A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 25 August 2026** 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.	**Minute of Forth Valley NHS Board meeting held on 30 June 2026**	For Ratification **Pages 4 to 22**	
4.	**Matters Arising from the Minute / Action Log**	For Approval **Pages 23 to 25**	
5.	**Chair's Report** Verbal Update by Ms Neena Mahal, Board Chair	For Assurance	**9.40**
6.	**Board Executive Team Report** (Paper presented by Professor Ross McGuffie, Chief Executive)	For Discussion **Pages 26 to 30**	**9.50**
7.	**Committees' Flash Report to Highlight Material Issues to the Board**	For Assurance **Pages 31 to 32**	**10.00**
	8. CONSENT AGENDA **Matters contained within Item 8 are proposed for Approval or Noting without further discussion** **Any matters to be raised to the Main Discussion Agenda should be intimated by Board Members to the Chair by 2pm on Thursday 20th August.**		**10.10**
8.1	**Board and Committees Meeting Schedule**	For Approval **Pages 33 to 36**	
8.2	**Board Schedule of Business**	For Noting **Page 37**	
8.3	**Highlight Report on Board Seminars**	For Noting **Pages 38 to 39**	
	Governance Committee Minutes		
8.4	**Clinical Governance Committee – Meeting of 7 July 2026**	For Noting **Pages 40 to 61**	
8.5	**Staff Governance Committee – Minute of Meeting of 21 July 2026**	For Noting **Pages 62 to 70**	
8.6	**Strategic Planning, Performance & Resources Committee – Minute of Meeting of 30 June 2026**	For Noting **Pages 71 to 75**	
8.7	**Pharmacy Practices Committee – Minutes of Meetings of:** **(a) 22 January 2025** **(b) 29 July 2025** **(c) 27 May 2026**	For Noting **Pages 76 to 85**	
	Advisory Committee Minutes		
8.8	**Area Clinical Forum – Minute of Meeting of 4 June 2026**	For Noting **Pages 86 to 89**	

9. Integration Joint Boards			
9.1	**Minute of Clackmannanshire & Stirling Integration Joint Board – 25 March 2026 and Directions**	For Assurance **Pages 90 to 104**	**10.15**
9.2	**Minute of Falkirk Integration Joint Board – 20 March 2026 and Directions**	For Assurance **Pages 105 to 125**	
ITEMS FOR APPROVAL			
10.	**NHS Board: Annual Delivery Plan 2025/26 Year-End Position and Annual Operational Plan 2026/27** (Paper presented by Mr David Munro, Senior Planning Manager)	For Decision **Pages 126 to 166**	**10.25**
	ITEMS FOR DISCUSSION & ASSURANCE		
11.	**Annual Report Summary for 2025/26** (Paper presented by Mrs Elsbeth Campbell, Head of Communications)	For Assurance **Pages 167 to 186**	**10.40**
	BREAK 11.00 to 11.15		
12.	**GP Walk-in Service Phase 1** (Paper presented by Mr Tom Cowan, Head of Strategic Planning & Transformation)	For Assurance **Pages 187 to 196**	**11.15**
	QUALITY & SAFETY		
13.	**Patient Story – Significant Adverse Event Review** (Paper presented by Mr Andrew Murray, Medical Director)	For Assurance **Pages 197 to 202**	**11.30**
14.	**Quality Assurance and Improvement Report** (Paper presented by Mr Andrew Murray, Medical Director and Professor Karen Goudie, Executive Nursing Director)	For Assurance **Pages 203 to 221**	**11.55**
15.	**Quality, Safety & Experience Strategic Plan** (Paper presented by Dr David Watson, Corporate & Acute Director of Nursing)	For Endorsement **Pages 222 to 238**	
16.	**Healthcare Associated Infection (HAI) Report July 2026** (Paper presented by Mr Jonathan Horwood, Infection Control Manager & Clinical Lead)	For Assurance **Pages 239 to 261**	
	FINANCE & PERFORMANCE		
17.	**Finance Report** (Paper presented by Mr Scott Urquhart, Director of Finance)	For Assurance **Pages 262 to 273**	**1.00**
18.	**Performance Report** (Paper presented by Professor Ross McGuffie, Chief Executive)	For Assurance **Pages 274 to 316**	**1.10**
19. ANY OTHER COMPETENT BUSINESS			
20. RISKS AND REFLECTIONS			
21.	**Date and Time of Next Meeting** Tuesday 27 October, 9.30am	For Noting	

Forth Valley NHS Board
Record of Attendance: 1 April 2026 to 31 March 2027

MEMBERS	28 Apr	16 June	30 June	25 Aug	27 Oct	15 Dec	23 Feb
Neena Mahal (Chair)	✓	✓	✓				
Kirstin Cassells	✓	✓	✓				
Jennifer Champion	✓	✓	✓				
Fiona Collie	✓	✓	✓				
Martin Fairbairn	✓	✓	✓				
Scott Farmer	✓	✓	✓				
Karen Goudie	✓	✓	✓				
Alison Jaap	✓	✓	✓				
Gordon Johnston	✓	✓	✓				
Fiona Law	X	✓	✓				
Stephen McAllister	✓	✓	X				
Ross McGuffie	✓	✓	✓				
Clare McKenzie	✓	✓	✓				
Karren Morrison	✓	X	✓				
Andrew Murray	✓	✓	✓				
Allan Rennie	✓	✓	✓				
Finlay Scott	✓	✓	✓				
John Stuart	✓	✓	✓				
Scott Urquhart	✓	✓	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 June 2026
For: Ratification

Minute of the Forth Valley NHS Board Meeting held on Tuesday 30 June 2026 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)
Cllr Fiona Collie (Non-Executive Director)
Mr Martin Fairbairn (Non-Executive Director)
Cllr Scott Farmer (Non-Executive Director)
Professor Karen Goudie (Executive Nurse Director)
Ms Alison Jaap (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Cllr Fiona Law (Non-Executive Director) joined at Item 8
Professor Ross McGuffie (Chief Executive)
Professor Clare McKenzie (Non-Executive Director)
Mrs Karren Morrison (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)

In Attendance:
Ms Elsbeth Campbell (Head of Communications)
Mr Tom Cowan (Head of Strategic Planning & Transformation)
Ms Caroline Doherty (Interim Chief Officer – Falkirk IJB)
Mrs Morag Farquhar (Director of Facilities)
Mr Garry Fraser (Director of Acute Services)
Mr Jack Frawley (Board Secretary)
Ms Kerry Mackenzie (Acting Director of Strategic Planning, Performance & Resources)
Ms Amy McDonald (Chief Finance Officer – Clackmannanshire & Stirling IJB)
Ms Linda McGovern (Deputy Director of Workforce)
Ms Rachel Marshall (Deputy Director of Digital)
Ms Trisha Miller (Lead Nurse – Infection Control) item 13
Mr Ewan Murray (Business & Governance Lead – Falkirk IJB) item 7.7
Ms Jillian Thomson (Deputy Director of Finance)
Ms Vicky Webb (Head of Risk Management)

---

1. Welcome, Apologies for Absence and Confirmation of Quorum

Apologies were intimated on behalf of Stephen McAllister and Scott Urquhart. The Board meeting was quorate.

Dr Jennifer Borthwick and Kevin Reith were not in attendance.

The Chair welcomed Caroline Doherty to their first meeting as Interim Chief Officer – Falkirk Integration Joint Board.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of Meeting

The minute of the meeting held on 28 April 2026, 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.

Board members noted that actions 119, 128, 131, 133, 135, 136, 138, 139 and 140 were marked as complete and would be removed from the Action Log.

An update was sought on the progress made on the Clackmannanshire & Stirling Integration Scheme. The Chief Executive advised that in relation to risk sharing arrangements the broad principles were in place. There would be a transition period from the current practice to any agreed approach in the revised Scheme. Due to an ongoing major incident in the Clackmannanshire area, there had been an understandable reduction in how much resource could be focused on the Integration Scheme Review, a conclusion was expected in the next couple of months. The next steps after that were to have approval by both Councils and the Health Board before submission to Scottish Ministers for their decision.

In response to a question on item 130, it was confirmed that the Public Health Report would be submitted to the next Clinical Governance Committee meeting.

The Forth Valley NHS Board approved the Action Log.

5.

(a) Chair's Report - Verbal Update by Ms Neena Mahal

The Board Chair highlighted the following:

(a) The Board Chair had attended the NMAHP Leadership event as had other Non-Executive Directors. The Chief Executive planned to attend a future event.

(b) The Board Chair and Chief Executive had attended the joint Integration Joint Board Development Session.

(c) There had been meetings between the Chair, Chief Executive and Derek Grieve, Scottish Government, on Urgent & Unscheduled Care. A later item 'Acute Site Emergency Department Staffing' related to this.

(d) The Board Chair had participated in the Realistic Medicine Conference where Forth Valley's work on Value Based Health & Care was shared nationally.

(e) An MP/MSP meeting had been held on Friday 26 June with future meetings planned quarterly. This had been the first meeting with the new cohort of MSPs.

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

(b) NHS Forth Valley De-escalation to Stage 1 of NHS Scotland's Support and Intervention Framework

The Forth Valley NHS Board considered a report for assurance, which provided an update on the escalation status of NHS Forth Valley which had moved to Stage 1 with effect from 8 June 2026.

Key messages in the report included:

(i) NHS Forth Valley had submitted an evidence paper to the National Planning and Performance Oversight Group (NPPOG) which provided information on progress made in relation to Culture, Leadership, and Governance, including summaries of what had changed in each area.

(ii) NHS Scotland's Chief People Officer wrote to the Board on 5 June advising that there was assurance on the significant progress made and the sustained improvement, meaning that NHS Forth Valley was no longer an outlier in Leadership, Governance and Culture across the system. NPPOG also noted that the ongoing culture work had been baselined into business-as-usual governance, with the Board and its committee structure continuing to oversee the progress and impact of the work.

(iii) De-escalation to Stage 1 meant that informal support was no longer required.

The following points were made in discussion:

(i) Members expressed their thanks to all Executives for their efforts on a number of major pieces of work. There had been a lot of pressure and focus on the Executive Team who had responded well.

(ii) It was recognised that there had been a remarkable turnaround and this had a very positive impact on staff working in NHS Forth Valley.

(iii) There was a question on the internal and external communications planned in relation to de-escalation. It was confirmed that communications had been shared locally and that there had also been communications from Scottish Government. Positive reporting in local media was highlighted.

The Forth Valley NHS Board:

(1) noted the NPPOG evidence paper set out at appendix 1 to the report;

(2) noted the Chief People Officer's De-escalation to Stage 1 of the NHS Scotland Support and Intervention Framework letter, and

(3) agreed 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.

(c) Board Seminar Update

The Forth Valley NHS Board noted for information the Board Seminar Update report on the sessions held on 9 March; 21 April, and 9 June 2026 on Culture Change; Governance; the Digital Plan; the National Treatment Centre; OPEL Tool on Culture, and Community Pharmacy Model Hours.

The following points were made in discussion:

(i) There was a comment reiterating that Board Seminars were not decision making and that this should be clear in any reporting of matters considered there.

The Forth Valley NHS Board noted the report.

6. Board Executive Team Report

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

Key messages in the report included:

(i) Dr Michael Blackmore, a GP in Grangemouth, had been named winner of the Inspiring Fellow Award at the Royal College of General Practitioners Inspire Awards.

(ii) Dave Williams, Lead Resuscitation Officer, had been appointed as a Member of the Order of St John in the Priory of Scotland, recognising his notable and committed voluntary service in training members of the public and local groups in bystander CPR.

(iii) The Specialist Rehabilitation Unit won second place, and the Prisoner Healthcare teams were highly commended in the Nursing Team of the Year category at the 2026 RCN Scotland Nuse of the Year Awards, providing great recognition of the dedication, compassion and professionalism of the services.

(iv) Three staff from NHSFV had received university appointments, recognising their academic and clinical expertise:
o Paul Cameron, Director of Allied Health Professions, had been appointed as an Honorary Clinical Professor within the University of Stirling's Faculty of Health Sciences and Sport
o Dr Pamela Scott, Lead Nurse for ED, Acute and Clinical Assessment Units, had been appointed as an Honorary Clinical Associate Professor at the University of Stirling
o Claire Hedley, AHP Practice Education Lead, had been awarded the title of Visiting Fellow in Occupational Therapy at Edinburgh Napier University's School of Health and Social Care.

(v) The Board had received confirmation on 4th June from the Scottish Information Commissioner that the intervention around Freedom of Information compliance was now closed. The Commissioner was satisfied with the requested evidence submitted and was assured that the Board now had taken the necessary steps to sustainably resolve the non-compliance issues.

(vi) The Chief Executive attended a session on Public Service Reform, hosted by the First Minister, Deputy First Minister and Minster for Public Sector Reform. Further updates would be provided to the Board as this developed.

The following points were made in discussion:

(i) Members sought clarity on the direction of Sub-National Planning now that the Scottish Parliament elections were past. The Draft Plan feedback was expected from Scottish Government in July. The Sub-National working groups and committees were functional and meeting. Work was ongoing to get under areas of potential collaboration, once the Plans were approved there could be a move to the implementation space. The Board Chair noted that the Scottish Government Programme for Government 2026/27 would be announced in September.

(ii) An update on the MenB Vaccine programme was sought. It was noted that the programme commenced in July and that there were no deliverability concerns.

The Forth Valley NHS Board noted the report.

7. Committee Minutes Flash Report to Highlight Material Issues to the Board

The Board considered a Flash Report which set out matters the Board's Committees had agreed to highlight.

The following points were made in discussion:

(i) It was noted that all assurance reports included an agreed standard recommendation to consider the position in relation to assurance. Going forward

there was a desire to ensure Committees and Board were actively considering their decision making on this by 'agreeing' whether they were assured or not. For example, clarity was sought on whether the Clinical Governance Committee was assured in relation to SAERs. The CGC Chair noted that there was reasonable assurance but a recognition of further work to do. Some headway was being made with the long waits and additional resource was being deployed on a fixed term basis to tackle the backlog. There was also further work to be done to maximise the use of learning summaries. Members asked about the speed of the recruitment process to bring in additional resource to support SAERs. This had been explored thoroughly by the Executive and processes had been expedited where possible.

(ii) Clarity on the escalation process from the Clinical Governance Working Group to the Clinical Governance Committee was sought. There was a standing item at the Clinical Governance Committee which highlighted all relevant matters from the Working Group which was prepared by the Head of Clinical Governance and Medical Director.

(iii) There was a comment that the System Assurance papers at the Clinical Governance Committee were very valuable and evolving with a lead from the Directorate present at Committee.

(iv) An update was sought on the APF action on Bullying and Harassment. The new Head of Workforce Relations had been working on this area and processing individual cases to look at timescales urgently. A collaboration with NHS Wales was being explored in relation to their Do No Harm processes. APF would consider what process was required to move this along and understand the barriers.

(v) Members sought further information on the launch of in-person inductions. The programme was due to commence the next day. There would be Executive representation and different groups of staff together. Through a corporate induction process the standards on culture and values could be set out well.

(vi) Clarity was sought on the one-stop cataract service considered at ACF from the Area Optical Committee. This had previously been raised at Board and there had been good work with Communications. The Clinical Portal was being worked on with the involvement of a number of contactors, IT and Information Governance. There would be appropriate audit processes in place. The details of where the service would be offered would be provided on the Board website.

(vii) A general update on any remaining issues with the Reduced Working Week implementation was sought. There were still some matters to finalise in terms of backfill amounts required. There was a potential financial risk associated which need to be clarified, this also had the potential to become a service risk if not mitigated where needed. It was noted that in small teams it was hard to replace the hours in relation to highly specialised posts, one approach was to combine hours and create new support posts.

The Forth Valley NHS Board noted the Flash Report and minutes of meetings of the:

7.1 Audit & Risk Committee meeting of 27 March 2026.

7.2 Clinical Governance Committee of 5 May 2026.

7.3 Staff Governance Committee of 12 May 2026.

7.4 Strategic Planning, Performance & Resources Committee of 26 May 2026.

Advisory Committee Minutes:

7.5 Area Clinical Forum of 15 January 2026 and 23 April 2026.

7.6 Area Partnership Forum of 14 April 2026.

7.7 Falkirk Integration Scheme

The Forth Valley NHS Board considered a report for assurance, presented by Mr Ewan Murray, which provided an update on the approved Falkirk Integration Scheme.

Key messages in the report included:

(i) The revised Falkirk Integration Scheme had been approved by Scottish Ministers on 9 April 2026 and superseded the previous Integration Scheme from that date as the legal partnership agreement between NHS Forth Valley and Falkirk Council which set out the key arrangements for how integrated health and social care services were to be planned, delivered and monitored.

(ii) The key changes within the Falkirk Integration Scheme in comparison to the previous integration scheme were:
- Delegation of Children's and Justice Social Work from Falkirk Council
- An additional voting member on the IJB from NHS Forth Valley and Falkirk Council increasing the number of voting members from each organisation from 3 to 4.
- Incorporation of provisions within the Integration Scheme in relation to services to be integrated and delivered on a pan-Forth Valley basis.
- Clear financial risk sharing arrangements including in relation to the set aside budget for large hospital services.

(iii) As a consequence of a Scottish Statutory Instrument (SSI) there were changes to the IJB order which would result in 3 lived experienced members of Falkirk IJB gaining voting rights from September 2026. This was not directly related to the Integration Scheme itself and would not require further amendment to the Integration Scheme

The following points were made in discussion:

(i) There was a question on Hosted Services and how the flow of money and responsibilities worked. An example was given in terms of Primary Care which was hosted by Falkirk. Although the service was operationally managed by Falkirk the budget remained split by area. IJBs were not able to delegate their Strategic Plan responsibilities which meant that proportionate financial reporting and clinical governance was needed. It was noted that in relation to the two hosted services Primary Care and Mental Health that both IJBs should still influence the strategic direction for each. Operational delivery was through the HSCPs and the budgets sat there. It was acknowledged that governance arrangements were still being refined.

(ii) A question was asked on clinical governance responsibilities. It was confirmed that the professional responsibilities remained with the Medical Director and Executive Nurse Director with reporting to each IJB.

The Forth Valley NHS Board:

(1) noted that the Falkirk Integration Scheme was approved by Scottish Ministers on 9 April 2026;

(2) noted that the Falkirk Integration Scheme extended the functions delegated by Falkirk Council to include Children's and Justice Social Work services and incorporated details of services to be integrated and delivered on a pan-Forth Valley basis (commonly referred to as Hosted Services and/or Lead Partner arrangements)

(3) noted the Falkirk Integration Scheme incorporated an increase in the numbers of voting Integration Joint Board members from both NHS Forth Valley and Falkirk Council from 3 to 4, and

(4) agreed that the report provided assurance that appropriate controls were in pace to manage the identified risks, support the delivery of

objectives and that where improvements were needed, clear actions had been identified.

Cllr Fiona Law joined the meeting during consideration of the following item.

8. Strategic Risk Register Update – April to June 2026

The Forth Valley NHS Board considered a report for approval, presented by Ms Webb, which provided an update to the Strategic Risk Register for the period of April to June 2026.

Key messages in the report included:

(i) The Risk Management Working Group continued to meet monthly to discuss the recommendations made by the Standing Governance Committees and FV NHS Board to strengthen the Strategic Risk Management process. The group had supported the review and refresh of Risk Appetite and Tolerance, introduced action criticality to reporting, and proposed Governance Committee approval of action extension to support Committee ownership of the strategic risks.

(ii) Further work was ongoing to refresh the focused review template and realign the strategic risk descriptions to the Population Health & Care Strategy.

(iii) All current strategic risks had been reviewed during the period with SRR004 increasing to a score of 25. Alongside this, SRR005 risk description had been reviewed to re-emphasise the strategic risks to the Board.

(iv) Three focused reviews had been conducted in the period:
- o SRR003: Information Governance
- o SRR011: Digital & eHealth Infrastructure
- o SRR018: Primary Care Sustainability

(v) There were currently 0% of risks within the Board's appetite, 25% within tolerance and 75% were outwith appetite and tolerance.

The following points were made in discussion:

(i) Members commented that the content within the report section Governance Route to Meeting was very useful as it highlighted the core of what had been discussed at Committees.

(ii) A question was asked on how the criticality was determined in the context of the importance of clinical and digital risks. A new process was evolving which would be assessed by risk owners, particularly through the focussed review process. Operationally there had been a strengthening of approach with SLT oversight and layers of challenge through the process. Education was needed throughout the organisation, and a risk maturity exercise was planned to be done to give a baseline to work from.

(iii) There was a question on the approach to planned care through winter and whether theatres would be stood down. In the previous year, with a couple of exceptional days, there had been no stand down of planned care through winter to protect capacity. The delivery of scheduled care was built into the Seasonal Surge Preparedness Plan.

(iv) An update was sought on the Urgent & Unscheduled Care control, due 30 June 2026, to Develop Adults With Incapacity (AWI) Process. Clarity was also sought on when an update would be provided on the Scheduled Care control relating to Mutual Aid Request for Arthroplasty. Overdue actions would be picked up and reported to Committee with onward reporting then to Board.

(v) There was a question on tolerance and appetite. Where all Strategic Risks were out of tolerance, what was the plan to get them back into tolerance, or

was there an acceptance of where they were, or was a change of appetite needed. The Short Life Working Group was looking at this matter and would continue to focus on for the next few cycles. There would be a report on the work of the SLWG to SPPRC in the future which could include recommendations for further work, education requirements, calibration and the risk maturity assessment.

The Forth Valley NHS Board:

(1) approved the changes to the Strategic Risk Register for April to June 2026:
- **(a) SRR004: Scheduled Care increased in score from 20 to 25**
- **(b) Reframing of SRR005: Financial Sustainability to reflect the Strategic Position;**

(2) noted the progression of the mitigating actions identified;

(3) noted the assurance provided through the focused reviews conducted within the period;

(4) noted the work of the Risk Management Work Group to strengthen the Strategic Risk Management processes, and

(5) agreed that the report provided assurance that appropriate controls were in place to manage the identified risks, support the delivery of objectives and that where improvements were needed, clear actions had been identified.

Action

(1) Requested that a report was presented to the SPPRC providing the outputs of the Short Life Working Group on Risk including any recommendations for further work, education requirements, calibration and the risk maturity assessment. Vicky Webb

9. Digital Plan 2026 - 2027

The Forth Valley NHS Board considered a report for approval, presented by Ms Marshall, which set out a programme of digital investments to deliver both local service priorities and national digital projects.

The key messages in the report included:

(i) The Plan set out six priority areas which were:
- Digital Access
- Digital Services
- Digital Foundations
- Digital Skills and Leadership
- Digital Futures
- Data-Driven Services and Insight

(ii) Each programme, project and deliverable identified within the delivery plan had been assessed and prioritised using the Digital Prioritisation and Complexity Matrix. The aim of this methodology was to provide a structured, transparent approach to scoring.

(iii) NHS Forth Valley was developing a formal Digital Champion Network to strengthen digital confidence and promote the adoption of new tools and ways of working across clinical and corporate services. Building on early engagement through the Digital Champions Short Life Working Group and the draft Digital Champions Strategy, the programme would identify and train staff who could act as trusted, local advocates for digital transformation.

(iv) It was acknowledged that Board members had taken the opportunity to review and comment on the Digital Plan at the Board seminar.

The following points were made in discussion:

(i) Members asked how the digitalisation agenda and challenge with multiplicity of systems could be taken forward with appropriate controls. An update on the move toward an electronic record and improved patient access to their information was also sought. A bid had been made to Scottish Government as part of their Spend to Save programme for funding to support digitisation. It was stated that maintaining existing infrastructure was as important as focus on new projects. The digitisation of health records and move to an Electronic Patient Record were important, major and challenging pieces of work.

(ii) The Board commended the Digital Plan and noted that delivery came down to resources. The prioritisation process within Digital was recognised as being particularly robust. There was a need to balance local priorities against national requests while also minimising clinical risks.

(iii) A question was asked on the replacement date against the end of support date for Medical Physics. The prioritisation in relation to Medical Physics had seen this project brought forward as funding was in place and everything would be completed this year with no concerns in relation to using out of support devices.

(iv) The perspective of the Nursing Workforce was sought, particularly in relation to electronic patient records. An EPR was incredibly important. There were risks to the use of paper-based processes but there was a lot of further work to do. There was buy-in from the clinical community to work on digitisation together.

(v) Members noted that there was an existing action for the SPPRC to receive a fuller report on digital transformation. Members commented that it would be helpful for the SPPRC report to cover the longer term, with specific understanding of the long term journey, barriers, risks and enablers.

The Forth Valley NHS Board:

(1) approved the Digital Plan for 2026 - 2027;

(2) noted that the SPPRC would receive a report on the fuller plan for digitisation of records, and

(3) agreed 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. However, the Board recognised the importance of other areas including the funding needed to deliver the Plan and that there would be further discussion at SPPRC.

10. Governance

(a) Board Appointments

The Forth Valley NHS Board considered a report for approval, presented by Mr Frawley, which sought decisions on a number of matters including short life groups and Committee appointments.

Key messages in the report included:

(i) A Population Health & Care Task & Finish Group had been established by the Board at its meeting of 26 November 2024 and through a series of meetings shaped the development of the Population Health & Care Strategy. Following Board approval of the Strategy on 30 September 2025 the Group was stood down. Having considered further arrangements for monitoring the implementation of the Strategy at recent Board Seminars it was recommended that a Short Life Task & Finish Group to oversee implementation of the Strategy was established, reporting to the SPPRC.

(ii) As a consequence of Alison Jaap's resignation from the Board effective 31 July 2026, it was proposed that the resultant vacancy on the Remuneration Committee was filled by John Stuart. As a further consequence of Alison Jaap's resignation it was recommended that the resultant vacancy on the Falkirk IJB was filled by Clare McKenzie.

(iii) The revised Falkirk Integration Scheme created a fourth Voting Member position for both the Council and Health Board. Given the number of Voting Member places to be filled across the two IJBs, it was recommended that Karen Goudie, Executive Nurse Director was appointed to the fourth Voting Member position.

(iv) NHS Forth Valley appoints the Chair of the C&S IJB for the period 1 April 2026 to 31 March 2028. Allan Rennie was appointed as Chair of the C&S IJB at the meeting of 31 March 2026. As Allan Rennie's appointment as an NHS Forth Valley Board Member would end on 31 December 2026 it was recommended that Finlay Scott was appointed as C&S IJB Chair from 1 January 2027.

The Forth Valley NHS Board:

(1) agreed that a Short Life Task and Finish Group was established reporting to the Strategic Planning, Performance & Resources Committee and the Board to oversee the Population Health & Care Strategy, led by the Director of Public Health and comprising Cllr Fiona Collie, Gordon Johnston and Finlay Scott;

(2) agreed that a Short Life Working Group was established to review arrangements in relation to Performance Reporting led by the Acting Director of Strategic Planning & Performance and comprising Cllr Scott Farmer, Clare McKenzie and Allan Rennie;

(3) noted Alison Jaap's resignation from the Forth Valley NHS Board, effective 31 July 2026

(4) appointed John Stuart to the Remuneration Committee, effective 1 August 2026

(5) appointed Clare McKenzie as a Voting Member of the Falkirk IJB effective 1 August 2026;

(6) appointed Karen Goudie as a Voting Member of the Falkirk IJB with immediate effect;

(7) appointed Finlay Scott as Chair of the Clackmannanshire & Stirling IJB effective 1 January 2027, once the current IJB Chair's, Allan Rennie, appointment as an NHS Board Member comes to an end, and

(8) agreed 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) NHS Forth Valley Blueprint for Good Governance:
Board Development Plan 2025/26 – Progress Update
Draft Board Development Plan for 2026/27

The Forth Valley NHS Board considered a report for approval, presented by Mr Frawley, which provided an update on the position against the Board Development Plan 2025/26 and set out a Plan for the coming year with new actions identified for 2026/27. A Three-year Vision document was also provided which set the medium-term context for the Board Development Plan.

Key messages in the report included:

(i) NHS Forth Valley Board had undergone a significant period of governance strengthening, with a clear and demonstrable trajectory of improvement across leadership, oversight and organisational culture.

