (Scotland) Regulations Act 2014. The regulations and associated guidance set out the minimum expectations on the content of these reports. There is reference to the reporting of the core integration indicators to support assessment and performance in relation to the National Health and Wellbeing Outcomes. The report should include data for both the reporting year and the previous years since integration, i.e., from 2016-2017, where this is available.
- 4.4. Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out below to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities. This should be presented clearly and should include:
 - Review of Strategic Plan
 - An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning
 - Financial planning and performance
 - Best Value in planning and carrying out integration functions
 - Performance in respect to localities

- Inspection of services

Annual Performance Report 2024/2025

- 4.5. The Annual Performance Report (APR) has been developed with input from colleagues across the Partnership and highlights achievements throughout the year. This is attached at Appendix 1.
- 4.6. The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the four strategic priorities and three workstreams as outlined in the Strategic Plan. This allows us to understand how well we are implementing our Strategic Plan to improve outcomes for people who use our services. Page 9 of the APR illustrates the linkages across our Strategic Plan priorities to the nine National Health and Wellbeing Outcomes.
- 4.7. The APR describes the numerous service developments and redesign work being taken forward. For example, the Dollar Park Dementia Service relaunched on 31 July following a £128k investment in its building and staff. People are benefiting from the enhanced facilities and expanded opening hours, including a new evening and weekend service which launched in December. The Review Workstream of Care and Support (Adult Services) has undertaken over 450 reviews, helping to tackle the backlog and resulting in significant savings of over £1M to the Partnership.
- 4.8. CVS Falkirk & District supported the HSCP to introduce a small grants programme of up to £500 for community-based groups or organisations in Falkirk to mark World Suicide Prevention Day. Seven local third sector groups were successful and supported to deliver community-led events and activities raising awareness of this important issue across the Falkirk area.
- 4.9. We continue to improve how we engage with our local communities. During 2024/25, over 440 people responded to online surveys. We actively promoted these surveys and gathered views from over 900 people across 58 engagement activities, ranging from drop-in sessions at local libraries and planned events to attending local community group meetings.
- 4.10. As in previous years, the performance information prepared by Public Health Scotland for 2024/25 will not be available for publication until the 1 July. The APR will update the 'National Integration Indicators'

section as soon as data is readily available. This section will be circulated to the SLT for information and comment when data is available.

- 4.11. The draft Annual Performance report was presented to the Strategic Planning Group for consideration and comment on 14 May 2025 and to the Performance Audit and Assurance committee on the 13 June 2025.

5. **Implications**

Finance

- 5.1. There are no financial implications arising specifically from this report. The Annual Performance Report includes information on the use of the available budget, including Partnership Funding.

Workforce

- 5.2. There are no workforce implications arising from this report.

Risk

- 5.3. The Annual Performance Report is a statutory requirement, and in publishing the report, this has been met.

Legal

- 5.4. The Annual Performance Report is a statutory requirement, and in publishing the report, this has been met.

Engagement and Consultation

- 5.5. There has been ongoing engagement during the year which has already informed the Partnership’s activity and core business.

Equalities Impact

- 5.6. An initial EPIA has been submitted for approval – ref. 00502. A full EPIA is not required as the decision to publish the APR is an administrative decision that allows us to fulfil our statutory requirements.

6. **Appendices**

Appendix 1	Falkirk HSCP Annual Performance Report 2024/25



Annual Performance Report

2024/2025



Falkirk
Health and Social Care
Partnership

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FOREWORD

If two words can summarise the past year for our Partnership – they are changes and challenges.

Like many other Integration Joint Boards and public bodies across Scotland, this year we have put considerable effort into addressing our financial challenges and positioning services for a sustainable future. This pressing challenge comes as we work to balance the resources we have available with an increasing demand for our services.

Setting out to address a £21m budget gap over the next three years, we started an open conversation about the decisions we face and our future outlook.

This led us to launch the widest reaching public consultation ever conducted by the Partnership, engaging with staff, partner organisations, and people in Falkirk who access services and support within their communities.

With service reform at the heart of our proposals, we heard a broad range of views and voices to help inform our next steps. This allowed us to set our annual budget, and begin the process of transforming the way we deliver support in the community to help make services fit for the future, and ensure consistent support remains available to those most in need.

Our Partnership has also evolved this past year, introducing new service portfolios and embedding clear leadership across our complex mix of services.

We also prepared to welcome new colleagues from Children and Families Social Work and Justice Social Work Services, bringing us together and integrating services from 1 April 2025.

This wider Partnership presents opportunities for new ways of working and to achieve better outcomes for the people we support.

While changes and challenges can be difficult to navigate, it's because of our dedicated, passionate, and hard-working local workforce that we can continue to develop and take advantage of our future opportunities.

This annual report is a snapshot of the achievements undertaken by our teams this year, and an example of the continued progress that is yet to come.

Gail Woodcock

Chief Officer, Falkirk Health & Social Care Partnership

Gordon Johnston

Chair, Integration Joint Board



ABOUT FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP

OUR PARTNERSHIP

Falkirk Health and Social Care Partnership (HSCP) delivers adult social care services and community health services in the Falkirk area.

Key services that the Partnership provides includes:

- Community health services – District Nursing, Mental Health, and Learning Disability services
- Primary Care services – GPs, Pharmacies, Out of Hours Services
- Community Hospitals – Bo’ness and Falkirk
- Allied Health Professions: Physiotherapy, Occupational Therapy, Speech and Language Team, Podiatry, ReACH
- Intermediate care
- Health Improvement services
- Adult social work and social care services, including care homes and complex care
- Elements of housing services for aids and adaptations and gardening aid
- Prison healthcare services
- Alcohol and Drugs Partnership

The integration of these services is about ensuring those who use health and social care services get the right care and support whatever their needs. This

should be at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

OUR COMMUNITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation – the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 1).

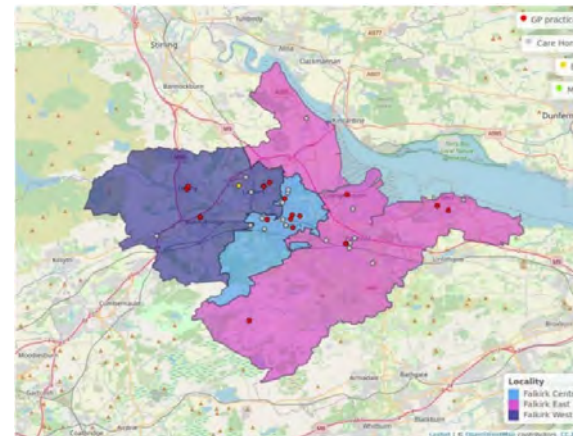


Figure 1: Falkirk Localities Map

OUR CHALLENGES

Population Projections

Anticipated 80% increase in the 75+ population by 2043 and an expected decrease in working age population – potential increased demand with a limited workforce.

Inequalities

The difference of life expectancy between the most and least deprived areas is 10 years for men and 8 years for women, and the early death rate has increased by 50% in the most deprived areas.

Financial Pressures

Significant savings are required over the coming years to balance the revenue budgets whilst demand on services continues to increase leading to a greater challenge in managing in year financial positions.

Workforce

We have an aging workforce with a sizable proportion of staff potentially nearing retirement as well as ongoing issues around recruitment and retention.

Mental Health

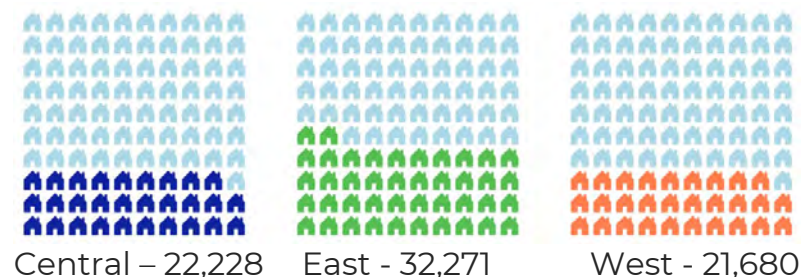
Primary care data shows depression is the 2nd most prevalent long-term condition, and Scotland has the second highest rate of suicide deaths of all UK countries.

Behavioural Factors

Analysis from our last Strategic Needs Assessment evidenced alcohol-related hospital admissions have been rising, and the drugs deaths rate increased by 234% between 2010 to 2020 from 10 to 33 annual deaths in Falkirk.

OUR LOCALITIES

Households



% that live with a long-term health condition



% that live in the most deprived SIMD quintile



OUR VISION AND LEADERSHIP

A key statutory duty of the Integration Joint Board (IJB) is to develop a three-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities.

The [HSCP Strategic Plan \(2023-2026\)](#) sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area and outlines how we will deliver adult health and social care services in Falkirk over three years.

Our vision:

"To enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities."

The following priority areas have been identified for 2023-2026:

1. Support and strengthen community-based services
2. Ensure people can access the right care at the right time, in the right place
3. Focus on prevention, early intervention, and minimising harm
4. Ensure carers are supported in their caring role

These priorities will be driven by three workstreams – Workforce, Technology, and Communication and Engagement.

The Partnership has been developing Locality Plans for each of its three locality areas (Central, East, and West). Central and East Locality Plans have been approved by the IJB with the development of the West Locality Plan ongoing. The plans support local development of services and implement the principles of the Scottish Government's Localities Guidance.

The Locality Plans demonstrate how the outcomes and priorities of the HSCP Strategic Plan will be delivered on a local level by addressing the needs and challenges of its communities. Plans are co-produced through public and partner consultation with Locality Delivery Groups supporting the development and implementation of their respective plans.

The Falkirk HSCP [Workforce Plan 2022-2025](#) outlines how the Partnership will support and develop the local workforce to deliver the vision for Falkirk, and support and improve the wellbeing of our communities.

The Integration Joint Board (IJB) has increased the frequency of its meetings to six meetings annually to allow for more timely and informed decision-making,

addressing concerns that information is sometimes outdated by the time it reaches the IJB.

The newly established Performance, Audit, and Assurance Committee replaces the previous Audit Committee and Clinical and Care Governance Committee. This Committee has a wider remit, with an oversight of audit, risk management, performance as well as Clinical and Social Care Governance.

The Strategic Planning Group continues to meet regularly and will continue to have a key role to review the existing 2023-2026 Strategic Plan during 2025 and determine revisions or determine the need for a new plan, which would be developed over 2025/26.

The revision of the Integration Scheme is intended to improve governance and its understanding in relation to the functions of each Integration Joint Board as well as Falkirk, Clackmannanshire and Stirling Councils and NHS Forth Valley.

The revised Integration Scheme also includes the integration of Falkirk Council's Children and Families Social Work Services and Justice Social Work Services. Preparatory work was done over 2024/25 and decision taken to transfer those services which formally became part of Falkirk HSCP from 1 April 2025.

The Scheme requires to be approved by Scottish Ministers, and if approved, the IJB will be responsible for planning, resourcing, and overseeing these new services, which is currently fulfilled by members of Falkirk Council. This will create opportunities for closer collaboration with other health and social care teams across the Falkirk area. There will be minimal immediate changes, but over time, we will explore how integration can enhance frontline services and improve service delivery.

Following a comprehensive co-production approach, a new leadership structure realigns the existing four Head of Service roles into refreshed service areas. These are:

- Chief Finance Officer (which includes Business and Governance functions for the HSCP)
- Head of Community Services
- Head of Specialist Services
- Head of Strategic Planning and Transformation

The structure intends to:

- Take a one team approach, based on integrity and compassionate leadership
- Bring together the right people and information to make safe, timely, and successful decisions
- Provide clear roles and lines of responsibility, accountability, and delegated authority

- Ensure financial responsibility and accountability is everyone's role
- Support a whole-system approach, centred around people in our communities

The Transformation Board has overseen transformation initiatives. A new Strategic Planning and Transformation Board is being established to continue to drive forward the changes needed to ensure services that are fit for the future can be delivered in a sustainable way.

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has nine National Health and Wellbeing outcomes to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care. The table below outlines how our strategic priorities align to each of the nine National Health and Wellbeing Outcomes:

National Health and Wellbeing Outcomes	Strategic Plan Priorities
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	Priority 1 - 4
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Priority 1 - 4
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	Priority 1 - 4
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Priority 1 - 4
5. Health and social care service contribute to reducing health inequalities.	Priority 1, 2, and 4
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Priority 1 - 4
7. People who use health and social care services are safe from harm.	Priority 1, 2, and 4
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	Priority 1 - 4
9. Resources are used effectively and efficiently in the provision of health and social care services.	Priority 1 - 4

Table 1: Association between the priorities of the Falkirk HSCP Strategic Plan and National Health and Wellbeing Outcomes

Falkirk HSCP Strategic Plan outlines four strategic priorities to help us achieve our local outcomes and the National Health and Wellbeing Outcomes.

- Priority 1: Support and strengthen community-based services
- Priority 2: Ensure people can access the right care, at the right time, in the right place
- Priority 3: Focus on prevention, early intervention, and minimising harm
- Priority 4: Ensure carers are supported in their caring role

These priorities are backed by three supporting workstreams that drive everything that we do:

- Workforce
- Technology
- Communication and Engagement

This report sets out progress made towards our Strategic Plan priorities, including the three supporting workstreams during 2024/25.



PRIORITY 1 - SUPPORT AND STRENGTHEN COMMUNITY-BASED SERVICES

DOLLAR PARK DEMENTIA SERVICE

Previously known as the Joint Dementia Initiative, the [Dollar Park Dementia Service](#) relaunched on 31 July following a £128,000 investment in its building and staff. The creation of a new entrance and reception area in the Dollar Park base has made way for a refurbished day room for group activities and the creation of a new multi-use room for informal meetings, one to one support, or a quiet area away from distraction.

People who use the service and their families/carers are benefiting from the enhanced facilities and expanded opening hours, including a new evening and weekend service which launched in December.

We continue to provide a bespoke, trauma informed specialist service which is tailored to each individual, supporting service users and their families/carers. The new staff team are highly experienced and have been fully trained to create a stimulating environment to support cognitive decline, prevent social isolation, and alleviate carers stress.

Snapshot:

Mr A has benefited from accessing the evening and weekend service, and has settled in well, with the service improving his quality of life. He engages with everyone who attends, is a natural leader and offers

support to others in the group. These sessions are the highlight of his week.

