2025 Annual Review Q&A

Question	Response
Can you please give an update on progress with the National Treatment Centre and what the issues are in opening the building?	The new National Treatment Centre – Forth Valley has been developed on a phased basis. The first two phases, which involved the opening of two additional operating theatres and the installation of a second state-of-the-art MRI scanner to increase surgical and diagnostic capacity, have been completed and the development of the new inpatient ward is the final phase. Work continues to address the remaining outstanding issues linked to the construction of the new NTC inpatient ward. In the meantime, an interim NTC service is in operation at Forth Valley Royal Hospital to provide treatment for patients from other NHS Boards The main issue preventing the full opening of the inpatient ward relates to elements of the building's design, particularly in relation to pipework and fire compliance regulations. Although the contractor has progressed much of the construction, the facility cannot be completed and brought into clinical use until these issues are fully resolved. The contractor has developed proposals for the required remedial work which are currently going through the local authority's planning process. We are working closely with them to support this process to reach an agreed solution as soon as possible. Once a solution has been agreed by all relevant parties, a detailed workplan will to be developed to take forward any required changes along with a timetable for the completion of this work.

I'm interested in the concept of hospital at home – can you please comment on that?	Hospital at Home is designed to provide acute care for patients in their own homes, helping to avoid unnecessary hospital admissions. By delivering the same level of clinical care in a community setting, we can reduce the risk of hospital-related complications such as infections and minimise the disruption that a hospital stay can bring. The service is well-established, very safe, and delivers outcomes that are comparable to those achieved in hospital. We have recently received additional funding to double the capacity of our Hospital at Home service. As part of national developments, NHS Forth Valley will ultimately have the equivalent of 114 Hospital at Home beds, allowing us to support more patients with conditions such as respiratory illness, heart failure, and those requiring IV antibiotics. Expanding Hospital at Home supports our wider strategy of providing more personalised care that focuses on what matters most to each individual. We are continually developing the model to improve patient experience and outcomes, and Hospital at Home is an excellent example of how care can be delivered safely, effectively and comfortably in a patient's own home while avoiding an admission to acute hospital care.
Why do Ophthalmology patients from Stirling or Clackmannanshire have to travel to Falkirk Community Hospital for all clinical appointments instead of being treated Closer to Home at Clackmannanshire Community Healthcare Centre, especially as there are issues with patient and public transport?	We understand the challenges that some patients face when travelling to Falkirk Community Hospital, particularly where public transport is limited. However, there are important clinical and operational reasons why the majority of Ophthalmology appointments need to take place at Falkirk rather than at Clackmannanshire Community Healthcare Centre (CCHC).

	The key issue is that the specialist scanning and diagnostic equipment required for ophthalmology care is based at Falkirk Community Hospital. This equipment is extremely expensive, not portable, and is used across multiple sub-specialty clinics running in parallel. Keeping this technology together in one central location allows us to make the best and most efficient use of very limited resources. In addition, several major ophthalmology services are located at Falkirk because they must be co-located with this equipment and with the clinical teams that support them. These include: • Day-case theatres and minor operations • The intravitreal injection service, delivering over *9,000 treatments* annually, where close proximity to scanning equipment and consultant support is essential • The Rapid Access Clinic (Ophthalmology A&E), with around *5,000 attendances* each year, which relies on immediate access to diagnostic equipment and support from nursing, orthoptic and optometry teams There is currently no suitable alternative location that could safely and efficiently manage this volume and complexity of care. Despite these constraints, we are actively working to minimise unnecessary hospital visits and support patients to access care closer to home wherever possible. This includes: • Providing paediatric ophthalmology clinics at Stirling Health and Care Village (SH&CV) and Clackmannanshire Community Healthcare Centre (CCHC), delivered by specialist optometrists and orthoptists • Delivering Diabetic Eye Screening at FVRH, SH&CV and CCHC