(ii) In 2024/25, the Board's first formalised development approach was shaped by the need to respond to national scrutiny and escalation. This included a strong focus on strengthening core governance functions, particularly in relation to assurance, risk management and performance oversight. Governance arrangements were aligned more closely with national frameworks, including the NHS Scotland Blueprint for Good Governance, and improvements identified through Internal Audit and wider governance reviews were systematically embedded.

(iii) By 2025/26, the Board had built on this foundation and demonstrated further progress. The Population Health & Care Strategy 2025–2035 was approved aligned to national reform priorities.

(iv) The NHS Forth Valley Board Effectiveness Survey 2026 and Committee Effectiveness Survey 2026 were explicitly aligned to the five governance functions set out within the NHS Scotland Blueprint for Good Governance. This alignment provided a structured and consistent framework through which Board and Committee effectiveness could be assessed.

(v) Alongside strengths, the surveys identified some areas for improvement with key themes around:
- Strengthening Strategic Governance and Direction Setting
- Strengthening Whole System Assurance, improvements in data intelligence and delivering an Integrated Assurance Framework
- Enhancing the Board's approach to risk scrutiny, maturity and reporting
- Enhancing Engagement approaches with communities, staff and partner organisations
- Leading and Modelling an Inclusive and Positive Culture, including strengthening the Board's consideration of Equality, Diversity and Inclusion
- Optimising the operational working and effectiveness of the Board and Committees.

(vi) The 3-year plan would be delivered through:
- Annual Board Development Plans
- Structured Board Development Programme
- NXD Masterclasses and Turas Board Development
- Governance Continuous Improvement Cycle
- Alignment to National Frameworks

The following points were made in discussion:

(i) Members suggested that the Executive consider referencing the Anti-Racism Plan and role of Staff Networks and whether there was enough detail on delivery actions for Setting the Direction including reference to partners such as the HSCPs and communities. It was noted that the detail on governance actions was contained in operational documents and that this Plan was higher level.

(ii) Members said that it would be helpful to express the Board's role in Setting the Direction differently in relation to support for implementation and its own education. In supporting implementation there could be references to the Anti-Racism Plan and Value Based Health & Care.

The Forth Valley NHS Board:

(1) noted the progress reported against the Board Development Plan 2025/26;

(2) noted that development of the 2026/27 Board Development Plan took into account the review of Board & Committee effectiveness work and recent Board Seminar;

(3) approved the Board Development Plan 2026/27, subject to the suggested amendments and

(4) agreed 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) Update the 2026/27 Plan to reflect: Setting the Direction – how the Board supports implementation and include references to the Anti-Racism Plan and Value Based Health & Care. Jack Frawley

The Board adjourned at 11.05am and reconvened at 11.15am with all members present as per the attendance list.

11. HIS Acute Services Follow-Up Inspection Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Goudie, which provided an update on the HIS Unannounced Acute Safe Delivery of Care Inspection and Improvement Action Plan.

Key messages in the report included:

(i) HIS undertook an unannounced follow-up inspection of Acute Services at Forth Valley Royal Hospital in March 2026, with subsequent review and oversight activity continuing through April 2026, to assess progress against previously identified patient safety concerns and the sustainability of improvements in the delivery of care.

(ii) The follow-up inspection resulted in two areas of good practice, one recommendation and seven new or updated requirements. Four previous requirements were not met and had been carried forward.

(iii) Overall, HIS recognised clear and sustained progress since earlier inspections, with evidence of a more open and supportive organisational culture. Staff consistently described the hospital as a positive place to work, supported by visible and engaged senior leadership. Structured approaches such as hospital-wide safety huddles were observed to be embedded in practice, promoting transparency, shared situational awareness, and a culture of psychological safety where staff felt empowered to raise concerns. There were however several areas with opportunities for improvement.

(iv) An improvement action plan had been developed to address the identified requirements and recommendations, with governance arrangements established to provide robust oversight, monitoring, and assurance to the Board.

(v) All actions were in progress and demonstrate positive progress.

(vi) Evidence demonstrated early improvement across key areas, supported by structured monitoring and strong engagement in training and awareness initiatives. Work remained ongoing to address areas of variability and ensure consistent compliance with required standards.

The following points were made in discussion:

(i) The morning huddles had been revamped to take account of the recommendations and there were trained colleagues on every shift.

(ii) Members noted that good progress had been made. Clarity was sought on whether the level of recommendations and carry over from previous reports was within an acceptable range. In terms of the requirements a number were very process related. Through the inspection period there had been good discussion with the inspection team. There was now more assurance on the front door processes. In terms of the 7 new requirements work was already underway and being taken through improvement processes.

(iii) In relation to safe storage of medicines further information was sought on the variation request for swipe card rather than key access. Work was ongoing in relation to the safe storage of medicines which could be connected to professional standards to ensure doors and cabinets were closed. There was an audit and review process.

(iv) A question was asked on work to tackle root causes and make cultural improvements. The significant programme of culture work was continuing and making good progress. Work on dignity and respect related to professionalism.

(v) Members asked whether the issue was lack of 100% adherence to process rather than gaps in process. The Executive reflected that this was the case and that there had been extensive discussions on this.

(vi) It was noted that the report recognised the visibility of the senior hospital team and the ability of staff to raise concerns. In relation to Contingency Beds a question was asked on the plan to reduce the number of these. Most hospitals nationally were using non-clinical spaces and contingency beds. There had been a strong focus on risk mitigation and ensuring patient safety. The Service remained focused on removing contingency beds whenever possible.

(vii) There was a question on the requirement that "NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit". This had been raised in a previous inspection. Through the IR1 system of self-reporting there had been a couple of incidences of patients leaving with PVCs in place. As these related to individuals with capacity this could be hard to mitigate but discussions were ongoing on improvements which could be made.

The Forth Valley NHS Board:

(1) Recognised and were assured by the Governance structures in place to provide oversight of the implementation of the SDOC action plan through the Clinical Governance Committee, operational and oversight groups;

(2) recognised the initial progress towards the completion of the individual actions as detailed in the Project Plan, and

(3) agreed that 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.

12. Acute Site Emergency Department Staffing

The Forth Valley NHS Board considered a report for decision, presented by Mr Fraser, which set out information on a test of change in Acute Site Emergency Department Staffing following the outcome of the review by the Centre for Sustainable Delivery.

Key messages in the report included:

(i) The Emergency Department was operating under sustained and increasing pressure due to increased ED attendances and a mismatch between patient demand and available workforce capacity, particularly within Senior Decision Maker (SDM) roles.

(ii) Demand patterns demonstrated:
- Peak activity concentrated between late afternoon and midnight
- Persistent periods of high demand extending into overnight periods
- Regular exceedance of normal operational capacity resulting in a very busy and crowded environment
- That current staffing levels were insufficient to provide consistent senior clinical decision-making across the full 24-hour period, which could result in: delays to assessment and treatment; compromised flow and efficiency in the ED; adversely impact on patient care and experience; workforce fatigue, and retention challenges.

(iii) A detailed review of demand, CFSD benchmarking against national standards, acuity of patients attending at ED over 2025/26 period and workforce modelling had identified an opportunity to expand staffing in the Emergency Department.

(iv) The Scottish Government would provide funding for phase 1 of the staffing plan to allow a test of change to be undertaken, and this was being provided within the current financial year.

The following points were made in discussion:

(i) There was a question about the increased financial pressure which would fall to the Board if these posts were made permanent. The Board Chair noted that this was an invest to save project which mitigated the risk through some of the posts being fixed term and further decision making would be required on the basis of what traction was found. She referenced the discussions which had taken place at Committee on this subject and that this would indeed be an additional cost pressure should this be extended beyond Phase 1.

(ii) Members noted that there was an existing Acute Directorate overspend and recognised the importance of a detailed measurement plan with evaluation of the impact of the investment key to identify whether moving to phase 2 was right.

(iii) Confirmation was sought that the additional capacity was being targeted at the evening period where performance was weakest. It was noted that the evaluation of the impact was vital. The introduction of this capacity would mean the re-alignment of all shift patterns, but the aim was to meet the surge at the backshift.

(iv) A question was asked on how quickly the Service would be able to tell if the test of change had worked. The trajectories had been set by Scottish Government through work with national teams. Confidence had been built resulting in their offer to fund this increase in capacity. Although the CfSD trajectory was for each Board locally the Service was aiming higher.

(v) Members sought clarity on whether this additional capacity would lead to a reduction in the spend on locums. There were sometimes locums used to provide cover, the detail on this would be provided in SPPRC reporting.

(vi) There was discussion on the need to also remain focused on the efficiency of the ED processes and whether productivity was being optimised. Some members noted that they were only supportive on the basis that this approach was being funded by Scottish Government without having clear further evidence of the likely impact. Caution was expressed in relation to the layering of additional staff onto inefficient processes which would not achieve the

required results. Board Members reiterated the importance of seeing improvements to performance as a result of this investment.

(vii) Members encouraged the Executive to ensure that work to optimise ED processes continued as a priority. There needed to be clear reporting to SPPRC on evaluation and ongoing metrics including how the impact would be monitored and evaluated. There were 40 to 50 metrics which could be brought together and linked to the Frailty Unit and HSCPs, there would be work to look at milestones and reporting to SPPRC.

The Forth Valley NHS Board:

(1) endorsed the recommendations of increasing the workforce in ED;

(2) supported phase one implementation of the increased staff model costing £900k over the year. A decision would need to be made by the Board after phase 1 was evaluated in relation to continued funding, as this may cause a cost pressure within the financial plan;

(3) noted that ELT would continue to review the recommendations and workforce plan, monitor the benefits realisation and measurement plan;

(4) requested reporting to SPPRC on both an ongoing basis to monitor and evaluate progress and a full evaluation of Phase 1 prior to any further decision making on the approach;

(5) noted the need to maximise productivity within the Emergency Department, and

(6) agreed that at this stage the report provided assurance that appropriate controls were in place to manage the identified risks and support the delivery of objectives. However, the Board recognised that there may be other risks which could emerge and would require management and mitigation.

Action

(1) SPPRC to receive reports monitoring progress with clear milestones of Phase 1 and a full evaluation of Phase 1 to inform ongoing planning. Garry Fraser

(2) SPPRC reporting to include information on the use of locums and associated costs.

13. Healthcare Associated Infection (HAI) Report May 2026

The Forth Valley NHS Board considered a report for assurance, presented by Ms Miller, which provided the Healthcare Associated Infection Reporting Template for May 2026.

Key messages in the report included:

(i) Total SABs remained within control limits. There was one hospital acquired SAB in May.

(ii) Total DABs remained within control limits. There was no hospital acquired DABs in May.

(iii) Total CDIs remained within control limits. There were two hospital acquired CDIs in May.

(iv) Total ECBs remained within control limits. There were two hospital acquired ECBs in May.

(v) There was no mandatory surgical site infection in May.

(vi) There were no outbreaks reported in May.

The following points were made in discussion:

(i) Members noted that in terms of hand hygiene compliance they were not assured. This had been a requirement from the HIS inspection. It was suggested that this needed to be taken away as an area of concern. The Infection Control Committee had looked across the organisation and found some deterioration. Action Plans were being developed and then implemented.

(ii) Following a request that the Clinical Governance Committee review the Hand Hygiene Implementation Plan, it was noted that the Executive Nurse Director would report to the July Committee meeting. It was also noted that uniform compliance would be improved with a new policy coming through.

The Forth Valley NHS Board:

(1) noted the HAIRT Report;

(2) noted the performance in respect of SABs, DABs, ECBs & CDIs, and

(3) agreed that 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) Requested that the Clinical Governance Committee reviewed implementation of the Hand Hygiene Plan and reported back to the Board. — Karen Goudie

14. Whistleblowing Standards and Activity Report including Annual Report

The Forth Valley NHS Board considered a report for assurance, presented by Professor Goudie, which provided an update on Whistleblowing activity during Quarter 4 in NHS Forth Valley alongside the Annual Report for 2025/26.

Key messages in the report included:

(i) To date NHS Forth Valley had received an overall total of 26 cases.

(ii) 10 cases were managed under Stage 1 of the Whistleblowing procedure and 16 cases under Stage 2 of the procedure.

(iii) The Annual Report demonstrated and described the progress made during 2025/26. Promotion of a culture of speaking up continued and this remained a key priority. NHS Forth Valley was committed to continually reviewing and refining processes to ensure staff feel safe, supported, and had confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

The following points were made in discussion:

(i) The Whistleblowing Champion stated that Forth Valley was meeting the Standards but that there were always areas to improve on. Work continued to raise the profile of Whistleblowing in the organisation.

(ii) Members noted that there were not many Whistleblowing cases compared to Speak Up and asked where these were reported and whether the detail should be seen by Board. High level analysis of Speak Up could be provided. There was Whistleblowing activity, but this was redirected to the appropriate processes if they did not meet the Whistleblowing Criteria. The thematics from learning reviews could be included in future iterations of this report if desired.

(iii) It was raised that some of the infographics were difficult to read or interpret. The graphics and associated KPI were required but the comments on the value of these in their current form would be fed back.

(iv) Confirmation was sought and provided that all INWO cases had been upheld and that there were no current Whistleblowing cases.

The Forth Valley NHS Board:

(1) noted Whistleblowing performance in NHS Forth Valley in Q4 2026;

(2) noted the Whistleblowing Annual Report 2025/26

(3) agreed 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) High level Speak Up analysis and thematics from learning reviews to be included in future reporting. Karen Goudie

15. Finance Report

The Forth Valley NHS Board considered a report for assurance, presented by Mrs Thompson, which provided a high-level overview of the financial results for the first two month of the 2026/27 financial year.

Key messages in the report included:

(i) A net funding gap of £38.0m had been identified for 2026/27 through the financial planning process. A programme of cost improvement plans, and efficiency initiatives had been developed to address the shortfall, with an aim of achieving a breakeven position.

(ii) The initial review of Month 2 results indicated continuing financial pressure, with a £2.4m overspend reported as of 31 May 2026. This required prompt corrective action within the first quarter.

(iii) Targeted communications had been issued to budget managers setting out key priorities for the early part of 2026/27, including the need to secure early savings

(iv) and maintain tight budgetary control.

(v) The *Making the Most of our Resources* toolkit had also been launched via the staff intranet to support budget managers and leaders in delivering these actions. In addition, a staff wide initiative to generate savings ideas and proposals had been introduced, with a positive response to date.

(vi) Further communications were planned over the coming weeks, including whole-system engagement to share examples of effective stewardship and local best practice.

(vii) Regular engagement would continue with the Scottish Government during 2026/27 to review progress towards achieving financial balance. Key risks to delivery of a breakeven position would be considered in detail at the forthcoming quarter 1 review meeting. Managing expenditure within approved resources in-year was a statutory requirement and every effort must be made to deliver financial targets in year.

The following points were made in discussion:

(i) A question was asked on the profiling of budgets from ‘annual’ to ‘period’, noting that most equated to around 1/6th but Acute looked like it was more than that. This related to budget adjustments aligned with the Reduction in the Working Week.

(ii) Further information was sought on medicine costs. The savings associated with prescribing were rated as green status as the Executive was confident that these would be delivered.

(iii) In relation to the impact of the Reduced Working Week following a question on variations, it was noted that there had been an adverse impact on some budgets.

(iv) There was a question on the challenge relating to the Acute Directorate budget. The Chief Executive and Director of Finance met with service areas furthest from breakeven to support teams. All savings were closely monitored by the bi-weekly Financial Stewardship Board.
(v) Following a question on the Medical staffing deep-dive, it was confirmed that this information could be provided in the next report to SPPRC.

The Forth Valley NHS Board:
(1) noted the level of financial risk and challenge for 2026/27, with an overspend of £2.4m reported for the first two months of the financial year and that prompt corrective action was required during the first quarter to reset a path towards financial balance;
(2) noted that an in-depth review of the overall financial position, including savings delivery, changes in key planning assumptions, key financial risks and initial forecast outturn projections for the year would be undertaken following receipt of the quarter 1 financial results in July, and
(3) agreed 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) Include information on the Medical Staffing deep-dive in SPPRC reporting. Scott Urquhart

16. Performance Report
The Forth Valley NHS Board considered a report for assurance, presented by Ms Mackenzie which provided an update on performance against a range of national and local measures.

Key messages in the report included:
(i) Performance Summary.
(ii) Area of Focus – Urgent & Unscheduled Care.
(iii) Performance Report: Priority Areas of Performance.
(iv) Performance Scorecard.

The Forth Valley NHS Board:
(1) noted the latest performance data within the Performance Report noting the Area of Focus – Urgent & Unscheduled Care and Priority Areas of Performance;
(2) noted the progress made in reducing the number of patients waiting over 52 weeks for a new inpatient appointment and for an inpatient/day case procedure, and
(3) agreed 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. Schedule of Business
The Forth Valley NHS Board **noted** for information the Schedule of Business.

18. Any Other Competent Business
(a) Valedictory
The Board Chair led the Board in expressing thanks to Alison Jaap who would leave her position as a Non-Executive Director on 31 July 2026. The Chair thanked Alison for her significant contributions during her period of service and wished her well in the future.

19. 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.

20. Date and Time of Next Meeting: Tuesday 25 August 2026 at 9.30am.

21. Business Taken in Private Session
The Board resolved, in terms of section 5.22 of the Code of Corporate Governance, into private session on the grounds that the remaining substantive items of business related to the commercial interests of another person and confidentiality was required.

4. Action Log
Forth Valley NHS Board – 25 August 2026

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	27.10.26	The approved Falkirk Integration Scheme was received by Board at its meeting of 30 June 2026. The dispute resolution process regarding the C&S Scheme is ongoing and making positive progress.	In progress
129	24.02.26	HIS Unannounced Mental Health Services Safe Delivery of Care Inspection - NHS Forth Valley	Clinical Governance Committee to consider any gaps in relation to reporting and the continuous improvement lens on local processes.	Karen Goudie / Andrew Murray	27.10.26	The Medical Director and Executive Nurse Director are in discussions to develop a quality and safety dashboard which will report up to the Board and provide assurance across key local and national metrics. The thematics for Safer Together 2 are also being scoped to plan for continuous improvement in areas which require improvement support, which	In progress

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
						are also linked to the HIS reports.	
130	24.02.26	Performance Report	Circulate the Public Health report submitted to a future Clinical Governance Committee with Board Members.	Jack Frawley	25.08.26	The report will be circulated to Board Members once available.	In progress
132	31.03.26	Whole System Urgent and Unscheduled Care Plan	Circulate a briefing note to Board Members on lessons learned from previous initiatives to shift care into the community.	Ross McGuffie / Gail Woodcock	25.08.26	The briefing was circulated 15 August 2026.	Complete
137	28.04.26	Board Executive Team Report	Circulate information relating to prison and general population suicide rates to Board Members.	Caroline Docherty	25.08.26	The briefing was circulated 15 August 2026.	Complete
141	30.06.26	SRR Update – April to June 26	Present a report to SPPRC detailing the outputs of the Risk Short Life Working Group and key recommendations.	Vicky Webb	24.11.26	The item has been included on the SPPRC planner who are responsible for overseeing the follow through.	Complete
142	30.06.26	Draft Board Development Plan 2026/27	Update the 2026/27 Plan to reflect: Setting the Direction – how the Board supports implementation and include references to the Anti-Racism Plan and Value Based Health & Care.	Jack Frawley	27.10.26	A revised final version will be re-circulated to Board members once available.	In progress
143	30.06.26	Acute Site Emergency Department Staffing	SPPRC to receive report monitoring progress, impact and evaluation of phase 1	Garry Fraser	30.09.26	The item has been included on the SPPRC planner who are responsible for	Complete

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
			staffing implementation to inform future planning. Reporting to include information on the use of locums and associated costs.			overseeing the follow through.	
144	30.06.26	HAIRT – May 2026	Requested that the Clinical Governance Committee reviewed implementation of the Hand Hygiene Plan.	Karen Goudie	27.10.26	An update is being prepared by the Service and will be progressed at the Clinical Governance Committee.	In progress
145	30.06.26	Finance Report	Include information on the Medical Staffing deep-dive in SPPRC reporting.	Jillian Thomson	29.09.26	The requested information will be submitted to the SPPRC in September.	In progress

STATUS:
Overdue
In progress
Complete

NHS Forth Valley

Tuesday, 25 August 2026

Forth Valley NHS Board

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, Digital 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:

- Nineteen patients from Forth Valley have undergone **robotic assisted surgery** in the first six weeks of the Da Vinci XI Dual-console robotic system being operational. While the initial operations focused on shorter, simpler procedures like hernia repairs, surgeons are now undertaking more complex procedures. This includes bowel resections where cancerous sections of the bowel along with nearby lymph nodes are removed and the healthy ends reconnected. There are also plans to introduce additional colorectal, gynaecological and urology procedures over the coming months. Feedback from patients treated so far has been very positive with many highlighting faster recovery times, quicker wound healing and reduced pain as just some of the benefits they have experienced.
- Kay Baxter, Dietetic Clinical Lead for Inpatient Services and local dietetic students, won the overall **TRANSFER Award at the National AHP Quality Improvement Network TREE awards**. he awards aim to celebrate and showcase the outstanding quality improvement work carried out by AHPs, support workforce, learners, and educators across the UK. Kay's project, which was carried out with a number of dietetic students during their placements, identified a gap in dietary information for patients experiencing symptoms and weight loss from Chronic Obstructive Pulmonary Disease (COPD). They also highlighted that this could be addressed by adding additional information and advice to the dietetic section on the NHS Forth Valley website.
- A celebration event was held recently at Forth Valley College's Stirling Campus to recognise the hard work, dedication and achievements of seven local nurses who have completed a new **trauma and orthopaedic course**. The 10-week practical skills course, which is the first of its kind in Scotland, has been developed as part of the Forth Valley NHS University College Partnership in association with NHS Greater Glasgow and Clyde. Staff from NHS Forth Valley were also involved in developing and delivering the new course. Prior to the course being introduced at Forth Valley College, nursing staff and technicians working within trauma and orthopaedic services who wished to develop their specialist knowledge and clinical skills had to travel to England to undertake training.
- The **Stirling University MSc (Pre-Reg) Physiotherapy Student Showcase event** took place in FVRH in collaboration with the NHSFV MSK Physiotherapy team. The event allowed four pre-reg students to feed back on their pilot of a new hybrid model of placement split between clinical practice and project based work involving multiple services

including MSK, orthopaedics, rheumatology, primary care and quality improvement.

- NHS Forth Valley's **Local Medical Committee (LMC)** has been nominated for a Health Equity & Wellbeing award at the 2026 Scottish Ethnic Minority Talent Awards (SEMTA) for their work to support international medical graduates. SEMTA recognises organisations across Scotland driving measurable, evidenced progress for ethnic minority communities.

2. General Updates

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

- The new **MenB drop-in vaccination clinics** have commenced, encouraging young people to protect themselves against potentially life-threatening meningococcal disease. Drop-in clinics are available at Clackmannanshire Community Healthcare Centre, Falkirk Community Hospital and Stirling Health and Care Village, with young people receiving two doses, four weeks apart. Eligibility is as follows:
  - Young people born between 1 March 2008 and 28 February 2009, and others who were S6 during 25/26, regardless of education plans
  - Undergraduate university students under the age of 25 who start their first undergraduate course in 26/27
  - College students under the age of 25 starting their first college course in 26/27 and living in shared student accommodation
- A new **Youth Advisory Forum** is being developed for young people aged 12-18 years to provide an opportunity to share their views, influence decisions and help shape services that affect them. A survey has just closed that provided an opportunity for young people to help shape how the forum will look and work.
- An **online finance update and Q and A** was hosted by the Chief Executive and Director of Finance on 5th August, providing an opportunity to update staff on the Board's current financial position and savings plans as well as the new Making the Most of our Resources toolkit which has recently been developed.

3. Inspection Activity

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

- Healthcare Improvement Scotland and the Care Inspectorate wrote to confirm an 18-month review of progress in Clackmannanshire and Stirling HSCP around the previous Joint Inspection of Adult Services. The review will cover four activities:
  - Review of a short position statement and supporting documentation provided by the partnership.
  - The reading of records (health, social work and third sector records where available)
  - Engagement with people who live with mental illness and their unpaid carers.
  - Engagement with frontline practitioners, managers, and strategic leaders in focus groups to discuss their experiences of improvement progress.

- The review commenced in July, with the pre-inspection return submitted on 10th July and the first partnership meeting taking place on 14th.

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 included:

- Community Mental Health, CCHC
- Audiology, Stirling Community Hospital
- Dementia Friendly Dunblane
- Induction & Welcome Event
- University of Stirling Student Showcase
- NMAHP Event
- All Staff Finance Q&A Session with Chief Executive & Finance Director
- Clinical shifts
- Sim Safety Club
- Criteria to Reside (C2R) Debrief
- Front Line Fridays
- Falkirk Carers Centre

5. National and Regional Developments

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

- A number of the Executive Team took part in a West of Scotland 'hackathon' to support the development of the Scottish Government Flow plan. A follow up event took place at Murrayfield on 5th August, bringing together leads from both East and West to finalise the plan.

6. Horizon Scanning

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

- Executives have been involved in recent discussions around Public Sector Reform and the Board will be kept informed as this work progresses.

FORTH VALLEY NHS BOARD
Tuesday 25 August 2026

7. Committee Assurance - Highlight Report
For: Assurance

Executive Sponsor: Kerry Mackenzie, Acting Director of Strategic Planning & Performance
Author: Jack Frawley, Board Secretary

Executive Summary
The Forth Valley NHS Board's governance and control environment includes a number of Committees with specific responsibilities. The Board's Assurance Committees are:

- Audit & Risk
- Clinical Governance
- Pharmacy Practices Committee
- Staff Governance
- Strategic Planning, Performance & Resources Committee (SPPRC)

The Board's Advisory Committees are:

- Area Clinical Forum
- Area Partnership Forum

Minutes of these bodies, along with those of the Falkirk and Clackmannanshire & Stirling IJBs are presented to the Board. This report provides a summary of key matters the Board's Committees have agreed require to be highlighted at Board.

Recommendation
The Forth Valley NHS Board is asked to **note** the matters highlighted through its Committees and agree any actions as required in response.

Clinical Governance Committee:

- Considered the FV MBRRACE report which detailed mortality rates over 2024. Although the Board was categorised as 'Red' for births the committee were assured there were no reported adverse trends over the last three years. The Committee noted that the two actions recommended by MBRRACE had been completed.
- Quality and Safety report **(item 14 on today's agenda)** was considered and discussion took place around the FV Quality Safety and Experience Plan **(item 15 on today's agenda)**. It was agreed that a briefing paper would be development to update the Board on development plans.
- System assurance reports from Women and Children's Services, Mental Health and Learning Disabilities and from C&S HSCP were considered. It was noted that reporting metrics continue to evolve.
- Annual reports were considered relating to HAI, Duty of Candour and Public Protection. No significant issues to escalate to the Board in respect of the reports. The Committee acknowledged that processes continue to be developed to support public protection arrangements.
- SAERS position considered by the Committee. Slight improvement noted in the backlog and the committee was assured of ongoing work around addressing the backlog.
- Complaints and feedback report considered. Committee was supportive of plans to increase the use and promotion of Care Opinion.

Staff Governance Committee:

- **Workforce Performance** – The Committee reviewed sickness absence and PDPR compliance and noted some early signs of improvement. However, members considered that further evidence was required to demonstrate sustained improvement and the effectiveness of current interventions.
- **Employee Relations** – The Committee remained concerned about the length of time taken to conclude some employee relations cases and the impact this can have on staff wellbeing and confidence in organisational processes. Further updates on improvement actions were requested noting work in partnership on 'doing less harm' initiative.
- **Workforce Optimisation** – The Committee supported the direction of the Workforce Optimisation programme with initial analysis showing real insights but stressed the need for meaningful staff-side engagement, clear governance and robust measurement of benefits and staff impact.
- **Strategic Workforce Risk** – The Committee undertook a focused review of workforce risk and highlighted the continuing challenges relating to recruitment, retention, absence and service sustainability. Members requested stronger evidence of the effectiveness of mitigation measures.
- **Staff Experience (iMatter)** – The Committee emphasised the importance of translating staff feedback into meaningful local action and requested a future report on how iMatter results are reviewed, acted upon and monitored across services.