DEMENTIA FRIENDLY LOGO

The new Dementia Friendly Falkirk initiative partnered with local schools to run a logo competition ahead of its launch across Falkirk. This partnership brings together local services, community groups, schools, and businesses to help foster a dementia friendly environment. The winning design, created by S1 Falkirk High pupil Amy, was chosen by the team at Dollar Park Dementia Service for its explanation of the positive difference felt by people accessing local support.

GETTING IT RIGHT FOR EVERYONE

In early 2024, the Partnership joined the Getting It Right For Everyone (GIRFE) programme as a partner. Throughout the year, we actively participated in co-design activities alongside the Scottish Government and various health and social care partnerships from across Scotland. This collaborative effort culminated in the creation of the 'Team Around the Person' toolkit, which aims to enhance the delivery of health and social care services in a more person-centred manner.

This toolkit comprises several innovative tools and service models designed to improve the way health and social care services are provided, ensuring they are tailored to individual needs. We plan to pilot some of

these tools in 2025. The GIRFE programme's service design approach has proven valuable, and we plan to apply it to other areas in the future.

FALKIRK SENSORY TEAM

The Falkirk Sensory Team reduces isolation by fostering greater social inclusion and community engagement. The team supports health and social care professionals to be better equipped to support individuals with sensory impairments. They also support people with access to assistive technologies and ensure carers receive the necessary resources to support their loved ones.

The team has responded innovatively to growing demand for services, particularly in under-served areas, resource limitations as well as staffing shortages in specialised roles.

Key achievements for 2024/25 include improved access to services through the provision of British Sign Language (BSL) interpreters and adaptive technologies, and greater integration of sensory support with community activities, which reduced isolation. The team also made progress in improving health outcomes by facilitating early interventions and coordinating care.

We've adapted to changes, including a shift towards more digital solutions to increase service accessibility.

The team strengthened collaborations with local organisations, ensuring a more cohesive approach to service delivery. Overall, the sensory team made notable progress while adapting to evolving needs and aligning with national strategies such as the BSL Local Plan and See Hear Strategy.

EXPANDING DAY SUPPORT FOR ADULTS WITH DISABILITIES

A new approach to delivering day activities and opportunities for adults with disabilities has been agreed following a collaborative process to co-design future support. Activities and support will be spread throughout the community and an almost £230,000 investment will be made to Grangemouth's Dundas Resource Centre to allow people to gather in a single hub when needed.

The service at Dundas has also built strong links with the Dollar Park Dementia Service, with people often receiving support from both services. Resources are being reallocated from Oswald to redesign the service to support evening and weekend service provision at Dollar Park on a permanent basis, which was previously made possible through temporary grant funding.

CALEDONIA SERVICE

The refurbishment at Dollar Park and the creation of a new multi-use room has provided the Caledonia

Service opportunities to be more creative and utilise resources to better support service users. The room has become a more appropriate space to facilitate inductions and reviews for service users, providing a safe and relaxed space to provide emotional support dependent on individual need.

We have hosted information sessions, showcasing the work of our service to new health and social care staff, while also inviting other services, e.g., Welfare Benefit Team, to share their working practices and improve how we signpost to appropriate services for the benefit of service users.

Over the last year, we have successfully referred individuals to Fairer Falkirk to provide free SIM cards for service users experiencing poverty and inequalities. We've also worked in partnership with NHS Health Improvement Service to provide group sessions for service users participating in the Quit Your Way Falkirk Stop Smoking Service. As a result, over 50% of participants are now smoke free, which benefits the individual's health and, as evidence shows, plays an important role in the efficiency of medication to treat their illness.

Snapshot:

"I've smoked for over 25 years and have had several unsuccessful quit attempts over the years. However, through the encouragement and emotional support of

my keyworker at Caledonia Service I attended the group support sessions with Quit Your Way Falkirk Stop Smoking Service, which gave me the tools to finally become smoke free and complete one of my life goals."

STRATHCARRON HOSPICE

Strathcarron Hospice's Compassionate Communities team delivers a wide range of activities for Falkirk communities to increase people's confidence in discussing issues relating to illness, death, and grief in community settings, and to make connections resulting in more positive mental health and wellbeing.

The Bereavement Community Connector (BCC) role provides one-to-one support to people experiencing grief, but also increasingly works alongside community organisations to help them deliver their own support to people in the community.

The purpose of the service is to strengthen support for people experiencing grief by focusing on prevention, early intervention, and minimising harm. The Bereavement Community Connector encourages people to talk, seek support if needed, and share with family, friends, and peers in their own communities. This aims to improve mental health and wellbeing for individuals anticipating or experiencing grief and

supports community organisations with greater capacity to support their members.

Snapshot:

Mrs B was referred to BCC following the sudden death of her husband. After several visits, she attended a Snowdrop Café where she felt welcomed and attends regularly. She has formed several new friendships and has also connected with a Compassionate Communities volunteer who helps her with household chores.

BURNBRAE CARE HOME

Burnbrae Care Home hosted a 'Gig in the Garden' on Saturday 24 August to celebrate the service and raise funds to upgrade the courtyard garden. A local community group, Roots Bonnybridge, hosted outdoor activities, including tombola, bric-a-brac, bingo, and various children's games.



The team raised £1,358 to purchase garden furniture, planters, and plants. The space has become a well-used, relaxing area where residents, families, and staff can enjoy the benefits of being outdoors.

Through other fundraising efforts, Burnbrae purchased new furniture and decorative items, to create a more welcoming and comfortable environment for residents and visitors. The team also raised £1,505 at the Christmas Fayre for the Residents' Comfort Fund, directly supporting meaningful activities and quality of life enhancements.



PRIORITY 2 - ENSURE PEOPLE CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

PRIMARY CARE

Primary Care Services are Forth Valley wide, but Falkirk HSCP host the Contractual and Business Management role across Forth Valley.

Primary Care services often act as the first point of contact for patients to access other services. This year significant work has been done in key areas.

We continue to use available data to understand GP capacity across Forth Valley and plan for local demand and availability:

- An estimated 5,471 appointments delivered each day (urgent, routine, and house calls)
- 37 Practices carry out more than 60% of routine appointments face to face with many Practices offering patients a choice of in person or telephone/virtual
- In a typical 8,500 patient Practice, 212 patient results and clinical communications are dealt with daily with 123 results requiring clinical input
- Each clinician sees an average of 23 patients per day

The Primary Care Improvement Plan supports 127 WTE multi-disciplinary professionals in General Practice with expanded Practice teams which now include mental health provision for young people and feet

checks for patients with diabetes through the CTAC service.

Assurance and support visits have been made to all community pharmacies in the last year providing valuable guidance on systems and establishing effective joint working arrangements. National dental reforms have enabled more practices to accept NHS patients, and this continues to be monitored along with volumes of patients accessing the Public Dental Service.

Other projects include:

- Pilot implementation of Annual Reviews for Adults with Learning Disabilities
- In-person Protected Learning Time events for Practice staff
- Consultant Connect which enables GPs and their clinical teams to directly engage with secondary care specialists on individual patient care requirements
- Digital Dermatology project which provides a secure mechanism for sharing clinical information including images to facilitate quicker assessment and diagnosis of skin issues
- Early scoping of a community diagnostic hub proposal is underway
- Communication to raise patient awareness of priorities such as medicines wastage

A General Practice update session was provided for IJB members in January 2025 providing valuable insights into service priorities and ways of work.

A new Primary Care Governance Board has been approved and is in the process of being established by the Primary Care Management Team.

ADVANCED PHYSIOTHERAPY PRACTITIONERS

Advanced Physiotherapy Practitioners (APP) work independently to assess, diagnose and plan the management of patients presenting in Primary Care with MSK conditions. The service aims to reduce GP workloads, promote self-management, and have a positive impact on the collective MSK system. In September 2024, the APP service reached full implementation in all assigned Practices, being one of the first Scottish Boards to achieve this.

Across Forth Valley during 2024/25:

- 3,000 appointments available every month
- Over 32,000 patients have accessed the service
- Less than 75% managed solely in Primary Care with knee and low back consultations being the most common
- More than 3% need a GP review
- 20% reduction in referrals to MSK Physiotherapy & Orthopaedics

- Less than 75% of GPs feel the APP service has eased their workload

DELAYED DISCHARGES

Being delayed from leaving hospital when there is no clinical reason for being there, has an adverse effect on individuals in terms of their diminishing fitness and confidence, at a point in which the initial impact of the need for being in hospital may have passed and it is hoped they can return as quickly as possible home. Consequently, it is a priority for us to reduce the delays people experience.

Performance has improved in this regard, with the number of people delayed in their discharge reducing by around 33% between May and end October 2024. This improvement has been the result of whole system improvements including changes in processes and systems. Feedback on the positive impact of the improvement activity has been shared with staff involved in this area of work. The commitment and valuable contribution from workers have been key to improving performance in delayed discharge.

MOVING ON POLICY

A Moving On Policy supports a clear and consistent process to support discharge from hospital. It aims to provide a structure for all stakeholders when there is disagreement around the best way to meet an adult's needs. It aims to establish clear and consistent

protocols for all staff, patients and their families and carers for hospital discharge. The policy is anticipated to strengthen practice in delayed discharge and will support timelier discharge to a more appropriate setting, improving outcomes for the adult. This policy was approved by the IJB in March 2025.

INTERIM PLACEMENT UNIT

In some instances, individuals are unable to be discharged timeously from Hospital due to the unavailability of an appropriate care home placement. This causes anxiety and distress for individuals and their family, is likely to have an adverse effect on their fitness levels as hospital are not ideal environments for improving mobility, and the knock-on effect of individuals not being able to move on affects the availability of beds within the hospital.

The Partnership has secured 16-beds within a dedicated section of a local care home, exclusively for adults delayed in hospital who are assessed as requiring a 24-hour residential or nursing placement.

The aim of the service is to support significant reduction in the number of adults delayed in their discharge from hospital under an interim arrangement while they are awaiting placement in care homes.

REVIEW WORKSTREAM OF CARE AND SUPPORT (ADULT SERVICES)

The review workstream is a pilot project tackling the backlog of reviews for care and support in Adult Services. It aims to ensure that reviews are carried out within timescale and that the care and support provided for individuals is consistent with service eligibility criteria. The pilot involves staff from each of the locality teams and care at home services and is managed through the East Locality Community Care Team.

The workstream has undertaken over 450 reviews, helping to tackle the backlog and resulting in significant savings of over £1M to the Partnership. Based on the outcomes of the pilot, the project will be funded for a further year.

We are learning from our experience of the pilot and will make changes to our review processes to ensure we address concerns of service users, families, and service providers and identify recruitment and retention of staff to the pilot.

ALLIED HEALTH PROFESSIONS

Forth Valley Orthotics department restructured their processes in January 2024. Improvement projects looked at the patient journey, referral vetting, scheduling practices, staff training, physical room allocations, scheduling maximisation and external

relations with other teams and external vendors. As a result, the waiting list has reduced from 52 weeks to 11 weeks in 2024/25 with 5,790 patient contacts made area wide, and 2,800 new patient referrals received.

The Podiatry Service aims to provide an effective person-centred service, working together with other care providers and service users to promote patient wellbeing. Approximately 29,000 contacts were seen in 2024/25 with 5,500 new patients. This is an increase from previous years, as 28,000 contacts with 5,055 new patients in 2023/24 and 25,490 contacts with 4,234 new patients in 2022/23.

The Nutrition and Dietetic Service underwent a review to improve access, outcomes, and opportunities for early intervention for people living in Forth Valley with nutrition related problems. People can now access up-to-date evidence-based nutrition and dietary information [online](#). Waiting times across the service have improved as 95% of patients are seen within 12 weeks of referral. Approximately, 8,413 people used the service, and 4,152 of them were seen within community settings, clinics, groups, or at home.

JOINT LOAN EQUIPMENT SERVICE

The Joint Loan Equipment Service (JLES) buys, lends, maintains, collects, and recycles community equipment on behalf of Falkirk HSCP, NHS Forth Valley, and the Clackmannanshire and Stirling HSCP.

Falkirk residents account for over 60% of equipment loans.

Demand for the service has risen by over 60% in the last five years and continues to increase, largely driven by an aging and increasingly frail population. Recycling of community equipment is beneficial financially and reduces environmental impacts.

We have designated drop off points at recycling centres for walking aids to be collected for refurbishment, cleaning and safety inspection followed by return to NHS Forth Valley to be used again by Physiotherapy departments. This fulfils 51% of walking aid orders by physiotherapy departments.

- 4,368 walking aids returned via recycling centres
- 3,539 walking aids fit for reuse to NHS Forth Valley
- 829 walking aids recycled
- 13 collections from local recycling centres yielding 1,080kg

As most equipment is provided on open-ended loan, the number of people who have JLES equipment increases each year. We have provided 28,000 equipment items to 8,500 unique addresses in the past five years. During 2024, 14,125 equipment items were provided to Falkirk citizens. Provision to Falkirk residents increased by 8% from 2023 to 2024 and

continues to rise in 2025. In addition to the items supplied to individuals, regular deliveries were made to nine buffer stores within the Falkirk area.

strengthen the administration of medication support for both personal carers and clients. This policy was approved by the IJB in September 2024.

ELIGIBILITY CRITERIA

Social care eligibility criteria refer to the set of guidelines or standards used to determine whether an adult or their carer requires a social care service. The eligibility criteria help ensure resources are allocated fairly and effectively, prioritising people with the greatest need or risk of harm.

A short-life working group was established to develop the policy. The policy promotes self-management, and an asset-based approach based on the principles of the Self-Directed Support (Scotland) Act 2013.

The aim of the policy is to allow fair allocation of available resources, prioritising those with the greatest need or risk. The policy was consulted on alongside the budget savings proposals and was approved by the IJB in March 2025.

MEDICATION POLICY

The Medication Policy for care at home services provided by the Partnership has been updated following review by a multidisciplinary working group to ensure it reflected good practice and supported consistency of approach. The policy clarified roles and responsibilities, streamlined the process and aims to



FALKIRK COUNCIL

**PRIORITY 3 - FOCUS ON PREVENTION, EARLY INTERVENTION, AND
MINIMISING HARM**

ALCOHOL AND DRUG PARTNERSHIP

Falkirk Alcohol and Drug Partnership (ADP) is responsible for the planning of local support services in partnership with Falkirk Council, NHS Forth Valley, Police, Fire, and Third Sector colleagues.