	• Offering clinical decision-support to Emergency Departments and Minor Injury Units, helping avoid unnecessary Ophthalmology attendances at Falkirk • Running many one-stop clinics (e.g. paediatric, neurological, stroke, squint), reducing the number of separate appointments patients need • Completing thousands of virtual macula reviews each year for patients with wet macular degeneration • Managing the National Vision Screening Programme, with orthoptists visiting every pre-school nursery in Forth Valley. Improvements underway and future developments which will further reduce the need for patients to travel to Falkirk for routine care: • OpenEyes, the new national electronic ophthalmology record, is being embedded across the service. This will support virtual pathways and reduce unnecessary appointments. • Access to OpenEyes and Clinical Portal is being extended to community optometry practices, strengthening shared care between primary and secondary services. • The Community Glaucoma Scheme is progressing and could allow up to *1,000 stable glaucoma patients* to be discharged to NESGAT-qualified community optometrists, enabling follow-up closer to home. • A One-Stop Cataract Pathway is being developed so that suitable patients can be listed for surgery directly through community optometry, removing the need for a hospital pre-assessment visit and potentially reducing over *1,000 appointments* per year. • We are supporting the NES Teach and Treat model, helping community optometrists with independent prescribing

	qualifications further expand their clinical skills and manage more care on the high street. Supporting patients with transport: We continue to work closely with our local authority partners and others to explore ways of improving patient transport across the region. Patients who meet the eligibility criteria can access transport through the Scottish Ambulance Service's patient transport service, and this remains an important option for many people. We are also planning a wider review of transport arrangements and will be going out to tender in mid-2026 for taxi and private ambulance contracts. This will allow us to consider a range of options and identify the most patient-centred and cost-effective approaches for the future. In Clackmannanshire, a pilot transport scheme has been running since October 2025 in partnership with the Council and Dial-a-Journey. The service provides door-to-door transport from patients' homes to the hospital and back again. At present, it operates on Wednesdays, although uptake so far has been lower than expected. The pilot will run until March 2026, and it will be fully evaluated to determine how it might be improved or adapted.
How has NHS Forth Valley been • **rolling out and delivering leadership training,** • **providing opportunities for staff to develop skills and expertise to progress in their roles and** • **the progress generally on FV being a learning organisation and sharing of practice with other Boards?**	• The way we deliver leadership training has been reviewed, and we are about to launch a new leadership and management framework which signposts leaders at all levels from entry level to Chief Executive to a range of learning platforms, webinars and content. We offer a programme of leadership development days on a range of leadership topics and coaching for leaders at all levels

	currently. We will be piloting 2 new leadership offers commencing 2026 focusing on Coaching for first line Managers and Transformational Value based leadership for senior leaders. As part of our work, we are also expanding our bank of coaches to support leaders across the organisation with their development. • Training for staff commences via mandatory training modules which will be developed centrally by NHS Education for Scotland as part of a Once for Scotland approach from April 2026. Health and Safety and Violence and Aggression training is offered online and in person. There is profession specific training provided by Practice Development, Medical Education etc. Leadership and Management Training will be provided in line with the new Leadership and Management training noted above. Our online induction for all staff is being reviewed with the aim of offering a blended approach including in-person sessions. Our management induction offer will be extended to two days. A renewed focus on improving personal development planning is on track with Directors setting improvement trajectories and additional PDP guidance is in development. • Organisation Development, Quality Improvement and Practice Development have developed closer collaboration working in a triumvirate to enable us to ensure that our work to evolve as a learning organisation aligns with our Population Health & Care strategy. Best practice includes national collaboration with NHS Education Scotland (NES) and professional ties with universities and other education providers including both University of Stirling and Forth Valley College as part of our current partnership work. Employability workstreams are being expanded in line with our Anchor organisation work and we are connecting with