SPPRC:

- An update on the delivery of the National Treatment Centre, the Committee was not assured and requested further controls were put in place to manage the identified risks.
- Early sight of the proposed Annual Operational Plan 26/27 **(item 10 on today's agenda)**.

Area Clinical Forum:

- Marissa Parker has been elected as ACF Vice Chair.
- **Risks/Issues:** Reduced Working Week, inconsistent approach to part-time staff retaining hours across the different professional groups and lack of clarity from finance regarding submissions for backfill for hours lost therefore unable to recruit.
- **Key Achievements:** Oral Dental Surgery (One Stop Shop Dental Service) – Requesting the referrer sends all clinical information required to undertake assessment of clinical issue. This then allows the patient to be appointed for their procedure without an initial assessment appointment which is reducing waiting times within the service.
- Recruitment – Destination AHP.
  Supported by Employability Team to raise awareness of careers within AHP family and utilising student placements to encourage those students to return to FV once qualified.
- **Actions:** Feedback will be provided at next ACF regarding Dietician Development Day which involves including third sector colleagues to support early intervention and training. This links to Population Health and Care by way of prevention and early intervention.

NHS Forth Valley

Tuesday, 25 August 2026

Forth Valley NHS Board

8.1 Board and Committee Meeting Dates 2027 & 2028

Purpose: This report is for Decision

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

Author: Jack Frawley, Board Secretary

Executive Summary

This report presents meeting timetables for 2027 and 2028 in respect of the Board and its Committees. A programme of Board Seminars is also set out to facilitate Board learning and development.

Action Required

The Forth Valley NHS Board is asked to:

(1) approve the timetable of meetings for 2027 and 2028.

Governance Route to the Meeting and Previous Board Consideration

The Board, SPPRC and Seminar dates were considered at the 30 June 2026 meeting of the SPPRC for information.

Risk Assessment and Mitigation

None.

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

None.

Workforce Implications

None.

Quality / Patient Care Implications

None.

Population Health & Care Strategy

None.

Climate Change / Sustainability Implications

None.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Engagement took place with the Board Chair, Committee Chairs and Executive Leads in developing the schedule of meeting dates.

Appendices
Appendix 1 – Board & Committee Meeting Timetables

Appendix 1

Considerations

The Board and Strategic Planning, Performance & Resources Committee of NHS Forth Valley meet on the last Tuesday of alternate months. The Board meets on the even months of the year, being February, April, June etc. While the SPPRC meets on the odd months of the year, being January, March, May etc.

Board and Seminar dates were developed in consultation with the Board Chair and intimated to SPPRC at its June meeting. The Standing Committee dates were developed in consultation with the Committee Chairs and Executive Leads.

Board & Committee Meetings Schedule - 2027

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Board		Tues 23rd		Tues 27th		Tues 22nd (accounts) Tues 29th (ordinary)		Tues 31st		Tues 26th		Tues 14th
SPPRC	Tues 26th		Tues 30th		Tues 25th				Tues 28th		Tues 30th	
Seminar			Tues 2nd	Tues 20th		Tues 8th		Tues 24th		Tues 5th	Tues 30th (pm)	
Audit & Risk	Fri 30th		Tues 26th			Fri 4th (ordinary) Tues 22nd (accounts)*				Fri 31st		
Clinical Governance	Tues 19th		Tues 9th		Tues 4th			Tues 10th	Tues 21st		Tues 23rd	
Remuneration			Weds 10th			Weds 9th	Weds 14th					
Staff Governance	Tues 12th		Tues 16th		Tues 11th			Tues 17th	Tues 14th		Tues 16th	

*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.

Board & Committee Meetings Schedule - 2028

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Board		Tues 29th		Tues 25th		Tues 20th (accounts) Tues 27th (ordinary)		Tues 29th		Tues 31st		Tues 12th
SPPRC	Tues 25th		Tues 28th		Tues 30th				Tues 26th		Tues 28th	
Seminar		Tues 1st		Tues 18th		Tues 6th		Tues 22nd		Tues 3rd	Tues 28th (pm)	
Audit & Risk	Fri 28th		Fri 31st			Fri 2nd (ordinary) Tues 20th (accounts)*				Fri 27th		
Clinical Governance	Tues 18th		Tues 7th		Tues 2nd			Tues 8th	Tues 19th		Tues 21st	
Remuneration – tbc												
Staff Governance	Tues 11th		Tues 14th		Tues 9th			Tues 15th	Tues 12th		Tues 14th	

*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.

Seminars

Board Seminars, with the exceptions of 30th November 2027 and 28th November 2028, will be held in diaries for full day sessions to assist with diary planning and the volume of business and Board Development opportunities.

Forth Valley NHS Board Schedule of Business 2026/27									
Standing Items	**LEAD**	**28 April 2026**	**16 June 2026**	**30 June 2026**	**25 August 2026**	**27 October 2026**	**15 December 2026**	**23 February 2026**	**Comments**
Minute of previous meeting	Chair	Presented	Presented	Presented	Planned	Planned	Planned	Planned	
Action Log	Chair	Presented		Presented	Planned	Planned	Planned	Planned	
Chair's Update	Chair	Presented		Presented	Planned	Planned	Planned	Planned	
Board Seminar Update (reported to next available Board meeting)	Chair	Presented		Presented	Planned	Planned	Planned		
Board Executive Team Report	Chief Executive	Presented		Presented	Planned	Planned	Planned	Planned	
Strategic Risk Register	Head of Risk	Presented		Presented		Planned	Planned	Planned	No SRR planned for August due to the realignment of the SPPRC / Board scheduling and the required flow through committee structure.
Spotlight on Services / Patient/Staff Story	END	Presented			Planned	Planned	Planned	Planned	
Finance Report	DoF	Presented		Presented	Planned	Planned	Planned	Planned	
Performance Report	DoSPP	Presented		Presented	Planned	Planned	Planned	Planned	
Healthcare Associated Infection Reporting Template	END	Presented		Presented	Planned	Planned	Planned	Planned	
Quality & Safety Report	END/MD	Presented			Planned	Planned	Planned	Planned	
Schedule of Business	BSec	Presented		Presented	Planned	Planned	Planned	Planned	
Minutes	Comm. Chair								
Assurance Committee Minutes	Comm. Chair	Presented		Presented	Planned	Planned	Planned	Planned	
Advisory Committees Minutes	Comm. Chair	Presented		Presented	Planned	Planned	Planned	Planned	
IJB Minutes: C & S and Falkirk	Comm. Chair	Presented			Planned	Planned	Planned	Planned	
Finance									
Annual Accounts	DoF		Presented						
Draft Financial Plan 2026/2027	DoF							Planned	
Performance									
HSCP Annual Performance Reports	Chief Offs						Planned		
Person Centred Complaints Feedback Annual Report	END					Planned			
Safe Staffing Annual Report	END	Presented							
Whistleblowing Annual Report	END			Presented					
Whistleblowing Standards and Activity Report	END			Presented			Planned		
Child & Adolescent Mental Health Services	DoAS					Planned			
Strategy									
Access Policy	DoA								
Annual Delivery Plan	DoSPP				Planned				
Climate Emergency & Sustainability Strategy and Action Plan 2023-2026 – Annual Update	Do Facilities					Defer	Planned		Item deferred to allow more up to date information to be included following publication of the annual report and consideration by SPPRC in November.
Communications Priorities	Head of Comms	Presented							
Communications Update	Head of Comms				Planned			Planned	
Digital and eHealth Plan	DoD	Presented		Presented					
Equality Outcomes and Mainstreaming Annual Report – tbc	DoP								
Innovation Plan Annual Update	MD				Planned				
Mental Health & Wellbeing Strategic Commissioning Plan	C&S Chief Officer				Defer	Planned			Item deferred to be presented directly to Board in September.
Participation & Engagement Strategy Update	Head of Comms								
Quality Strategy Annual Update	MD				Planned				
Shifting the Balance of Care Business Case / Whole System Urgent & Unscheduled Care Plan	DoA Chief Officer							Planned	
Stirling Children's Services Annual Report	LA Colleagues				defer				Clarity - item refers to draft Children Services Plan for endorsement and is not yet ready. Timing of other Council plans requested to enable presentation as a package. Jilly Taylor to advise.
Stirling Children's Services Plan - tbc	LA Colleagues								
Whole System Plan – tbc	DoF								
Winter Plan	DoA						Planned		
Governance									
Board Assurance Framework – Annual Review (including Performance Framework)	DoSPP					Planned			
Code of Corporate Governance – Annual Review	BSec	Presented							
Corporate Objectives	Chief Executive							Planned	
Corporate Objectives 2025/26 Progress Update	Chief Executive					Planned		Planned	
Dates of Meetings	BSec				Planned				
Development Plan Against Self-Assessment Progress Report	Chair					Planned			
Statutory and national quality reports, including updates informed by HIS, Audit Scotland or other external scrutiny bodies where applicable.	As appropriate	As required		Presented					

FORTH VALLEY NHS BOARD
Tuesday 25 August 2026

8.3 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 11 August 2026 was held in person at Carseview House, Stirling and attendees included Board members and members from the Senior Leadership Team.

The Seminar covered the following topics:
- Population Health including Community Planning Partnerships and the Regional Anchor Board
- Annual Operational Plan
- Falkirk HSCP Strategic Plan

The Population Health session covered:
- clarifying what community planning was and why it mattered for population health.
- setting out the statutory responsibilities of Community Planning Partners.
- summarising activity across Clackmannanshire, Falkirk and Stirling Community Planning Partnerships.
- describing NHS Forth Valley's role as an Anchor Institution and how this linked to prevention, inequalities and Community Wealth Building.
- becoming a Population Health Organisation, including:
    - Why Change
    - Embedding Prevention in Health and Social Care
    - Population Health Organisation Principles
    - Introduction to the Population Health Organisation Maturity Matrix

The Annual Operational Plan session covered:
- reflections on key messages from 2025/26 delivery.
- consideration of whether the 2026/27 plan was clear, realistic and deliverable.
- review of key risks, dependencies and assurance arrangements.
- Identification of any areas requiring further Board assurance before approval.

The Falkirk HSCP Strategic Plan session covered:

- understanding the purpose of the draft Strategic Plan and the rationale for the proposed priorities.
- testing whether the priorities felt right, relevant and sufficiently ambitious for a 10-year plan.
- seeking feedback on NHS alignment, including service pressures, workforce, finance, transformation and governance implications.
- understanding the next phase, particularly around staff engagement, delivery planning and implementation.

CLINICAL GOVERNANCE COMMITTEE

Minute of the Clinical Governance Committee Meeting held on Tuesday 7 July 2026

For: Information

Minute of the Clinical Governance Committee Meeting held on Tuesday 7 July 2026 at 9.00am in the Boardroom, Carseview House.

Present:	Mr John Stuart (Committee Chair) Mr Gordon Johnston (Non-Executive Director) Professor Clare McKenzie (Non-Executive Director) Mrs Neena Mahal (Board Chair)
In Attendance:	Ms Lucy Atalla (Quality & Patient Safety Lead) Mr Ashley Calvert (Head of Clinical Governance) Professor Karen Goudie (Executive Nurse Director) Mr Jonathan Horwood (Infection Control Manager & Clinical Lead) Mr Andrew Murray (Medical Director) Ms Lynsey Sutherland (Director of Nursing for Women and Universal Children's Services) Mr David Watson (Corporate & Acute Director of Nursing) Miss Vicky Webb (Head of Risk Management)

---

1. Welcome, Apologies for Absence and Confirmation of Quorum

The Chair welcomed everyone to the meeting. Apologies were intimated on behalf of Kirstin Cassells and Stephen McAllister.

Laura Byrne, Jennifer Champion, Garry Fraser, Jack Frawley, and Ross McGuffie were not in attendance.

It was also noted that Neena Mahal was only able to attend for the first part of the meeting.

Introductions were undertaken for the benefit of Lynsey Sutherland, Director of Nursing for Women and Universal Children's Services), who was attending her first meeting.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of Clinical Governance Committee held on 5 May 2026

The minute of the meeting held on 5 May 2026 was confirmed as an accurate record.

4. Matters Arising from the Minute/ Action Log

The Clinical Governance Committee reviewed the action log. The Chair advised that there were 14 actions on the action log. The following updates were provided:

Action 116 – Quality and Safety Report

An update was provided on the development of the Quality and Safety Report. Andrew

advised the requested narrative and acronym glossary would be included within the next iteration of the report and the action would remain open pending completion.

Action 117 – Public Health Update
The Committee were advised that Public Health updates remained a requirement of the Committee's Terms of Reference and were included within the forward planner on a biannual basis. On this basis, the Committee agreed that the action could be closed.

Actions 115 and 118 – Governance Reporting Actions
Miss Vicky Webb confirmed that the required work associated with these actions had been completed. The Committee noted the updates provided and agreed that both actions could be removed from the action log.

Action 119 – Care Opinion Dashboard / Public Protection
Professor Karen Goudie advised that NHS Forth Valley had now received access to the Care Opinion dashboard from Healthcare Improvement Scotland. It was noted that the Public Protection element would be considered later in the agenda and that a demonstration of the dashboard could be provided during the meeting. The Committee agreed that the action had been completed and could be closed.

Action 120 – Clinical Governance Self-Assessment
An update was provided on the Clinical Governance self-assessment process. The Committee noted that the first meeting of the self-assessment group was scheduled to take place that afternoon and that the programme remained on track. A further progress update would be presented to the Committee in November 2026. The action therefore remained ongoing.

Action 121 – Significant Adverse Event / Clinical Governance Resource
The Committee received an update on recruitment to additional Clinical Governance resource. Mr Ashley Calvert advised the Committee that interviews had been completed and conditional offers made to three candidates, with discussions underway regarding commencement dates. Whilst recruitment had been successfully completed, it was agreed the action should remain open until appointed staff had commenced in post and additional capacity was fully established.

Action 111 – Person Centred
The Committee received an update on progress in relation to organisational learning arising from the Parkinson's medication case. Members were advised that the associated action plan had been progressed through established governance arrangements, including the Drug and Therapeutics Committee, Safety Steering Group and multidisciplinary working involving nursing and pharmacy colleagues. Supporting learning resources had also been developed. The Committee noted that work was ongoing to embed and monitor learning across the organisation and agreed that the action could be closed.

The Clinical Governance Committee noted the Action Log

5. Clinical Governance Committee Planner
The Committee received the Clinical Governance Assurance Report presented by Mr Ashley Calvert, Head of Clinical Governance. The purpose of the report was to provide an overview of current clinical governance risks, assurance and performance matters requiring Committee oversight.

Key messages in the report included:

(i) The Committee were advised of the key changes made to the planner and confirmed that items expected for the meeting were on the agenda, with the exception of the CDEO report, which had been delayed due to presenter availability.
(ii) Members were advised that some SPSP-related reporting had been removed from the Committee planner and would now be managed through the Clinical Governance Working Group. The planner also reflected agreement that Public Health updates would be received on a biannual basis, although the Committee recognised that the current Public Health report had been delayed.
(iii) The planner reflected the developing approach to system assurance reporting, including the intention to move towards an overarching system report with a dashboard-style view. This would sit alongside planned Directorate reporting, allowing Directorates to provide more detailed updates and be held to account through the Committee reporting cycle.
(iv) The Committee noted that further work was required to clarify how escalation, exception reporting and Directorate assurance would be reflected within future reporting arrangements. This was recognised as an evolving process linked to the wider development of assurance and governance reporting.

The following points were made in discussion

(i) Members discussed the visibility of Healthcare Improvement Scotland reports and associated action plans within the Committee's work programme. Whilst acknowledging that only high level updates were often included within existing reports, members considered that clearer and more explicit reporting through the agenda would strengthen oversight and provide greater assurance regarding progress, risks, mitigations and delivery of improvement actions before matters were escalated to the Board.
(ii) There was full support for the use of concise assurance or flash reports to provide updates on progress, risks and escalations without requiring detailed operational reporting.
(iii) The Committee emphasised the need for clear visibility of inspection action plans, 18-week updates and improvement programmes, including progress against actions and mitigation where slippage occurred.
(iv) Assurance was provided that revised oversight arrangements and governance processes were now in place to support inspection responses and improvement activity.
(v) Mrs Mahal requested that contact be made with the Board Secretary to ensure alignment with the emerging Board committee planner format to clearly distinguish deferred items from those considered by Committees.

The Clinical Governance Committee thereafter noted the Committee planner as presented.

Action:

1. **Ashley Calvert to link with Jack Frawley regarding the new planner format, particularly to distinguish deferred items from items taken at Committee.** — Ashley Calvert
2. **Flash reports and/or concise assurance reports would be shared as examples in order to determine if these would provide sufficient reassurance. Committee members to provide comments.** — Ashley Calvert/All

6. Clinical Governance Committee Terms of Reference

The Clinical Governance Committee considered the Clinical Governance Terms of Reference, presented by Mr Ashley Calvert, Head of Clinical Governance. The purpose of the paper was to seek approval of the revised Terms of Reference following review and amendment to reflect current governance arrangements.

Key messages in the report included:

i) It was noted that the document had previously been considered by the Committee and had subsequently been updated to reflect comments and amendments arising from earlier discussion.

ii) The principal amendments related to Section 8 of the Terms of Reference and concerned the arrangements for the circulation, review and approval of Committee minutes. These revisions were intended to align the Committee's arrangements with the revised approach now being adopted across NHS Forth Valley Board committees.

iii) The revised Terms of Reference sought to ensure consistency with updated governance arrangements while maintaining appropriate oversight and accountability through the Committee's existing structures and processes.

iv) The Committee was invited to consider the revised document and approve the proposed amendments.

The following points were made in discussion:

(i) Members acknowledged the work undertaken to update the document accordingly.

(ii) Specific discussion focused on the wording contained within Section 8.1 relating to approval of Committee minutes "except in exceptional circumstances". Clarification was sought regarding the circumstances in which this provision might reasonably be applied.

(iii) It was acknowledged that the revised wording had been introduced to align with wider Board Committee arrangements and the developing approach to governance across NHS Forth Valley committees.

The Clinical Governance Committee:

1. Approved the revised Terms of Reference.

7. Active Governance & Emergent Issues

The Committee received the Active Governance and Emergent Issues Report, presented by Andrew Murray, Medical Director. The purpose of the report was to provide assurance regarding current governance issues, emerging risks and matters requiring Committee oversight.

Key messages in the report included:

(i) It was noted that previous updates had focused on Healthcare Improvement Scotland inspection activity; however, as there had been limited recent developments in that area, the update focused on findings arising from the national MBRRACE audit and NHS Forth Valley's response to those findings.

(ii) Members were advised that the MBRRACE audit examines maternal and neonatal outcomes nationally and that NHS Forth Valley's adjusted stillbirth, neonatal mortality and extended perinatal mortality rates, excluding deaths relating to congenital abnormalities, were comparable with organisations of a similar birth rate.

(iii) It was reported that when deaths associated with congenital abnormalities were included, NHS Forth Valley's mortality rate was statistically more than 5% higher than comparator organisations. Members were advised that this represented a single data point rather than an established trend and did not result in NHS Forth Valley being identified as a Board of concern.

(iv) The update highlighted two recommendations arising from the audit process: review of the data to ensure accuracy and application of the Perinatal Mortality Review Tool (PMRT) to relevant cases. Members were advised that both actions had been completed.

(v) Assurance was provided that review of the data and completion of the recommended actions had not identified additional concerns requiring escalation and had not altered the conclusions arising from the audit findings.

The following points were made in discussion:

(i) Members sought clarification regarding the relationship between the MBRRACE findings and the Significant Clinical Reviews associated with the cases. Assurance was provided that reviews had been undertaken and that action plans were either completed or progressing through established governance arrangements. The Committee also requested confirmation of the position regarding comparator data where congenital abnormalities were excluded from the analysis.

(ii) The Committee noted that NHS Forth Valley had not been identified as a Board of concern and that no additional risks requiring escalation had been identified following review of the findings.

The Clinical Governance Committee:

1. **Note NHS Forth Valley's position in regards the MBRRACE-UK report.**
2. **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.	**Relevant maternity colleagues / Andrew Murray to confirm the status and implementation of action plans arising from the two related SCRs.**	Andrew Murray Karen Goudie

8. Quality & Safety Report

The Committee received the Quality and Safety Report, presented by Andrew Murray, Medical Director. The purpose of the report was to provide assurance regarding organisational quality and safety performance, key trends and areas requiring improvement.

Key messages in the report included:

(i) Andrew Murray presented the Quality and Safety Report, which brought together a range of quality, safety and governance information. It was noted that HSMR had remained on the favourable side of the line for a sustained period and was considered indicative of a stable and fundamentally safe system.

(ii) Members were advised that the report was intended to provide a governance route for quality and safety information prior to Board consideration. The report had historically been submitted directly to the Board and that its presentation to the Committee would enable members to consider the information collectively and identify matters requiring further discussion or escalation.

(iii) The report described the ongoing development of a Quality, Safety and Experience reporting framework. Members were advised that this would draw together operational unit reporting, Safety Steering Group information and national quality and safety data, with the longer-term ambition of developing a more integrated dashboard approach.

The following points were made in discussion:

(i) Members noted that the report represented a positive step towards providing a more comprehensive quality and safety overview for the organisation. While the visual presentation and use of charts were helpful, greater clarity was requested regarding reporting arrangements and governance structures, including the development of a schematic or organogram to demonstrate the relationship between groups, programme boards and reporting routes.

(ii) Discussion focused on the need for greater consistency throughout the report, particularly in relation to improvement actions, target dates, assurance statements and progress reporting. Members emphasised the importance of clearly demonstrating what action was being taken, how progress would be measured and whether delivery remained on track.

(iii) Members highlighted areas where additional narrative and context would strengthen the report, including mental health patient experience measures and national improvement programmes. A factual amendment was also identified in relation to the "Safer Together" diagram, where the number of workstreams described did not align with those shown within the report.

(iv) Mrs Neena Mahal emphasised the importance of Board engagement in the ongoing development of the report, noting that Board members had limited awareness of the work undertaken to date. It was suggested that members of the Board should have the opportunity to review and provide feedback on the developing report prior to its formal consideration, recognising its significance as a key quality and safety assurance mechanism.

(v) Members agreed that the report contained a significant amount of valuable information and had the potential to provide an effective route for quality and safety assurance. However, further refinement was required to better highlight escalation issues, areas requiring further improvement and key messages for Board consideration. The Committee agreed that members would review the report offline and provide feedback to support development of a revised version for submission to the August Board meeting.

The Clinical Governance Committee:

1. **Reviewed the key areas of Quality and Safety contained within the report and noted the areas of progress and risk.**
2. **Review the proposed next steps for development of the Safety, Quality and Experience Plan and launch of a Safer Together 2.0 Collaborative.**
3. **Considered that the report provided limited 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.**

Action:

1. **Committee members to provide offline comments on the report to support further refinement prior to submission to the August Board meeting.** — All members
2. **Quality & Safety Report to be circulated to Board members in advance of formal consideration to allow sufficient opportunity for review, feedback and discussion.** — Wendy Nimmo, Andrew Murray
3. **Provide organogram and greater information regarding the reporting and governance arrangements of different groups overseeing quality, safety and experience.** — Wendy Nimmo, Andrew Murray

8.1 Quality Board Seminar Outputs from 3 March 2026

The Clinical Governance Committee received the Quality Board Seminar Outputs from 3 March 2026, presented by Mr Andrew Murray, Medical Director and Ms Wendy Nimmo, Interim Head of Efficiency, Improvement & Innovation. The purpose of the report was to provide assurance regarding the outcomes of the Quality Board Seminar and the implications for future quality improvement activity.

Key messages within the report included:

(i) It was noted that the previous Quality Strategy had been partially achieved. Members were advised that the proposed approach was to move away from a time-limited strategy and towards a continuous quality improvement approach, supported by a Quality, Safety and Experience Plan.

(ii) The report outlined the proposed development process for the Quality, Safety and Experience Plan, including planned engagement activity, Board touchpoints and future consideration by the Board. It was noted that further clarity was required regarding the proposed approval process and the points at which Board input and agreement would be sought.

(iii) Members were advised that a position statement had been developed and considered by the Senior Leadership Team. The proposed approach included engagement with non-executive members, staff, patients, carers and stakeholders to support development of the Plan and establish a shared understanding of what quality, safety and experience should mean for the organisation.

The following points were made in discussion:

(i) While supportive of the approach outlined, members considered that the Board should be explicitly asked to agree the move towards a Quality, Safety and Experience Plan and be clear regarding the proposed governance arrangements, touchpoints and decision-making process.

(ii) Discussion took place regarding how the proposed work should be described and progressed, including whether it represented a strategy, a plan or a strategic framework. Members noted that Board seminars provided an opportunity for discussion and development but were not decision-making forums and that formal Board approval would be required at the appropriate stages.

(iii) It was suggested that a short paper be prepared setting out the proposed development process, including planned workshops, stakeholder involvement, expected outputs and how the various elements of the programme would align and contribute to the final product.

(iv) Mrs Neena Mahal highlighted the importance of Board involvement in the development process and noted that Board members had limited visibility of the work undertaken to date. It was suggested that clear communication should be issued to Board members in advance of formal consideration of the proposal, setting out the proposed direction of travel, planned engagement activity, Board touchpoints and expected approval process.

(v) Members noted the extensive engagement activity already underway, including surveys, stakeholder engagement, feedback mechanisms and wider communication activity. It was agreed that this information should be clearly reflected in future Board reporting and that workshop dates should be reviewed where they conflicted with existing Board and Committee commitments.

The Clinical Governance Committee:

1. **Noted the Quality Board Seminar Outputs from 3 March 2026**

Actions

1. **Discussion to take place around Board communications around direction of travel and engagement process. To be done in advance of August meeting.** — Andrew Murray, Wendy Nimmo, Neena Mahal
2. **A short paper/communication to be prepared for Board members outlining the proposed approach, engagement activity, anticipated outputs and planned route to Board approval.** — Andrew Murray, Wendy Nimmo
3. **Workshop dates to be reviewed where they conflicted with Board or Committee commitments.** — Wendy Nimmo, Andrew Murray, Jack Frawley

9. System Assurance Reports

9a. Overarching Report

The Committee received an Overarching Report presented by Mr Ashley Calvert, Head of Clinical Governance and Mr Andrew Murray, Medical Director. The purpose of the report was to provide assurance regarding quality, safety and governance performance across clinical services and identify areas requiring escalation or improvement.

Key messages in the report included

(i) It was noted the overarching report was at an early stage of development.

(ii) The Committee were advised of the intention to balance detailed directorate deep dives with a more concise overarching RAG-rated view of the Clinical Governance Working Group's assessment of assurance across directorates and services.
(iii) The report sought to clarify governance processes, including whether meetings and data flows were operating as expected, and to provide a clearer view of Healthcare Improvement Scotland actions, IR1 resolution, audit issues, outcomes from directorate reports and matters escalated to the Clinical Governance Working Group.
(iv) It was noted that the section on escalations was intended to clarify what had been escalated, why it had been escalated, and what the working group was doing with it, distinguishing between matters escalated for information and those requiring oversight or action by the working group.

The following points were made in discussion:

(i) Members welcomed the overview and visual RAG format, noting that it drew attention to red-rated areas and supported a more focused discussion on whether plans were in place and whether issues were being addressed.
(ii) Members suggested that the escalation table should include an additional column setting out what the Clinical Governance Working Group had decided to do with each escalation, particularly where matters required oversight rather than being noted for information.
(iii) The Chair noted that the report provided a helpful snapshot and demonstrated progress, but that the "so what" question still required to be answered more consistently, particularly in relation to action taken by individual units following escalations.
(iv) Mr Ashley Calvert advised that the intention was to develop this approach iteratively and eventually structure the report within Healthcare Guardian, with the ambition that the system could be used live within Committee meetings to support assurance reporting.
(v) Members noted that primary care remained an important area where assurance was more challenging because of contractor relationships. It was agreed that the report should provide transparency on where robust clinical governance arrangements existed and where assurance was more limited.
(vi) Members welcomed the number of green-rated areas but were clear that amber and red ratings required visible plans, challenge by the working group and information to the Committee on how action was being progressed. It was noted that red ratings without plans could not provide sufficient assurance.