Work has continued to ensure the ADP is effectively connected to strategic partnership groups and associated groups across the Health and Social Care Partnership and NHS Forth Valley.

We recruited two new Development Officers to the ADP Support Team. Both Officers demonstrated considerable experience in the substance use sector and have already been an invaluable asset to the ADP.

The ADP Support Team have established several subgroups to focus on specific elements of ADP responsibility. A new Alcohol Harms Group has been developed, a Third Sector Managers Forum, and a Lived Experience Panel has also been established.

Plans to implement a Drug Related Harm subgroup are underway and the ADP Support Team is anticipating national guidance on this from Public Health Scotland. This group will also review local drug-related death data and near-fatal overdoses to better understand the drivers and how to respond and reduce occurrences.

Falkirk ADP is also exploring ways to involve young people with the development of its local strategic plan by scoping the potential to create a young person's advisory panel.

In preparation for the new ADP Strategy development during 2025, a full needs assessment was commissioned by the ADP in November 2024. This work will provide an evidence base for the development of the new ADP strategy and commissioning plan. A range of themes have arisen from this work which the ADP is planning to take forward. These include ensuring services are:

- In the right place, at the right time, for the right people
- Have equity of access
- Co-located and multidisciplinary
- Non-stigmatising
- Prioritise workforce development
- Inclusive of families and friends

The ADP is planning to hold several stakeholder engagement events over the summer of 2025 to discuss this work further and develop an integrated, person-centred Recovery Oriented System of Care (ROSC) which is compliant with the Scottish Government's policies and strategies including the Medication Assisted Treatment Standards.

SUICIDE PREVENTION DAY FUNDING

CVS Falkirk & District supported Falkirk HSCP to introduce a small grants programme of up to £500 for community-based groups or organisations in Falkirk to mark World Suicide Prevention Day on Tuesday 10 September 2024.

Events and activities promoted the theme of awareness day which was “[changing the narrative](#)”, highlighting the shift needed to discuss and raise the understanding of this complex issue; shifting from a culture of silence and stigma to one of openness, understanding, and support.

Six local third sector groups were successful and were supported to deliver community-led events and activities raising awareness of World Suicide Prevention Day across the Falkirk area. This community-led approach aimed to make it easier for communities to talk about the importance of suicide prevention in meaningful and accessible ways.

Examples of funding:

- Central Wellbeing hosted an afternoon tea on 10 September for the local community to learn about local services and support available
- The Braveheart Association delivered wellbeing related activities across the Falkirk area with a series of sessions held including walks; community meals; yoga; mindfulness sessions;

staff training; and workshops covering active listening and problem-solving skills

- Falkirk’s local branch of the Samaritans promoted the support they offer and their local [Dawn Walk](#) – a 5k sunrise walk to fundraise and support Samaritans activities.

Learning from the event has prompted future development opportunities to further normalise community conversations about mental health and suicide prevention. CVS Falkirk & District and Falkirk Health Improvement Service are working together to deliver a community-based suicide prevention training sessions for local representatives in May 2025.

NATIONAL ADULT SUPPORT & PROTECTION DAY CONFERENCE

In February 2025, Falkirk Adult Support & Protection and CVS Falkirk & District organised a cross-sector Partnership Conference to mark National Adult Support and Protection Day with an event focussed on shared learning, raising awareness of practical actions for recognising and reporting various forms of financial abuse. The Conference focused on financial harms affecting older adults, bringing together around 100 cross-sector colleagues.

Working together enabled a targeted partnership approach to organising and delivering a cross-sector Conference, facilitating important discussions and

partnership opportunities to enhance the protection of vulnerable adults. Financial harm of older adults was recognised as a key local and national challenge. The Conference proved to be an effective method for sharing information and promoting an effective, collective approach to responding to this harm locally.

MAKING CHOICES, KEEPING SAFE - RELATIONSHIPS & SEXUAL HEALTH

Falkirk Learning Disability Team Nurses developed an information resource for Falkirk residents to support education and skills development around the topics of sexual health and relationships for adults with a learning disability. The document provides extensive information on a broad range of topics including safe sex, pregnancy, sexuality and gender identity.

The aim of the resource is to equip parents/carers and professionals with the confidence to engage in open, healthy discussions and promote learning with the adults they support, with the hope of reducing the potential for risk of harm.

The key outcome is for service users to increase their knowledge and skills in managing relationships and dealing with matters of sex and sexuality. We also aim to reduce the number of referrals to the learning disability nursing service and adult protection service relating to social and sexual harm.

Pilot training will be delivered to a small group of support providers. The course will then be evaluated and amended as required, with a full roll out by end of 2025.

COMMUNITY FALLS DATA DASHBOARD

The Health Improvement Service is working in partnership with key stakeholders to create a community falls data dashboard for the Falkirk area. It is expected, once complete, the dashboard will make community falls data more accessible for professionals and will allow for easier and more complete analyses to be carried out.

This will provide baseline measurements for quality improvement projects and help identify key places where community falls take place, allowing for more targeted prevention and early-intervention programmes.

SAFER TOGETHER COLLABORATIVE

Grahamston House was commended for leading a Quality Improvement project as part of the Safer Together Collaborative which focused on reducing falls among residents. In partnership with physiotherapists, residents, families, and staff participated in a structured exercise program to build strength and flexibility. Early outcomes showed promising results and progress is being actively monitored.

MOBILE EMERGENCY CARE SERVICE (MECS)

The Mobile Emergency Care Service (MECS) provides round the clock monitoring and a response service to vulnerable people in Falkirk. MECS response teams now have access to mobile defibrillators throughout its fleet of vehicles, following a donation from Friends of Forth Valley First Responders.

The response teams attend more than 1,000 call outs each month in the local area and are first aid trained to provide immediate assistance ahead of further medical help arriving if needed.

PALLIATIVE AND END OF LIFE CARE

Palliative and End of Life Care (PEOLC) is a key focus for improvement due to several challenges, including an ageing population, rising multi-morbidity, increased demand, and disparities in access. On 29 November, the Falkirk IJB approved a new Forth Valley-wide strategic commissioning plan for palliative and end of life care.

A new Commissioning Consortium group has been established. Membership includes HSCP and NHS staff across Forth Valley, third sector providers, and those with lived experience. A model of care will be developed in 2024/25. This will provide a framework for understanding financial needs and how any identified gaps in support can be met.



**PRIORITY 4 - ENSURE CARERS ARE SUPPORTED IN THEIR CARING
ROLE**

SUPPORTING CARERS

[Falkirk Carers Strategy 2023-26](#) and associated Delivery Plan ensures delivery of the Carers (Scotland) Act 2016, and National Carers Strategy to support carers living in Falkirk.

We have progressed towards achieving an improved Carer Positive status for Falkirk Council and aim to fully achieve this in 2025/26. We have raised awareness of the risk of harm carers may experience from the people they care for, which has included a presentation to Adult Support and Protection teams.

We have held regular meetings to explore outcomes for young adult carers and young carers. Our Hospital Support and Discharge workstream now meets regularly and has recently gathered views from carers at an engagement event in February 2025.

Falkirk HSCP works with Falkirk & Clackmannanshire Carers Centre to provide a range of support services to carers of all ages. For adult carers, this also involves support to complete their Adult Carer Support Plan (ACSP).

During 2024/25:

- 2,747 carers have accessed the Carers Centre
- 554 ACSP completed
- 223 ACSP reviews completed
- 135 YCS completed

- 53 Young Carer groups with attendance of 509
- 365 short breaks grants provided
- 101 Care with Confidence sessions for 679 carers

Carer Support Workers provide information and support to individual carers. As a result, carers consistently report improvements in their:

- Physical and emotional health and wellbeing
- Confidence to continue caring
- Ability to enjoy a life outside of caring

Snapshot:

[“Thank you very much for attending me today without an appointment and for offering so many resources which I didn’t know about, but especially for your kindness and empathy during such a delicate time for me and my family.”](#)

2,067 adult carers accessed individual support including:

- Help to complete an Adult Carer Support Plan
- Short breaks grants and access to other short break opportunities
- One-to-one emotional support from a telephone support worker
- Support around hospital admissions and discharge
- Signposting and referrals to other appropriate organisations

Support from the Carers Centre have helped carers in their caring role and to improve their health and wellbeing. We have increased the range of short breaks opportunities delivered for carers including short breaks grants, Respite breaks, and individual and group wellbeing activities. External funding allowed for group outings, including a carer retreat at Loch Lomond. We've started a monthly lunch group for carers and the person they care for, and carers continue to access a range of Care with Confidence sessions.

Challenges include low staffing capacity at certain times, an increase in requests/referrals for an ACSP, with the waiting list rising to 483 carers. The introduction of a new appointments booking system has increased efficiencies in triaging the waiting list, reducing admin time, and reducing the ACSP waiting list to 60 by the end of 2024/25.

Supporting young carers involves providing group support and one-to-one support, including support to complete a Young Carer Statement (YCS) or Young Adult Carer Support Plan (YACSP).

Key outcomes:

- Awareness raising, involvement and engagement opportunities have increased understanding among professionals of YC/YAC issues, thus increasing support

- YAC service has increased reach and engagement with YACs which is reflected in referral numbers, increased uptake for YACSPs, and wider engagement on social media
- Feedback has shown that YC/YACs feel better supported - "I feel better equipped to go to social work"

11% more YCS were completed compared to 2023/24, and an ACSP template specifically for YACs (YACSP) was designed and piloted and was showcased at the Scottish Young Carer Service Alliance Conference. This has been a major achievement and well received by other carer organisations across Scotland.

There have been challenges around delayed recruitment which has affected staff capacity and, as a result, the service was unable to participate in some opportunities and experiences. The YAC Service changed how social support was offered, making social groups more relatable to age and stage needs.

SHORT BREAKS BUREAU

The Short Breaks Bureau works to support short break/respice options for carers.

Key outcomes:

- 305 cared for people accessed a break
- Increased flexibility with respice options being offered – respice hours at home, care within a

care home setting, or as part of a joint alternative/holiday type break

- New Carers Social Care Officer (SCO) role, funded from Carers Funding started in April 2024 - this preventative approach allows earlier intervention and quicker access to carer support and respite before reaching carer breakdown/crisis

Snapshot:

“It allowed us to get away for a break to recharge our batteries.”

Key achievements:

- The Carers SCO will help the partnership prepare for the ‘right to a break’ currently being legislated for under the new National Care Service legislation
- Survey responses from those who have used the Short Breaks Bureau showed that 90% of people were very satisfied with the service provided
- ACSP coming from the Carers Centre to social work are being actioned consistently
- Creation of a respite “tracker” in LAS which allows workers on other teams to access all respite dates and information

Key challenges include the increase in demand for respite as the number of unpaid carers also increase. Also, budget constraints are impacting on the processing of respite requests.

SELF-DIRECTED SUPPORT

The Self-Directed Support (SDS) team support staff, service users, and carers to understand how self-directed support can empower them to have more choice and control over how their support is provided.

In May 2024, we worked with colleagues on a Month of Action to raise awareness of SDS and Options 1 and 2. The SDS team is now working with locality and specialist social work teams once a month to provide support. We’ve also delivered briefing sessions to Homecare and Home First staff. We’ve also improved our resources for staff by updating information on intranet and practitioners pages, created new SDS information leaflets, and provided guidance for setting up Options 1 and 2.

We continue to work closely with local and national partners. SDS Forth Valley have delivered training sessions throughout the year. We’ve worked with Social Work Scotland, SDS Forth Valley, and the Carers Centre as a pilot area involved in the development of 13th Standard on the SDS Framework of Standards.

We will continue to develop our practice by updating our policy and procedures in line with best practice.



SUPPORTING WORKSTREAM: OUR WORKFORCE

RECRUITMENT AND RETENTION WORKING GROUP

The Working Group includes representatives from Adult, Children & Families and Justice Social Work Services, Workforce Development, Human Resources, and Communication leads. A reference group of frontline staff are consulted with regularly. The purpose of the group is to identify, implement, and evaluate strategies focused on the recruitment and retention of qualified Social Workers and Occupational Therapists.

We've reviewed the impact and implementation of new roles introduced across all Social Work Services: Assistant Team Manager and Advanced Practitioner. Two new posts have been established to build capacity within workforce development and support recruitment and retention of staff.

The Newly Qualified Social Worker (NQSW) Supported Year Coordinator is temporarily funded to focus on building capacity across social work services to implement the new Supported First Year Programme and develop sustainable approaches beyond the funded period. The SVQ and Career Pathways Manager brings capacity to promote a career in Health and Social Care and focuses on collaboration with partner agencies in Education and Higher Education alongside NHS and Employment Training Unit.

We continue to face challenges in recruiting Mental Health Officers. We are currently reviewing our sponsorship model and propose to introduce an in-house accredited programme of mental health training for Advanced Practitioners.

Snapshot:

Before completing a Falkirk Council-sponsored Postgraduate Diploma in Social Work, Gina had over 20 years' experience as a social care officer in Falkirk's social work services. Following her graduation, she is now a registered social worker.

"Studying has definitely impacted my career," says Gina. "I was in adult social work for many years as a social care officer. Now I am a qualified social worker I can champion for people's rights using legislation, frameworks and tools to evidence my practice and support that person throughout their journey. Initially my study was for personal goals and my career, but latterly it was to further my career."

Gina was inspired by two people during her Diploma – "both my practice educators at the council were amazing and supported me well during my studies". While reflecting that it has not been an easy journey, and that transitioning into the role of a qualified social worker is taking time, Gina feels that she has grown as a person: "If you want to progress, do it! I can't recommend it enough!"

TRAUMA INFORMED AND RESPONSIVE SERVICES

Falkirk HSCP has been working with key partners across Forth Valley to ensure we collaborate and drive forward trauma-informed change. The Forth Valley Trauma Informed and Responsive Steering Group agreed a new vision and action plan. Development sessions are planned for the Implementation Group to further support the embedding of trauma informed and responsive practice, systems and processes throughout Falkirk.

This work is aligned to the [Roadmap for Creating Trauma Informed and Responsive Change](#) and will be key to providing ongoing strategic direction and ensuring the longer-term sustainability of trauma-informed approaches across Falkirk and Forth Valley. Learning and development opportunities are available for Falkirk HSCP staff and a “Community of Practice” has been established for participants who have engaged in the training.