	NES, local colleges and universities to connect education and employment pathways. We will be steering this work through our recently established Strategic Workforce Programme Board which will be considering how we create the conditions for change within our workforce. The Programme Board will report to both our Senior Leadership Team and Staff Governance Committee and will include the transition of our Culture Change & Compassionate Leadership programme activities which included the work on Learning and Continuous Improvement arising from feedback from our staff engagement work.
What are the key priorities for improving palliative care and how is NHS Forth Valley collaborating with others to deliver person centred, effective and sustainable palliative care services?	Following release of the national strategy in late 2025, organisations within the local system are beginning work to understand how we can deliver key actions. We will continue to develop and integrate the Spectrum of Palliative Care work that has now been identified as a national best practice tool by Scottish Government with public and patient engagement. We will also continue working with different university partners and other experts to support local research, innovation and developments directly related to delivery of person-centred, effective and sustainable services, such as related to improving Future Care Planning, and strengthening end of life conversations.
Why can take 3-4 weeks for a dictated letter to be issued?	Our standard turnaround time for typing dictated letters is 14 days for routine letters and 48 hours for urgent letters. Occasionally, routine letters may take slightly longer during periods of staff absence or sickness. We monitor turnaround times closely using a RAG (Red–Amber–Green) system, and additional staffing support is allocated where needed to keep delays to a minimum.

	Once letters are typed, they must be reviewed and electronically signed by the clinician before they can be issued. At times, delays can occur at this stage. Any outstanding letters awaiting clinical sign-off are monitored and escalated on a monthly basis. Please also note that letters sent by post are issued using 2nd Class mail, in line with national NHS guidance, which may add a small delay to when the letter is received.
What is being done to support local GP practices in the recruitment and retention of GPs?	There are 49 GP practices across Forth Valley, and all but one are independently run contractor practices operating under the national General Medical Services (GMS) contract. Although these practices are independent, NHS Forth Valley works closely with GP colleagues to support recruitment, retention and the long-term sustainability of primary care. To help attract and retain GPs, we provide coaching and mentoring for new GPs, ensuring they feel supported as they begin their careers in the area. We also participate in the national Golden Hello scheme, which offers a financial incentive to newly qualified GPs who take up posts in eligible practices. When practices are actively recruiting, NHS Forth Valley provides support throughout the recruitment process, and we also offer Protected Learning Time so GPs can meet, learn together and share best practice. GP headcount locally has remained relatively stable over recent years, with 236 GPs now in post compared to 220 in 2019. The Primary Care Improvement Programme, which began five years ago, plays a significant role in supporting practices. Through this programme, additional multidisciplinary staff have been employed to work alongside GPs—such as Advanced Nurse Practitioners (ANPs) and other healthcare professionals—helping

	to increase capacity and broaden the range of care available within GP teams. While this has made a positive impact, we recognise there are still challenges. To support further improvement, a number of national funding announcements have been made. This year, NHS Forth Valley received a share of a £15 million national investment to enhance GP provision. In addition, the Scottish Government has announced a further £250 million over the next three years to help expand the GP workforce nationally. All NHS Boards have been invited to submit proposals for new GP walk-in centres, which would allow patients to attend and see a GP without the need for an appointment. These submissions will be considered at a national level.
There are a number of new housing estates across Forth Valley, for example in Denny/Dennyloanhead, is there any intention to build new GP practices or have extra GPs to provide healthcare?	National Funding for new healthcare developments, including GP Practices has been limited in recent years. However, we actively plan for future service needs in line with our Population Health and Care Strategy, and new housing developments are an important part of this work. NHS Forth Valley works closely with local authority planning teams, who notify us when significant new housing is proposed. We then assess the potential impact on local healthcare services, including general practice. Where appropriate, we apply for developer contributions to help fund additional primary care premises or improvements to existing facilities. These contributions can support the expansion of capacity within GP services to meet the needs of growing communities. While funding constraints mean new GP buildings are not always possible, we continue to explore every available option to ensure local practices can meet future demand and that healthcare remains accessible for residents in expanding areas such as Denny and Dennyloanhead.