The Clinical Governance Committee

1. **The Committee noted the system assurance report and its revised format.**
2. **Agreed that the report represented progress and provided a degree of assurance, but not complete assurance, because the approach was still evolving and some data and action detail remained incomplete.**

Actions:

1. **The overarching assurance report to be further developed to include clarity around escalation follow up, including Clinical Governance Working Group action for each issue.** — Andrew Murray, Ashley Calvert

b) Women & Children's Services

The Committee received the Women & Children's Services System Assurance Report presented by Ms Helena Marsahll, Head of Service, Women, Children's & Sexual Health Service and Ms Mairi McDermid, Director of Midwifery, Women, Children's & Sexual Health & CAMHS. The purpose of the report was to provide assurance regarding quality, safety and governance arrangements within Women & Children's Services, including

performance, risks, improvement activity and areas requiring Committee oversight. The report was received as part of the Directorate System Assurance Reports programme. It was noted that this paper had previously been presented to the Clinical Governance Working Group.

Key messages within the report included:

(i) Midwifery staffing had been identified as a significant risk area due to vacancies, maternity leave cover requirements and the need to maintain compliance with mandatory role-specific training requirements, including foetal monitoring and obstetric emergency training. A business case for additional investment had been supported through SLT and approval granted for enhanced staffing and full maternity leave cover, with recruitment activity now underway.

(ii) The Committee was advised that progress continued against the Healthcare Improvement Scotland maternity inspection action plan, with 91% of actions completed. Robust governance arrangements were in place to oversee delivery, including fortnightly project meetings and six-weekly oversight meetings, with progress reported through Women & Children's governance structures and the Clinical Governance Working Group.

(ii) An update was provided on the MBRRACE review findings and responded to the earlier request for clarity. Colleagues were advised that the increased neonatal mortality rate reflected a small number of cases involving babies with conditions incompatible with life where families had chosen to continue the pregnancy. Detailed reviews had been undertaken and, as previously noted, NHS Forth Valley was not designated as a Board of concern by Scottish Government or national review bodies.

(iii) Significant progress had been made in enhancing maternity safety systems. This included implementation of maternity-specific NEWS scoring arrangements, increased staff training, and the introduction of a TrakCare identifier to ensure pregnant women receiving care outwith maternity services were readily identifiable and received appropriate surveillance and clinical assessment.

(iv) Improvements had also been made in relation to maternity triage and induction of labour processes. Evidence demonstrated compliance with required assessment timescales, whilst revised documentation, strengthened senior oversight and multidisciplinary approaches had improved communication and patient flow.

(v) Further progress was reported in relation to clinical governance processes, with previously identified guideline compliance issues significantly reduced. Members heard that guideline breaches within gynaecology had reduced from approximately 50% of all Women & Children's breaches to 3%, reflecting substantial improvement in governance and document control arrangements.

The following points were made in discussion:

(i) Members sought clarification regarding the MBRRACE findings and the relationship between the reported neonatal deaths and Significant Case Reviews (SCRs). Assurance was provided that the findings had been fully reviewed, that action plans were in place where required, and that there was no evidence of systemic concerns requiring further escalation.

(ii) Questions were raised regarding health visiting vacancies and the potential impact on service delivery. It was confirmed that while staffing pressures remained, high-risk and vulnerable families continued to receive the full service provision, and active recruitment was underway to fill vacancies and restore capacity.

(iii) The Committee discussed wider workforce pressures and sought assurance that staffing risks were being considered through established workforce governance arrangements. Members were advised that workforce planning, recruitment and safe staffing monitoring were being actively managed through Workforce

Governance Committee processes, including approved over-recruitment plans where necessary.

(iv) Assurance was sought that safe staffing standards continued to be maintained despite workforce challenges. Members were advised that staffing establishments were being supplemented appropriately where required and that services continued to operate safely while recruitment initiatives progressed.

(v) Members welcomed the establishment of a dedicated Women & Children's SCR review process, which provided enhanced oversight of action plans, implementation progress and organisational learning. It was noted that the model appeared to offer increased assurance and could provide a useful template for adoption within other Directorates.

(vi) The Committee recognised the significant progress achieved across Women & Children's Services, particularly in relation to staffing, governance arrangements, maternity improvement work and HIS action plan delivery. Members welcomed the positive trajectory and the strengthened oversight arrangements now in place to support continued improvement.

The Clinical Governance Committee:

1. The Committee noted the Women and Children's report, the escalated staffing issue, the progress made with HIS-related actions and clinical guidance, and the assurance provided through oversight arrangements.

c) Mental Health & Learning Disabilities

The Committee received the Mental Health & Learning Disabilities System Assurance Report. It was noted that Nabilla Muzaffar had been unable to attend, so a general discussion took place. It was noted that this paper had previously been presented to the Clinical Governance Working Group.

Key messages within the report included:

(i) Compliance with the Mental Health inspection action plan was reported as 76%, with 20 milestones identified, of which three were complete, eight were on track, four were at risk and five were overdue. Key challenges included mandatory training compliance, supervision and PDP completion, ligature risk reduction, sexual safety and environmental issues.

(ii) Information from the report contributed to the overarching assurance report, including updates on Significant Adverse Event Reviews (SAERs), inspection activity and progress against action plans.

The following points were made in discussion:

(i) Members sought clarification regarding the environmental issues referenced in the report. It was explained that these related to infection prevention and control requirements, sexual safety and ligature risks within the acute mental health unit.

(ii) An update was provided on sexual safety work, including the operation of a dedicated sexual safety working group, zoning arrangements and measures to support vulnerable patients.

(iii) Members sought assurance regarding ligature risk work. It was reported that ligature risk assessments had been completed in four wards and quality assurance reviews were being undertaken, with the programme remaining on track against a revised timetable.

(iv) Psychology waiting times were discussed. It was reported that additional funding had been identified and that a further update would be provided through governance routes.

(v) Members discussed workforce pressures, safe staffing arrangements and the use of supplementary staffing. It was reported that over-recruitment and additional

healthcare support worker posts had been approved and that safe staffing was reviewed through twice-daily safety huddles.

The Clinical Governance Committee:

1. **Noted the Mental Health & Learning Disabilities assurance report and the updates provided regarding environmental issues, psychology waiting times, workforce pressures and ligature risk reduction work.**

Actions

1. **An update to be provided regarding psychology waiting times and the actions being taken to address waiting list pressures.** Lorraine Robertson
2. **Further information to be provided regarding timelines for drug-related death reviews.** Lorraine Robertson

d) Clackmannanshire & Stirling HSCP

The Clinical Governance Committee received the System Assurance Report for Clackmannanshire & Stirling HSCP, presented by Lorraine Robertson, Chief Nurse, Clacks & Stirling HSCP and Mental Health & Learning Disability Nursing. This paper had previously been presented to the Clinical Governance Working Group.

Key messages within the report included:

(i) The report provided an overview of quality, safety and governance matters within Clackmannanshire & Stirling HSCP and highlighted issues requiring escalation through established governance arrangements.
(ii) Workforce pressures remained a significant challenge across services, with over-recruitment proposals and workforce optimisation activity progressing through governance processes.
(iii) The report highlighted the importance of maintaining safe staffing arrangements whilst reducing reliance on supplementary staffing and supporting longer-term workforce sustainability.

The following points were made in discussion:

(i) Members sought assurance regarding workforce pressures and staffing challenges. It was reported that over-recruitment proposals had been endorsed through NHS governance processes and were progressing through the relevant Clackmannanshire & Stirling approval routes.
(ii) Discussion focused on safe staffing arrangements and the use of supplementary staffing to maintain service delivery whilst recruitment activity continued. Assurance was provided that staffing levels were monitored through established governance processes.
(iii) Members discussed workforce optimisation activity and noted ongoing work to reduce reliance on supplementary staffing and align expenditure with core establishment requirements.
(v) The Committee noted the issues highlighted for escalation within the report and the actions being progressed to address workforce and service pressures.

The Clinical Governance Committee:

1. **Noted the Clackmannanshire & Stirling HSCP System Assurance Report and the updates provided regarding workforce pressures, recruitment activity and safe staffing arrangements.**

9.1 Healthcare Associated Infection (HAI) Quarterly Report (March 2026)

The Committee noted the Healthcare Associated Infection (HAI) Quarterly Report. Owing to time constraints, the Committee agreed to focus discussion on the Annual Healthcare

Associated Infection Report and the wider infection prevention and control position across the organisation.

9.2 Annual Report: Healthcare Associated Infection (with HAI other)

The Committee received the Annual Report: Healthcare Associated Infection, presented by Mr Jonathan Horwood, Area Infection Control Manager. The purpose of the report was to provide assurance regarding Healthcare Associated Infection performance, governance arrangements and improvement activity during the reporting period.

Key messages in the report included:

(i) Performance against Local Delivery Plan targets for Staphylococcus aureus bacteraemia, Escherichia coli bacteraemia and Clostridioides difficile infection had been achieved based on local performance data. Members were advised that further direction regarding future national targets remained under consideration by Scottish Government.

(ii) Surveillance data demonstrated stable Staphylococcus aureus bacteraemia rates and reductions in urinary catheter-associated infections, E. coli bacteraemia and Clostridioides difficile infections. No significant concerns or common infection themes had been identified through ongoing surveillance and clinical review processes.

(iii) Surgical site infection surveillance continued across a number of procedures. Although infection numbers had increased slightly, activity levels had also increased and reviews undertaken with clinical teams had not identified any common causative factors. Members were advised that surveillance would be extended to additional surgical procedures during the coming year.

(iv) Hand hygiene compliance remained an area of focus. Whilst performance had stabilised for a period, a further reduction had been identified and an improvement plan was now being implemented with support from local teams and the Infection Control Team.

(v) Outbreak activity remained low across the year, with six outbreaks reported, three of which occurred during the winter period and were associated with seasonal infections such as influenza and norovirus.

The following points were made in discussion:

(i) Members welcomed the positive performance achieved against infection prevention and control targets and acknowledged the work of the Infection Control Team in supporting these outcomes. The Committee recognised the sustained improvement demonstrated across a number of key infection measures.

(ii) Discussion focused on the decline in hand hygiene compliance. Members sought assurance that appropriate action was being taken to address the issue and requested a future update outlining the improvement plan and progress against agreed actions. Jonathan Horwood confirmed that a standalone update could be provided to the Committee.

(i) Members noted the low number of outbreaks reported during the year and the update provided on surveillance activity, surgical site infection monitoring and outbreak management.

(ii) The Committee thanked Jonathan Horwood and the Infection Control Team for their continued work in maintaining infection prevention and control standards across NHS Forth Valley.

The Clinical Governance Committee:

1. **Note the HAI annual report.**
2. **Note the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs**

3. Note the detailed activity in support of the prevention and control of Health Associated Infection

Action:

1. **Update report to be provided describing improvement plan and progress in addressing hand hygiene compliance.** — Jonathan Horwood

Mrs Neena Mahal left the meeting at 11.30 am

10. Strategic Risk Register: Risks aligned to Committee

The Committee received the Strategic Risk Register: Risks Aligned to Committee, presented by Miss Vicky Webb, Head of Risk Management. The purpose of the report was to provide assurance regarding strategic risks within the Committee's remit and the effectiveness of associated controls and mitigation measures.

Key messages in the report included:

(i) Colleagues were advised that the urgent and unscheduled care risk was the subject of a separate focussed review and was therefore not covered in detail within this report. It was confirmed that there had been no change to the scores of aligned risks and that there were no overdue actions in the current reporting period.

(ii) The report had been strengthened through two new additions: action criticality and a process whereby the Committee agreed extensions to strategic actions. It was clarified that the Committee was being asked to agree, rather than simply note, extensions to actions.

The following points were made in discussion

(i) Members discussed the new action criticality field and queried the role of the Committee in agreeing or challenging ratings. It was explained that the criticality assessment would normally be developed through active discussion with executive leads, with consensus and challenge forming part of the deep-dive process.

(ii) Members agreed that, as this was a new approach, the Committee should not over-focus on the criticality element until the wider approach to risk reporting and risk discussion at committees had been further developed. A paper from the risk working group was expected later in the year to support clarity on how risk should be discussed at Board subcommittees.

The Clinical Governance Committee is asked to:

1. **Endorsed the Clinical Governance Strategic Risks for the period May'26-July'26 for onward reporting to the NHS Forth Valley Board.**
   a. There has been no substantial change to the risks aligned to the Clinical Governance Committee.
2. **Noted the change in reporting of actions which are extended.**
3. **Considered the report provideed 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.**

Action:

1. **The risk working group output to be brought back later in the year to clarify how risk should be discussed and challenged through Board subcommittees.** — Vicky Webb

10.1 Strategic Risk Register: Focussed Review SRR002 Unscheduled Care

The Committee received the Strategic Risk Register – Focused Review SRR002 Unscheduled Care, presented by Miss Vicky Webb, Head of Risk Management. The purpose

of the report was to provide assurance regarding the management of strategic risks associated with unscheduled care and the actions being taken to mitigate those risks.

Key messages in the report included:

(i) Colleagues were advised the approach to SRR002 urgent and unscheduled care, had been discussed at length through the risk working group and remained under development. The review linked the risk to the developing annual operational plan and to the four-hour access standard as the main performance metric.

(ii) It was noted that it was difficult to assign a firm date for when strategic risks would move into appetite because multiple factors contributed to the overall risk position. The review therefore sought a middle ground by identifying the point at which performance improvement might reasonably be expected and how that might then influence risk reduction over time.

(iii) The focussed review included 'bow-tie analysis' to strengthen understanding of causes and impacts, linked metrics to those areas, and reviewed current controls, their criticality and effectiveness. Workforce modelling was highlighted as the main area requiring attention due to identified gaps, which was also reflected in the related CFSD report.

(iv) The report proposed limited assurance for SRR002, with the rationale set out in the paper. Mr Andrew Murray noted the distinction between assurance that there were active processes to manage the risk and the continued inability to shift the dial on performance.

The following points were made in discussion:

(i) Ashley Calvert noted that national consultation was underway on urgent and unscheduled care draft standards, and that it would be important to understand how the emerging standards might affect future metrics and evaluation of this risk.

(ii) Members welcomed the focussed review approach and noted that it provided useful detail not always visible in wider strategic risk reporting. It was clarified that the Committee did not need to approve new controls but should use the focussed review to support its understanding of the risk and assurance position.

(iii) The Chair noted that the focussed review helped the Committee to understand the risk through a different lens and could prompt questions in relation to associated improvement plans that might otherwise not have been identified.

The Clinical Governance Committee:

1. **Discussed the evidence provided on the management and control of SRR002: Urgent & Unscheduled Care.**
2. **Endorse the evaluation of assurance provided for SRR002: Urgent & Unscheduled Care.**
3. **Considered 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.**

Action:

1. Future SRR002 reporting to consider any implications arising from the national urgent and unscheduled care standards consultation once available. Vicky Webb

The Committee adjourned at 11.45 am and reconvened at 11:58 am with all members present as per the attendance list.

11. Complaints & Feedback Report including Care Opinion

The Committee received the Complaints and Feedback Report, presented by Mrs Karen Goudie, Executive Nurse Director. The report provided an update on complaints

performance, complaint handling timescales, patient feedback activity and the ongoing development of Care Opinion reporting and thematic analysis.

Key messages in the report included:

(i) Significant progress had been made in reducing the historical complaints backlog. Open complaints had reduced from approximately 560 cases to 149, representing a reduction of 73%. Members were advised that a further 25 cases were awaiting final approval or signature, which would reduce the total further. Acute Services were experiencing their lowest backlog position to date, with 84 open complaints remaining.

(ii) Improvements had also been achieved in complaints handling times. Average closure times for Stage 1 complaints had reduced from 5.9 days to 4.2 days, whilst Stage 2 complaints had reduced from 133.3 days to 46.2 days, representing a 65% improvement. Although further work remained, members were advised that performance had improved substantially.

(iii) The quality of complaint responses had continued to improve, demonstrated by a reduction in the number of cases being taken forward by the Scottish Public Services Ombudsman (SPSO). This provided additional assurance that responses were being issued in a timely manner and to an appropriate standard.

(iv) Work was underway to strengthen organisational learning through greater triangulation of complaints, patient experience, care assurance and incident reporting data. Particular focus was being given to identifying recurring themes and understanding contributory factors in order to target improvement activity more effectively.

(v) Members received a demonstration of the newly developed Care Opinion dashboard. NHS Forth Valley was the first Board in Scotland to utilise the platform, which enabled thematic analysis of patient stories, identification of trends by service area and enhanced oversight of patient experience feedback. The dashboard was intended to support local ownership of improvement actions and strengthen the organisation's learning system.

(vi) It was recognised that whilst Care Opinion feedback was predominantly positive, further work was required to increase awareness and usage across all services, particularly within Mental Health Services. Members were advised that plans were in place to improve accessibility, increase promotion and ensure feedback informed local quality improvement activity.

The following points were made in discussion:

(i) Members welcomed the significant progress made in reducing the complaints backlog and improving response times, recognising the efforts of the Complaints Team and the positive direction of travel.

(ii) Assurance was sought regarding staff development and organisational learning. Members were advised that training needs had been reviewed and that educational and development opportunities were being implemented, including targeted training in areas where complaints had highlighted concerns regarding attitudes, behaviours and communication.

(iii) Discussion focused on how learning from complaints was shared across the organisation. Members welcomed the introduction of directorate-specific reports and the routine reporting of themes, trends and actions through local governance groups to strengthen ownership and accountability.

(iv) Members welcomed the development of the Care Opinion dashboard and its potential to support thematic analysis, identify recurring issues and demonstrate improvements arising from patient feedback. The importance of obtaining a balanced picture of patient experience and encouraging wider participation was also noted.

(v) Members supported plans to integrate complaints, patient experience and Care Opinion data within the developing Healthcare Guardian system and emphasised the need for future reporting to demonstrate how feedback and learning were translating into measurable improvements in practice, staff behaviours and patient experience.

The Clinical Governance Committee:

1. **Noted the current position of the patient relations performance within the organisation.**
2. **Noted the feedback activity across the organisation.**
3. **Agreed that the report provides 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.**

12. Significant Adverse Event Report

The Committee received the Significant Adverse Event Report, presented by Mr Ashley Calvert, Head of Clinical Governance. The report provided an update on the current position in relation to Significant Clinical Reviews (SCRs), backlog reduction activity, recruitment, reporting arrangements and organisational learning.

Key messages in the report included:

(i) There were currently 34 open SCRs. Nine reviews were at draft report stage and 17 were actively progressing. Six commissioned reviews had not yet commenced. Members were advised that this represented an improvement from previous reporting periods.
(ii) Recruitment to additional fixed-term posts had been completed and it was anticipated that the additional staff would be in post by September 2026.
(iii) Improved reporting arrangements now enabled directorates to review commissioning and review timescale data, supporting greater accountability for performance and delivery.
(iv) The SCR risk remained high at 15, although this represented an improvement from previous reporting periods.
(v) Development of the organisational learning system continued through the Community of Practice and Healthcare Guardian programmes.

The following points were made in discussion:

(i) Members welcomed the progress made in reducing the number of outstanding SCRs and the recruitment of additional resource.
(ii) Discussion focused on strengthening organisational learning, implementation of recommendations and demonstrating improvement arising from reviews.
(iii) Members highlighted the importance of Directorate accountability for implementation and monitoring of actions arising from reviews.
(iv) Examples were provided of learning being shared through learning events, simulation activity and service-based education sessions.
(v) Members noted that progress had been made but recognised that assurance remained limited until additional staffing resource was in place and sustained improvement could be demonstrated.

The Clinical Governance Committee:

1. **Considered NHS FV's position on current SAERs with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.**

2. Considered 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.

12.1 Clinical Governance working Group Annual Report

The Clinical Governance Committee received the 'Clinical Governance Working Group Annual Report' presented by Mr Ashley Calvert, Head of Clinical Governance. The report aimed to provide assurance that the Clinical Governance Working Group had fulfilled its responsibilities over the year by outlining the business undertaken and confirming delivery against its planned programme of work.

Key messages in the report included:

(i) Progress continued in reducing the Significant Clinical Review (SCR) backlog. There were currently 34 open SCRs, of which nine were at draft report stage. Seventeen reviews were actively progressing and six commissioned reviews had yet to commence. This represented a marked improvement from previous reporting periods.

(ii) Recruitment activity for additional fixed-term resource had been completed and the expectation remained that the full team would be in place by September 2026. It was anticipated that the backlog could be addressed within the one-year fixed-term period, subject to successful recruitment and retention.

(iii) Improved reporting arrangements were enabling directorates to review performance data relating to commissioning timescales and completion of reviews. Directorates were now receiving performance information on a routine basis to support accountability and improvement.

(iv) Development of the organisational learning system continued, including implementation of a Community of Practice and integration with the Healthcare Guardian programme.

The Following Points Were Made in Discussion:

(i) Members welcomed the progress achieved and the recruitment of additional resource.

(ii) Discussion focused on strengthening organisational learning and assurance around implementation of recommendations. Members recognised that future emphasis should move from measuring activity and backlog reduction towards demonstrating learning and improvement outcomes.

(iii) Members highlighted the importance of directorate accountability for implementation of recommendations and noted positive examples within Women and Children's Services where oversight arrangements were supporting delivery and monitoring of actions.

(iv) The Committee acknowledged that despite progress, assurance remained limited until the additional resource was in post and the sustainability of improvements could be demonstrated.

The Clinical Governance Committee:

1. Considered NHS FV's position on current SAERs with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.

2. Agreed that the report provided limited assurance until the additional resource was in post and the sustainability of improvements could be demonstrated.

13. Feedback from Board Governance Survey

The Committee received a report on the outcome of the Board Governance Survey, presented by Mr Andrew Murray, Medical Director and Ms Wendy Nimmo, Interim Head of Efficiency, Improvement & Innovation. The purpose of the paper was to provide feedback arising from the Board governance review process and to support discussion

regarding potential areas for future development and improvement within the Committee's governance arrangements.

Key messages in the report included:

(i) Feedback from the Board Governance Survey indicated that the Committee was operating effectively overall and was considered to be in a reasonable position.
(ii) The report summarised key themes and areas for potential improvement identified through the survey feedback.
(iii) The feedback provided an opportunity to review Committee effectiveness and consider how governance and assurance arrangements could be further strengthened.
(iv) No specific actions had been mandated for Committees as a result of the survey, with the feedback provided for local consideration and reflection.
(v) Members were invited to consider how the Committee might respond to the themes identified and what improvement actions could be taken forward.

The Following Points Were Made in Discussion:

(i) Members noted the survey feedback that the Committee was operating reasonably effectively and discussed the themes identified as areas for potential improvement.
(ii) Members considered the importance of identifying and responding to the key themes arising from the survey rather than simply noting the feedback provided.
(iii) It was suggested that future reporting should set out the principal themes identified through the survey alongside proposed actions to address them.
(iv) Discussion took place regarding how the Committee should evidence its response to the feedback, including whether a paper or workshop would be the most appropriate mechanism to consider improvements in more detail.
(v) Members agreed that further work should be undertaken to develop a response to the survey findings and bring this back to a future meeting for consideration.

The Clinical Governance Committee:

1. **Considered the feedback arising from the Board Governance Survey and discussed the key themes identified.**
2. **Provided views on the findings and agreed that further work should be undertaken to develop proposed responses and actions against the key themes.**
3. **Agreed that a future paper should be presented setting out the principal themes and proposed actions for consideration by the Committee.**

Actions

1. **A future paper to be prepared setting out the key themes from the survey and proposed actions to address them.** — Andrew Murray, Wendy Nimmo

14. Annual Report: Duty of Candour Learning

The Committee received the Duty of Candour Annual Report, presented by Mr Andrew Murray, Medical Director, with support from Mr Ashley Calvert, Head of Clinical Governance. The report was presented for review and approval prior to publication and provided an overview of organisational Duty of Candour activity, governance arrangements and related improvements undertaken during the reporting period.

Key points from the report included:

(i) The report detailed 20 organisational Duty of Candour cases recorded during the reporting period covered by the annual report.
(ii) The report was statutory in nature and would be published on the organisation's website following approval.

(iii) Revised policies and procedures had been introduced to strengthen governance arrangements, improve identification of cases and support consistent decision-making regarding organisational duty of candour requirements.
(iv) Improvements had also been made to apology letters and communication with patients and families. Positive feedback had been received regarding the revised approach.

The Following Points Were Made in Discussion:
(i) Members discussed whether current reporting levels reflected the expected application of organisational duty of candour requirements and acknowledged the continued challenge in distinguishing between professional and organisational duty of candour obligations.
(ii) The Committee noted that training, revised procedures and Healthcare Guardian implementation would further strengthen consistency and oversight.

The Clinical Governance Committee:
1. **Endorsed the annual Duty of Candour report previously approved at the Clinical Governance Working Group on 11th June 2026.**
2. **Considered 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. Circulate the published website link to Board members once available. Andrew Murray

15. Annual Report: Public Protection
The Committee received the Public Protection Annual Report, presented by Dr Jillian Taylor, Chief Nurse, Public Protection, following an introduction from Karen Goudie. The report provided an overview of public protection activity across NHS Forth Valley, including child protection, adult support and protection, MAPPA, Prevent, sexual safety and governance developments during 2025/26.

Key messages in the report included:
(i) The Committee was advised that this was the first public-facing Public Protection Annual Report. The report brought together activity relating to child protection, adult support and protection, sexual safety, MAPPA, Prevent and learning reviews.
(ii) The report demonstrated strengthened governance, increased child protection activity, expanded supervision support and ongoing development of the public protection workforce and operating arrangements.
(iii) It was acknowledged that some data collection limitations remained, but these were expected to improve through implementation of Healthcare Guardian and further collaboration with local authority partners.

The Following Points Were Made in Discussion:
(i) Members welcomed the quality and comprehensiveness of the report and recognised the significant progress made in developing public protection governance arrangements.
(ii) Discussion focused on future workforce arrangements, data quality, leadership structures and sustaining resilience in specialist functions.
(iii) The Committee was advised of forthcoming changes to leadership arrangements including recruitment of a dedicated Chief Nurse for Public Protection.

The Clinical Governance Committee:
1. Considered whether the report provides assurance that appropriate controls are in place to manage public protection risks and support delivery of statutory safeguarding responsibilities.

2. **Accepted the Public Protection Annual Report 2025–26 and agree to its wider publication.**
3. **Noted the continued strengthening of governance, leadership, workforce development and multi-agency public protection arrangements.**
4. **Acknowledged some risks and the mitigations taken. • Support the ongoing public protection improvement programme.**

Actions

1. **Six-monthly Public Protection updates to be added to the Committee workplan.** — Ashley Calvert

Gordon Johnstone left the meeting at 1309 hours. The meeting was no longer quorate.

16. Clinical Governance Working Group Update

The Committee received the Clinical Governance Working Group Update Report, presented by Mr Ashley Calvert, Head of Clinical Governance. The purpose of the report was to provide assurance regarding matters considered by the Clinical Governance Working Group and to highlight key issues, discussions and escalations requiring Committee awareness or oversight.

Key messages in the report included:

(i) Members were advised that much of the information reflected matters already reported through Directorate updates and assurance reporting, with the paper providing a summary of discussion and escalation through the Working Group.
(ii) The report had been expanded following a previous request from the Committee to provide more context regarding the discussions and issues considered by the Working Group rather than simply recording approval of items.

The following points were raised during discussion:

(i) Members agreed that understanding the discussion undertaken by the Working Group was helpful, particularly where issues had been challenged, escalated or identified as requiring further oversight. It was noted that simply reporting approval of items did not always provide sufficient context regarding the assurance process.
(ii) Discussion took place regarding whether increased use of electronically approved minutes could reduce duplication between Working Group minutes and the assurance report. Members noted that more timely circulation of minutes could allow greater emphasis to be placed on assurance, escalation and decision-making rather than repeating discussion already recorded elsewhere.
(iii) Members supported continued development of the overarching assurance reporting model and suggested that future reporting should focus on key issues escalated from the Working Group, the rationale for escalation and the actions agreed in response.