REABLEMENT – MAXIMISING INDEPENDENCE TRAINING

The Reablement-Maximising Independence training covered key topics such as the reablement approach, falls prevention, Living Well Falkirk, and use of small equipment to support a person’s independence at home. The first training events were delivered in autumn 2024. These sessions were designed to ensure

that maximising independence, using a reablement approach, is the underpinning ethos for working with all people receiving our services. This training highlights to staff the range of support available in community settings that individuals and families can access themselves.

SAFE & TOGETHER TRAINING

The Safe&Together™ Model is an internationally recognised suite of tools and interventions designed to help professionals become domestic abuse informed. It highlights multiple pathways to harming children and adult survivors as the negative outcomes of domestic abuse for children and adult survivors can be enduring.

While the model has the benefit of being child-centred, the tools also provide a framework to enhance the safety and wellbeing of adult survivors. Falkirk’s continued investment in Safe&Together™ is aimed at improving cross system collaboration amongst children and adult services, improving staff competencies while improving outcomes for our communities. Adult Services workforce attendance at training has been steadily increasing with representation at each planned learning event during 2024/2025. Post training, attendees are encouraged to join a “Community of Practice” to provide opportunities for sharing learning and embedding practice change.

DEVELOPING THE WORKFORCE

Promoting social services and healthcare as a positive career choice to young people involves supporting the development of career pathways. By integrating students into professional settings early in their education via student placements, as employers we can engage with potential future employees, fostering a pipeline of skilled professionals who are already familiar with workplace expectations, culture, and standards.

During 2024/25:

- 11 school student work placements supported within Care Home services and Community Care Services
- 10 HNC Social Services and Healthcare and 3 Pathway to Health and Social Care – Level 6 college student placements provided in each Care Home Service and Community Care Services
- Supporting staff to become a student mentor and provide access to Forth Valley College mentorship training, ensuring students feel supported throughout their placements
- Continue to collaborate with Forth Valley College to increase the number of students offered placements as part of their college programmes

- Falkirk Social Services SVQ Assessment Centre has supported 55 candidates to successfully achieve SVQ awards
- The Assessment Centre was nominated for staff recognition as it's maintained a 10-year high confidence inspection record by SQA External Verifiers

ADULT SUPPORT AND PROTECTION TRAINING

The Training Workforce Development Team continue to develop and deliver Adult Support and Protection/Public Protection training across the Council and HSCP. A multiagency focus continues with learning opportunities offered to third sector and statutory partners.

Key achievements during 2024/25:

- High quality responsive learning and development activities are being delivered across multiple agencies
- Delivered 60 Adult Support and Protection related courses with 646 participants attending from a wide range of partner agencies
- Responsive learning and development activities
- High levels of satisfaction are recording in training evaluations



SUPPORTING WORKSTREAM: COMMUNICATION AND ENGAGEMENT

OVERVIEW OF ENGAGEMENT ACTIVITY

The Partnership continues to improve how we engage with our local communities. During 2024/25, we created opportunities for people to share their views across ten projects, including one-off engagement events. Over 440 people responded to online surveys available on [Participate+](#). We actively promoted these surveys and gathered views from over 1,000 people across 58 engagement activities, ranging from drop-in sessions at local libraries and planned events to attending local community group meetings and staff sessions.

Timescale	Project	Total Survey Responses	Total Activities	Total Engaged via Activities
22 April - 31 May; 09 Aug - 22 Sep 2024	Palliative and End of Life Care Strategy	77	3	<10
30 May 2024	Alcohol and Drug Partnership Conversation Café	N/A	1	20+
27 May - 21 June; 05 Aug - 18 Sep 2024	Learning Disability Strategy	42	8	143
22 July - 02 Sep 2024	Digital Health and Care Programme Delivery Plan	23	6	81
01 Aug – 05 Dec 2024	Integration of Children's Social Work and Justice Services	<10	11	120+
02 - 22 Sep 2024	Independent Advocacy Plan	<10	N/A	N/A
17 Oct - 28 Nov 2024	Central Locality Plan	38	16	138
03 December 2024	Alcohol and Drug Partnership Stakeholder Workshop	N/A	1	35
14 Jan - 25 Feb 2025	Budget Consultation	258	11	464
10 February 2025	Hospital Support Discharge Carer Workshop	N/A	1	16
	Total	440+	58	1,020+

Table 2: Overview of HSCP Engagement Activity 2024/25

LEARNING DISABILITY STRATEGY

The Falkirk Learning Disability Team (FLDT) have been meeting regularly to develop a five-year strategy and delivery plan to improve outcomes for people living with learning disabilities in the Falkirk area. As part of this work, we engaged with people with learning disabilities, their carers and families, and staff to help inform the strategy and the development of local learning disability services. The new strategy will be presented for IJB approval in 2025.



BUDGET CONSULTATION

The consultation focused on a set of proposals to raise income, reform services, and help close a £21m budget gap over the next three years. The consultation has gathered views on a range of options, which involve changes to the way services are delivered, proposed

increases to social care charges, and some changes to the level of support available. Alongside the proposals, the Partnership put forward a new set of eligibility criteria which outlines when social care support will be provided and what support will be available.

NEW IJB CARER REPRESENTATIVES

Local carers, Elaine and Sharon, have been appointed as new representatives on the Integration Joint Board (IJB). Following a collaborative recruitment process supported by Falkirk and Clackmannanshire Carers Centre and the Carers Voice Group, the Board appointed the new members during its meeting on Friday 31 January.

Our previous IJB Carer Representative, Carol Ann, played a key role in sharing carers views during meetings. Most notably, in raising the issue of hospital discharge and its importance to carers at the IJB, the Hospital Discharge Planning Group has been reinstated. Carol Ann will continue to represent carers at the Mental Health & Wellbeing Communities Group.

CARER REPRESENTATIVE PROGRAMME

Working in partnership with Falkirk & Clackmannanshire Carers Centre, we have developed a programme to increase involvement of carer representatives in various strategic steering groups.

Since September 2024, we have successfully recruited ten carer representatives across seven groups at all levels of the decision-making process, ranging from the Integration Joint Board to the Digital Health and Care Programme Board and the Carers Strategy Group.

Snapshot:

“Before attending [the Carers Strategy Group] I felt I’d be classed as a carer and not listened to properly. However, I feel that every professional in the meeting listens to me. My confidence is growing slowly, and I now feel I can move on as I’m not worrying about feeling stupid. It’s good to have senior managers listening to me.”

Developing the Carer Representative Programme has involved:

- Delivered two training cohorts to provide unpaid carers with the information and skills they need to get started in the role
- Established a recruitment and induction process to match carers with the right opportunities
- Regular support and mentoring are available, depending on individual needs
- Created a digital lending library for carer representatives who may require digital support to attend online meetings

Next steps include developing training and guidance for staff, identifying further training opportunities for carer representatives, and ongoing monitoring and evaluation so we can demonstrate the impact of involving carer representatives.

CARE OPINION

[Care Opinion](#) is an online feedback platform where people can safely share their experiences of any Falkirk HSCP service.

During 2024/25, 16 stories have been published about Falkirk HSCP services.

Service Area	Total no. of stories	% of stories responded to by staff	% of positive stories
Falkirk HSCP	16	94%	94%
Adult Health Services	11	91%	91%
Adult Social Work Services	5	100%	100%
Commissioned Services	-	-	-

Table 3: Overview of Care Opinion Stories

Snapshot:

“I was really impressed with the service. The physio helped me to start walking again, and now I go out every day. I can’t praise the care and attention enough.” [ReACH](#) (24/07/2024)



SUPPORTING WORKSTREAM: TECHNOLOGY ENABLED CARE

Our digital systems continue to support service delivery, workforce planning, and coordination across health and social care in Falkirk. These systems ensure staff have the right information, at the right time, improving decision-making, streamlining processes and ultimately, enhancing the experience of those using our systems.

Digital systems play a crucial role in ensuring safe, efficient and effective service delivery. They enable better communication across teams, provide real-time insights into service capacity and demand, supporting the coordination of care between different providers. Although many of these systems have been in place for some time, they continue to be developed in response to evolving needs.

Key outcomes:

- Improved service coordination and workforce efficiency
- Better real-time data for management decision-making
- Reduced administrative burden, enabling staff to focus on frontline care

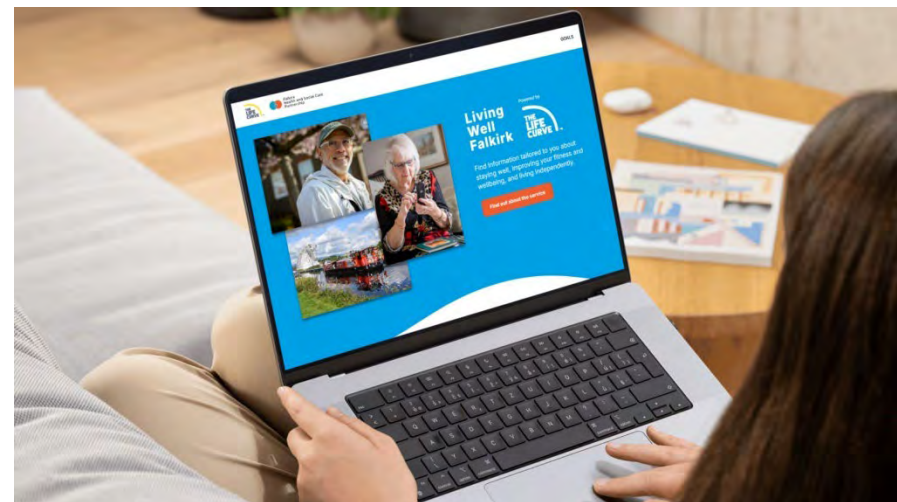
CARE AT HOME SERVICE

We use a real-time electronic time recording and scheduling system that allocates visits to staff via a smartphone app. This enables them to access their schedules, confirm attendance, and update records

instantly. The system also enables managers to monitor service delivery, assess staffing levels, and make informed decisions about the delivery of care to improve efficiency and service continuity.

LIVING WELL FALKIRK

The recently updated [Living Well Falkirk platform](#), a healthy ageing self-assessment tool, provides advice and access to equipment, helping individuals manage their health and wellbeing more independently. This has been useful for those on waiting lists or who may not otherwise have access to services. To further support service users, we have introduced Near Me video appointments, enabling staff to provide guidance remotely and reducing the need for in-person visits where appropriate.



LIQUID LOGIC

Our core social work system LiquidLogic provides a centralised digital platform for recording and managing social care information that enables staff to access and update case records ensuring the information is accurate and up to date.

The system supports co-ordination between teams enabling more effective communication and collaboration across services. It provides valuable insights into caseloads, service demand and workforce capacity helping managers to plan resources more effectively and ensure the staff are deployed where they are needed most.

TELECARE

In telecare, our transition from an analogue to a digital alarm receiving centre has improved reliability and given us better insights into service demand and connectivity. This data helps us plan for future service user demands and workforce requirements by ensuring staff resources are allocated effectively.

LAUNCH OF EBROKERAGE SYSTEM

Falkirk HSCP's new eBrokerage web-based system for allocating packages of care launched in February. The system aims to significantly reduce the time taken to assess needs and identify a suitable care provider. It is expected to reduce the existing turnaround time from around 21 to 4 hours. This will make it easier for staff to

match individual care needs with appropriate care providers, improving efficiency in workforce coordination, reducing administrative burden, and providing key management information.

DIGITAL HEALTH AND CARE PROGRAMME BOARD

The Digital Health and Care Programme Board is exploring new ways to use technology to support staff and service users, including the use of consumer technology and digital tools that help people remain independent.

Key outcomes:

- Improved collaboration between health and social care through better data-sharing solutions
- Expanding access to digital tools that support independent living, including engagement activities to provide information and resources with a focus on safe and effective digital inclusion, ensuring service users can engage with technology confidently
- The Board is actively overseeing and guiding the integration of digital health and care solutions, ensuring governance frameworks are robust and future trends are proactively identified and addressed
- Ensuring that digital initiatives remain focused on long-term service improvements

We are looking at how we can improve digital skills across the workforce to ensure that staff can confidently use new systems and technologies as they are introduced. For example, exploring how digital solutions can support medication management within services following the review of the Medication Policy.

Also, by working in collaboration with Falkirk Council and NHS Forth Valley, we are enabling staff, where appropriate, to securely access partner's systems via a single laptop to improve efficiency, support integrated working and ensure staff have access to the right tools to deliver high-quality joined up care.

We are currently developing the Smart Properties Platform project, in partnership with the Scottish Government. which is exploring how Home Assistants can support individuals' care needs.

Work is also underway to establish how best to resource the Digital Health and Care Programme, ensuring that funding supports sustainable, impactful digital developments. Despite this ongoing work, progress continues across existing systems and new initiatives, ensuring that digital solutions continue to support both workforce and service user needs.

CANARY SYSTEM PILOT

Canary system technology has been installed for three service users, where we place sensors in each room to

monitory movement. This allows us to build a picture of regular movement and identify any deviation from this. It also allows us to virtually "pop in" to see if people have been moving around the property, usually overnight. For example, if someone has not returned to bed after getting up to use the bathroom and this is outside their "normal" times of bathroom visits then we could provide extra assistance during this time.

The equipment can be programmed to send text alerts for various reasons, such as texting shift staff when clients get out of bed overnight to attend and assist them back to bed to ensure their safety and comfort. Through this use of technology, we can monitor service user movements and identify if overnight assistance is required or if they can manage independently. We can also place a sensor by the stairs to alert staff if clients have attempted to climb the stairs to ensure their safety and prevent the possibility of fall and injury.



EQUALITY OUTCOMES

Falkirk IJB has a duty to report progress made to achieve its Equality Outcomes at intervals of not more than two years, which is done through our Annual Performance Reports. This is in recognition of the role equalities has in our work across the Partnership.

EQUALITY OUTCOME 1

Older people who experience barriers to accessing internet-based health and social care services have alternative ways to access services.

The key intended outputs for Equality Outcome 1 are:

- Communicate and promote traditional methods of accessing services with older people
- Involve older people in the design of future services to ensure they are fully accessible
- Work with our staff so that technology is appropriately used with our service users

During 2024/25, services have continued to engage with people using non-digital methods of communication. For example, Social Work Adult Services (Central Team) contact all adult service users via telephone and can send follow up letters. For Allied Health Professionals (AHP) such as Nutrition & Dietetics and Podiatry & Orthotic services, people can still self-refer via telephone or in person.