How does the Board assess the quality of care in the 49 GP practices within FV? Including accessibility.	All GP practices in Forth Valley operate under national GP contracts, which set out the core services they are required to provide. While these contracts are now less prescriptive than they used to be, practices must still demonstrate that they are meeting the standards and responsibilities set out within them. NHS Forth Valley has a clear process for monitoring the quality of care provided in all 49 GP practices across the region. When concerns are raised—whether by patients, partner organisations or other parts of the system—our GP Clinical Leads engage directly with the practice to seek assurance about the quality and safety of the care being provided. This includes discussing any issues identified, reviewing relevant information and agreeing what actions may be needed. Practices have always engaged positively with these processes. In addition, the Deputy Medical Director for Primary Care provides oversight and works closely with practices where more detailed assurance or support is required. This ensures that any emerging issues are identified early and addressed appropriately. The Board also has wider oversight of primary care as part of its responsibility for the whole health and care system. We work closely with the Health and Social Care Partnerships (HSCPs) to monitor quality, accessibility and patient experience across services, recognising that GP practices operate as part of an integrated system. Through these arrangements, we aim to ensure that patients across Forth Valley continue to receive safe, effective and accessible care from their local GP practice.

Why is the Health Board not meeting its targets for responding to complaints and what are you doing to improve this?	Improving the way we handle complaints is a key part of our wider focus on person-centred care and ensuring every patient has a positive care experience. We recognise that our current performance, particularly for more complex complaints, is not where it needs to be. The national standard requires NHS Boards to respond to complaints within 20 working days, and we are held to account for this by the Scottish Public Services Ombudsman (SPSO). Our performance for Stage 1 complaints, which are usually more straightforward, has improved. However, Stage 2 complaints are often more complex, require detailed investigation, and can involve multiple services or clinical teams. These cases take longer to work through, and improving our response times in this area is now a key priority. We are currently streamlining our internal processes to ensure complaints are managed more efficiently from the point they are received. In addition, we are carrying out a thematic analysis of complaints to identify common themes and areas for learning. This will help us understand whether there are patterns that can inform improvement work already underway across NHS Forth Valley and prevent issues from recurring. By strengthening our processes, learning from feedback, and focusing on timely, person-centred responses, we aim to significantly improve our performance and ensure that individuals who raise concerns receive clear, compassionate and prompt responses.

In relation to the disproportionate impact of and health inequalities affecting ethnic minority communities: **1. What are you doing to address these issues?**	1. First and foremost, we are acknowledging that these exist and require attention to address. NHS Forth Valley's Equality & Inclusion Strategic Framework (2025-2029) identifies Health Inequalities as one of our six Equality Outcomes for 2025 to 2029, including those experienced by our ethnic minority communities and the need to undertake targeted work to address these issues. Furthermore, another of our six Equality Outcomes is the development of our Anti-Racism Plan, which focuses on three key areas in particular for which evidence identifies that there is a concerning health disparity experienced by ethnic minority individuals: • Mental Health • Cardiovascular Disease and Diabetes • Perinatal and Maternal Health We have a dedicated working group who meet monthly to develop this plan and the actions underpinning it, which include the following key steps: • Improve workforce and community-level data to better understand gaps and inequalities so we are allocating resources and efforts in the best way possible. • Offer targeted outreach sessions (e.g., health promotion, screening) for ethnic minority groups, liaising with key third sector and external stakeholders to help build trust and rapport within these communities. • Collaborate with staff networks (such as the Ethnic Diversity Network) and community stakeholders to co-design action and ensure we are listening and responding to lived experience feedback.