The Clinical Governance Committee:

1. **Noted the paper and the key issues arising from the CGWG and the continued development of the assurance reporting model.**
2. **Considered 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.**

b) Internal Audit Update FTF Internal Audit Report A18/26

The Committee received the Internal Audit Update Report, presented by Mr Ashley Calvert, Head of Clinical Governance. The report provided an update on progress against outstanding Internal Audit recommendations and actions, including those relating to clinical governance systems, reporting and adverse event oversight arrangements.

Key messages from the report included:

(i) The Committee was advised of two actions from Audit 15/25 that remained open. One action relating to LMTR processes and reporting had slipped beyond its original completion date of 30 April 2026 but remained on track for completion by August 2026. Testing was scheduled through the Clinical Governance Working Group prior to presentation to the Committee in September 2026.

(ii) The report also highlighted findings from Audit A18/26, a Health and Safety audit of the Safeguard system. Two findings were considered relevant to the Clinical Governance Committee, relating to KPI reporting and the visibility of clinical event reporting through governance structures. Work was underway with colleagues to address these recommendations, with implementation anticipated by the end of August 2026.

The following points were made in discussion:

(i) Members sought clarification regarding the significance of the audit findings. It was explained that Internal Audit had identified a gap in the visibility of clinical event reporting at Committee level. Whilst information was available within Directorate governance arrangements and Staff Governance Committee reporting, there was no consolidated overview of clinical events routinely presented through Clinical Governance structures.

(ii) The Committee discussed how enhanced reporting arrangements and implementation of Healthcare Guardian would strengthen oversight and accountability for adverse events and Significant Clinical Reviews. Members highlighted the importance of ensuring that operational units were held accountable for event reporting, action planning and delivery of learning.

(iii) Members requested assurance that progress against the audit recommendations would be reported back to the Committee and that future governance arrangements would provide consolidated oversight of adverse events.

The Clinical Governance Committee:

1. **Noted that the management response and updates on actions to findings will be reviewed by this through the Internal Audit Action Follow-up report.**
2. **Noted the current progression of identified actions.**
3. **Considered 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.**

Actions

1. **LMTR reporting arrangements to be tested through the Clinical Governance Working Group and reported to the Committee in September 2026.** Ashley Calvert
2. **Internal Audit progress updates to be presented to the Committee following completion of testing and implementation activity.** Ashley Calvert

17. Reports from Associated Clinical Governance Groups

a) Clinical Governance Working Group Minute 16 April 2026
b) Organ & Tissue Donation Committee Minute – meeting cancelled
c) Infection Control Committee Minute 29 April 2026

The Committee received, for noting, the minutes of the Clinical Governance Working Group meeting held on 16 June 2026 and the Infection Control Committee meeting held on 29 May 2026. Members were also advised that the Organ Donation Committee meeting had been cancelled and rescheduled.

The Clinical Governance Committee:

1. **Noted the minutes of the Clinical Governance Working Group and Infection Control Committee.**

2. **Noted that the Organ Donation Committee meeting had been cancelled and subsequently rescheduled.**

18. Any Other Competent Business

The Chair advised that David Strachan had produced a Safety Report and proposed that it be recirculated to Committee members via Sarah Smith (NHS Forth Valley) for review and comment prior to consideration at a future Committee meeting.

The following points were made in discussion:

(i) Members agreed that the Safety Report contained useful information, although some of the content duplicated information already reported through existing governance routes. Consideration would therefore be given to how the report should fit within future Committee business.

(ii) Members requested an opportunity to see a demonstration of Healthcare Guardian. It was noted that the system had the potential to improve triangulation of quality, safety, patient experience, complaints and learning data, and to provide enhanced reporting and analytical capabilities.

(iii) Members noted that Healthcare Guardian would support future governance arrangements and provide improved visibility of organisational intelligence and learning.

(iv) It was agreed that the Safety Report would be circulated to members for review and that opportunities for a future Healthcare Guardian demonstration or workshop would be explored.

Actions

1.	**David Strachan's Safety Report to be circulated to Committee members for review and comment.**	Admin
2.	**Consider inclusion of the Safety Report on a future Clinical Governance Committee agenda following member review.**	Ashley Calvert
3.	**Explore opportunities to arrange a future demonstration or workshop on Healthcare Guardian for Committee members.**	Karen Goudie

19. Matters to raise at Board

The Clinical Governance Committee agreed the below items should be escalated to the forthcoming NHS Board meeting.

- MBRRACE position, the developing Quality and Safety Report, and progress in relation to the Quality, Safety and Experience Plan.
- The Chair noted that progress made in reducing the Significant Clinical Review backlog and the organisation's transition towards a stronger organisational learning system should be reflected through Board reporting and assurance mechanisms.
- Members agreed that the Public Protection Annual Report should be escalated to the Board in view of the significant progress made in strengthening governance arrangements, workforce development and reporting in this area.
- It was noted that further discussion would take place regarding the most appropriate way to present the developing Quality and Safety reporting arrangements and associated assurance information to the Board.
- Members also noted that future updates on Healthcare Guardian and the planned integration of patient experience measures would support wider Board-level assurance and organisational learning.

20. Date and Time of Next Meeting

Tuesday 8 September 2026 at 9:00am, in the Boardroom, Carseview House.

The Chair closed the meeting at 1322 hours.

STAFF GOVERNANCE COMMITTEE

Minute of the Staff Governance Committee Meeting held on Tuesday 21 July 2026

For: Information

Minute of the Staff Governance Committee Meeting held on Tuesday 21 July 2026 at 9.00am in the Boardroom, Carseview House and via MS Teams.

Present:
Mr Martin Fairbiarn (Committee Chair)
Ms Pamela Bowman (Unite Representative)
Mr Nicholas Hill (GMB Representative)
Mrs Alison Jaap (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Mr Charlie McCarthy (Unison Representative)
Mrs Karren Morrison (Non- Executive Director)
Ms Emma Small (RCN Representative)

Ms Neena Mahal (Board Chair)

In Attendance:
Mr Michael Brown (Head of Human Resources Workforce and Resourcing)
Mr Ross Cheape (Interim Director of Mental Health and Learning Disability Services)
Mrs Morag Farquhar (Director of Facilities)
Mr Jack Frawley (Board Secretary)
Prof Karen Goudie (Executive Nurse Director)
Mr Douglas High (Deputy Chief Nurse for Workforce Optimisation)
Mrs Elaine Lockyear (PA to Director of People)
Mrs Aileen Love (Head of Occupational Health)
Mr Sam McCartney (Risk Management Advisor)
Mrs Jenny McCusker (Head of Organisational Development)
Mrs Linda McGovern (Deputy Director of Workforce)
Mrs Becky McGrath (Corporate Services Assistant/PA) (Minute)
Mr Kevin Reith (Director of People)
Ms Nicola Riddell (Workforce Manager)
Mrs Linda Robertson (HR Service Manager – Staff Governance)
Mr Finlay Scott (Non-Executive Director)
Mr Scott Urquhart (Director of Finance)

---

1. Welcome, Apologies for Absence and Confirmation of Quorum
The Chair welcomed all present to the meeting. An apology was intimated on behalf of John Stuart.

Ross McGuffie and Tom Cowan were not in attendance.

2. Declarations of Interest
There were no declarations of interest.

3. Minute of Staff Governance Committee Meeting held on Tuesday 21 March 2026.
The minute of the meeting held on 21 March 2026 was approved as an accurate record following virtual circulation and ratification at this meeting.

4. Matters Arising from the Minute / Action Log

The action log was reviewed, and the completed actions were acknowledged. The following updates were provided:

(i) Actions 72, 76 and 81 would be marked complete following discussions at this meeting.

(ii) A bid had been submitted to Scottish Government in relation to action 77.

(iii) Noted was that in regard to action 78, Medical PDPRs would still sit within the remit of Clinical Governance Committee but would be beneficial to be shared with this committee so that an overall picture of the organisation's position could be provided.

(iv) It was agreed that action 80 would be extended to September.

5. Draft Staff Governance Workplan 2026/27

The Staff Governance Committee received the 'Draft Staff Governance Committee Workplan 2026/27' presented by Mrs Linda Robertson to outline the topics to be considered by the committee within 2026/27.

Key messages in the report included:

(i) People Strategy had been rescheduled as timelines were under review to allow for further engagement. Final approval of the strategy would be sought by the committee in March 2027, but a paper would be discussed at a scheduled meeting prior to sign off.

(ii) Following discussion at the June Area Partnership Forum where it was recognised further engagement was required, the Professional Assurance Framework would be presented at the September committee meeting.

(iii) Culture and Leadership Risk Focus review would be presented at the November meeting.

(iv) The Staff Governance Standard Action Plans by Directorate / HSCP had been removed from the Workplan. These had been superseded by reporting in Pentana dashboards for discussion at Performance Review Services Meeting.

The following points were raised in discussion: -

(i) For awareness, Ms Mahal informed the committee that the current format of the workplan was under review and would be adjusted to improve clarity and readability.

The Staff Governance Committee:

(1) Approved the draft 2026/27 workplan.

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

Key messages in the report included:

(i) Sickness absence continued to show a gradual downward trend (although seasonal factors had to be borne in mind), with early indications that workforce optimisation initiatives and focused absence management activity were beginning to have a positive impact.

(ii) Progress was being made against PDPR compliance rates, with all services now working towards the target of achieving 80% sign off, although there is still a significant way to go to meet that target.

(iii) Recruitment performance had improved significantly, with time-to-hire reduced to 83 days, bringing the organisation below its 12-week KPI. Further improvements were expected through new occupational health system upgrades. These upgrades were expected to improve pre-employment processes, recruitment efficiency and overall workforce data management.

(iv) Workforce optimisation work was progressing, with dedicated resource focused on reducing absence, improving training compliance and strengthening workforce planning through a data-driven approach.

(v) Mandatory training compliance remained an area of focus, with targeted interventions being introduced to improve completion rates for key programmes such as manual handling and management of violence and aggression.

(vi) The committee recognised improvements across several workforce indicators and received assurance that systems and processes were moving in the right direction, while maintaining continued focus on sickness absence management and PDPR compliance.

The following points were raised in discussion:

(i) While the committee was assured by the progress against PDPR performance, committee members stressed the importance of ongoing reporting on the action plan and improvement measures being implemented to achieve the organisation's target completion rates. The committee requested clearer tracking of actions, milestones and progress at future meetings.

(ii) Members discussed the importance of obtaining a comprehensive organisational view of appraisal and development processes. While recognising that medical appraisal is overseen through Clinical Governance arrangements, it was considered important that the Staff Governance Committee receive sufficient information to enable assurance on appraisal and development activity across all staff groups.

(iii) Concerns were raised regarding the lengthy waits for counselling and psychological therapy services, noting that mental health-related absence remained a significant contributor to overall sickness absence. The committee explored whether additional investment through spend-to-save initiatives may be required to expand support and reduce waiting times.

(iv) Concern was expressed regarding the length of time taken to conclude conduct, grievance, and bullying and harassment cases. Prolonged cases were detrimental to all parties involved and it was recognised further work was required to strengthen escalation processes and identify actions to reduce delays.

(v) Discussion highlighted the forthcoming national arrangements for reporting protected learning time and the need to ensure managers support staff to access training opportunities. Members noted the importance of leadership development programmes and people-focused management approaches in improving workforce experience and compliance with mandatory learning requirements.

(vi) Noted was the low uptake of exit interviews and concerns were raised that some staff may not trust the confidentiality of the process. Committee members emphasised the

importance of improving how feedback was collected from departing staff and ensuring that information gathered through exit interviews was used effectively to identify organisational issues and inform improvement work.

The Staff Governance Committee:

(1) While noting the progress against a number of workforce indicators (including PDPR and sickness absence) and recognising the positive work being undertaken, the Committee agreed the importance of ongoing reporting on the action plan and improvement measures being implemented to achieve the organisation's target rates. The committee requested clearer tracking of actions, milestones and progress at future meetings.

(2) Agreed that the length of time taken to conclude conduct, grievance, and bullying and harassment cases was of concern.

(3) Subject to the above, was assured 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.

Action:

(i) Future reporting arrangements to be developed to provide the Staff Governance Committee, for information, with a summary of medical appraisal outcomes and compliance alongside PDPR reporting, to support a more complete view of appraisal and development activity across NHS Forth Valley.

Item 10. Workforce Optimisation was taken at this point in the agenda.

10. Workforce Optimisation

The Staff Governance Committee received the 'Workforce Optimisation' presented by Mr Douglas High to provide assurance regarding key workforce risks and the strategic actions being taken to strengthen the sustainability and effectiveness of the NMAHP workforce.

Key messages in the report included:

(i) A workforce optimisation programme had been established to address key workforce challenges, recognising the strong link between staffing, quality of care, staff wellbeing, productivity and expenditure. The programme focused on sickness absence, mandatory training compliance and effective management of workforce capacity.

(ii) Early signs of improvement were being seen in sickness absence rates, supported by targeted workforce optimisation activity, enhanced absence management processes and focused support within areas experiencing highest absence levels.

(iii) A range of interventions were being implemented to improve mandatory training compliance, including additional manual handling competency assessors.

(iv) Bank staff would be required to have all mandatory training completed before undertaking shifts, supporting improved compliance and workforce safety.

(v) The programme used detailed workforce data to monitor supplementary staffing usage, identify trends and target interventions in areas with higher reliance on bank and agency staff, with a focus on balancing safe staffing with sustainable workforce management.

The following points were raised in discussion:

(i) Members discussed the importance of partnership working and engagement as the Workforce Optimisation programme develops. It was recognised that a range of

engagement activity had already taken place; however, members considered it important that there should continue to be meaningful involvement of staff-side representatives and other stakeholders throughout the development and implementation of proposals. The Committee noted that effective partnership arrangements would be essential in supporting understanding of the programme's objectives, identifying workforce impacts and ensuring that proposed changes are informed by staff experience.

(ii) Recognised was that this report was the first comprehensive, system-wide analysis that brings together staffing, sickness absence, training compliance, rostering, workforce wellbeing and quality of care. The importance of understanding these interdependencies provided a stronger foundation for improvement than focusing on individual metrics in isolation.

(iii) Members highlighted that workforce optimisation initiatives could have a substantial impact on staff and therefore robust partnership working and appropriate governance arrangements were required throughout implementation.

(iv) Whilst the committee recognised the potential benefits of improved rostering practices, they also acknowledged that difficult decisions may be required to balance individual preferences, staff wellbeing and service requirements

(v) Alongside immediate operational improvements, consideration should also be given to longer-term digital solutions and technological innovations that could streamline processes, reduce duplication and enhance staff experience

(vi) Highlighted was the importance of ensuring that occupational health, psychological support and other workforce wellbeing services have sufficient capacity to respond to increased demand generated by workforce optimisation initiatives. Members emphasised that prevention, early intervention and staff support should remain central to the programme's approach.

The Staff Governance Committee:

(1) Agreed that the workforce optimisation programme represented a strong baseline assessment of current workforce challenges.

(2) Broadly supported the direction of travel and agreed that the identified areas of focus were appropriate, while emphasising the importance of partnership working and engagement, alongside further development of governance arrangements, equality assessment and implementation planning as the programme progresses.

7. Area Partnership Annual Report

The Staff Governance Committee received the 'Area Partnership Annual Report' by Mrs Karren Morrison to provide assurance on the work covered by the committee during the 2025/26 financial year.

Key messages in the report include:

(i) The report was shared for assurance as it had previously been approved by the Area Partnership Forum.

(ii) Noted was that the formatting of this paper had yet to be amended to reflect the structure of other annual reports.

The following points were raised in discussion:

(i) It was agreed that the Area Partnership Forum Annual Report would be updated to the correct formatting then recirculated to the committee.

The Staff Governance Committee:

(1) Was assured by the annual report and were content that the Area Partnership Forum had fulfilled its remit.

Action:

(ii) Annual report to be recirculated to the committee following formatting change.

8. iMatter Report

The Staff Governance Committee received the 'iMatter Report' presented by Mrs Jenny McCusker to provide the committee with a summary of iMatter scores and findings following the conclusion of the 2026/27 survey.

Key messages in the report included:

(i) A summary of the national position would be presented to the committee at their November 2026 meeting.

(ii) The employee engagement index score remained the same as the previous year, with a 1% drop in response rate. The Organisational Development team were proactively considering ways to further promote the 2027/28 cycle to increase uptake.

(iii) A large proportion of local managers were following through with the next steps in having conversations with their teams to create action plans regarding the outcome of the survey to enhance their team.

(iv) For future cycles thought would be given to how the NHS Forth Valley Boards perspective of the outcomes to improve staff experience could be articulated.

The following points were raised in discussion:

(i) Confirmation was provided that an updated report following the national outcomes would be provided at the November committee meeting.

(ii) A paper would be presented to an upcoming Senior Leadership Team meeting to discuss the plans on introducing a Board wide response to the survey. Although it was noted that detail in the interim would be beneficial for the committee to have sight of the ask of the organisation.

(iii) Highlighted was the importance for future reporting to include detail of what could be done differently moving forward to ensure team scores continue to improve and the data being collected from the findings of surveys was being used effectively to support staff.

(iv) Due to the nature of the iMatter surveys it was noted that directorate level information could not be included within reporting but thought would be given to a possible work around.

(v) Members emphasised that the value of the iMatter process lies not only in participation rates and survey scores but in the quality of the conversations and actions which follow. The Committee considered it important to obtain assurance that teams are supported to develop meaningful action plans and that improvements identified through the survey are translated into tangible changes for staff.

The Staff Governance Committee:

(1) Noted the iMatter Report.

(2) Noted that discussions from this item would be consolidated with action 22 from the action log.

(3) Recognised the limitations against the level of data that can be published within the report.

Action:

(iii) A future report to be presented on the arrangements for reviewing iMatter results and providing assurance that action plans are developed, implemented and monitored at team and service level.

9. Internal Audit Action Update

The Staff Governance Committee received an 'Internal Audit Action Update' presented by Ms Linda Robertson to reflect the 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) There had been no new audit recommendations since the Staff Governance meeting on 10 March 2026.

(ii) Two recommendations from the Internal Control Evaluation Report 2025/26 had been delivered and were now marked as complete.

(iii) A21/25 Management of Sickness Absence Reference 2 was the remining outstanding action and was expected to be completed by September 2026.

The Staff Governance Committee:

(1) Was assured by the processes in place to mitigate the outstanding Internal Audit Actions.

11. Workforce Strategic Risk Focussed Review

The Staff Governance Committee considered the 'Workforce Strategic Risk Focussed Review' presented by Mr Sam McCartney to provide an assurance assessment on SRR009: Workforce Plans.

Key messages in the report included:

(i) Highlighted was the amended layout following a review from the Board Risk Working Group. This report was the initial iteration of the new approach which provided clearer detailing of the linkages to performance and organisational objectives.

(ii) This risk was in tolerance but over time due to the work being implemented the aim would be for this to be within appetite.

(iii) Controls to mitigate risks were included within the report and there was an ask to the committee to consider whether they felt these were the appropriate controls to be utilised.

The following points were raised in discussion:

(i) The Committee welcomed the much clearer focus on controls and mitigations that bear most directly on the risk.

(ii) The Committee discussed the importance of ensuring that the controls presented within the risk review remained closely aligned to the key drivers of workforce risk and that reporting enables members to understand whether mitigating actions are reducing underlying risk or managing its consequences.

(iii) Members noted that while the current risk assessment reflected the organisation's present position, future reports would benefit from greater emphasis on strategic

workforce developments and the impact that planned actions are expected to have on the risk profile over time.

The Staff Governance Committee:
(1) Endorsed the evaluation presented
(2) Noted the assurance of the appropriate controls in place.

12. Strategic Risk Register

The Staff Governance Committee received the 'Strategic Risk Register' presented by Mr Sam McCartney to provide an update of the risks aligned to the Staff Governance Committee.

Key messages in the report included:

(i) All risks had been reviewed during the quarter and remained static. Due to the presentation of the Workforce Strategic Risk focussed review this detail was not included in this report.
(ii) There was no change to the Board's appetite and tolerance levels at the time of the report. It remained as 75% of the strategic risks were outside appetite and tolerance, with 25% of these risks within tolerance level.
(iii) To ensure committees held appropriate ownership of their strategic risks, all extensions to deadlines would need to be agreed at a committee meeting. All completed actions would also be removed from the report moving forward.
(iv) Action criticality had been added to the reporting for the Strategic risks, to aid in visibility of the key controls in place to mitigate the risks.
(v) During the reporting period it was noted that Scottish Government had de-escalated the organisation to level one of their Performance Framework.
(vi) There were 5 actions completed in the reporting period with 8 actions being undertaken to further mitigate the risk profile. No overdue actions were reported.
(vii) There were 4 actions proposed for extension with rationale included within the report.

The Staff Governance Committee:
(1) Agreed to the proposed extension to the 4 actions.
(2) Endorsed the Staff Governance Strategic Risks for the period May-July 2026 for onward reporting to the Forth Valley NHS Board.
(3) Was assured that the 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.

13a. Acute Services Partnership Form Minute 12.02.2026

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

13b. Area Partnership Forum Minute 17.02.2026

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

13c. Health & Safety Committee Minute 10.02.2026

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

14. Any Other Competent Business

Mr Kevin Reith advised that following a recent director letter received from Scottish Government NHS Forth Valley was engaging with Scottish Government colleagues to understand the implications of the recent recruitment restrictions and their impact on ongoing senior appointments. Further national guidance was expected in September, and the position remained under review while Boards seek clarity on implementation

Concerns were raised that, while the intentions behind the approach were understood, prolonged uncertainty could affect recruitment processes, leadership stability and organisational continuity. The committee also noted concerns regarding the uncertainty created for staff and senior leaders affected by the changes.

Valedictory
The Chair led the committee in thanking Alison Jaap for her contributions to the Staff Governance Committee and shared their well wishes for her future endeavours.

The Chair also noted that this was the last committee meeting for Kevin Reith as he would be moving to a new position within another Health Board. The Chair commended Kevin's approach and outlook during his time with NHS Forth Valley and recognised the difference within the culture of the organisation through his efforts. The committee wished Kevin well in his new role.

As Kevin would not be in attendance of the upcoming Area Partnership Forum, Mrs Karren Morrison took this opportunity to thank Kevin for his contributions and personal support during his time with the organisation emphasising the impact his departure would have.

15. Matters to Raise at Board and Reflections
The Chair confirmed that the below matters would be raised at Board:

- Workforce performance, including PDPR compliance and sickness absence.
- Employee relations processes and improvement activity.
- Workforce optimisation programme.
- Workforce strategic risk and workforce planning.
- Staff experience and organisational learning through iMatter.

16. Date of Next Meeting
Tuesday 15 September 2026 at 9:00am, Boardroom Carseview House, Stirling

STRATEGIC PLANNING, PERFORMANCE & RESOURCES COMMITTEE

Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 30 June 2026

For: Information

Minute of the Strategic Planning, Performance & Resources Committee Meeting held on Tuesday 26 May 2026 at 1.00pm in the Boardroom, Carseview House.

Present:
Ms Neena Mahal (Chair)
Mrs Kirstin Cassells (Non-Executive Director)
Cllr Fiona Collie (Non-Executive Director)
Mr Martin Fairbairn (Non-Executive Director)
Cllr Scott Farmer (Non-Executive Director)
Ms Alison Jaap (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Cllr Fiona Law (Non-Executive Director)
Professor Clare McKenzie (Non-Executive Director)
Ms Karren Morrison (Non-Executive Director)
Mr Allan Rennie (Non-Executive Director)
Mr Finlay Scott (Non-Executive Director)

In Attendance:
Mrs Elsbeth Campbell (Head of Communications)
Dr Jennifer Champion (Director of Public Health)
Ms Laura Crockert (Programme Manager)
Ms Caroline Doherty (Interim Chief Officer – Falkirk IJB)
Mrs Morag Farquhar (Director of Facilities)
Mr Garry Fraser (Director of Acute Services)
Mr Jack Frawley (Board Secretary)
Professor Karen Goudie (Executive Nurse Director)
Ms Kerry Mackenzie (Acting Director of Strategic Planning and Performance)
Ms Linda McGovern (Deputy Director of Workforce)
Professor Ross McGuffie (Chief Executive)
Mr Andrew Murray (Medical Director)
Ms Jillian Thomson (Deputy Director of Finance)
Miss Vicky Webb (Head of Risk Management)

---

1. Welcome, Apologies for Absence and Confirmation of Quorum
Apologies were intimated on behalf of Stephen McAllister and John Stuart. The meeting was quorate.

Jennifer Borthwick, Kevin Reith and Scott Urquhart were not in attendance.

2. Declarations of Interest
There were no declarations of interest.

3. Minute of Strategic Planning, Performance & Resources Committee held on 26 May 2026
The minute of the meeting held on 26 May 2026, subject to previous electronic circulation and committee member approval, was confirmed as an accurate record.

4. Matters Arising from the Minute / Action Log

The Action Log was reviewed by the Chair, and consideration was given to the actions still in progress.

The Committee noted that actions 177, 179, 181, 183, 184, 185 and 186 were marked as complete and would be removed from the Action Log.

Following discussion, it was agreed that item 182 could be marked complete as the action had been delivered in advance of the meeting.

The Committee noted, in relation to discussions which had taken place on the Digital Plan at Board on 30 June 2026, that a report on digital transformation was due at the September Committee meeting.

The Strategic Planning, Performance & Resources Committee approved the Action Log.

5. NHS Forth Valley Draft Annual Operational Plan 2026/27

The Strategic Planning, Performance & Resources Committee considered a report for discussion, presented by Kerry Mackenzie, which provided a summary of end-year performance against delivery of the 2025/26 Annual Delivery Plan. It also presented the 2026/27 draft Annual Operational Plan which set out the Board's key priorities, actions and deliverables for the year ahead aligned to national planning requirements and local strategic priorities.

The following points were made in discussion:

(i) The Committee Chair invited members to send specific feedback to the Acting Director of Strategic Planning & Performance outwith the meeting, with detailed consideration at the August Board Seminar.

The Strategic Planning, Performance & Resources Committee agreed to provide comments outwith the meeting, with further discussion taking place at the Board Seminar on 11 August and final endorsement of the Plan at Board on 25 August 2026.

6. Strategic Planning, Performance & Resources Committee – Terms of Reference

The Strategic Planning, Performance & Resources Committee considered a report for decision, presented by Jack Frawley, which sought approval of a change to the Committee's Terms of Reference in order to accommodate the wider Board meeting schedule.

Key messages in the report included:

(i) Going forward there would be no Board or Committee meetings scheduled for the month of July. As the SPPRC met on odd numbered months it was proposed that the total number of meetings each year was decreased to five.

(ii) The indicative 2027 Board, Seminar and SPPRC meeting dates were provided as an appendix to the report.

The following points were made in discussion:

(i) The Committee Chair noted that a report would be submitted to the August meeting of the Board setting out a Programme of Meetings for 2027.

The Strategic Planning, Performance & Resources Committee:

(1) approved the Terms of Reference as appended to the report for onward submission to the Board, and

(2) agreed 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.

7. Internal Audit Actions Follow Up

The Strategic Planning, Performance & Resources Committee considered a report for discussion, presented by Kerry Mackenzie, which highlighted the status of Internal Audit follow up actions aligned to the Committee for oversight.

Key messages from the report included:

(i) The one remaining action aligned to the Strategic Planning, Performance & Resources Committee was due for completion throughout 2026 with monitoring of progress through the SPPRC and the Audit and Risk Committee.

The following points were made in discussion:

(i) Work in relation to the outstanding action would be taken forward by a Short Life Working Group on Performance including Non-Executive Directors.

The Strategic Planning, Performance & Resources Committee:

(1) noted the status of the current audit follow up actions aligned to the Committee.

(2) agreed 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.

8. Internal Audit Report A21/26 – Financial Sustainability

The Strategic Planning, Performance & Resources Committee considered a report for assurance, presented by Jillian Thomson, which provided as an appendix Internal Audit Report A21/26 – Financial Sustainability.