Where technology initiatives are being developed to make services more efficient, these are being tested

with staff and service users. Living Well Falkirk is a digital based service; however, Social Work Duty accepts telephone referrals and colleagues from the Living Well team for individuals who cannot access internet-based services or people wishing to use the service can get support through Falkirk Council library staff.

Going forward, further work needs to be done to include older people in service design when we are designing digital services. Not all older people experience digital exclusion. However, for those that do use the internet, there are varying skill levels, and they rely on accessible and easy to navigate platforms. Through our engagement work, older people told us when we update and refresh digital platforms, they take longer to learn to use them and have expressed an interest in being involved in the design stage of digital platforms.

EQUALITY OUTCOME 2

People from Minority Ethnic backgrounds with cultural and language differences have improved experiences accessing health and social care services.

The key intended outputs for Equality Outcome 2 are:

- Ensure that formal communication regarding health and care needs is provided in preferred formats

- Work with staff to improve access to translation and interpretation services
- Work closely with our Minority Ethnic communities to ensure our services understand and are responsive to different cultures

During 2024/25, the Nutrition & Dietetics service's Early Detection Type 2 Diabetes Mellitus team have offered targeted interventions to ethnic minority groups who have not previously engaged with healthcare. Positive data has been received from this work. In recognition that having an interpreter will take more time for conversations to take place, some GPs offer longer appointments. However, it is important to note that GPs are independent contractors, so this won't be consistent across Falkirk.

A significant amount of activity has taken place within the Health Improvement Service in particular. Below are some examples of work undertaken to date. This list is not exhaustive of all activity:

- Sexual Health Blood Borne Viruses Managed Clinical Network commissioned a service from Amazing Harmonies to work with African Communities across Forth Valley to promote HIV prevention and increase testing. Much of this is carried out by linking with African church

groups via the pastors and connecting people through events, small group meet ups to promote and connect people to services. We meet with the worker every 6-8 weeks for updates and to link them into local activity and developments.

- Identify and engage with Minority Ethnic groups to promote the Smile4Life programme. In addition to providing bespoke culturally sensitive Smile4Life training to health and social care staff and facilitate access to local dental services.
- Engaged with Minority Ethnic groups and places of worship to disseminate oral health information resources and dental packs.
- Consulted with NHS Forth Valley Early Intervention Pre-Diabetes team to ensure that information about type 2 diabetes and treatment interventions are culturally responsive. The service helped the team to identify local Minority Ethnic groups to engage with.

A significant amount of work has already been undertaken to address language barriers. However, further work is required to understand and address cultural barriers across all services.



HOUSING AND SUSTAINABILITY

HOUSING

Housing has a key role for people to stay at home, in accommodation that meets their needs, in their communities. The Housing Contribution Statement (HCS) is a bridge between the HSCP Strategic Plan and Falkirk Council Housing Strategy 2023-2028. The table below outlines progress made towards the Housing Contribution Statement.

	2022/23	2023/24	2024/25
Achieved	6	10	11
Ongoing	11	7	61
Carried forward	4	4	12

Table 4: Summary of Housing Contribution Statement Actions

SUSTAINABILITY

Adult Social Work services are included in Falkirk Council's Carbon Management Plan, and the NHS Forth Valley Sustainability Strategy 2019-2024 sets out how the key elements of sustainability can come together to actively support and enable efficient and effective healthcare delivery. The Strategy recognises that NHS Forth Valley needs to address health challenges due to climate change as well as reducing its own environmental impact.

Adult Social Work accounted for 1,040 tonnes CO₂e in 2024/25, which is 87 tonnes less than the previous year.

Source	Tonnes CO ₂ e				
	2020/21	2021/22	2022/23	2023/24	2024/25
Electricity	378	397	238	260	277
Gas	826	772	707	711	759
Water (supply and treatment)	4	4	5	6	4
Vehicle fuel (petrol and diesel)	149	229	-	150	-
Total	1,357	1,402	950	1,127	1,040

Table 5: Breakdown per emissions sector (Tonnes CO₂e)



FINANCIAL PERFORMANCE

BEST VALUE

As defined by Audit Scotland, Best Value is concerned with *“good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public.”*

The IJB’s governance framework supports continuous improvement and better outcomes, whilst striking an appropriate balance between quality and care. The key features of the IJB’s governance framework which were in place during 2023/24 to support best value are outlined below.

GOVERNANCE AND ACCOUNTABILITY

Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £321m.

The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area. The following governance frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity:

- The Integration Scheme
- IJB Standing Orders
- Risk Management
- Clinical and Care Governance

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board.

During 2024/25, a review of the IJB Integration Scheme has been ongoing and a revised scheme has been approved by the IJB, Falkirk Council and NHS Forth Valley, and has been submitted for consideration to Scottish Ministers. At the time of publishing, feedback has been received, and some final amendments are being considered by partners. Key changes to the Integration Scheme include the integration of Falkirk Councils Children and Justice services from 2025/26, and an increase in voting members from each partner from three to four.

A review of IJB and associated committee governance arrangements has also been carried out. This included the approval of a new terms of reference and updated membership of the IJB (with voting members moving from three from each partner body to four) in line with the updated draft Integration Scheme.

The review also stood down the previous IJB Audit Committee and IJB Clinical and Care Governance Committee, which have now been replaced by our new IJB Performance, Audit and Assurance Committee, which held its first meeting on 17 January 2025.

EFFECTIVE USE OF RESOURCES

National Health and Wellbeing Outcome 9 requires the IJB to demonstrate that “resources are used effectively and efficiently in the provision of health and social care services.” As part of this requirement, an overview of 2024/25 financial performance is provided below, including consideration of the financial outlook for 2025/26 and for the medium term.

FINANCIAL PERFORMANCE 2023/24 (FROM UNAUDITED ACCOUNTS)

The IJB reported total income of £319.822m for financial year 2024/25 and total expenditure of £325.368m incurred during the year. As a result, a deficit of £5.546m was reported in the unaudited Comprehensive Income and Expenditure Statement on 31 March 2024.

A number of budget recovery measures were implemented during the financial year including the in year use of some non-recurring reserves. A final draw on reserves of £5.037m was required to fund the final revenue overspend at the year end.

The key pressure areas affecting 2024/25 financial performance are detailed below:

Large Hospital Services/Set Aside

Overspend pressures continued to be reported within A&E, General, Geriatric, Rehab and Specialist Mental Health Services. This was mainly relating to ongoing significant expenditure on supplementary staffing, linked to staff absence/contingency beds/vacancies, although good progress has been made to reduce agency spend throughout the year. It is important to recognise that the overspend pressure is met by NHS Forth Valley.

Social Care

The main areas of overspend recorded during 2024/25 related to external care at home, external residential care and in house residential care. A budget recovery plan was approved by the IJB including use of non-recurring reserves and control measures were put in place including a vacancy panel, resource allocation panels and a two for one admissions approach to residential care. These measures, along with final draws on reserves of £5m we necessary to arrive at a final balanced position for the year.

Primary Healthcare

Large overspends were incurred, mainly due to prescribing pressures as a result of increased demand

pressures, newer expensive drugs becoming available, the volatility of international markets for drug purchases and high inflation pressures. The prescribing position benefited from a one-off contribution from reserves of £3.5m during 2024/25, which has been addressed on a permanent basis via the 25/26 business case.

Community Healthcare

A favourable financial position was again largely due to development funding not being fully utilised, plus vacancies and staff turnover savings across a variety of services with the main variances within community mental health, district nursing, community hospitals and out of hours services. The favourable position masked ongoing pressures within the Joint Loan Equipment Store and Complex Care services.

An analysis of IJB expenditure incurred during 2024/25 is outlined in the table below:

Total Expenditure	2024 / 2025	2023 / 2024	2022 / 2023	2021 / 2022	2020 / 2021
Large Hospital Services	46,194	42,952	39,844	31,079	29,629
Primary Care Services	94,676	92,745	86,130	81,474	83,284
Social Care Services	132,728	123,369	110,820	99,102	93,952

Total Expenditure	2024 / 2025	2023 / 2024	2022 / 2023	2021 / 2022	2020 / 2021
Community Healthcare Services	51,202	47,159	44,331	21,956	38,241
IJB Running Costs	568	543	470	454	469
Total	325,368	306,768	281,595	234,066	245,575
Set Aside	46,194	42,952	39,844	31,079	29,629
Integrated Budget	279,174	263,817	241,751	202,987	215,946
Total	325,368	306,768	281,595	234,066	245,575

Table 6: Total Expenditure 2024/25

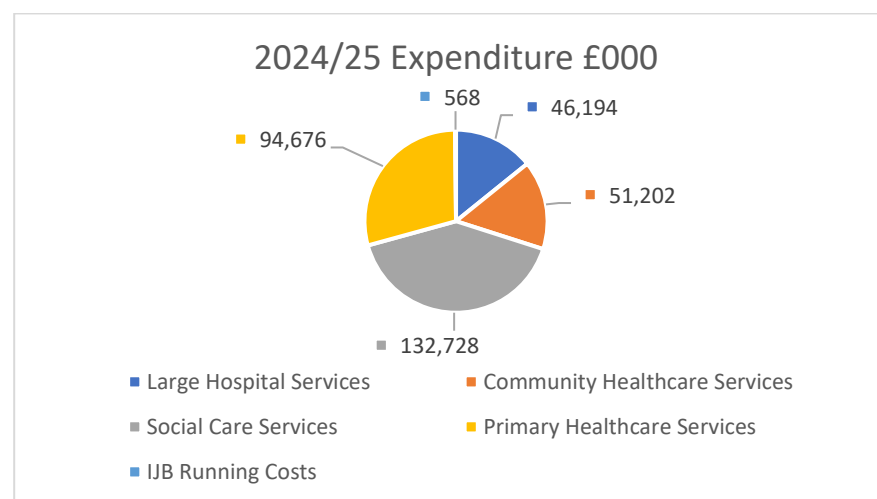


Figure 2: 2024/2025 Expenditure by Category

FORWARD LOOK 2025/26 AND BEYOND

The IJB is committed to delivering transformational change over the coming years to ensure financial

sustainability. Transformation of services will therefore continue to be a key feature in financial year 2025/26. The updated Medium Term Financial Plan (MTFP) was approved in March 2025 covering financial years 2025/26 to 2028/29. The plan detailed an expected funding gap throughout this period, the expected ongoing financial pressures, and the proposed transformation and efficiencies required in order to address the financial challenges over the medium term. For 2025/26 a shortfall of £3.962m was reported due to anticipated pressures outweighing the efficiency proposals brought forward.

Open and transparent discussions with our partners allowed a business case to be presented which provided assurances of non-recurring contributions towards the shortfall in 2025/26, with a commitment to minimising the burden during the financial year where possible.

The expected funding gap before savings delivery is set out in the table below:

Projections	2025/26 £m	2026/27 £m	2027/28 £m
Expenditure	333.629	342.498	351.886
Funding	312.301	317.886	323.502
Shortfall before savings	21.328	24.612	28.384

Impact of savings/transformation proposals	17.366	22.624	27.226
Cumulative shortfall after prior years savings achieved	3.962	1.988	1.158

Table 7: Expected Funding Gap

A number of assumptions have been used in the projections, including pay and social care provider uplifts, inflation rates and expected demographic changes.

It's clear from the table that Falkirk IJB is facing a challenging financial future with funding not increasing at the same pace as the demand for services and increased costs.

A comprehensive efficiency and transformation programme has been identified for the medium term which aims to provide sustainability over the next three years of the plan, without the reliance on non-recurring reserves, with some further efficiencies required to close the overall budget gap in the medium term. Due to the reserves position now showing that, excluding future commitments the balance will be only slightly higher than the recommended contingency level, it is unsustainable to use these reserves as a mechanism to balance budgets moving forward.

A programme management approach is being taken to drive forward the transformation proposals and reviews, with greater accountability via the new Strategic Planning and Transformation and Finance Oversight Boards.

PARTNERSHIP FUNDING PROGRAMME

In March 2024, a three-year Partnership Funds Investment Plan was agreed by the IJB which included the use of recurring budgets and non-recurring reserves balances.

The 2024/25 programme continued to fund a large number of early intervention and prevention activity including but not restricted to, support for dementia, unpaid carers, mental health, domestic abuse and substance misuse.

The 2025/26 Budget Strategy agreed by the IJB on 27 September 2024 included a review of both recurring and non-recurring reserves, including Partnership Funds. In view of the overall challenging financial position set out both during 2024/25 and in the medium term, a co design approach was adopted with our third and voluntary sector partners to arrive at an updated funding programme for 2025/26. There will also be a thematic review of partnership funds spend carried out next financial year to inform future investment proposals within available resources.



GOVERNANCE AND PERFORMANCE

GOVERNANCE

Seven inspection reports have been published which relate to Falkirk HSCP services during 2024/25.

Inspection Reports	Inspection Date
HMIPS of HMP YOI Stirling	19 – 23 February 2024
Housing Support Service – West Locality	05 – 13 March 2024
Housing Support Service – Central Locality	05 – 13 March 2024
Housing Support Service – East Locality	05 – 13 March 2024
Mobile Emergency Care Service	26 – 28 March 2024
Housing with Care Service	24 July 2024
Thornton Gardens	14 January 2025

Table 8: Falkirk HSCP Inspection Reports 2024/25

RESIDENTIAL CARE HOMES (OLDER PEOPLE)

19 out of 20 local care homes were inspected this year. The findings were as follows:

Key Questions	Good/ Very Good/ Excellent	Unsatisfactory/ Weak/ Adequate	Not Inspected
KQ 1	85%	15%	0%
KQ 2	15%	20%	65%
KQ 3	70%	20%	10%

KQ 4	5%	15%	80%
KQ 5	10%	5%	85%
KQ 6	0%	0%	100%

Table 9: Residential Care Homes (Older People)

The Care Inspectorate upheld 15 complaints from January to December 2024, compared to seven during the same period in 2023.

RESIDENTIAL CARE HOMES (ADULTS)

8 of the 11 local care homes were inspected this year. One care home closed (Denovan in January 2025). The findings were as follows:

Key Questions	Good/ Very Good/ Excellent	Unsatisfactory/ Weak/ Adequate	Not Inspected
KQ 1	73%	0%	27%
KQ 2	0%	0%	100%
KQ 3	73%	0%	27%
KQ 4	0%	0%	100%
KQ 5	0%	0%	100%

Table 10: Residential Care Homes (Adults)

The Care Inspectorate upheld two complaints from April to March 2024/25, compared to one during the same period in 2024/25.