2. How are you training and supporting staff to meet the needs and sensitivities of ethnic minority communities?	We have some current improvement work underway that will help to address health inequalities: • Interpretation and Translation - we are improving the way in which we deliver Interpretation and Translation services, optimising digital resource to help meet demand, particularly for languages that are more challenging to source. By improving the provision of information in a patient's own language via both Interpretation and Translation input, we know from evidence that this is a good start to helping to break down access barriers and tackle health inequalities. • Equality Impact Assessments (EQIAs) -improvement work to make our EQIA process more user-friendly and robust by utilising digital support options and providing additional guidance and support for colleagues to encourage effective undertaking. We have also adopted the United Nations Convention on the Rights of the Child (UNCRC) into our EQIA process and this involves a particular focus on considering health inequalities from birth. 2. Building upon nationally available TURAS modules and addressing any gaps with local training and awareness sessions to enhance knowledge and understanding in cultural awareness and sensitivities that may impact both our workforce and local community members from easy-to-miss or protected characteristic groups, including ethnic minorities. This also involves building in competency around appreciating the additional barriers faced by those with intersectionality across the protected characteristics and the need to be culturally sensitive but in a person-centred approach.

3. How are you ensuring that ethnic minority communities are inputting into and informing the design and delivery of services to ensure they are inclusive and fit for purpose?	Our Equality and Inclusion Strategic Framework (2025 to 2029) emphasises creating a workplace culture of inclusion, where staff from ethnic minority backgrounds feel supported, respected and valued and this ties in with our ongoing Culture Change and Compassionate Leadership Programme of work. We also continue to provide 1:1 support for colleagues requiring additional support and/or wider bespoke awareness sessions about wellbeing, discrimination and reasonable adjustments. 3. To ensure proportionate input from relevant ethnic minority communities in the design and delivery of our services, we will adopt a co-production approach that actively involves individuals from diverse backgrounds in service redesign. This aligns with our Participation and Engagement Framework and our approaches to other pieces of work across the organisation. Engagement will be facilitated through collaboration with local community organisations, faith-based groups, and diaspora networks to broaden participation and reach. This is an area where the expert support and input from CSREC would be particularly welcomed. Engagement activities will take place in trusted community spaces, supported by interpreters and experienced facilitators to ensure accessibility and comfort for all, listening, learning and responding as we go. We have developed an anti-racism plan which will focus on us understanding our population better and collaborating more with the public and patients is a key part of our 10-year Population Health and Care Strategy.

	For prevention, activities in cardiovascular disease and mental health are being planned and we will be working with Third sector organisations such as the Central Scotland Regional Equality Council and the Scottish Refugee council. We already work closely with our Maternity Voices Partnership (MVP) to gather feedback from women and families, ensuring that lived experience informs service improvement. We recognise the need to continue strengthening and making more intentional our engagement with ethnic minority communities whose voices may be under-represented. To support this, we have established links with local partners who work with women and families from ethnic minority communities. These partnerships enable trusted, community-led engagement and help us better understand barriers to access, experiences of care, and what matters most to these women and families. We will continue to build on this work by developing targeted engagement approaches that use culturally appropriate methods, accessible information, and suitable interpretation and advocacy support where needed. In early 2026, we will launch a multi-agency, multi-disciplinary approach to tackle inequalities in perinatal care. While all types of inequality will be considered, there will be a particular focus on racialised disparities, helping to make care fairer, more inclusive, and better for all families. Feedback from these engagements will be shared with service leads and used to inform service design, staff education, and quality improvement activities. We will also ensure that women and families are informed about how their feedback has influenced change, supporting ongoing trust and meaningful involvement through our MVP.

What contingences are in place to ensure that prescribed medications are available to the people of Forth Valley for example Liraglutide?	In NHS Forth Valley, we have a medicines management team who regularly utilises the Specialist Pharmacy Service (SPS) Medicines Supply Tool to stay informed about national medicine shortages and discontinuations. This tool is regularly updated by the Department of Health and Social Care (DHSC) and the Medicines Value and Access Team of NHS England. When a medicine becomes in short supply, the medicines management team check the SPS website for up-to-date information to ensure that prompt local information and advice is issued to GPs, specialists and community pharmacies. The team also work with local specialists if the medicine concerned, requires specialist guidance and advice. The SPS Medicines Supply Tool also offers GPs and specialists guidance with alternatives to consider when a patient cannot obtain the prescribed medicine due to short supply. In NHS Forth Valley, we publish this advice via the GP prescribing system (Scriptswitch) which provides advice to GPs so that they have the most up-to-date information and advice. We also have developed a local process flowchart for our community pharmacies to follow should a medicine become out of stock and what actions the community pharmacy should follow.
In light of the FAI recommendations in the joint case of Katie Allan and William Brown/Lindsay, what are you doing to provide resource support to the Mental Health Team in relation to Talk to Me?	NHS Forth Valley has supported the over recruitment of 14.9wte band 5 registered nurses and 5.8wte band 3 Healthcare Support Workers (HCSWs) within the Prison Healthcare teams in 2025/26, with one of the key aims of this investment being to support more timely access to mental health services and support.