Key messages from the report included:

(i) The Making the Most of Our Resources Toolkit was a practical resource providing guidance, prompts and examples to support effective financial stewardship. Internal Audit assignment A21/26 considered the appropriateness and completeness of the Toolkit as a key control to support financial stewardship and sustainability.

(ii) The output of the audit was generally positive, and the Toolkit was considered to be a useful and well-aligned resource to local and national policy in support of improved financial sustainability.

(iii) 5 recommendations were made which were categorised as moderate. The recommendations included the need to complete external web links, improve Counter Fraud Services signposting, clarify terminology, strengthen user guidance and develop clear governance and monitoring arrangements to demonstrate that the Toolkit was being used effectively and contributing to improved financial stewardship. The five recommendations had been accepted and were being taken forward as a priority by the Deputy Director of Finance.

The following points were made in discussion:

(i) Members noted that the audit had focussed on the design of the Toolkit and that the ongoing implementation would be key. There had been a survey of budget holders asking whether they had found the Toolkit useful and there were 869 staff using it to date.

(ii) It was noted that there would be an all-staff call focused on Finance on 5th August.

The Strategic Planning, Performance & Resources Committee:

(1) noted the status of the current audit follow up actions aligned to the Committee.

(2) agreed 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.

9(a). National Treatment Centre Update

The Strategic Planning, Performance & Resources Committee considered a report, for discussion, presented by Ross McGuffie, which set out for consideration of progress and next steps in relation to the National Treatment Centre programme.

Key messages from the report included:

(i) An update on the progress toward determination by Falkirk Council Building Standards.

(ii) Updates from the discussions at the Board Seminar held on 9 June 2026.

(iii) Information was provided on the legal position and advice which had been sought.

The following points were made in discussion:

(i) There were comments on the helpful information provided within the report on the background to the current position. However, members expressed that they were concerned about the lack of a definitive answer on the building warrant application and timelines for resolution.

(ii) Further points of discussion included:

- Building Standards requirement for further information
- Escalation of matters to Scottish Government
- Options for Next Steps
- Consideration of legal options

(iii) Members asked officers to bring forward clear options for next steps to a Private Board meeting for consideration and decision

The Strategic Planning, Performance & Resources Committee:

(1) noted the requirement for further evidence from the contractor to address 14 points prior to a determination.

(2) supported the proposal to issue a letter to the Scottish Government escalating concerns.

(3) requested that further reporting to a Private Board Meeting to be held on 11 August included:

- **an analysis of any building deterioration issues.**
- **the legal advice received with an explanation of the timeline of different scenarios.**
- **information to explain the risks, particularly in relation to the Board's accountabilities.**
- **a recommendation from Officers on the way forward.**

(4) noted ongoing NHS Forth Valley discussions with Scottish Government, Falkirk Council and Forth Health.
(5) noted the historical timeline of key decisions in respect of the National Treatment Centre in relation to Board Governance.
(6) noted the accountability and responsibility of the National Treatment Centre programme stakeholders.
(7) agreed that the Committee was not assured that the report provided assurance that the appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements were needed, clear actions had been identified as there were too many missing pieces.

Kirstin Cassells and Karren Morrison left the meeting during consideration of the previous item.

9(b). NTC Risk
The Strategic Planning, Performance & Resources Committee deferred consideration of a report which outlined the current risks associated with the National Treatment Centre building for discussion in light of discussion of item 9(a) which meant that the paper on risk would need further review.

The Strategic Planning, Performance & Resources Committee agreed to provide comments outwith the meeting, with further discussion taking place at a Private Board Meeting on 11 August.

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

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

11. Any Other Competent Business
There was no other business.

12. Risks, Reflections & Areas to Highlight to the NHS Forth Valley Board
There were no matters to highlight to the NHS Forth Valley Board that were not already under discussion.

13. Date and Time of Next Meeting
Tuesday 29 September 2026 at 9:30am, in the Boardroom, Carseview House.

Minutes of the meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Wednesday 22nd January at 11.30am via Microsoft Teams.

Committee:	John Stuart	Chair
	Claire Colligan	Non-Contractor Pharmacist Member
	Arif Hanif	Contractor Pharmacist Member
	Sheila McGhee	Lay Member
Secretariat:	Julie Innes	NHS Forth Valley Administration

Reconvening of PPC to provide sufficient reasons as to why they assess the provision of pharmaceutical services currently present in the area to be inadequate in line with the Decision of the Chair of the National Appeal Panel In application relating to Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT

1. Application by Web Pharmacy and Appeal

1.1 There was an application and supporting documents submitted from WEB Pharmacy, received by Forth Valley Health Board on 2nd December 2021, for inclusion in the pharmaceutical list of a new pharmacy at Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT.

1.2 The initial PPC was held at NHS Forth Valley HQ, Board Room, Carseview House, Castle Business Park, Stirling, FK9 4SW on 22nd September 2022. The PPC approved the application for the new pharmacy's inclusion on the pharmaceutical list.

1.3 Appeals were submitted to the National Appeals Panel (NAP) by two appellants on 31st October 2022 and 1st November 2022. One ground of appeal was upheld and as such the panel was reconvened on 9th July 2024 to consider adequacy of pharmaceutical services in the area.

1.4 Further appeals were submitted to the NAP following the reconvened panel of 9th July 2024, and the PPC were directed to provide sufficient reason as to why inadequacy of pharmaceutical services in the area had been established.

1.5 This minute is therefore a record of the reconvening of the PPC where the panel discusses the reasons behind their conclusions that pharmaceutical services in the area are inadequate.

2. Supporting Documentation

2.1 Consultation Analysis Report (CAR)

2.2 National Appeal Panel Decision

2.3 Pharmaceutical Services Plan

2.4 Services provided within the area

2.5 Minutes from previous PPC meetings

3. Welcome and Interests

3.1 The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that all papers had been received and considered. When committee members were asked by the Chair in turn to declare any interests in the application, none were declared.

3.2 Having ascertained that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the meeting would be conducted in accordance with the notes contained within the papers circulated.

3.3 The Chair advised that one PPC member could not attend despite attempts to reconvene the full panel. The Board obtained advice in relation to the issue of attendance, and the Chair advised that in doing so it has been concluded that the missing member has been asked for written contributions. The contributions will follow the meeting and if there is anything to further discuss based on this the Chair will contact the committee for further input.

4 Reasons for Inadequacy

4.1 The Chair clarified that this meeting was to further discuss areas which were considered to be inadequate. The four areas, which were previously discussed included: are distance to alternative pharmacies; difficulties with public transport links; responses within the CAR & public response to this; and population growth in the area since the initial application, it was noted that the population is continuing to grow. The Chair invited the panel to consider these areas and provide comment on any other issues they believe to be relevant.

Ms Colligan and Mr Hanif agreed that while the committee had reconvened to discuss the outcome of a second appeal, this was not a fresh application and the committee were being asked to provide evidence to substantiate the earlier decision based on the initial application.

The committee had made the decision based on the population at the time of the application and the committee agreed that any future decisions would be made based on this and not any subsequent, sustained growth of the area.

The following concerns were raised:

Distance to alternative pharmacies

- The nearest alternative pharmacy is one mile away.
- Consideration was given to road safety as there have been deaths on the main roads, and aggressive driving at established crossings was also a factor. This road

is recognised by the community as an unsafe road and would deter people using this route.

- It was reaffirmed that panel members had visited the site and had undertaken the journey to the nearest pharmacy by car. In addition, a wheelchair using member of the Panel had visited the site and found the route to the nearest pharmacy very difficult to manoeuvre. Topography was identified as an issue as the footpath stops and restarts along Bellsdyke Road. It is noted that this was not listed in the CAR.
- Existing pharmacy services are already stretched, with long waiting times. Patients regularly have to make a second visit to collect partially filled prescriptions as evidenced in the CAR.
- It was agreed that a delivery service from a pharmacy is not considered an adequate service, that it is important for patients to be able to physically go to the pharmacy if that is their wish.
- It was also noted that in the previous PPC meeting it was discussed that access can mean something different to everyone.

Difficulties with public transport links

- It was agreed that as there are little to no bus routes from Kinnaird to Larbert or Stenhousemuir, the nearest alternative pharmacy is not accessible by public transport. This is highlighted in the CAR.
- The nearest pharmacy is located beside a school leading to very high traffic levels at peak times.
- Lack of parking at other sites was also considered a factor.

Mr Harif and Ms Colligan left the room to allow the panel to deliberate.

5 Deliberations

5.1 The Chair directed the panel that they had to vote based on the binary issue of whether the services in the defined area are adequate or inadequate, and if on discussion do they maintain their position that services are inadequate.

5.2 The voting members of the panel have reaffirmed the PPC's original decision that services are considered to be inadequate for the reasons highlighted above. The remaining panel member will be contacted with the minutes to establish if there is anything further they wish to add and this will be noted as an addendum when available. If the remaining member of the panel does not agree with the outcome the Chair will account for their views and ask for a further vote of the voting members to take place based on the further contribution.

Signed:

John Stuart

Chair Pharmacy Practices Committee.

Date: 4th February 2025

Minutes of the meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Tuesday 29th July at 1.00pm via Microsoft Teams.

Committee:	John Stuart	Chair
	Claire Colligan	Non-Contractor Pharmacist Member
	Arif Hanif	Contractor Pharmacist Member
	Martin Kenny	Lay Member
	Sheila McGhee	Lay Member
Secretariat:	Julie Innes	NHS Forth Valley Administration

Reconvening of PPC to provide sufficient reasons as to why they assess the provision of pharmaceutical services currently present in the area to be inadequate in line with the Decision of the Chair of the National Appeal Panel In application relating to Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT

1. Application by Web Pharmacy and Appeal

1.1 There was an application and supporting documents submitted from WEB Pharmacy, received by Forth Valley Health Board on 2nd December 2021, for inclusion in the pharmaceutical list of a new pharmacy at Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT.

1.2 The initial PPC was held at NHS Forth Valley HQ, Board Room, Carseview House, Castle Business Park, Stirling, FK9 4SW on 22nd September 2022. The PPC approved the application for the new pharmacy's inclusion on the pharmaceutical list.

1.3 Appeals were submitted to the National Appeals Panel (NAP) by two appellants on 31st October 2022 and 1st November 2022. One ground of appeal was upheld and as such the panel was reconvened on 9th July 2024 to consider adequacy of pharmaceutical services in the area.

1.4 Further appeals were submitted to the NAP following the reconvened panel of 9th July 2024, and the PPC were directed to provide sufficient reason as to why inadequacy of pharmaceutical services in the area had been established.

1.5 The committee reconvened on the 22nd of January 2025 to discuss.

1.6 A further appeal was submitted to the NAP on the ground of whether there had been a procedural defect, in particular whether the PPC was quorate, when it reconsidered the application.

1.7 The committee reconvened on 29th July 2025 to discuss.

1.8 This minute is therefore a record of the reconvening of the PPC where the panel discusses the reasons behind their conclusions with all members of the committee present.

2. Supporting Documentation

2.1 Consultation Analysis Report (CAR)

2.2 National Appeal Panel Decision

2.3 Pharmaceutical Services Plan

2.4 Services provided within the area

2.5 Minutes from previous PPC meetings

3. Welcome and Interests

3.1 The Chair welcomed all to the meeting and introductions were made. The Chair reminded the Committee members that they met originally in September 2022 to consider the application by Web Pharmacy, and this was granted. Two subsequent appeals were received in November 2022, one of which was upheld relating to the legal test. The Panel were asked to provide sufficient reasons for their decision surrounding adequacy of services and met in January 2025 to provide their reasons. This decision was further appealed due to a procedural issue on the basis that the meeting was not quorate, despite the missing member having submitted their thoughts in writing prior to the meeting.

3.2 The panel were meeting, as quorate, to reaffirm their position on the application that the pharmaceutical services available were inadequate on multiple grounds including travel time to another pharmacy, the safety associated with this, public transport links, the responses based on the CAR and population growth in the area. The Chair then opened the meeting up to the Committee Members to advise their thoughts. The Committee Members were unanimous in their reply that based on the application, services were inadequate, and their original decision had not changed.

Signed:

John Stuart

Chair Pharmacy Practices Committee.

Date: 29th July 2025

Minutes of the meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Wednesday 27th May 2026 at 10am via Microsoft Teams.

Committee:	John Stuart	Chair
	Clare Colligan	Non-Contractor Pharmacist Member
	Arif Hanif	Contractor Pharmacist Member
	Martin Kenny	Lay Member
	Sheila McGhee	Lay Member
Secretariat:	Julie Innes	NHS Forth Valley Administration

Reconvening of PPC to reconsider the application by Web Pharmacy relating to Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT in line with the Decision of the Chair of the National Appeal Panel, 21 January 2026.

1. Application by Web Pharmacy and Appeal

1.1 There was an application and supporting documents submitted from WEB Pharmacy, received by Forth Valley Health Board on 2nd December 2021, for inclusion in the pharmaceutical list of a new pharmacy at Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT.

1.2 The initial PPC was held at NHS Forth Valley HQ, Board Room, Carseview House, Castle Business Park, Stirling, FK9 4SW on 22nd September 2022. The PPC approved the application for the new pharmacy's inclusion on the pharmaceutical list.

1.3 Appeals were submitted to the National Appeals Panel (NAP) by two appellants on 31st October 2022 and 1st November 2022. One ground of appeal was upheld and as such the Committee was reconvened on 9th July 2024 to consider adequacy of pharmaceutical services in the area.

1.4 Further appeals were submitted to the NAP following the reconvened Committee of 9th July 2024, and the PPC were directed to provide sufficient reason as to why inadequacy of pharmaceutical services in the area had been established.

1.5 The committee reconvened once again on 22nd of January 2025 to provide sufficient reasons for their decision. Once again, they concluded that the current level of pharmaceutical services was inadequate and granted the application.

1.6 A further appeal was submitted to the NAP including, on the ground of whether there had been a procedural defect, whether the PPC was quorate when it reconsidered the application. This ground of appeal was upheld, with the NAP Chair advising that all members of the PPC required to be present at the time of the meeting rather than having submitted their views in writing. A further PPC hearing was arranged.

1.7 The committee reconvened on 29th July 2025, now quorate, reconsidered the application, and reaffirmed their decision that current services were inadequate and the application was approved.

1.8 A further appeal was submitted to the NAP which was considered by the National Appeals Panel Chair on 21 January 2026. The NAP Chair upheld one ground of appeal, advising that the PPC must provide a "meaningful reconsideration" of the application.

1.9 The application was remitted back to the Board, with the NAP Chair, advising.
" .... how a Board determines an application at a reconsideration stage is, subject to the terms of the Regulations, a matter for it to decide. Most Boards reconvene to address the issues on appeal. A full reconsideration will not normally be necessary, and this includes an oral hearing."

1.10 In further advising the PPC that they require to give meaningful reconsideration to the application, the NAP Chair raised an issue as to "whether a PPC can properly assess adequacy and apply the legal test if at the date of the reconsideration decision, the information before the PPC is considered to be out of date." The Board recognised that some of the information available to it that would be set before the PPC required to be updated," including:

- the pharmaceutical care services plan,
- the GP Practice list sizes covering the area of Kinnaird,
- prescribing data,
- population and housing figures.

The updated information being presented before the PPC would allow them, when assessing adequacy and applying the legal test, to make their decision based on more up to date information.

1.11 In line with the advice of the National Appeals Panel, the PPC reconvened to provide "meaningful reconsideration" of the application in terms of the legal test rather than reaffirming any previous decision.

1.12 This minute is a record of the reconvening of the PPC where the Committee gave their full consideration of the application in order to assess whether services in the defined area were either adequate or inadequate.

2. **Supporting Documentation**

2.1 Consultation Analysis Report (CAR)

2.2 National Appeal Panel Decision

2.3 Pharmaceutical Services Plan

2.4 Services provided within the area

2.5 Minutes from previous PPC meetings

2.6 Information Asset of Updated Data as listed above.

3. Welcome and Interests

3.1 The Chair welcomed all to the meeting and introductions were made. The Chair reminded the Committee members that they met originally in September 2022 to consider the application by Web Pharmacy, and this was granted. He then proceeded to talk them through a detailed timeline of the application, outlining the sequence of appeals, remits and procedural issues leading up to the current meeting. The Chair advised the Committee members that it is important that they are not simply reaffirming their earlier decision, but the matter is being remitted back to them for meaningful reconsideration, applying the legal test as set out in the regulations and considering the information set out in the supporting documentation.

3.2 The Chair explained that the Committee could consider the updated data including population growth, GP practice population and prescription data as being a refresh based on information relevant today rather than "new" information, having considered the NAP Chair's advice in his decision of 21 January 2026. The boundary area, transport links and distances to alternative pharmacies remain unchanged.

3.3 In making their decision, the Committee considered fully if the current services were adequate or inadequate, and in doing so reviewed and discussed the distance to an alternative pharmacy, the public transport links, the growth in the population and the responses within the original CAR. It was highlighted that the age profile of those who did provide responses to the CAR will have shifted upwards and this may be reflected in the increase of 24% in prescriptions. There was a discussion regarding the ownership of local pharmacies at the time of the original application and now, where some Lloyds branches have changed ownership. It was noted in the updated information provided by the pharmacy team, in relation to prescriptions being dealt with by current providers, that the initial information in 2021 was just before Lloyds changed hands.

3.4 Accessibility and safety concerns were raised by the committee, who reported increased traffic and industrial development along the main road defining the boundary, as well as persistent issues with footpaths and zebra crossing which had been discussed at previous meetings. This reinforced their concerns of the hazards in relation to the challenges of accessing pharmacies outside the immediate neighbourhood of Kinnaird Village.

3.5 The legal test was applied when considering the sustainability of existing pharmacy providers and of the prospective pharmacy. The updated data did not evidence any decreased prescription numbers or decrease in population, and the committee reported having no reason to believe that the granting of this application would affect the viability of current providers or that of the new contractor. The Committee felt that the updated data in terms of population growth and increase in prescription numbers, indicated increased demand and concluded that there was no obvious material risk in

respect of viability. The Committee also considered and agreed the rationales of their previous decisions in respect of the application as set out in the previous minutes.

3.6 Ms Colligan and Mr Hanif left the meeting in order for the voting members of the Committee to make their decision.

3.7 Following further deliberations, the voting members of the Committee were unanimous in their decision that current services were inadequate following their reconsideration as set out above, and they approved the application.

Signed:

John Stuart

Chair Pharmacy Practices Committee.

Date: 27th May 2026

Minute of the **Area Clinical Forum** meeting held on 4 June 2026 at 6.15 pm via MS Teams.

Present: Kirstin Cassells (Chair), Andrew Baird, Fiona Struthers, Marissa Parker, Oliver Harding

In Attendance: Sarah Smith (minute)

---

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting and apologies for absence were noted from Gillian Lennox. It was confirmed 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 23 April 2026

The note of the meeting was approved as an accurate record.

4. Action Log

1. **Professional Committee Reimbursement review** – Action is now complete
2. **Workforce Development** – Action remained ongoing.
3. **Risk Management** – Vicky Webb has been invited to attend a future meeting and attendance confirmation is awaited.
4. **Governance** – The Chair confirmed a Microsoft form had been circulated and feedback was requested. Details were provided around specific information required.

5. Matters Arising

The Chair advised that she wished to invite representatives from the Value Based Health and Care programme, including Wendy Nimmo and colleagues, to a future meeting to provide an update on progress and support wider awareness across advisory committees. Members were supportive of this proposal. **Action: Admin**

6. FOR DISCUSSION
6.1 Finance Update

The Chair welcomed Scott Urquhart, Director of Finance, who provided an overview of the current financial position, financial stewardship activity and key priorities for NHS Forth Valley.

Scott Urquhart reported that NHS Forth Valley had achieved a draft break-even position for 2025/26 against its budget and advised that a break-even financial plan had also been approved for the forthcoming year. He highlighted the need to deliver significant savings and emphasised the importance of financial stewardship, reduction of waste and unwarranted variation, and ensuring maximum value from available resources. He outlined work underway to support this agenda, including the introduction of the “Making the Most of Our Resources” toolkit, development of benchmarking and costing tools, and ongoing engagement with staff regarding opportunities for efficiencies and service redesign.

Members discussed the challenges associated with demonstrating the financial benefits of prevention activity and service redesign initiatives. Discussion included examples from tissue viability, neonatal dietetics, podiatry, diabetes services and optometry. Members highlighted the difficulty of evidencing long-term benefits within short-term funding frameworks and sought clarification regarding routes for developing future proposals. Scott Urquhart advised that proposals should continue to be progressed through existing governance and programme management arrangements and emphasised the importance of identifying opportunities to redirect resources towards higher-value activity.

Discussion also considered the shift of care into primary and community settings. Members noted examples from optometry and wider community services and discussed the challenges in measuring pathway-level costs and demonstrating financial benefit. Scott Urquhart advised that future development of patient-level costing arrangements would improve understanding of pathway costs and outcomes.

Members welcomed the presentation and agreed to promote financial stewardship and the finance toolkit within their respective advisory groups and professional networks. **Action: All**

The Forum noted the update.

6.2 Fees

The Chair introduced a paper regarding reimbursement rates for attendance at professional advisory committees.

Members were advised that reimbursement rates had remained unchanged for a considerable period and that concerns had previously been raised regarding the adequacy of remuneration and the impact on engagement from independent contractors. The proposal presented sought to increase the rate from £50.30 per hour to £72.08 per hour, aligned to revenue resource limit uplifts, with implementation backdated to 1 April 2026.

The Chair reminded members that the issue had originally been raised through the Area Clinical Forum and that feedback had suggested that differing rates across Boards may have discouraged participation within NHS Forth Valley advisory committees. Members acknowledged the rationale for the proposal and raised no objections.

It was agreed that the revised rate would be supported and communicated to advisory committee chairs for onward dissemination to members. **Admin: Chair**

The Forum supported the proposal.

7. FOR APPROVAL

7.1 ACF Annual Report 2025/26

The Forum considered the Annual Report for 2025/26.

Members reviewed the document and discussed minor amendments. Andrew Baird requested revision of terminology relating to optometry. Members were also asked to review attendance records and notify any inaccuracies.

Subject to the agreed amendments, members confirmed that the report accurately reflected the work of the Forum during the reporting period.

The Annual Report was approved for submission to the Board.

8. FOR NOTING

8.1 Board Agenda

The Chair provided a verbal overview of the forthcoming Board agenda.

Key items noted included the follow-up acute services inspection report, urgent and unscheduled care performance, a proposed emergency department staffing model, the whistleblowing annual report, standards and activity reporting, finance updates and performance reporting. Members were invited to raise any issues requiring escalation; none were identified.

The update was noted.

8.2 Area Pharmaceutical Committee

The Chair reported that recent meetings had included leadership spotlight sessions with senior leaders, including presentations on strategic priorities, service developments and compassionate leadership. The approach had been well received by members.

8.3 Area Optical Committee Flash Report

Andrew Baird provided an update from the Area Optical Committee. Members discussed the absence of a direct referral pathway for patients presenting with suspected stroke through optometry services. Current advice was reported as referral via Accident and Emergency. Waste management arrangements and access to the clinical portal for independent contractors were also highlighted. Positive progress was reported in relation to community glaucoma work, cataract referral pathways and plans for a future CPD event.

Members noted ongoing work to progress clinical portal access for independent contractors. Information governance requirements and technical implementation issues were discussed and continue to be addressed.

The Chair agreed to pursue further discussion regarding stroke referral pathways. **Action: Chair**

8.4 Allied Health Professionals Flash Report

Fiona Struthers presented an update from Allied Health Professional advisory groups. Workforce and recruitment challenges were highlighted across a number of professions, including concerns regarding smaller professional groups and service sustainability. Members noted ongoing service redesign activity, professional development work, collaboration across professional groups and plans to strengthen engagement with higher education institutions and future workforce recruitment activity.

8.5 Psychology Advisory Committee

No update was provided.

8.6 Area Nursing & Midwifery Advisory Committee

Marissa Parker provided an update on nursing and midwifery activity. Members heard about continued leadership spotlight sessions, engagement with the Chief Executive, efforts to increase committee participation, student engagement initiatives and plans to develop leadership opportunities and communication arrangements for emerging leaders. Workforce engagement and succession planning remained key themes.

8.7 Healthcare Sciences

No update was provided.

8.8 Area Dental Committee

No updated was provided.

9. AOCB

9.1 Items for escalation to Chair/Chief Executive

Members agreed that the following themes should be reflected within the Flash Report:

- Workforce planning and recruitment activities involving engagement with schools and higher education institutions.
- The need to explore a more effective stroke referral pathway from optometry services.
- Resolution of the long-standing issue regarding advisory committee remuneration.
- Positive engagement with the Finance presentation and promotion of the financial stewardship toolkit.

The Chair highlighted the importance of succession planning and continuity of leadership within the Forum. Members discussed the introduction of a Vice Chair role to support succession arrangements, provide deputising arrangements when required and enable future leadership development. It was agreed that expressions of interest would be sought from members and the matter would be considered further at a future meeting. **Action: All**

An update was provided regarding ongoing discussions on the future structure of medical representation within the Area Clinical Forum. Members agreed that further engagement with the Medical Director would be undertaken before any proposals were progressed. Oliver Harding would continue to attend meetings in the interim. **Action: Chair**

Clackmannanshire & Stirling Integration Joint Board

Minute of IJB Meeting held on 25 March 2026

Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 25 March 2026 in the Boardroom, Carseview House, Stirling and hybrid via MS Teams**

PRESENT

Voting Members
Councillor Scott Farmer **(Chair),** Stirling Council
Allan Rennie (**Vice Chair),** Non-Executive Board Member, NHS Forth Valley
Councillor Martin Earl, Stirling Council
Councillor Jen Preston, Stirling Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Martha Benny, Clackmannanshire Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Finlay Scott, Non-Executive Board Members, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Clare McKenzie, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members
Dr Jennifer Borthwick, Interim Chief Officer
Amy McDonald, Interim Chief Finance Officer
Natalie Masterson, Third Sector Representative, Stirling
Andy Witty, Carer Representative, Clackmannanshire
Moira Carmichael, Carer Representative, Stirling
Jennifer Rezendes, Chief Social Work Officer, Stirling
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
Mike Evans, Localities Representative
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling

Standards Officer
Lee Robertson, Senior Manager Legal & Governance and Monitoring Officer
Clackmannanshire Council

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Ross Cheape, Head of Service, Mental Health & Learning Disability Services
Lyndsey Dunn, Head of Community Health and Care
Sandra Comrie, IJB Support Officer (minute)

1. WELCOME AND APOLOGIES

Apologies for absence were noted on behalf of:
Andrew Murray, Medical Director, NHS Forth Valley
Councillor Janine Rennie, Clackmannanshire Council

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 28 January 2026, and SPECIAL MEETING HELD ON 27 February 2026

The draft minute of the meeting held on 28 January 2026, and special meeting held on 27 February 2026 were approved.

5. ACTION LOG

The Board reviewed and approved the action logs from the meetings held on 28 January 2026 and 27 February 2026. Ms McKenzie asked whether any actions from 2025 remained outstanding, as these were not shown in the action logs presented at each meeting.

Following discussion, the Board agreed that the action log should include all outstanding actions from the previous six months to support effective monitoring and completion. These actions will be added to a rolling log for review at each meeting.

Mr Stuart asked that Ludgate House updates be included as a standing action for each meeting to enable the Board to monitor progress.

6. CHIEF OFFICER UPDATE

Dr Borthwick delivered a verbal update to the IJB.

Dr Borthwick provided a recruitment update, confirming that Amy McDonald will take up post as permanent Chief Finance Officer from 1 April 2026. Ross Cheape has been appointed Interim Director of Mental Health and Learning Disabilities, and additional temporary Senior Leadership Team capacity for commissioning and contracts is in place to support key priorities.

Dr Borthwick provided an update on the future model of respite care, confirming that a fully developed plan, including financial modelling, will be presented to the IJB on 24 June 2026. She advised that staff and stakeholder engagement is ongoing to support transparency and input. Ms Dunn confirmed that respite care bookings at Ludgate House have been extended to September 2026 and will remain under review. Staff and families have been informed.