LOCAL PERFORMANCE

Direction of travel relates to previously reported position	
▲	Improvement in period
◀▶	Position maintained
▼	Deterioration in period
—	No comparative data

PRIORITY 1 – SUPPORT AND STRENGTHEN COMMUNITY-BASED SERVICES

Ref	Measure	2015/16	2018/19	2020/21	2021/22	2022/23	2023/24	Direction of travel
86	Proportion of last six months of life spent at home or in a community setting	86%	86%	89.1%	88.4%	88.1%	87.7%	▼

PRIORITY 2 – ENSURE PEOPLE CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

Ref	Measure	Dec-18	Dec-19	Dec-20	Dec-21	Dec-22	Dec-23	Dec-24	Direction of travel
25	Emergency department 4 hour wait Falkirk (ED+MIU)	72.3%	85.7%	89.2%	61.9%	47.7%	46.1%	44.4%	▼
27	Emergency department attendances per 100,000 Falkirk	1,968	2,201	1,278	1,593	1,770	1,818	1,781	▼
29	Emergency admission rate per 100,000 Falkirk population	970	1,302	1,072	1,165	1,160	1,179	1,193	▼
31	Acute emergency bed days per 1,000 Falkirk population	865.8* *Nov 18	763	339	647* *Aug 21	820	873	915	▼
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,952* *Nov 18	8,329* *Sep 19	32,051* *Sep 20	29,050	28,734	26,710	16,876	▼
43	Readmission rate within 28 days per 1,000 admissions Falkirk	1.23	1.37	2.09	1.88	53.9	61.0	45.7	▲

Ref	Measure	Dec-18	Dec-19	Apr-20	Dec-21	Dec-22	Dec-23	Dec-24	Direction of travel
54	Standard delayed discharges	32	38	7	38	44	48	61	▼
55	Standard delayed discharges over 2 weeks	26	21	1	14	23	36	32	▲
56	Bed days occupied by delayed discharges	1,050	1,112	128	761	1,406	2,037	1,568	▲
57	Number of code 9 delays, including guardianship	10	15	11	22	26	25	20	▲
58	Number of code 100 delays	3	5	0	6	3	2	1	▲
59	Delays - including Code 9 and Guardianship	42	53	18	60	70	73	81	▼

PRIORITY 3 – FOCUS ON PREVENTION, EARLY INTERVENTION, AND MINIMISING HARM

Ref	Measure	2019/20 to Q3	2020/21 to Q3	2021/22 to Q3	2022/23 to Q3	2023/24 to Q3	2024/25 Q3	Direction of travel
47	Number of Adult Protection Support Plans at end of period (data only)	14 (30/09/19)	19 (31/12/20)	20 (30/12/21)	10 (31/12/22)	16 (31/12/23)	23	-

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Direction of travel
48	The total number of people with community alarms at the end of period (data only)	4,173 (30/9/18)	4,087 (31/03/20)	3,989 (31/03/21)	3,811 (31/03/22)	3,705 (31/03/23)	3,865 (31/03/24)	-

Ref	Measure	Dec-18	Dec-19	Mar-20	Mar-21	Sep-21	Sep-22	Sep-23	Sep-24	Direction of travel
68a	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley ADP (90% target)	98.3%	97.9%	95.9%	97.2%	92.9%	89%	82.6%	99.5%	▲

68b	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	99.6%	86.4%	87.8%	100%	100%	100%	100%	95.7%	-

Ref	Measure	Dec-18	Dec-19	Dec-20	Dec-21	Dec-22	Dec-23	Dec-24	Direction of travel
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	58.7%	63.9%	57.4%	67.8%	77.2%	74.6%	76%	▲

PRIORITY 4 – ENSURE CARERS ARE SUPPORTED IN THEIR CARING ROLE

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Direction of travel
37	SDS Option 1: Direct payments (data only)	35 (0.7%)	27 (0.6%)	29 (0.7%)	25 (0.5%)	55 (1.4%)	52 (1.3%)	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	17 (0.4%)	96 (2.0%)	63 (1.6%)	68 (1.7%)	-
39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009 (88.8%)	4,128 (92.7%)	4,525 (94.6%)	3,674 (95.7%)	3,898 (95.0%)	-
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)	279 (6.3%)	135 (2.8%)	49 (1.3%)	84 (2.0%)	-

NATIONAL INTEGRATION INDICATORS - TO BE UPDATED (THIS IS LAST YEAR'S DATA)

The Integration Joint Board (IJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

Indicators 1-9 are populated by the bi-annual Health and Care Experience (HACE) Survey. The most recently available data for these indicators is for 2023/24. Indicators 11-20 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS). For indicators 12-16, the latest available data is 2023 calendar year due to data completeness issues in some health board areas.

Our latest performance is set out in the following 'Performance at a Glance', with more detailed tables on the following pages.

PERFORMANCE AT A GLANCE

From the **17** indicators updated this year:

- **3** indicators where Falkirk **compares well** to Scotland.
- **5** indicators where Falkirk is **similar to** Scotland.
- **9** indicators where Falkirk **does not compare well** to national average.

Overall performance for the latest year has increased.

- **12/17 (71%)** of indicators have improved year on year*

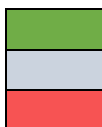
*Please note – Indicator 11 was not updated so has been excluded from the above summary. Indicators 2, 3, 4, 5, 7, 9 featured small changes to methodology meaning comparisons may not be fully like for like.

Key

Compares Well to Scotland

Similar to Scotland

Does not compare well to Scotland



NI	Indicators 1-9	Falkirk	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	91.0%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	67.6%	72.4%

NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	59.7%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	53.9%	61.4%
NI - 5	Percentage of adults receiving any care or support who rated it as excellent or good	73.1%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	69.4%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	61.4%	69.8%
NI - 8	Percentage of carers who feel supported to continue in their caring role	30.7%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	69.5%	72.7%

Notes on Indicators 1-9

Indicators 1-9 have been updated to the latest available data from the Health and Care Experience Survey (HACE) for 2023/24.

Due to changes in the HACE survey wording, the 2023/24 results for indicators 2, 3, 4, 5, 7 and 9 are not fully comparable to the same indicators for previous years. This is due to: People receiving support in their caring role no longer being included in this section, while people who receive peer/emotional support are now included (Q27). In addition, the options available under the question "Who funds your help or support with everyday living?" have changed i.e. "Council" and "NHS" have been replaced by "The State/Local Government" (Q28).

NI	Indicators 11-19	Falkirk	Scotland
NI-11	Premature mortality rate per 100,000 persons*	473	442
NI - 12	Emergency admission rate (per 100,000 population)	14,440	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	124,142	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	136	104

NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87.7%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	24.4	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86.9%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	67.8%	64.8%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,283	902

Notes:

Indicator 11

The latest available data for indicator 11 is 2022 calendar year so there is no update on the figure used in last year's APR.

Indicators 12-16

For indicators 12-16 the latest available data is 2023 calendar year due to data completeness issues in some health board areas for 2023/24 data. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships.

Indicator 17 and 19

These indicators have been updated to financial year 2023/24.

Indicator 18

Indicator 18 (percentage of adults with intensive care needs receiving care at home) has been updated to calendar year 2023.

Comparisons

Compares well is defined as Falkirk rate is 2% better than Scotland. Does not compare well is defined as Falkirk rate is not within 2% of Scotland rate. Similar is defined as Falkirk rate within 2% of Scotland rate.

INDICATORS 1-9 – INCLUDING PAST YEARS AND COMPARATOR AVERAGE

	NI	Title	Falkirk Partnership				Comparator Average	Scotland
			2017/18	2019/20	2021/22	2023/4	2023/4	2023/4
Outcome Indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	92.4%	92.4%	89.5%	91.0%	90.3%	90.7%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82.5%	79.2%	70.6%	67.6%	68.0%	72.4%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	78.6%	63.9%	59.7%	55.1%	59.6%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71.8%	74.6%	47.2%	53.9%	58.3%	61.4%
	NI - 5	Percentage of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	73.1%	67.4%	70.0%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	69.4%	68.4%	68.5%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	61.4%	65.3%	69.8%
	NI - 8	Percentage of carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	30.7%	28.2%	31.2%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84.1%	85.8%	73.5%	69.5%	68.9%	72.7%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA	NA

INDICATORS 11-20 – INCLUDING PAST YEARS AND COMPARATOR AVERAGE

Please note – for indicators 11-20 the “Latest” column has the latest available data for each indicator. The footnotes below provide details on the latest year of data for each indicator.

NI	Title	Falkirk Partnership								Comparator Average	Scotland
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/3	Latest	Latest	Latest*
NI - 11	Premature mortality rate per 100,000 persons*	466	427	449	435	460	488	473	473	445	442
NI - 12	Emergency admission rate (per 100,000 population)	11,772	11,941	12,121	15,349	13,208	14,186	14,679	14,440	12,964	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	144,888	140,805	140,023	138,583	115,349	124,773	135,305	124,142	117,976	112,883
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	144	141	136	102	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.0%	88.4%	88.1%	87.7%	89.1%	89.1%
NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	25.2	25.3	24.4	23.0	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	79.5%	86.9%	77.8%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.7%	63.7%	64.2%	65.3%	63.9%	67.8%	64.0%	64.8%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,091	1,386	1,283	929	902
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	NA	NA	NA
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.
2. NI 1 – 9: Data are presented on financial year file and 2023/24 is the most recent data available. Please note results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not fully comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7

and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology.

3. NI 11 and 18 are presented as calendar year. 2022 is the most recent data available for NI 11 and 2023 is the most recent data for NI 18.

4. NI 12 – 16: Calendar year 2023 is used here as a proxy for 2023/24 due to data from Jan-Mar 2024 being incomplete for some boards. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.

5. NI 17 is presented on financial year with the latest available data being from 2023/24.

6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.

7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.

8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

COMPLAINTS

The handling and reporting of Complaints comprises 3 elements (for the 3 complaints procedures we work with):

- The Council complaints procedure covers services delegated from the Council
- The NHS complaints procedure covers services delegated from the NHS and
- The IJB complaints procedure which is specific to the IJB itself.

Both the Council and NHS statutory reporting arrangements will be covered by the annual reports submitted by the Council and NHS FV respectively. Up until this report there has not been a channel to report complaints specifically directed to the IJB. This will now be included in subsequent APR.

There were **no complaints** submitted relating to the IJB within 2024/25.

LOOKING AHEAD 2025/26

In 2025/26, our focus will be progressing our transformation plan including delivering the service changes and reviews, agreed by our Board in March 2024.

Through our efforts to place services on a sustainable footing, we will also ensure we maintain our performance against the national indicators, preserving good outcomes for people who access our services today and investing our skills to deliver healthier communities in the future.

This coming year presents several opportunities to realign our strategic direction. We are required to review our Strategic Commissioning Plan by mid-2026, and that process presents us with an opportunity to potentially agree the commissioning of a new Strategic Commissioning Plan. Such a new plan would enable us to fully re-state the IJB's Strategic direction, utilising our now established co-production principle for strategic planning. The current co-production of new locality plans, with the Central Locality Plan having been approved by the IJB and the East Locality Plan currently being progressed towards the IJB, has laid the groundwork for our next Strategic Plan. We will also be establishing clarity in relation to the creation of a Future Operating Model which will

describe our future delivery environment around which the New Strategic Plan will be shaped.

In addition, new strategic plans will be laid out for our approach to carers support, alcohol and drugs services, community-led support, and dementia services.

We will also begin to realise the benefits of closer alignment of services, as we bed in the newly integrated Children's Social Work and Justice Social Work Services.

This integration development will present further opportunities for our Future Operating Model for local services in Falkirk, including wider ranging Tests of Change and greater convergence between younger people and adults in terms of Transition services.

To help us take the next steps, we'll continue to engage frequently and meaningfully with our local communities, partners, and staff.

Continuing to value the experience of people accessing support, we'll ensure the voices of people with lived experience are heard throughout the service design and decision-making process.

This demonstrates that communities and local perspectives are at the heart of everything we do, and

will continue to be as we transform, adapt, and develop our services.

GLOSSARY

A glossary of common terms and acronyms used within health and social care can be found at

FalkirkHSCP.org/glossary

Falkirk Integration Joint Board

MEETING DATE: 31 OCTOBER 2025

AGENDA ITEM NO:	6
REPORT TITLE:	2026/27 Business Case and Medium-Term Financial Plan Update
LEAD OFFICER:	Marie Keirs, Chief Finance Officer
REPORT AUTHOR:	Marie Keirs, Chief Finance Officer

1. Executive Summary

- 1.1. The purpose of this report is to provide an update to the Falkirk Integration Joint Board (IJB) of the budget pressures and assumed funding the 2026/27 Revenue Budget and medium-term financial plan (MTFP) to 2030/31.
- 1.2. The IJB approved its approach to the 2026/27 Budget and Medium-Term Financial Plan at its September meeting, with regular updates to be provided to the IJB through committee reports and IJB development sessions.
- 1.3. It is anticipated that Health Board funding will be based on 2025/26 funding plus a % uplift to reflect the agenda for change pay uplift.
- 1.4. The Council delegated budget is expected to be based on 2025/26 funding plus any passported funding directly from Scottish Government, with no uplift expected at this stage for the annual council pay award.
- 1.5. It is not anticipated that the Council or the Health Board will fund any additional pressures for 2026/27 or the medium term.
- 1.6. The IJB budget process will also include financial planning for Children and Families, Justice and Prison Healthcare budgets moving forward.
- 1.7. The current timeline for the IJB budget is described at 4.38 culminating with the approval of the 26/27 budget and MTFP at the IJB meeting in March 2026.

- 1.8. The key budget announcement from the Scottish Government, previously anticipated for early December, has been delayed until 13 January 2026. The Scottish Government commitment to the Scottish Living Wage for adult social care workers, and any associated uplift is expected to be funded and passported via the Council. The position noted in this paper takes account of this assumption.
- 1.9. The Finance Oversight Group and Senior Management team continue to meet regularly to consider any emerging additional pressures affecting the financial position and will work towards presenting proposals to bridge any gap for 2026/27 and for continued longer term planning.
- 1.10. A report detailing known pressures and any proposed solutions developed at that time will be presented to partners in December 2025.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1. Note the funding pressures set out in the paper, and risks identified at Section 5, and the actions required to bring forward the 2026/27 business case and medium term financial plan.