What can be done around a community led approach to falls prevention - embedding co-production and local insight to reduce inequalities and demonstrate the value of preventative spend?	NHS Forth Valley is implementing a targeted initiative to reduce hip fractures by 16% by 2030. Hip fractures represent a significant burden with an estimated system-wide cost of over £10.9 million annually, largely driven by acute hospital stays. The initiative focuses on embedding prevention across systems, particularly in high-risk groups such as older adults, those with a history of fractures, care home residents and individuals with prior falls. The prevention strategies will be evidence-based, innovative and co-developed with our community partners to ensure we are providing value-based health and care to our population. Examples of interventions include: • Using digital technology to help with early identification of bone health concerns. • Enhancing the community offer of strength & balance classes to improve accessibility and targeting those at most risk of hip fractures to participate in these This work aligns with the NHS Forth Valley Population Health and Care Strategy (2025–2035) and the Scotland's Population Health Framework (2025-2035) emphasising prevention and cross-sector collaboration.
NHS Scotland's Model Standing Orders state that, "A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website." **Why does NHS Forth Valley not provide the meeting papers to the public three clear days in advance consistent with the approach taken by: NHS Lothian,**	We have reviewed the practice nationally, finding some variation from NHS board to NHS board in relation to publication of Board meeting papers. We are carrying out a stocktake of our governance and will take this into consideration. Until then our current approach will continue, and we will publish the agenda on the Board's website on the morning of the meeting.

NHS Highland, NHS24, NES, NHS Ayrshire and Arran, NHS Orkney, NHS Shetland and NHS Borders and when will the practice locally be revised?	
Does the Board agree that both Crutches and Ankle/Keg fracture support boots should not be returned to the Hospital of origin/issue?	There is a return policy in place for all NHS walking aids within NHS Forth Valley. Each recycling centre across the three council areas provides clearly designated and signed containers for walking aid returns. Once collected, JLES (Joint Loan Equipment Service) undertakes a thorough cleaning and refurbishment process. Any items deemed unusable are sent for scrap metal recycling. Refurbished aids are returned to Central Stores and redistributed as new orders are received. Key Points: • Approximately 50% of orders are fulfilled by Physiotherapy services across all areas. • A&E and Minor Injuries departments place a significant number of orders for elbow crutches, which are funded from a separate budget. Around half of all elbow crutches ordered come from these departments. Our aim remains to keep the process as simple and efficient for patients as possible.
How are privacy and communication supposed to be managed in the hospital?	Protecting patient privacy and ensuring clear, respectful communication are core priorities for NHS Forth Valley. We always aim to maintain confidentiality, however we recognise that in some clinical areas — such as busy bays in the Emergency Department, it may be more difficult to guarantee complete privacy, and conversations can occasionally be overheard. In these situations, staff take steps to minimise this wherever possible, for example by lowering their voices, drawing curtains, or offering a more private space when it is clinically appropriate and safe to do so.