Dr Borthwick also updated the Board on the Healthcare Improvement Scotland (HIS) inspection, confirming that a comprehensive action plan is in place and overseen by an oversight group. NHS Forth Valley is responsible for operational delivery, while the IJB provides strategic oversight. Ms McKenzie asked that future updates include the strategic context and any changes arising from the report and suggested that a summary be provided in advance of the meeting. Dr Borthwick confirmed that most actions are operational and that Ms Robertson's progress report, which will be presented to the IJB on 24 June 2026, will cover the strategic context. Mr Stuart sought assurance that the action plan raises no concerns for the IJB and asked that any potential challenges be highlighted in the paper.

Dr Borthwick addressed the Section 102 Audit Scotland report, which found a breach of statutory requirements due to the absence of a named CFO between October and December 2025. Though no adverse financial impact was identified; the IJB is required to develop contingency plans for statutory roles and will formally consider the report's findings at the meeting on 24 June 2026. She confirmed that the CFO's from all constituent authorities have been sighted on this.

Finally brief updates were provided on the proposed extension of voting rights, national sub-regional planning arrangements, and ongoing dispute resolution discussions with constituent authorities. The Board expressed strong concern at the length of time taken to resolve risk share arrangements with the constituent authorities and asked that the matter be progressed urgently.

7. ANNUAL BUDGET REPORT 2026/27

The IJB considered the paper presented by Amy McDonald, Interim Chief Finance Officer

Ms McDonald summarised the paper, noting that it had been consulted on with the three chief executives of the constituent authorities and that substantial feedback had been received, including some after publication. She advised that the 2026/27 budget shows a financial gap requiring a recovery plan and that further work is needed on both savings proposals and the wider recovery actions to be taken before the end of June 2026. Councillor Farmer then presented an amendment to the paper:

Rewording of recommendation g):

"Subject to the agreed recovery plan provided for in recommendation a, makes the Directions at appendix 1A to Clackmannanshire Council, appendix 1B to Stirling Council and appendix 1C to NHS Forth Valley and instructs the interim Chief Officer to issue the Directions to Clackmannanshire Council, Stirling Council and NHS Forth Valley respectively.

At paragraph 2.18 on page 8 reference to the additional payment of £8.858 million from partners, on the 2nd line of the paragraph, should be amended to say that the additional payment of £3.58 million is from the required recovery plan savings, not the partners.

In terms of risk and mitigation appendices on page 11 of the report the work on further risk will be brought back to a future meeting of the IJB rather than in March."

Councillor Farmer formally proposed these and was seconded by Mr Rennie.

The Board discussed how the proposed Directions to the three constituent authorities related to the budget position, which remained subject to a recovery plan. Members asked whether the Directions would be issued as drafted or amended. It was agreed that each Direction should be amended to state clearly that it was subject to the IJB agreeing a recovery plan. Ms Robertson then outlined the revised wording, which the Board approved.

The recovery plan must deliver £8.858 million in savings. Ms McDonald explained that paragraph 2.11 of her report incorrectly listed Stirling Council's contribution as £1.5 million. The approved figure was £1.28 million, leaving a further £220,000 to be met through recovery and savings measures.

Ms McDonald invited SLT members to comment on their confidence in delivering the proposed savings. Ms Dunn, Mr Cheape and Dr Brennan then provided updates on their respective areas.

Mr Fairbairn asked for clarification on the figures in the Directions, noting that they totalled the net amount available and were therefore balanced. He suggested separating out the set-aside elements and sought assurance that the proposed increase in charges would not create external issues. Referring to paragraph 4.5.3 of the Integration Scheme, he also asked whether the constituent authorities had reviewed management capacity within the last 12 months, what the outcome was, and how this affected the partnership's ability to deliver significant change. While content to approve the paper, he asked for firm assurance on delivery of the planned £10 million savings. Ms McDonald agreed that the set-aside budget would be shown separately in the Directions and that more detailed information would be brought back on delivery of the £10 million savings, including governance arrangements, the budget areas affected and progress reporting. She also provided background on the proposed increases in charges and advised that the Senior Leadership Team would support delivery through normal business

processes. Dr Borthwick confirmed that discussions with the chief executives of the constituent authorities on management capacity were ongoing and that they had supported creation of the Principal Social Work role to strengthen professional capacity. She also confirmed that additional SLT capacity is in place on a fixed term basis.

The Board discussed the proposed savings in more detail. Concerns were raised about the scale of the proposed increases in charges, including telecare and care at home, and about the possible impact of some savings proposals on service users, unpaid carers and third sector partners. Mr Witty expressed concern regarding affordability, social isolation, pressure on carers, the effect on vulnerable people and the wider cumulative impact of financial pressures. He noted that a proposal might be technically deliverable but still not be acceptable if its impact had not been fully assessed. Ms McDonald advised that integrated impact assessments would accompany proposals as they were developed further and confirmed that more detailed information on the £10.8 million of identified savings, and on options for addressing the remaining gap, would be brought back to the Board. It was agreed that a budget meeting should be scheduled before the IJB meeting on 24 June 2026.

The Board discussed the distinction between the £10.8 million of identified savings and the remaining recovery requirement. Concern was expressed that, while the Board had some visibility of the identified savings proposals, it did not yet have equivalent detail on the further recovery actions required to address the balance of the deficit. Members questioned whether it was realistic to assume that the full savings target could be achieved within the year and highlighted the risk that, if the recovery requirement was not met, unresolved pressures would return to the constituent partners in the absence of an agreed long-term risk share position. Members also questioned what would happen if recovery options brought forward to a future meeting were considered unacceptable by the Board.

In response, Ms McDonald explained that the £10.8 million related to savings proposals where SLT considered there to be a reasonable degree of deliverability and operational line of sight, whereas the remaining £8.9 million represented the part of the gap where there was greater uncertainty and greater concern. She explained that, while it would be possible to produce a technically balanced position by identifying savings options, the key issue for the Board would be whether those options were realistic, deliverable and acceptable.

Mr Fairbairn wanted clarification of what was being approved in relation to the proposed savings. He proposed the following amendments to the recommendations:

- Recommendation a) is changed to reflect the actual budget deficit figure of £19 million.
- Recommendation f), include at the end of the first sentence, “subject to consideration at the June meeting”

- Recommendation g) to include", but that the NHS Forth Valley draft Direction is changed to separate out the set aside budget."

The Board agreed to the amended recommendations.

The Integration Joint Board:

a) Noted the IJB will require to develop a recovery plan as well as delivering in year savings to ensure that the current budget gap of £19m is addressed, this will allow the IJB to balance the 2026/27 budget. A report will be brought back to the meeting on 24 June 2026 on how financial balance will be addressed in 2026/27;
b) Noted Clackmannanshire Council and Stirling Council agreed their General Fund budget for 2026/27 on the 26th of February 2026, with an increase of funding for the IJB to cover the Real Living Wage increase and uplift in Free Personal and Nursing Care. Stirling Council included £1.5m towards the IJB additional in year funding requirement.
c) Approved the revised charges that will increase income for the IJB by £0.605m which require IJB approval, charges per section 2.14;
d) Noted NHS Forth Valley meets to agree their 2026/27 budget on the 31st of March 2026.
e) Approved the proposed Revenue Budget for the 2026/27 financial year subject to NHS Forth Valley budget approval on the 31st of March 2026 and an IJB Recovery Plan to be approved on 24th June 2026;
f) Approved the savings proposed of £10.815m to support budget delivery for 2026/27, subject to consideration at the meeting on 24 June 2026. The proposed savings to be delivered leave a budget gap of £8.858m and require further savings to be delivered. If the budget gap of £8.858m is not closed by way of a recovery plan, there is a risk that partner organisations will require to make a further financial contribution to the IJB in 2026/27; and
g) Subject to the agreed recovery plan provided for in recommendation a, makes the Directions at appendix 1A to Clackmannanshire Council, appendix 1B to Stirling Council and appendix 1C to NHS Forth Valley and instructs the interim Chief Officer to issue the Directions to Clackmannanshire Council, Stirling Council and NHS Forth Valley respectively, but that the NHS Forth Valley draft Direction is changed to separate out the set aside budget."

8. CLACKMANNANSHIRE AND STIRLING HOUSING CONTRIBUTION STATEMENT 2026/27 – 2028/29

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

Ms Forrest explained that the Housing Contribution Statement set out the connection between local housing strategies within Clackmannanshire Council and Stirling Council and the strategic commissioning responsibilities of the IJB. She explained that the paper described delegated housing functions, including housing adaptations, gardening assistance and housing support services, and drew on housing need and demand assessments undertaken by both Clackmannanshire Council and Stirling Council together with wider sector engagement.

Questions were raised regarding the learning disability section of the report, including reference to the dynamic support register, the number of people in out-of-area placements and whether further work was under way to support people to return to the local area where appropriate. The Board also questioned whether the paper should refer more broadly to people with care experience, rather than only to young people in care, in order to reflect the wider housing needs of adults with care experience as well.

In response, Ms Forrest explained that the partnership was aware of the number of people currently in out-of-area placements and that this was linked to wider work under the Coming Home agenda. She advised that people had been placed out of area for differing lengths of time, in some cases over many years, reflecting earlier service models and historical arrangements. Mr Cheape added that work was already under way through the review and redesign of learning disability services to understand current care packages, strengthen local provision and consider how best use could be made of local assets in order to support people to return where appropriate. He confirmed that this remained very much part of the HSCP's forward work.

In relation to care experience, Ms Forrest acknowledged the point raised and agreed that the wording should not be understood as applying only to younger people. The Board agreed that the point should be discussed with housing colleagues so that future wording and planning better reflected the needs of all adults with care experience.

Following discussion around the wider governance and content issues, questions were raised about the absence of prioritisation and timescales in the proposed actions and about the need to translate the action list into a SMART action plan with clearer monitoring. Mr Fairbairn queried the wording of the Direction attached to the paper, expressing concern that it referred only to support for employees within the HSCP rather than clearly directing the constituent authorities to support delivery more broadly. Further issues were raised concerning care and repair arrangements and operational concerns about repairs to equipment and adaptations in people's homes.

Ms Forrest advised that a more detailed SMART action plan would be developed through the Specialist Housing Forum and that the points raised on care experience, care and repair, and equipment repair arrangements would be followed up.

The Integration Joint Board:

1) **Noted the content of the new Housing Contribution Statement, including the shared evidence base, issues and challenges and the areas for joint work as set out in Appendix 1.**
2) **Agreed to issue the Direction as set out in Appendix 2.**

9. GP WALK IN CENTRES

The IJB considered the paper presented by Tom Cowan, Head of Strategic Planning& Transformation (Falkirk HSCP) and Head of Primary Care (Forth Valley)

Mr Cowan provided an update on the development of a GP Walk-In Centre for Forth Valley, following Scottish Government's October 2025 announcement to introduce a national network of walk-in GP services to improve same-day access to urgent primary care. NHS Forth Valley submitted a successful bid to deliver a single-site pilot at Clackmannanshire Community Healthcare Centre in Sauchie. The centre will operate seven days a week from 12.00pm to 8.00pm, offering walk-in and urgent triage access for non-emergency conditions and aiming to reduce pressure on GP practices and other services. He explained that implementation would need to proceed at pace, with an intended start by 30 September 2026, subject to staffing, building, service design and communication arrangements.

Falkirk Integration Joint Board will host and operationally manage the service on behalf of Forth Valley, working closely with Clackmannanshire & Stirling IJB and NHS Forth Valley, with regular progress reports to be brought back to the IJB and any future expansion subject to formal approval.

The Board discussed the governance, scope and local impact of the proposal, seeking clarity on the role of the IJB in approving or overseeing the development, particularly given that primary care is hosted in Falkirk but the service will sit within Clackmannanshire. Questions were also raised about eligibility, including whether people outside the intended catchment area might attend, and about the potential for confusion in public messaging. Further concerns were raised about parking pressures at the site and the possibility that an initially localised service might eventually broaden across Clackmannanshire.

The Integration Joint Board:

1) **Noted the decision taken by NHS Forth Valley under its delegated authority on 24 February 2026 to progress with the Bid to deliver a single-site service at the Clackmannanshire Community Health Centre (CCHC) in Sauchie;**
2) **Noted the success of the CCHC Bid to Scottish Ministers as provided for in paragraph 1.4 and the preparation of an implementation plan in line with the criteria set out in Section 3 for submission to the Scottish Ministers;**

3) **Noted the progress of the establishment of a one-year "Test of Change" GP Walk-in-Centre service within Forth Valley, which will be operationally managed in line with the arrangements for Falkirk IJB's hosting responsibilities for Primary Care within Forth Valley, and within the funding envelope of the Bid and the project aims and objectives and the criteria as set out by Scottish Government and contained in Sections 3 and 4.**
4) **Noted the set up of the Working Group for implementation of this project detailed in paragraph 5.2.**
5) **Agreed that the Chief Officer will bring forward regular progress reports to this IJB on the implementation of the Walk-in-Centre project.**
6) **Agreed that in the event of any expansion or extension beyond to the initial project seek the approval of this IJB.**

10. MEDIUM TERM FINANCIAL FORECAST

The IJB considered the paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald explained that the medium-term financial forecast followed on from the annual budget report and set out the partnership's expected financial position over the next four years. She explained that the forecast had been built using the same assumptions applied to the 2026–27 budget and that the HSCP was expected to remain in a budget deficit position across the planning period if no further changes were made. Ms McDonald explained that the forecast illustrated the scale of the continuing financial challenge facing the partnership and reinforced that the current year gap was not a one-off issue but part of a wider medium-term pressure.

Ms McDonald further explained that, while the forecast suggested the partnership would move towards improved financial sustainability over time if the planned savings and recovery actions were progressed, it did not show financial balance being achieved quickly enough. She advised that this was why further work on recovery measures and transformational planning would be required. She also explained that the figures were high level at this stage because detailed plans for future years had not yet been developed and that the report should therefore be read as a planning forecast rather than a final settled position.

The Board discussed the report and reflected concerns already raised in the annual budget debate, including the extent to which future assumptions could be relied upon and the need to understand how community investment, delayed discharge, NHS funding flows and wider system pressures interacted across partner organisations. They also discussed the importance of ensuring that any movement of resources from acute services into community services was reflected meaningfully in future planning assumptions. The Board agreed that the forecast could not be approved as a

settled position at this stage. Mr Fairbairn requested that recommendation a) be amended from approved to noted, Councillor Farmer seconded this.

The Integration Joint Board:

a) Noted the Medium Term Financial Forecast; and
b) Instructed the IJB interim Chief Finance Officer to refresh the Medium Term Financial Forecast in late 2026 following further consideration of the delivery of the 2026/27 savings and recovery plan and the 2027/28 planned financial savings.

11. CLACKMANNANSHIRE AND STIRLING STRATEGIC COMMISSIONING PLAN REVIEW 2023-2033; 3 YEAR REVIEW 2023-2026

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

Ms Forrest explained that the paper presented a review of the Strategic Commissioning Plan which formed part of the IJB's statutory strategic planning and commissioning responsibilities. The IJB had previously agreed to work to a longer-term strategic framework and that, rather than presenting a wholly new plan, the paper provided an update on progress and priorities within that agreed Direction. Ms Forrest explained that the review process had taken place in 2025 and had looked both at progress against the existing priorities and at the focus required for the next three years of delivery.

Ms Forrest further explained that the review was closely linked to the delivery plan which the Board had approved previously and that the intention was to show how the work already under way aligned with the strategic themes within the plan. She advised that the report reflected progress made against the strategic priorities over the previous three years and also looked forward to the work required over the coming three years. She also explained that the paper had been updated to reflect changes in the wider policy and legislative landscape and to ensure that the strategic priorities remained relevant to the role of the HSCP as the delivery vehicle of the IJB.

Ms Forrest advised that the review also drew attention to the proposed indicators linked to the strategic themes and priorities and that these were intended to support future oversight of delivery. She explained that the plan continued to provide the overarching strategic framework across health, housing and social work and that the more detailed delivery activity sat beneath it within the operational delivery planning arrangements.

The Board discussed whether the plan sufficiently reflected the financial sustainability agenda and whether the overall tone of transformation and innovation was matched by the reality of difficult service change decisions now facing the partnership. Questions were raised regarding performance baselines, particularly in areas where future service thresholds or access

arrangements might change, and whether indicators would remain meaningful if the scope of service provision altered.

The Integration Joint Board:

1) **Considered and approved the Clackmannanshire and Stirling Strategic Commissioning Plan 2023 – 2033 - 3 Year Review.**
2) **Noted the updates within the Plan which have taken account of the engagement process undertaken across the whole system.**
3) **Considered and approved the proposed Key Performance Indicators linked to approved strategic priorities**.

12. QUARTER THREE PERFORMANCE REPORT

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

Ms Forrest explained that the Quarter 3 performance report was the regular report presented to the Board against the strategic priorities within the Strategic Commissioning Plan. She advised that the report was intended to provide the Board with the current position on performance across the delegated responsibilities of the partnership and to show the activity and progress being recorded against the agreed strategic themes. Ms Forrest explained that the report was a familiar report to the Board and that it brought together the information currently available from across the partnership's reporting systems.

Ms Forrest further explained that the report should be read in the context of the challenges the partnership continued to face in gathering and presenting information across all delegated areas. She advised that officers continued to seek out data relevant to the Board's responsibilities, but that not all information was yet consistently available or accessible in the format required. She explained that, for that reason, the report reflected the information that was currently available and that work remained ongoing to strengthen the breadth and quality of data presented to the Board in future.

The Board discussed the report and acknowledged the volume of information provided but expressed concern that it remained largely descriptive and data-based, without enough interpretation to allow the Board to judge clearly whether performance was improving, deteriorating or requiring intervention. It was suggested that future reporting should distinguish more clearly between positive developments and areas of concern, provide fuller narrative explanation, and include more meaningful key performance indicators where possible. Ms Forrest confirmed she would be happy to consider how the contextual information and interpretation within the report could be improved.

Mr Fairbairn raised the reporting cycle and suggested that six-monthly reports with more narrative content may be more helpful than quarterly reports. Dr Borthwick agreed that bringing the next report back in six months

would allow the SLT more time to focus on delivering the plan over that period, noting the requirements for performance reporting as laid out in the statutory guidance for IJB.

Following discussion, Ms Forrest confirmed she would be happy to establish a short-life working group to consider what additional information should be included. She noted that an annual performance report would still be required before the six-month point to ensure compliance with statutory guidance.

Councillor Farmer suggested that the report is referred to the Finance, Audit and Performance Committee for further discussion where they can look at refining performance information before it goes back to the IJB on a six-monthly cycle.

Following discussion, the Board agreed that recommendation 3) should be amended from approved to noted.

The Integration Joint Board:

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

13. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ross Cheape, Interim Director of Mental Health and Learning Disability Services.

Following discussion Councillor Earl suggested that consideration of the revised Strategic Risk Register should be deferred pending review by the Finance, Audit and Performance Committee at the meeting on 03 June 2026 before returning to the IJB on 24 June 2026. The Board agreed.

14. IJB MEMBERSHIP AND ROLES

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

Ms Forrest presented changes to the IJB's membership and positions.

NHS Forth Valley has nominated Allan Rennie as Chair of the IJB, and Clackmannanshire Council has nominated Councillor Fiona Law as Vice Chair.

Robert Clark has stepped down from his role as NHS Forth Valley Employee Director, following his retirement from the NHS. The Board expressed their appreciation for his contributions to the IJB. NHS Forth Valley is now in the process of selecting a new staff representative to take his place on the Integration Joint Board.

Mr Fairbairn asked if there was any knock-on impact to the Chairmanship of the Committees. Ms Robertson agreed to investigate the matter and provide a response.

The Integration Joint Board:

1) **Noted NHS Forth Valley's nomination of Allan Rennie as Chair of the IJB.**
2) **Noted Clackmannanshire Council's nomination of Councillor Fiona Law as Vice Chair of the IJB.**

13. FOR NOTING

a. Strategic Planning Group – 10.12.2025
b. Finance Audit and Performance Committee – 17.09.2025
c. Special Finance Audit and Performance Committee - 14.01.2026
d. Joint Staff Forum – 20.11.2025

14. ANY OTHER COMPETENT BUSINESS (AOCB)

None

15. DATE OF NEXT MEETING

24 June 2026

Reference Number	CSIJB-2026_27-002
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No
Approval Date:-	24 June 2026
Services / functions covered:-	Support, identify and involve carers
Full text of Direction:-	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support and encourage their employees to implement the attached Carers Strategy (2026-29). Success will be monitored through achieving the outcomes related to the focus of the strategy, supporting, identifying and involving carers. These outcomes provide the framework for staff to deliver the vision of improved and more consistent support for adult carers.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	Engagement from those with lived and living experience has directly impacted the drafting of the strategy. In addition, third sector representatives have provided input through the Carer's Planning Group and locality planning meetings where carers were a key focus of some of their agenda's
Timescale(s) for Delivery:-	The next stage will be to create a Delivery Plan that outlines the measurements which will determine the degree of success regarding implementation and adoption of the outcomes within the Strategy.
Direction to:-	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB Report(s):-	IJB-Wednesday-24-June-2026.pdf
Budget / finances allocated:-	Any costs related to the implementation of the Carers Strategy (2026-29) will be met within existing budgetary provisions.
Performance Measures:-	HSCP's Performance Framework Measures are currently under development and will be included in the Delivery Plan which will provide a framework for measuring implementation of this strategy.
Date direction will be reviewed:-	June 2027

Minute of hybrid meeting of the Integration Joint Board held within **Grangemouth Community Education Unit, 69-71 Abbots Road, Grangemouth, FK3 8JB** and **remotely** on **Friday 20 March 2026** at **9.40 a.m.**

Voting Members:	Councillor Fiona Collie Councillor Jim Flynn Councillor Anne Hannah Gordon Johnston (Chair) Stephen McAllister Alison Japp
Non –voting Members:	Karen Adamson, NHS Medical Representative (substitute) Tony Beekman, Staff Rep, FC (substitute) Ian Dickson, Third Sector Representative Marie Keirs, Chief Finance Officer (Items IJB81, IJB82, IJB85, IJB88) Sara Lacey, Head of Social Work Children's Services/Chief Social Work Officer David McNiven, Service User Representative Victoria McRae, CVS Representative Sharon Mwale, Carer Representative Gail Woodcock, Chief Officer (Item IJB80, IJB86)
Also Attending:	Tom Cowan, Head of Strategic Planning & Transformation (Item IJB83) Caroline Doherty, Head of Community Services (IJB84) Jack McLay, Democratic Services Graduate Jim Millar, Team Leader – Committee Services Ewan Murray, Business & Governance Lead (IJB86) Nicola Wood, Chief Nurse

IJB75. Apologies

Apologies were intimated on behalf of Andrew Murray and Roger Ridley.

Karen Adamson attended as a substitute for Andrew Murray.

Tony Beekman attended as a substitute for Roger Ridley.

IJB76. Declarations of Interest

There were no declarations of interest.

IJB77. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 30 January 2026.

IJB78. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 30 January 2026 was provided.

Decision

The Integration Joint Board noted the Action Log.

IJB79. Order of Business

The Chair referred to a supplementary agenda which had been issued on Wednesday 18 March. The supplementary agenda contained a report which detailed matters relating to the notification of the resignation of the Chief Officer on 7 March. The Integration Joint Board was therefore required to consider the recruitment process for her replacement. The Chair determined that this item would be considered as a matter of urgency and would be taken ahead of item IJB87.

IJB80. Chief Officer Report

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

The Board asked for more information about ongoing monitoring of the transfer to new Housing with Care providers to ensure services are delivered as promised. The Head of Community Services assured the Board that there would be rolling reviews of all care packages at Tygetshaugh to ensure the handover to new providers would not leave gaps. These reviews would occur every three weeks. Quality assurance checks would continue to be carried out by the Social Work team, the Care at Home team, and the MECs team. She explained that service users would be able to contact the service and could raise any concerns, but there had been no significant issues raised thus far.

The Board asked whether increased presence at Tygetshaugh would impact expected savings from the reprovisioning. The Head of Community Services confirmed that there had been no additional impact on savings.

She advised that quality assurance checks were done during staff downtime.

The Board asked for an update on the members of staff who had not yet reached a settlement following the reprovisioning of Tygetshaugh and asked whether voluntary redundancy had been considered. The Head of Community Services confirmed that appropriate HR processes would continue to be followed and hoped that staff would continue to engage with management to discuss available options. She highlighted that staff wellbeing would continue to be a priority.

The Board noted that there had been several concerns raised about the delivery of care at Tygetshaugh and asked how these concerns were addressed. The Head of Community Services confirmed that discussions had taken place with care providers to outline the need to adhere to medication administration timings, the requirement of proper uniform and ID, clarified which family members and clients had access to the site, and provided information to help carers navigate the site. She assured that any concerns raised were dealt with promptly and encouraged clients and family members to continue to raise concerns in order for problems to be rectified.

The Board asked whether all residents and families had the complaints procedures fully explained to them. The Head of Community Services confirmed that clients and family members would continue to be advised of the complaints process and that complaints could be made via the website. She advised that there had not been a significant number of formal complaints following the reprovisioning of Tygetshaugh.

The Board noted that additional resource had been put in place to monitor for any emerging difficulties. In light of a past issue in which less than 50% of care at home staff time was dedicated towards the provision of care, the Board asked for assurance that this situation would not arise again. The Head of Community Services confirmed that there would be quality assurance visits to the site to ensure efficiency with current resource and provided assurance that there would be no additional cost to manage this.

The Board asked why 6 residents at Tygetshaugh entered into an interim arrangement, and how long this interim arrangement would be. The Head of Community Services advised that a number of clients and family members chose an Option 2, under the Social Care (Self-Directed Support) (Scotland) Act 2013. Under Option 2, it allowed service user to choose which care provider they wanted. She advised that the 6 individuals chose the same provider, but that the provided could not provide the care package to each of them. Under Option 3, pending the provision of Option 2, the IJB could organise a care arrangement for an interim period. In this situation, clients and families had chosen to make their own arrangements, and the IJB would continue to monitor this in case the provision of Option 3 arrangements was required. She advised that it was expected for the

preferred care provider to be able to take on Option 2 arrangements by the end of March 2026.

The Board asked for clarification on the statement in the report that there "continued to be a lack of transparency and detail in public reporting on savings performance." The Chief Finance Officer clarified that this statement was in relation to the national Finance Bulletin for 2024/25, and that Audit Scotland raised that there seemed to be a lack of transparency on the noting of where there were recurring or non-recurring solutions to efficiencies. She explained that the savings schedule was presented within each Budget Monitoring Report at the Falkirk IJB. She confirmed that she would continue to ensure that recurring and non-recurring solutions would be highlighted.

The Board asked for more information about public engagement for the Strategic Plan. The Head of Strategic Planning and Transformation advised that as part of the review of the Strategic Plan there would be engagement with stakeholders. He advised that the Strategic Plan would change over time, and engagement would occur every 3 years.

The Board commended the Visible Leadership visits undertaken by senior IJB officers to care sites, and the Falkirk Foundation's presentation at the Community Planning Partnership.

In relation to the national update on early prisoner releases, the Board noted that some carers had not been involved in the process. The Board asked how carers whether carers would be involved in this process. The Head of Social Work Children's Services stated that this issue had been raised to her recently and advised that the IJB had committed to better understand the carer's perspective on this. She confirmed that a new senior leader of the Justice Service had been recruited who would conduct this work jointly with the Carer Centre.

Decision

The Integration Joint Board:-

(1) noted the report;

(2) approved that the new Strategic Plan was a ten-year strategic framework with clear 3-year milestone reviews; and

(3) approved the nomination of Martin Thom, Head of Specialist Services as Chair of the ADP Executive and Sara Lacey, Head of Children's and Justice Social Work/CSWO (current Chair) as the as Vice-Chair.

IJB81. 2026/27 IJB Draft Business Case and Medium Term Financial Plan (MTFP)

The Board considered a report by the Chief Finance Officer which provided an updated position to the IJB on the budget pressures and assumed funding for the 2026/27 Revenue Budget and the 5-year medium-term financial plan (MTFP) to 2030/31.