3. Directions

No Direction Required	☒
Direction to NHS Forth Valley	☐
Direction to Falkirk Council	☐

4. Business Case and Medium-Term Financial Plan

Background

- 4.1. From October 2015, the Health Board and Council have delegated functions and make appropriate allocations to the IJB in respect of those functions as set out in the integration scheme. The Health Board also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2. An updated Integration Scheme has been approved by partners

and endorsed by the IJB and is expected to be signed off by Scottish Ministers following some final queries currently being addressed by officers. Once approval is given Children's and Justice Services and Prison Healthcare will become delegated to the IJB. For planning purposes, the budgets for these services and current anticipated pressures will be included with the IJB delegated budgets.

- 4.3. The IJB makes decisions on integrated services in line with the IJB's Strategic Commissioning Plan and the associated delegated budget. An updated Strategic Commissioning Plan will be required to be implemented during 2026, and work is under way to take this forward, and any associated financial plan will require to be considered along with the development of the plan.
- 4.4. The Scottish Government Population Health Framework for the next 10 years announced earlier this year will also shape how we create and maintain good physical and mental wellbeing for our population, recognising the need for focus on a shift to prevention.
- 4.5. Falkirk Council aim to set their 2026/27 budget on 5 March 2026, which will confirm a proposed funding allocation for the IJB for the year. NHS Forth Valley will also confirm an indicative funding allocation for 2026/27 in March 2026. An indicative budget is being used to develop the IJB budget and any associated efficiency proposals until such time as the final settlements are formalised.
- 4.6. In March 2025 the IJB agreed the 2025/26 Business Case and Medium-Term Financial Plan, which included a three-year plan to move towards financial sustainability, and which still identified a cumulative gap of £1.158m up to 2027/28. The high-level position reported in March was as follows:

	2025/26	2026/27	2027/28	Total
	£m	£m	£m	£m
Pressures per March 2025 Budget paper	21.581	8.869	9.388	39.838
Funding	-6.705	-5.585	-5.616	-17.906
Efficiency measures	-10.914	-5.258	-4.602	-20.774
Remaining financial gap per year	3.962	-1.974	-0.830	1.158
Cumulative Financial gap/(surplus) per year	3.962	1.988	1.158	

- 4.7. For 2025/26 financial year a one-off gap was identified of £3.962m. Falkirk Council and NHS Forth Valley agreed to identify this risk within their respective budget papers and positions, with a commitment to fund if required on a one-off basis only.

- 4.8. For 2026/27 there remained a cumulative budget gap of £1.988m. This is prior to identifying any additional emerging pressures. During the budget process for 2026/27 financial year the Finance Oversight Group will consider any potential solutions to this gap for the year, whilst working towards addressing this and any additional emerging pressures on a recurring basis.
- 4.9. This will include a review of efficiencies already approved by the IJB as part of the Medium-Term Financial plan presented in March 2025(see Appendix 2) to ensure they are still held at an appropriate level, and a review of any remaining reserves balances. The in year financial position will also be kept under review throughout the process to recognise the up-to-date position as the current financial year progresses.
- 4.10. The IJB currently receives a resource allocation from both Falkirk Council and NHS Forth Valley. At present we expect to receive a similar resource allocation from the Health Board as in 2025/26 assuming the Health Board will continue to pass through funding for any Agenda for Change pay award for NHS staff, and inflationary uplifts for any other appropriate budgets as in previous years.
- 4.11. At present the IJB have had no indication of any potential efficiency targets in relation to the funding allocation from the Health Board for 2026/27.

Rolling 5 Year Financial Plan

- 4.12. The medium-term financial plan is being expanded to 5 years to 2030/31 financial year, and a review of the financial plan assumptions continue to ensure the most relevant data and demographic pressures are captured and included in the plan, and that any associated budget gaps to be addressed and sensitivity analysis are current.
- 4.13. The MTFP is a rolling plan. The plan agreed by the IJB in March was to 2027/28, with this updated plan now being expanded to be a 5-year plan which will continue to be rolled on each year moving forward.

Set Aside

- 4.14. For the purposes of this paper, it is assumed that any pressures to be funded in relation to the set aside budget for large hospital services will be managed by NHS Forth Valley.

Prison Healthcare

- 4.15. It is also assumed that any pressures in relation to Prison Healthcare budgets will continue to be funded by the Scottish

Government via NHS Forth Valley, as in previous years when the budget were included in the NHS Forth Valley position. Work is ongoing to highlight the funding issues to the Scottish Prison Service and The Scottish Government in this area. For the purposes of the IJB plan, it is anticipated that NHS Forth Valley will continue to underwrite in future years.

Social Care

4.16. The approach to the Social Care element of the budget is as follows:

- The start point for the 2026/27 Council contribution to the IJB is the 2025/26 current approved contribution
- No new pressures funding to be allocated

4.17. Council pay award of 3.5% will be updated and assumed in line with the agreed Scottish Joint Consultative Committee position. It is currently assumed that the additional 1% pay award element for 2025/26, and the additional 0.5% for 2026/27 will be funded by Scottish Government, but this is still to be confirmed. If they pass on any additional funds to support pay awards, negotiation on passthrough would take place with the Council as has been the case in the past.

- Any new 2026/27 Scottish Government funding for Social Care is assumed to be passported to the IJB
- Any reduction in costs in the IJB will not have any impact upon the funding we receive from the Council.

Children and Families

4.18. Indicative net pressures in relation to Children and Families budgets to 2030/31 of £2.549m are also shown in this paper (and in Appendix 1), assuming the Integration Scheme will be signed off, transferring the financial planning responsibility to the IJB.

4.19. It must be stressed this is a draft position and work is ongoing to identify and refine current assumptions and an update will be provided to the next IJB. The Medium-Term Financial Plan for Children and Families will be presented to the Closer to Home Board which continues to provide oversight, chaired by the Chief Executive of the Council to plan solutions for reducing expensive out-with authority placements where possible. Full details of the MTFP will be provided to the next IJB for inclusion in the final budget pressures paper to the Council in December.

4.20. Discussions will continue with Falkirk Council on a regular basis to ensure transparency of the overall budget position including that

for Children and Families, and Justice services, and an agreement will require to be reached on treatment of the final budget estimates.

Savings

- 4.21. As the budget process progresses and any further savings proposals and transformational change options are required to be brought forward by the Finance Oversight Group, a series of IJB development sessions will be held for IJB members to allow them to review the progress and examine the proposals along with any relevant impact assessments. Any policy or service change decisions will be brought to the IJB for consideration and approval.
- 4.22. As with the previous business case proposals, a period of consultation will be carried out in relation to any additional efficiency and transformation proposals as required to move towards balancing the medium-term plan.
- 4.23. A lessons learned exercise looking at the 2025/26 budget consultation and engagement process has been carried out with findings currently being analysed to be incorporated into this and future years processes. An update will be provided to the Finance Oversight Group and any recommendations implemented as the budget process progresses.

Pressures

- 4.24. Appendix 1 to this paper shows a summary position of the current known pressures for the IJB budget, including those of Children and Families.
- 4.25. Prison Healthcare pressures information was not available at the time of writing and will be included in the next update paper for the IJB on 5 December 2025. At present it is assumed that any related pressures will be temporarily funded by Scottish Government as in previous years.
- 4.26. The current estimated pressures and estimated funding for the Health and Adult Social Care budgets to 2030/31 are summarised as follows:-

Table 1

	2026/27	2027/28	2028/29	2029/30	2030/31	Total
	£m	£m	£m	£m	£m	£m
Pressures						
Pay uplifts assumed at @3%	2.699	2.765	2.831	2.897	2.963	14.155
Additional pay award - Council staff 1% 25/26 and 0.5% 26/27	0.585	0.000	0.000	0.000	0.000	0.585
Scottish Living Wage uplift	4.579	4.579	4.579	4.579	4.579	22.895
Prescribing 5.5% (incl hospital prescribing)	1.823	1.927	2.037	2.151	2.272	10.210
General price inflation 2%	0.161	0.163	0.167	0.169	0.173	0.833
One off funding 25/26 to be made permanent	3.962	0.000	0.000	0.000	0.000	3.962
Employer pension contribution change	0.000	0.138	0.000	0.000	0.000	0.138
Demographic pressure	0.880	0.880	0.880	0.880	0.880	4.400
Changing Places toilets recurring revenue budget	0.030	0.000	0.000	0.000	0.000	0.030
Joint Loan Equipment Store Unachievable efficiency	0.200	0.000	0.000	0.000	0.000	0.200
	14.919	10.452	10.494	10.676	10.867	57.408
Funding						
Funding - assumes SLW uplift and NHS Agenda for Change	-5.585	-5.616	-5.655	-5.703	-5.751	-28.310
Additional pay award assumed funding	-0.585	0.000	0.000	0.000	0.000	-0.585
Efficiency measures (MTFP agreed March 2025)	-5.127	-4.249	0.000	0.000	0.000	-9.376
Remaining in year financial gap/(surplus) per year	3.622	0.587	4.839	4.973	5.116	19.137
Cumulative (excluding Children and Families)	-	4.209	9.048	14.021	19.137	

4.27. Changes to previous assumptions for 2026/27 and 2027/28 are as follows. The final three years are as noted in Table 1 above:-

	2026/27	2027/28
	£m	£m
Agreed in year gap - March 2025 IJB MTFP	1.988	-0.830
Changes since March 2025		
Additional Scottish Living Wage liability (estimate)	0.524	0.524
Adjustment to inflationary pressure estimate		0.013
Include demographic pressure initial estimate	0.880	0.880
Changing places toilets revenue budget pressure	0.030	0.000
Joint Loan Equipment Store - removal of temp budget adjustment not achievable	0.200	0.000
Movement since last reported position	1.634	1.417
Movement since agree MTFP	3.622	0.587
Cumulative pressure updated		4.209

4.28. Table 1 currently includes an indicative figure of £0.880m for each year in relation to demographic changes, which equates to a 1% increase at this stage, similar to that included for the 25/26 financial year. Further data is currently being gathered to inform required uplifts.

4.29. The future demographics are unlikely to be able to be accommodated within existing budgets without significant changes to service delivery or additional investment from Scottish Government via our partners. It is important to note this is a

national issue and likely to cause unprecedented pressures in future years. Demographic pressures figures will be updated in the next update to IJB reflecting the most current data available.

- 4.30. Scottish Living Wage uplifts for external providers of care and support at home are estimated at 4.35% in line with 2025/26 levels at this stage. Long term care is currently estimated at 6.5% which was the approximate final uplift negotiated via the National Care Home Contract for 2025/26 financial year. Funding for these uplifts has been kept at the same level as last year therefore shows an overall pressure, also in line with the final position agreed for 2025/26.
- 4.31. The table shows pressures of £19.1m over the next 5 years, net of assumed funding and efficiencies already agreed by IJB in March 2025.

Justice Services

- 4.32. As Justice Services is funded by a specific grant, it is assumed that no additional pressure funding will be required for this area of spend, as it will require to spend only to the level of grant funding received. It must be noted that information in relation to a reduction for 2025/26 is still awaited and will create some pressure in this area which will require to be mitigated operationally.

Children and Families

- 4.33. Net pressures identified at this stage in relation to Children and Families budgets is shown below:-

Table 2

	2026/27	2027/28	2028/29	2029/30	2030/31	Total
	£m	£m	£m	£m	£m	£m
Children and Families Medium Term Financial Plan net (surplus)/pressures (draft)	-1.700	1.048	2.138	0.064	0.999	2.549

- 4.34. The net 5-year pressure of £2.549m reflects estimated pressures in relation to pay increases, children's placements, and the anticipated effect of measures to reduce the reliance on expensive outwith authority placements.
- 4.35. The Closer to Home Board will consider the MTFP at its next meeting and full details of pressures and mitigating actions arriving at the estimate in Table 2 will be provided to the IJB in December.
- 4.36. It is important to note that any anticipated budget position for Children and Families is subject to discussion with Falkirk Council.

- 4.37. Appendix 1 shows Table 1 and Table 2 assumptions together showing a final 5-year pressure at this stage of £21.7m.

Partnership Funds

- 4.38. As previously reported, an updated partnership funds process was implemented for 2025/26 payments to our third and voluntary sector partners. Thematic reviews are being carried out and will be reported to Senior Leadership Team and IJB in due course to inform 2026/27 spending plans, within the remaining recurring budget.

Reserves

- 4.39. A review of remaining reserves and the projected position for 25/26 financial year will be carried out and considered prior to submitting the business case to our partners following the December meeting of the IJB.

Timelines

- 4.40. The Finance Oversight Group will continue to review estimated 2026/27 and medium-term cost pressures and anticipated savings requirements prior to the December IJB meeting, with a view to identifying a package of potential solutions or additional transformation options required which will be shared with the IJB at planned development sessions to be held in November and February, with additional sessions to be added as required. Appropriate engagement will also take place with relevant staff side representation if required as the budget process progresses.
- 4.41. A number of information sessions have also been planned with all Council elected members, (September 2025, December 2025, and February 2026) where budget updates will be provided as the development of the business case progresses.
- 4.42. A period of public consultation will take place in relation to any further proposals if required, with findings and final proposals to be brought to the February IJB development session. Dependant on timing of the development of additional proposals the consultation period may have to be adjusted but IJB members will be kept informed via the planned budget sessions.
- 4.43. The IJB 2026/27 Budget, along with the updated 5-year medium term financial plan will be brought for approval to the March 2026 IJB meeting.

- 4.44. An indicative timeline based on the proposed approach set out is shown below, including the updated Scottish Government settlement date:

Action	Indicative dates
Budget approach paper to IJB	Sep 2025
Finance Oversight Group – budget strategy discussions/identification of pressures	Sep 2025
First IJB development session setting out position including additional pressures and budget gap	Oct 2025
Budget gap proposals submissions considered and reviewed by Finance Oversight Group	Oct to Nov 2025
Second IJB development session setting out progress to date on savings proposals and updated position/ budget position paper to IJB to be presented to partners	Nov 2025
Period of consultation on budget gap proposals begins (if appropriate)	Nov/Dec 2025
Scottish Government settlement announcement	13 January 2026
Final IJB Budget Development session/Consultation findings and EPIAs	Feb 2026
Funding confirmations from partners	Mar 2026
IJB meeting to agree budget proposals and updated medium term financial plan	Mar 2026

5. Additional Pressures/Risks

Demand

- 5.1. Care and support at home demand is being managed by weekly Resource Allocation Panels with allocated limits on packages which are able to be funded. These panels take a risk-based approach to allocations and will continue meeting. Demand continues to be identified. The ongoing review of packages and panel process assists to mitigate some of the effects of demand. There will be a need to flex limits dependant on the financial position. The updated eligibility criteria and SDS policies also give greater clarity in relation to assessed packages and the best way to deliver them. Soe demographic pressure has been included in assumptions to date with further data collection ongoing to be updated moving forward.