	In relation to patient information, health records and test results, we follow strict data protection and confidentiality policies. These policies apply across all electronic systems, written records and verbal communication. Only staff who are directly involved in a patient's care, whether clinical or administrative are permitted to access their information, and all access is monitored and recorded. These measures are in place to ensure that patient privacy is respected at every stage of care, and that information is shared only with those who need it to provide safe and effective treatment.
Does the Board commit to follow or better NICE guidelines for immediate senses failure (Hearing, eyesight)?	Yes, NHS Forth Valley wants the best outcomes for our population and has 24-hour specialist access for patients with ENT or Ophthalmology emergencies.
I would like to ask if there has been research into why so many NHS hospital appointments are missed?	Yes, research has been carried out, both nationally and within NHS Boards into why some patients miss their hospital appointments. This issue is often referred to as "Did Not Attend" (DNA). Understanding the reasons behind DNAs is important, as missed appointments can delay treatment for the individual and reduce the number of available appointments for other patients. Locally, NHS Forth Valley continues to monitor DNA patterns and learn from patient feedback to understand what contributes to missed appointments. To reduce DNAs, a number of improvements have been introduced, including text reminders, clearer appointment information, and the increased use of Near Me video appointments where suitable. These changes aim to make it easier for patients to attend, rearrange or cancel appointments so that the slot can be offered to someone else. We will continue to review this area as part of our wider commitment to improving access, patient experience and the efficient use of clinical capacity across NHS Forth Valley.

Why do you have to check in several times when attending the out-patient department? Admin staff could be deployed in other areas.	Patients may be asked to check in more than once during an outpatient visit because it is essential that we confirm the correct patient, correct appointment and correct details at every stage of the journey. This is an important part of our safety processes and helps prevent administrative or clinical errors. The initial check-in at the front desk confirms that the patient has arrived for their appointment. A further check by the clinical or clinic support team ensures that all personal details, referral information and clinical records are accurate and up to date before care begins. This is particularly important where any tests, procedures or treatment decisions are involved. These checks form part of our wider safeguarding and patient identification procedures, which apply across both outpatient and surgical services. While we understand it may feel repetitive, these steps are in place to protect patients, maintain accurate records and ensure that the right care is delivered to the right person every time.
Given that NHS Scotland continues to face increasing Demand and Capacity challenges, how does NHS Forth Valley intend to address these pressures in terms of possible service delivery changes and rationalisation of property assets?	NHS Forth Valley is developing a programme to deliver Value Based Health and Care. In short, the aim is to look at how we can get the highest possible value, outcomes and impact from the resources we have available. This involves investing in the things that add the highest value and reducing or stopping things that add little value to patients, with an increased focus on prevention and early support. We already have some examples where we have been able to use this approach to transform how we deliver services, while remaining in budget and delivering improvements in

	performance, despite increasing demand. Our aim is to continue to roll out this approach across all service areas going forwards.
In relation to plans to improve the current mental health system for children and adolescents in our area, I would like to ask: • **How current criteria for crisis support can be improved and more children and young people with poor mental health and or suicidal ideation will be protected and better cared for** • **If no such changes are being implemented, then why not? And how do they propose to bring down the suicide statistics in our district.** • **I am aware of the strategy plan already being implemented however I don't think this is nearly enough so would like to know what else will be being done to protect our local children and young people from ending their lives following a lack of care, support and understanding.**	The Scottish Government's Mental Health Strategy 2017-2027 sets out the vision to improve mental health in Scotland and the CAMHS Specification outlines the provision families can expect from the NHS. In 2025, the FV Mental Health and Wellbeing Strategic Plan was collaboratively developed involving all partners across the region. This plan is committed to supporting the mental wellbeing of people of all ages, including children and young people. Meaningful and lasting change requires strong collaboration across public bodies, third sector organisations, community planning partners, and the voluntary sector. Together, we can create services that are better integrated, more accessible, and responsive to the needs of individuals, families, and communities with a focus upon early intervention. A population health approach is also required, which recognises that mental wellbeing is shaped by a wide range of social, economic, and environmental factors, with the promotion of mental wellbeing and the prevention of mental ill health as main priorities. NHS Forth Valley Mental Health & Wellbeing Plan 2025 - 2035 Suicide has a profound impact on individuals, families, and communities. Preventing suicide is a vital part of our commitment to improving mental health and wellbeing across Forth Valley. Suicide prevention efforts not only aim to reduce preventable deaths but also to provide compassionate support to those affected

	and help address the wider inequalities that contribute to suicide a priority for all partners. NHS Forth Valley's emerging Suicide Prevention Action Plan is closely aligned with the National Suicide Prevention Strategy, *Creating Hope Together*, and the local priorities of the Mental Health and Wellbeing Strategy. Specifically, with a vision to reduce suicide and its associated harms in a whole-system, multi-agency approach. It focuses on building community resilience, improving awareness and responses to suicide risk, and ensuring timely, compassionate support for those affected. The plan also emphasises the importance of using local data and lived experience to shape suicide prevention activity that is well-planned, collaborative, and responsive to community needs. It is a priority to ensure early intervention and access to emotional and mental wellbeing support. Taking a whole system approach to mental health and wellbeing means aligning and integrating services across the entire continuum of care from specialist inpatient and urgent care services to community-based support, primary care, self-management and prevention. It recognises that no single service or sector can meet the diverse and complex needs of individuals alone. By fostering collaboration across health, social care, education, housing, the third sector, and communities, we can create a joined-up system that delivers timely, person-centred, and preventative support. This approach ensures that people can access the right help, in the right place, at the right time, and that support is coordinated around their needs, not organisational boundaries. The action plan is in development at the time of writing, however there is ongoing work to progress suicide prevention efforts across

	the system. NHS Forth Valley has well established local links to the National Suicide Prevention Network, which supports opportunities for learning and development. Over the last year this network has enabled local arears to influence and contribute to national work, such as the "What If" Suicide Prevention Campaign, which aims to start Scotland's biggest conversation about suicide, to normalise talking about suicide, and to improve people's confidence talking about the subject. Not just for professionals, but also for the wider community. The campaign is linked to the national portal, which can he found here: Home - Suicide Prevention Scotland, and seeks to provide a central resource for adults, young people and those working in the area of suicide prevention. In addition to this a specific resource, *the Enabling Conversations Toolkit*, has been developed for use by people working with children, young people and families, as well as parents and youth groups, and aims to support parents, carers, trusted adults and young people to have conversations around suicide. This resource has been shared locally, and can be found here: Enabling conversations toolkit - Suicide Prevention Scotland. NHS Forth Valley will continue to work with a broad range of local and national partners to deliver suicide prevention work across the life span, which includes work in education settings for children and young people. Suicide prevention training is also available across Forth Valley in a variety of formats to support learning and development across the workforce and wider community. Examples include: • School counsellors • Enhanced support and professional learning materials for teachers on good mental health

	• Scotland's Mental Health First Aid (SMHFA) training using a 'train the trainer' model to enable dissemination to all schools • Kooth - Home - Kooth • Silvercloud - evidence based psychological therapies for CYP • Each council funded by SG to provide Community Mental Health and Wellbeing Supports for mild to moderate mental health problems • CAMHS deliver specialist mental health services (moderate to severe). This includes CAMHS crisis services providing emergency/crisis response assessment and management service, working alongside other agencies (Out of hours mental health services MHATS, Police, ED, SWS etc.) and may provide support as required to these agencies. CAMHS Crisis services work intensively with children and young people and their families/carers as required to respond to imminent risk to self or others as a result of a mental health crisis immediately. CAMHS crisis services ensure children and young people are safe and receive appropriate follow up care, including medical and psychiatric inpatient care where require, social work and other services response. iCAMHS also provide Intensive Home Treatment Service in the community to reduce and/or manage children and young people who are at immediate risk or who need intensive therapeutic care. The primary objective of this service is to prevent admissions to acute hospital care or step down from this care. There is strong local data available that demonstrates that it is possible to make a significant impact on suicide rates, with

	Clackmannanshire going from 31st in Scotland in 2019/20 for suicides in young people, to having the lowest rate in Scotland in 2024/25 with no suicides recorded.