Long term care placements

- 5.2. Long term care placements are also an area of pressure which is

managed carefully via resource allocation panels. During 24/25 financial year an approach which reduced the number of admissions to care homes to 50% of the rate of placements ending was taken for a period of time reducing the number of placements by approximately 50. The current position is to keep the same number, but this may require to be adjusted during 25/26 financial year again dependant on projected overall spend for the IJB budgets.

Shifting the Balance of Care

- 5.3. A business case for continuation of the discharge to assess model is being prepared for both IJB and NHS Forth Valley Board. This will include the transfer of recurring funding from NHS Forth Valley, continuation of unscheduled care funding from Scottish Government and utilising funding already in place for a test of change for the approach. For the purposes of financial planning, it is assumed that any model will be fully funded from these sources.

National Care Home Contract

- 5.4. National Care Home Contract negotiations year on year are becoming more difficult with national agreements more challenging each year. Any implications will be reviewed and updated during the budget process as negotiations proceed for 2026/27 agreements. There is currently an uplift of 6.5% included in planning assumptions.

Provider pressures

- 5.5. Care providers sustainability remains an issue with many providers expressing that rising costs including employers National Insurance liabilities causing uncertainty. The Chief Officer and Chief Finance Officer are involved in a number of forums where this is kept on the agenda with Scottish Government. It is assumed within the plan that non-residential providers will receive the Scottish Living Wage uplift passed on from Scottish Government, although the funding does not fund the uplifts fully.

Risk of additional pay award (Council staff)

- 5.6. The IJB's 2025/26 business case and MTFP assumed a pay award of 3% for council staff each year. The final agreed position at this stage is 4% for 25/26 and 3.5% for 26/27. Any additional 1% equates to approximately £0.4m of additional pressure for the IJB budget. It is assumed at this stage that any additional pay award would be funded by Scottish Government in line with the Council's approach. Discussion on potential passthrough would be required once funding confirmation is received.

Agenda for Change (NHS staff)

- 5.7. There is a risk in relation to the reduced working week for Agenda for Change which further reduces the working week for NHS employees from 37 to 36 from April 2026. Work is ongoing to identify implementation plans and pressures arising from the reduction. Some funding is available from Scottish Government, but allocations are still to be finalised. It is currently assumed that this will be fully funded, in line with the NHS Forth Valley approach in their current assumptions.

Primary Care Improvement Programme (PCIP)

- 5.8. The Primary Care Improvement Programme is currently overcommitted across Forth Valley with work ongoing to identify the full extent of the over commitment. Reserves held have previously been utilised to address any overspends with final amounts expected to be exhausted in 2025/26 financial year. A paper will be brought to the IJB in due course including options to bring the programme in line with PCIP funding. This will include a risk analysis of the proposed options to allow the IJB to consider the system wide implications of reducing the programme to funded levels.

Job evaluations

- 5.9. Falkirk Council home carers were recently job evaluated and uplifted by one grade to a Grade E. Following this agreement a number of additional roles have now been submitted to the Council for evaluation, which would cause an additional risk to the financial position, with agreement required between the IJB and Falkirk Council in relation to any resulting liability.

6. Implications

Finance

- 6.1. Financial implications are included within the body of the report.

Workforce

- 6.2. There are no specific workforce implications arising from this report. Any specific implications will be included in any proposals to be brought forward in due course.

Risk

- 6.3. Finance is held at a very high risk level within the IJB Strategic Risk Register in view of the overall financial position and ongoing risks.

Legal

- 6.4. The revised Integration Scheme for the Falkirk Integration Joint

Board is still to be approved by Scottish Government. Children's, Justice and Prison Healthcare budgets will be included in budget assumptions moving forward on the basis that this will be signed off in due course. Updates will be provided when available.

Engagement and Consultation

- 6.5. No specific engagement or consultation has taken place in relation to this report. Lessons learned sessions and questionnaires have been completed and will be analysed to inform any budget consultation and future development sessions.

Equalities Impact

- 6.6. An initial EPIA has been completed in relation to the 2026/27 Business Case and MTFP recorded as EPIA number 01105. It is anticipated as the process progresses further detailed individual EPIAs will be required for specific proposals. This initial EPIA will also be kept under review and developed for inclusion in the March 2026 Business Case paper to include the full implications of overall proposals.

7. Appendices

Appendix 1	Indicative budget assumptions – medium term to 2030/31
Appendix 2	Efficiency and transformation proposals approved by IJB March 2025

Falkirk HSCP Medium Term Draft Financial Plan

	2026/27	2027/28	2028/29	2029/30	2030/31	Total
	£m	£m	£m	£m	£m	£m
Pressures						
Pay uplifts assumed at @3%	2.699	2.765	2.831	2.897	2.963	14.155
Additional pay award - Council staff 1% 25/26 and 0.5% 26/27	0.585	0.000	0.000	0.000	0.000	0.585
Scottish Living Wage uplift	4.579	4.579	4.579	4.579	4.579	22.895
Prescribing 5.5% (incl hospital prescribing)	1.823	1.927	2.037	2.151	2.272	10.210
General price inflation 2%	0.161	0.163	0.167	0.169	0.173	0.833
One off funding 25/26 to be made permanent	3.962	0.000	0.000	0.000	0.000	3.962
Employer pension contribution change	0.000	0.138	0.000	0.000	0.000	0.138
Demographic pressure	0.880	0.880	0.880	0.880	0.880	4.400
Changing Places toilets recurring revenue budget	0.030	0.000	0.000	0.000	0.000	0.030
Joint Loan Equipment Store Unachievable efficiency	0.200	0.000	0.000	0.000	0.000	0.200
	14.919	10.452	10.494	10.676	10.867	57.408
Funding						
Funding - assumes SLW uplift and NHS Agenda for Change	-5.585	-5.616	-5.655	-5.703	-5.751	-28.310
Additional pay award assumed funding	-0.585	0.000	0.000	0.000	0.000	-0.585
Efficiency measures (MTFP agreed March 2025)	-5.127	-4.249	0.000	0.000	0.000	-9.376
Remaining in year financial gap/(surplus) per year	3.622	0.587	4.839	4.973	5.116	19.137
Cumulative (excluding Children and Families)	-	4.209	9.048	14.021	19.137	
Children and Families Medium Term Financial Plan net (surplus)/pressures (draft) *	-1.700	1.048	2.138	0.064	0.999	2.549

Note - Prison Healthcare to be included in next paper (any pressures assumed funded at this stage)

*draft C&F financial plan currently being finalised for presentation to Closer to Home Board

Table 1 - Savings approved by IJB March 2025

		2025/26	2026/27	2027/28	Total
EPIA Reference (if Applicable)	Efficiencies already identified	£m	£m	£m	£m
	Council				
00902	Deletion of long term vacancies	-0.170			-0.170
00862 previously approved	Spend to save financial assessment capacity	-0.150	-0.150	-0.150	-0.450
00663 Previously approved	Garden Aid	-0.214			-0.214
00751	Day Services	-0.086			-0.086
00903	Review of previous year underspends	-0.233			-0.233
	NHS				
00903	Review of previous year underspends	-0.043			-0.043
	Total	-0.896	-0.150	-0.150	-1.196

Table 2 - Proposals - public consultation

		2025/26	2026/27	2027/28	Total
EPIA Reference (if Applicable)	Savings proposals - Public consultation items	£m	£m	£m	£m
00891	Charging caps/ Older people change from weekly to hourly charge plus inflationary uplifts	-0.875	-0.370	-0.373	-1.618
00908	Remove means testing for MECS alarms	-0.054	-0.028	-0.027	-0.109

		2025/26	2026/27	2027/28	Total
EPIA Reference (if Applicable)	Efficiencies already identified	£m	£m	£m	£m
00896	Remove non pay uplift for providers	-0.318	-0.331	-0.345	-0.994
00924	Review commissioning arrangements - £90m contracts	-0.350	-0.750	-0.900	-2.000
00954	Business support review	-0.100	-0.100	-0.050	-0.250
00912	Review of Housing with Care - one unit reprovision	-0.125	-0.025	-	-0.150
00709	Bedded care review	-	-0.525	-0.875	-1.400
-899	Review of respite provision/pathways	-0.049	-0.146	-	-0.195
00915	Review team continuation - reduced care package spend	-0.750	-	-	-0.750
00911	Meals on Wheels - cease in house net of reprovision	-0.072	-	-	-0.072
01013	Integrated out of hours review	-0.100	-0.300	-	-0.400
01004	Overnights/sleepover provision review - 15% over 3 years	-0.182	-0.182	-0.182	-0.546
01005 01006	Low level care and support at home - non personal care	-0.096	-0.096	-	-0.192
01007	Review HSCP transport arrangements	-0.035	-0.035	-	-0.070
00945	Reduction to partnership funds (including mainstreamed budgets)	-0.414	-	-	-0.414
	Total	-3.520	-2.888	-2.752	-9.160

Table 3 - Proposals other

		2025/26	2026/27	2027/28	Total
EPIA Reference (if Applicable)	Further savings proposals	£m	£m	£m	£m
00910	Vacancy management target - Falkirk Council	-1.000	-	-	-1.000
00909	Vacancy management target - NHS Forth Valley - additional	-0.399	-	-	-0.399
00968	Community hospital budget adjustments net of pharmacy support/ Year 2 review of pharmacy provision	-0.033	-0.050	-	-0.083
01020	Review of complex care arrangements	-	-0.250	-0.250	-0.500

		2025/26	2026/27	2027/28	Total
EPIA Reference (if Applicable)	Efficiencies already identified	£m	£m	£m	£m
01019	Review of complex care staffing arrangements	-	-0.100	-	-0.100
01016	Prescribing efficiency programme	-1.500	-1.000	-1.000	-3.500
00749	Remove external reablement contract budget - ended/Appraisal to support future planning of hospital discharge services, as well as the developments within the homecare remodelling.	-0.304	-	-	-0.304
Agreed in 24/25 budget process	Remove Short Term assessment beds budget (temp for one year)	-1.189	-	-	-1.189
N/A	Reduce development budgets held	-0.500	-	-	-0.500
00586	Ebrokerage system efficiencies	-0.010	-0.020	-	-0.030
00813	Interim care beds removal of recurring budget	-0.381	-0.400	-	-0.781
00926	Ordinary residence process improvements	-0.070	-0.050	-0.050	-0.170
00875	Continuation of Rapid Assessment at Home test of change	-0.361	-	-	-0.361
00914	SDS - transformation of delivery of SDS - move to equivalency and raise awareness of SDS options 1 & 2	-0.150	-0.200	-	-0.350
01018	Tech fund - spend to save initiatives	-	-0.150	-0.150	-0.300
01021	Reduced transition costs - review of processes and packages	-	-	-0.250	-0.250
00482	Care at home redesign - redirect budgets	-	-	-	0.000
	Total	-5.897	-2.220	-1.700	-9.817

Forth Valley NHS Schedule of Business 2025/26							
	27 May	17 June (Private)	29 July	30 Sept	25 Nov	27 Jan	31 Mar
Standing Items							
Minute of previous meeting	☒	☒	☒	☒	☒	☒	☒
Action Log	☒		☒	☒	☒	☒	☒
Chair's Update	☒		☒	☒	☒	☒	☒
Board Executive Team Report	☒		☒	☒	☒	☒	☒
Strategic Risk Register	☒		☒	☒	☒	☒	☒
Patient/Staff Story	☒		☒	☒	☒	☒	☒
Finance Report	☒		☒	☒	☒	☒	☒
Performance Report	☒		☒	☒	☒	☒	☒
HAIRT	☒		☒	☒	☒	☒	☒
Quality & Safety Report	☒		☒	☒	☒	☒	☒
Schedule of Business	☒		☒	☒	☒	☒	☒
Minutes							
Assurance Committee Minutes							
Audit & Risk Committee	☒		☒	☒	☒	☒	☒
Clinical Governance Committee	☒		☒	☒	☒	☒	☒
Staff Governance Committee	☒		☒	☒	☒	☒	☒
Strategic Planning, Performance & Resources Committee	☒		☒	☒	☒	☒	☒
Advisory Committees Minutes							
Area Clinical Forum	☒		☒	☒	☒	☒	☒
Area Partnership Forum	☒		☒	☒	☒	☒	☒
IJB Minutes							
Clackmannanshire & Stirling IJB	☒		☒	☒	☒	☒	☒
Falkirk IJB	☒		☒	☒	☒	☒	☒
Directions (as required)	☒		☒	☒	☒	☒	☒
HSCP Annual Performance Reports					☒		
Strategy							
Access Policy			☒				
Annual Delivery Plan 2025/2026 (including Workforce Plan)			☒				
Anti-Racism Strategy						☒	

Communications Priorities – Annual Update							☒
Communications Update			☒			☒	
Development Plan Against Self-Assessment Progress Report							☒
Digital and eHealth Plan	☒						
Equality Outcomes and Mainstreaming Annual Report - tbc							
Innovation Plan Annual Update			☒				
Mental Health & Wellbeing Strategic Commissioning Plan			☒				
Model Hours for Pharmacy	☒						
Participation & Engagement Strategy Update							☒
Population Health & Care Strategy				☒			
Quality Strategy Annual Update			☒				
Risk Management Framework							
Risk Appetite & Tolerance							
Whole System Plan – tbc							
Winter Plan					☒		
Performance & Finance							
Annual Accounts		☒					
Draft Financial Plan 2025/2026							☒
Person Centred Complaints Feedback Annual Report				☒			
Safe Staffing Annual Report							☒
Whistleblowing Annual Report	☒						
Whistleblowing Standards and Activity Report	☒			☒		☒	
Governance							
Board Assurance Framework – Annual Review (including Performance Framework)							☒
Code of Corporate Governance – Annual Review							☒
Corporate Objectives							☒
Dates of Meetings				☒			
Advisory Committee Annual Reports 2024/25 – tbc							