The Board asked whether it was being asked to agree a budget based on assumptions which would not be confirmed until significantly later and asked what the risks of this were. The Chief Finance Officer advised that for the next year, the Scottish Government allocation provided an extra £1.3 million through Falkirk Council and confirmed that there was an additional commitment of £20 million to pass over the IJB's share of the Scottish Living Wage. She did not have any significant concerns over these assumptions. However, she clarified that the NHS budget would not be approved until 31 March, and that the assumptions matched assumptions made by the Chief Finance Officer for NHS Forth Valley. She acknowledged that there would always be a risk around funding assumptions for future years, as the Scottish Government currently set annual budgets.

The Board noted the challenging financial outlook for Falkirk Council, which required extensive efficiencies to be made in the long term. The Board asked how efficiencies made by Falkirk Council would impact service users. The Chief Finance Officer confirmed that Falkirk Council approved their 2026/27 Budget on 5 March and acknowledged that both the Council and IJB would be required to make efficiencies. She advised that the Falkirk IJB received additional funding from the Council from the 2026/27 budget, which had not been the case across many other local authorities. She advised there was regular meetings held and information was frequently shared between the Council and the IJB. However, following a question she acknowledged that there was a risk that future savings measures could change the way services operated.

In relation to social care charging, the Board asked whether letters had been sent to inform service users of changes to their charges, and whether there had been any responses from this. The Chief Finance Officer advised that the letters were being prepared, and that she would inform the Board once they had been sent. She expected that they would be issued in line with the next billing period.

The Board asked a question about recurring savings. The Chief Finance Officer clarified that £10 million in recurring savings between 2026 and 2028 had been implemented, and just over £1 million of recurring savings had not yet been implemented. In some circumstances, savings had been identified, but a delay meant they had not yet been implemented, such as the recurring savings associated with Housing with Care.

The Board noted that some recurring savings were given an ‘amber’ risk rating. It asked what risks were associated with the implementation of these savings. The Chief Finance Officer advised that the implementation of some of these savings required complex work and/or recruitment of officers to manage transformation. She confirmed that recruitment was underway, but some delays were associated with not having fully recruited for teams yet. She assured the Board that regular reports about the implementation of recurring savings measure would be brought to it.

The Board asked about inflationary risks as a result of ongoing geopolitical tensions and conflict. The Chief Finance Officer confirmed that there would be inflationary risks, but the potential impacts were uncertain. In terms of the impact of oil prices on pharmaceuticals, she advised that the IJB kept in frequent contact with pharmaceutical providers to ensure contractual agreements were adhered to, and to understand their pressures. She explained that the IJB received funding for the Scottish Living Wage, but it did not meet the full cost liabilities. She added that there was a 5% inflation element included in prescribing budgets, which she stated would cover the current levels of overspend. She advised that if there was to be a projected overspend, a recovery plan would require to be put in place. Following a question, she confirmed that the Business and Governance Lead had been working on updates to the Risk Register.

The Board asked if there was a timescale to achieve certainty in relation to job evaluations and the extent of financial pressures it might create. The Chief Finance Officer advised that the evaluations were underway, and that the financial implications were not yet known. She stated that she would inform the Board once the financial implications were determined.

The Board asked for more information about why there were re-evaluations of job descriptions. The Chief Officer advised that the reason for the re-evaluations was to ensure the grade of each job was appropriate for a role in comparison to other roles. She did not think it was due to lack of management control, which she believed was now stronger than in the past. In many cases, she stated that considerable time had passed since the previous evaluation of job descriptions.

The Board asked about the outstanding evaluation for the band 5 nursing post. The Chief Nurse advised that as part of a previous pay award there was an opportunity for Band 5 nurses to put forward a request to have their roles evaluated. She noted that 100 had been made so far, but explained that the process would take time, and while an end date had not yet been set, the Scottish Government would set one. The Chief Finance Officer noted that there was some funding from the Scottish Government for this but advised that discussions with health finance colleagues indicated that the funding may not be sufficient.

Decision

The Integration Joint Board:-

(1) approved the efficiency and savings proposals set out in Table 2 of Appendix 2 to the report for the 2026/27 financial year (including the future years effects of those proposals).

(2) noted the previously approved efficiency and transformation proposals set out in Table 1 in Appendix 2 to the report;

(3) approved the 2026/27 budget and medium-term financial plan set out including the assumed use of 2025/26 Health underspend to meet the final gap in line with the extant Integration Scheme and authorise the Chief Officer to issue Directions to partners accordingly;

(4) noted the final social care charges for 2026/27 now approved by Falkirk Council;

(5) noted the risks to the budget position and sensitivity analysis provided in Section 5 of the report and Appendix 4 to the report; and

(6) noted the updated 2026/27 partnership funds proposals now including internal posts and workstreams and approve the earmarking of reserves of £0.116m to fund the shortfall for 2026/27 only.

IJB82. Budget Monitoring Report January 2025/26

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

The Board asked about the implications of not meeting the reserves possession policy. The Chief Finance Officer advised that this had been discussed at the Chief Finance Officer Network, as 14 IJBs did not have any contingency reserves. If there were no reserves, there would be no way to meet overspends. She advised that the Integration Scheme required that mitigations would be put in place, and a financial recovery plan brought forward if there was any projected overspend. She stated that partners would be informed on this position, and that there was an overall positive relationship with them as they recognised a risk share arrangement.

The Board asked if there was a greater need to support hospitals due to consistent overspending and a high readmission rate, due to demand pressures. The Chief Officer advised that services on the set-aside budget

were delegated to the IJB, and day-to-day operational functionality was hosted by the acute hospital, directed by NHS Forth Valley. She explained that the demands on hospitals in Forth Valley reflected a nation-wide trend. She acknowledged that it was important that capacity was in place in the right places and advised that Shifting the Balance of Care was part of this. The NHS Medical Representative emphasised that the NHS encouraged people to come to hospital when it was necessary and also encouraged alternative forms of healthcare when suitable. Following a question, the NHS Medical Representative advised that demographics of patients had changed over time and had become multimorbid and required more complex treatment in comparison to 30 years ago. The Board asked for clarification about readmissions rates. The Chief Officer advised that there had been significant work to tackle readmissions, but that like for like comparisons between different health boards might not be applicable. She emphasised that in 2026 there was an older population who often had multiple conditions per person. She clarified that readmissions did not always mean a patient was wrongly discharged.

The Board asked for more information about the control of agency spend. The Chief Finance Officer advised that that significant work had been done to successfully reduce agency spend. She advised that, when possible, they proposed to the Senior Leadership Team that internal temporary staffing be utilised rather than outsourcing work. She advised that further mitigations would be discussed at the Financial Oversight Group, the week after this meeting. She confirmed that the embedded care review would be part of the review of in-house residential services. She confirmed that there were out-of-area placements, and that there was work being undertaken in relation to the Ordinary Residence Policy.

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 to the report; and

(3) authorise the Chief Officer to issue revised Directions to Falkirk Council and NHS Forth Valley as per the Directions provided at Appendix 6 to the report.

The Board Adjourned at 11:10am and reconvened at 11:30am.

Councillor Flynn joined the meeting prior to consideration of the following item.

IJB83. Forth Valley General Practice 'Walk-in Centre' Pilot

The Board considered a report by the Chief Officer which provided information in relation to the proposed Forth Valley General Practice 'Walk-in Centre' Pilot.

The Board noted that other health boards might be able to implement the walk-in GP centre pilot before Forth Valley. It asked if this gave Forth Valley some flexibility for current plans in terms of staffing, opening hours of the centre, and potential budget flexibility if new information came to light. The Head of Strategic Planning and Transformation advised that there would be a degree of flexibility, and that the Scottish Government would look to see different variations of the scheme to consider different forms. However, the flexibility of Forth Valley's pilot would be limited by its proposal after its approval, and any changes could only come after feedback from the Scottish Government. He noted that the Wester Hailes Centre in Edinburgh was the only walk-in centre which had gone live. He advised that this had been a relatively successful pilot so far, and that no major problems had arisen. Learning from other pilots could inform Scottish Government feedback on the Forth Valley proposal.

The Board noted that the wider opening hours could be beneficial for service users, and that the 5pm-7pm hours had been popular. The Head of Strategic Planning and Transformation advised that that a patient experience survey given to every patient at the Wester Hailes Centre walk-in pilot, had a 50% return rate, which he stated was statistically significant. The survey indicated that patients had a positive view of their experience at the walk-ins and noted that the opening hours were a source of praise, as many people who could not attend a normal GP because of work commitments were able to attend.

The Board asked if the staff at the Forth Valley walk-in centre would have carer awareness training. The Head of Strategic Planning and Transformation stated that carer awareness training would be helpful and agreed to take that on board for the Forth Valley's proposed walk-in centre pilot.

The Board asked whether there was a test for change on the distress brief intervention. The Head of Strategic Planning and Transformation confirmed that it was and explained that everything on the specification of the bid would be presumed to be included.

The Board asked whether there was confidence in the ability to recruit the necessary GPs for the walk-in centre. The Head of Strategic Planning and Transformation acknowledged that the recruitment of GPs would be a challenge as 15 other sites would be recruiting at similar times for GPs for walk-in centres. He advised that 5 GPs would be required for Forth Valley's walk-in centre, and that multiple Advanced Nurse Practitioners would be required as part of staff resource.

The Board asked whether walk-in centre GPs would take away resource from routine GP surgeries. The Head of Strategic Planning and Transformation could not assure the Board that there would be no consequences of a recruitment campaign for GPs and ANPs on primary care but advised that a whole-system approach would be adopted to co-ordinate recruitment with a wider view of its impacts so as not to compromise the wider systems.

The Board asked whether there was empirical data to show how difficult it was for people to access their GP surgery in Falkirk or Forth Valley, with comparison to other areas. The Head of Strategic Planning and Transformation advised that it would be difficult to draw generalisable conclusions about this but advised that GP time-demands would be different within the contexts of different local authorities. Even within Forth Valley, he recognised that there was significant variation. Following a question, he advised that the proposed site of the Forth Valley Walk-In GP Centre pilot was chosen because evidence demonstrated that the area had challenges in relation to patient satisfaction.

The Board asked about plans to address outdated IT systems. The Head of Strategic Planning and Transformation advised that the current system used across the country in GP practices, Adastra, which captured patient data. He noted that Adastra was limited to Board areas, and information was not shared between Boards. However, he noted that patients could be treated in a different Board area to where they lived, which meant the lack of data-sharing capability was a severe limitation. For the walk-in GP centres, he advised that patients were given a letter to be given to their local GP. He advised that there would be a rollout of a new system for GP practices.

The Board asked a question about funding in relation to the GP Walk-In Centre Pilot. The Head of Strategic Planning and Transformation advised that the Scottish Government awarded £4.2 million to NHS Forth Valley, which was intended to cover the entire cost. He highlighted that there were no immediate funding implications for Forth Valley or local authorities within Forth Valley to deliver this.

The Board asked whether there was confidence that the funding was sufficient to be able to recruit the necessary staff. The Head of Strategic Planning and Transformation confirmed that the funding for the initiative was ring-fenced, so the Forth Valley Health Board, Falkirk Council, Clackmannanshire Council and Stirling Council would not be able to access it. He advised that audits on spending intentions had already begun. He advised that the working assumption for Forth Valley's pilot to begin was for September 2026.

The Board asked how the existence of the walk-in centre and how it worked would be communicated. The Head of Strategic Planning and Transformation advised that there was generalised communication

published by the Scottish Government about the GP Walk-In Centre Pilot, but that each health board could decide to implement it in a different way, with different decisions on which patients they would accept. As such, local communications would need to be varied from other areas. He advised that a comms strategy was in development, which had taken some of the learning from Edinburgh to help understand expectations.

Decision

The Integration Joint Board:-

(1) noted the decision taken under delegated authority with the Chair and Vice Chairs of Falkirk and Clackmannanshire & Stirling IJBs, and the Chair of NHS Forth Valley, on 24 February 2026, and to endorse this decision;

(2) provided retrospective approval to progress the establishment of a one-year "Test of Change" GP Walk-in-Centre service within Forth Valley, which would be operationally managed in line with the arrangements for Falkirk IJB's hosting responsibilities for Primary Care within Forth Valley, and within the funding envelope and requirements as set out by Scottish Government;

(3) seeks updates from the Chief Officer with regards to progress with the new service, including any indications of future intentions, including expansions of the programme; and

(4) authorised the Chief Officer to issue the attached Direction to NHS Forth Valley.

IJB84. Shifting the Balance of Care Business Case

The Board considered a report by the Head of Community Service which provided an evaluation of the Shifting the Balance of Care project.

The Board asked about whether benefits had continued to be seen from Shifting the Balance of Care since the pilot. The Head of Community Services advised that the model became more efficient as it evolved, with assessment and rehab being achieved in a shorter amount of time for some individuals. She stated that the internal Care at Home service would be in a position to take this on from 1st April 2026. She advised that the care at home packages had made a positive impact on people's lives.

The Board asked about the timescales of the UUSC plan and when it could be done on a recurring basis. The Chief Officer advised that one of the reasons funding was being sought for the next year from the NHS FV Board was because the NHS Board needed to be informed what the entire financial implications of the proposed UUSC plan would be, in order to plan on a recurring basis. She highlighted that there was confidence that the

project was beneficial and noted that some of the risks if there was no recurring funding could be declines in delayed discharge performance and care at home packages might need reduced.

The Board noted that carer feedback in relation to Shifting the Balance of Care had been mixed. The Board asked for more information on how carers could provide feedback about providers if they wished to change. The Head of Community Services recognised that the role of carers was integral to Shifting the Balance of Care. She advised that there was a comms plan which included leaflets to explain what the Shifting the Balance of Care Model was. She advised that questionnaires were provided after every discharge to obtain feedback about the model from both carers and clients.

The Board asked whether £2 million was adequate funding for a full year of the providing this project. The Chief Finance Officer advised that £2 million was provided by NHS Forth Valley, and £200,000 from the Falkirk HSCP, and the business case was presented with a full analysis of funding requirements.

The Board asked if there would be increased pressure on primary care services if more people left hospital earlier. The Head of Community Services advised that Shifting the Balance of Care was monitored on a weekly basis, partially to understand the impact it would have on primary care and NHS 24, and whether there were any readmissions. As a result of this learning, an enhanced GP service was proposed through Shifting the Balance of Care. Following a question, she confirmed that the data showed between 1 and 3 individuals would be discharged under Shifting the Balance of Care per week.

Decision

The Integration Joint Board:-

(1) noted that the shifting the Balance of Care – Delayed Discharges was a key element of the overall Forth Valley Urgent and Unscheduled Care (UUSC) Plan;

(2) noted the Business Case relating to the continuation of Shifting the Balance of Care as attached at Appendix 1 to the report;

(3) noted the evaluation report for the Shifting the Balance of Care Project as attached at Appendix 2 to the report which identifies benefits to patients and the wider system as set out in paragraphs 1.4 and 5.4 of the report;

(4) noted that a paper would be presented for consideration by the NHS Forth Valley Board, recommending approval for an initial non-recurring transfer of £2,027,180 in 2026/27 from NHS Forth Valley to Falkirk Health and Social Care Partnership (HSCP) to maintain and embed the Discharge to Assess (D2A) / Shifting the

Balance of Care model as a business-as-usual approach during 2026/27, and a further request to make the funding recurring from 2027/28 financial year onwards would come forward as part of a fully developed and costed UUSC plan; and

(5) agreed that, subject to NHS Forth Valley funding approval, it was intended to establish the teams and supporting infrastructure to embed the Shifting the Balance of Care/ Discharge to Assess model as business as usual.

IJB85. Assurance Report from Performance, Audit and Assurance Committee 6 March 2026

The Board considered a report by the Chief Finance Officer which sought to provide assurance to the IJB on the items considered at the Performance Audit & Assurance Committee (PAAC) held on 6 March 2026.

Decision

The Integration Joint Board noted the Assurance Report produced following the PAAC on 6 March 2026 at Appendix 1 to the report.

IJB86. Chief Officer Recruitment

The Board considered a report by the Chief Officer which detailed matters relating to the notification of the resignation of the Chief Officer on 7 March. The Integration Joint Board was therefore required to consider the recruitment process for her replacement.

The Board noted that the Chief Officer had resigned from her post and congratulated her on her new post.

Decision

The Integration Joint Board:-

(1) approved the recruitment and appointment of a permanent Chief Officer for the Integration Joint Board; and

(2) agreed to establish an IJB Appointments Committee;

(3) agreed to appoint the IJB Chair as chair of the IJB Appointments Committee; and

(4) agreed to delegate authority to the Chief Officer, in consultation with the Chair and Vice-Chair and the Chief Executives of the constituent authorities to establish the membership of the IJB Appointments Committee.

IJB87. Exclusion of Public

The Board agreed to exclude the public during consideration of the following item of business in terms of Standing Order 11(1), Appendix 1 (viii, ix, x), of its Standing Orders on the grounds that the item would include information relating to the financial or business affairs of another person.

IJB88. Commissioning and Contracts Monitoring Report

The Board considered a report by the Commissioning Lead which provided an update on activity Quarter 4 (Jan – Mar) 2025 - 26. The report had been developed in collaboration with Falkirk Council Corporate Procurement Team (CPU) and was the first HSCP Commissioning and Contract Monitoring report.

Decision

The Integration Joint Board:-

(1) note the update included in the report; and

(2) agreed the proposed timetable of reporting as noted in section 4.3 of the report.

FALKIRK INTEGRATION JOINT BOARD

Directions summary 2025-26

FALKIRK IJB DIRECTIONS SUMMARY 2025-26				
Description	**Function**	**Budget**	**Direction to**	**IJB Approved**
Set Aside	Set aside	49,432,588	NHS Forth Valley	Pending
District Nursing Services	Integrated	6,718,200	NHS Forth Valley	Pending
Community Based Ahp Services	Integrated	7,668,077	NHS Forth Valley	Pending
Older Peoples Services	Integrated	1,396,906	NHS Forth Valley	Pending
Comm Residential Resource	Integrated	853,199	NHS Forth Valley	Pending
Ld Services	Integrated	274,731	NHS Forth Valley	Pending
Ahp Mental Health Service	Integrated	1,640,567	NHS Forth Valley	Pending
Int Comm Mh + Ld Services - Mental Health	Integrated	1,859,925	NHS Forth Valley	Pending
Int Comm Mh + Ld Services - Learning Disabilities	Integrated	403,711	NHS Forth Valley	Pending
A.m.d. Mental Health	Integrated	443,052	NHS Forth Valley	20-Mar-26
Community Hospitals	Integrated	6,370,878	NHS Forth Valley	Pending
Substance Misuse Sector	Integrated	4,053,191	NHS Forth Valley	Pending
Psychological Therapies	Integrated	4,052,040	NHS Forth Valley	Pending
Specialist Mental Health Service	Integrated	3,287,410	NHS Forth Valley	Pending
Health Professionals Promoting Public Health	Integrated	1,722,420	NHS Forth Valley	Pending
Falkirk Crisis Centre	Integrated	136,911	NHS Forth Valley	20-Mar-26
Complex Care Adults	Integrated	1,824,037	NHS Forth Valley	Pending
Spec Nursing Services	Integrated	515,496	NHS Forth Valley	Pending
JLES	Integrated	523,351	NHS Forth Valley	20-Mar-26
Out of Hours Service	Integrated	3,183,312	NHS Forth Valley	Pending
Public Dental Service	Integrated	1,579,691	NHS Forth Valley	Pending
Management & Other	Integrated	4,648,182	NHS Forth Valley	Pending
IJB Managed Services	Integrated	3,073,049	NHS Forth Valley	Pending
Cs Mgt + Fv Prof Advisors	Integrated	32,164	NHS Forth Valley	Pending
Csd Central Costs	Integrated	0	NHS Forth Valley	20-Mar-26
Falkirk Hscp Community Admin	Integrated	1,500,069	NHS Forth Valley	Pending
Gds Clinical + Special Waste	Integrated	16,397	NHS Forth Valley	20-Mar-26
Capacity Assessments Falkirk	Integrated	10,896	NHS Forth Valley	Pending
Partnership Projects	Integrated	595,985	NHS Forth Valley	Pending
Palliative Care (Corporate Team)	Integrated	30,157	NHS Forth Valley	Pending
Vaccinations (Women & Children Team)	Integrated	472,324	NHS Forth Valley	Pending
GMS	Integrated	29,661,066	NHS Forth Valley	Pending
Primary Care Improvement Programme	Integrated	5,897,176	NHS Forth Valley	Pending
GOS	Integrated	4,134,789	NHS Forth Valley	Pending
GDS	Integrated	13,149,407	NHS Forth Valley	Pending
GPS	Integrated	10,595,408	NHS Forth Valley	Pending
Prescribing	Integrated	35,002,663	NHS Forth Valley	Pending
Care at Home	Integrated	12,199,210	Falkirk Council	Pending
Care at Home	Integrated	48,709,450	Falkirk Council	Pending
MECS/Telecare/Telehealth	Integrated	848,900	Falkirk Council	Pending
Equipment & Adaptations	Integrated	521,930	Falkirk Council	20-Mar-26
Shifting the Balance of Care	Integrated	334,850	Falkirk Council	Pending
Garden Aid (General)	Integrated	58,000	Falkirk Council	20-Mar-26
Interim Care Beds	Integrated	759,110	Falkirk Council	20-Mar-26
Residential Care	Integrated	8,642,960	Falkirk Council	20-Mar-26

Residential Care	Integrated	36,432,750	Falkirk Council	Pending
Sheltered Accommodation/HwC	Integrated	1,930,660	Falkirk Council	20-Mar-26
Community Mental Health	Integrated	764,530	Falkirk Council	20-Mar-26
Respite Care	Integrated	1,259,690	Falkirk Council	20-Mar-26
Respite Care	Integrated	938,760	Falkirk Council	20-Mar-26
Assessment & Care Planning	Integrated	9,100,030	Falkirk Council	20-Mar-26
Day Care Services	Integrated	1,640,890	Falkirk Council	20-Mar-26
Day Care Services	Integrated	2,838,240	Falkirk Council	20-Mar-26
Community Learning Disability	Integrated	683,980	Falkirk Council	20-Mar-26
Adult Support & Protection	Integrated	347,180	Falkirk Council	20-Mar-26
Sensory Team & Resource Centre	Integrated	571,460	Falkirk Council	20-Mar-26
Voluntary Organisations	Integrated	830,640	Falkirk Council	Pending
Advocacy	Integrated	153,550	Falkirk Council	20-Mar-26
Joint Loan Equipment Store	Integrated	593,780	Falkirk Council	20-Mar-26
Unallocated Savings Targets	Integrated	(3,632,230)	Falkirk Council	Pending
Management & Support Costs	Integrated	584,380	Falkirk Council	20-Mar-26
Unallocated Budget	Integrated	301,340	Falkirk Council	20-Mar-26
Partnership Funding	Integrated	2,222,250	Falkirk Council	Pending
Earmarked Developmemnt Fund	Integrated	503,010	Falkirk Council	20-Mar-26
Earmarked Service Pressures	Integrated	396,700	Falkirk Council	20-Mar-26
Earmarked Other	Integrated	212,080	Falkirk Council	Pending
Housing Aids & Adaptations	Integrated	537,660	Falkirk Council	Pending
Improvement Grants	Integrated	282,390	Falkirk Council	Pending
Garden Aid (HRA)	Integrated	153,880	Falkirk Council	Pending
IJB Reserves Drawdown	Integrated	(865,920)	Falkirk Council	Pending
		£337,615,514		

Total Bugdet		
Set Aside Budget	£49,432,588	15%
Integated Budget	£288,182,926	85%
	£337,615,514	

Directions			**Funding Contrubution**	
NHS Forth Valley	£206,759,424	59%	NHS Forth Valley	£232,363,454
Falkirk Council	£130,856,090	41%	Falkirk Council	£105,252,060
	£337,615,514			**£337,615,514**

DIRECTION FROM FALKIRK INTEGRATION JOINT BOARD

Falkirk Health and Social Care Partnership

Reference number	2026.06.26.10
Does this direction supersede, vary, or revoke an existing direction? If yes, please provide reference number of existing direction	No
Approval date	26/06/2026
Services / functions covered	• Hospital discharge and community care pathways for Falkirk residents • Interim Care Team (ICT) service delivered by NHS Forth Valley • Care at Home, reablement and discharge to assess arrangements • Workforce, operational and financial management associated with the cessation of the Interim Care Team
Full text of direction to include scale and nature of change	The Falkirk Integration Joint Board (IJB) directs NHS Forth Valley to cease the Interim Care Team (ICT) in accordance with the recommendations approved in the June 2026 Interim Care Team Report at the Senior Leadership Team (SLT). NHS Forth Valley is directed to: • Bring the Interim Care Team service to an end within agreed timescale • In Partnership with Falkirk HSCP, ensure continuity and safety of care with Home First, for all individuals currently receiving support from the Interim Care Team through regulated internal and external care at home services • Implement all required workforce and organisational change processes in line with NHS policies, including full engagement with Trade Unions and HR • Safely redeploy affected staff wherever possible, minimising disruption to staff. • Work in partnership with Falkirk Health and Social Care Partnership to manage risks, communications, and operational impacts during the transition period • Ensure that hospital discharge arrangements for Falkirk residents continue to operate effectively with no adverse impact on discharge flow or patient outcomes The nature of the change represents the planned cessation of a high cost, non regulated bridging care service, with care needs to be met through existing regulated services. The

	direction reflects improved system capacity, strengthened discharge pathways, and the absence of a system wide requirement for a dedicated Interim Care Team.
List of key stakeholders impacted and any specific consultation requirements	• Interim Care Team staff • NHS Forth Valley senior management and operational leads • Falkirk Health and Social Care Partnership senior leadership • Trade Unions and staff-side representatives • Community care service providers (internal and external) • Acute and community discharge teams • Service users and carers Formal organisational change consultation with affected staff and Trade Unions began in May 2026 and is being undertaken by NHS Forth Valley in line with workforce policies. Engagement with Falkirk HSCP and partners will continue throughout implementation
Timescales for Delivery	• Formal commencement of service cessation process: July 2026 • Completion of workforce consultation and redeployment activity: By autumn 2026 • Full cessation of Interim Care Team service: By 31 March 2027
Direction to	NHS Forth Valley
Link to relevant IJB report / reports	Falkirk IJB – Interim Care Team Review and Proposal to Cease (June 2026, Agenda Item xx)
Budget / finances allocated to carry out the detail	No additional funding is allocated. Ceasing the Interim Care Team will release recurring savings of: • £240,000 in 2026/27 • £298,000 in 2027/28 These savings support delivery of the Falkirk IJB Medium Term Financial Plan. Any short-term transition costs will be managed within existing NHS Forth Valley and IJB budgets.
Performance measures	Implementation and impact will be monitored through: • Successful cessation of the Interim Care Team within agreed timescales • Safe continuity of care with no increase in delayed discharges attributable to the change

	• Workforce outcomes, including redeployment and retention • Financial savings delivered in line with approved plans • Exception, performance and risk reporting to the Falkirk IJB
Date direction will be reviewed	26/06/2026

DIRECTION FROM FALKIRK INTEGRATION JOINT BOARD

Falkirk Health and Social Care Partnership

Reference number	2026.06.2026.12
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No
Approval date	26/06/2026
Services / functions covered	Urgent and Unscheduled Care
Full text of direction to include scale and nature of change	NHS Forth Valley is directed to continue implementing and embedding the Whole System Urgent and Unscheduled Care (UUSC) Plan across acute and community pathways to improve flow, reduce delays, and shift care closer to home. Key requirements are to: • Embed the Shifting the Balance of Care (SBOC) / Discharge to Assess (D2A) model as business as usual. • Deliver the core UUSC Plan priorities, including improved Emergency Department flow, criteria to reside, integrated discharge, Hospital at Home, frailty at the front door, and enhanced digital flow visibility. • Strengthen multidisciplinary working and early decision making to support timely discharge. • Align workforce capacity, particularly in community services, to meet increased demand. This represents a whole-system change requiring coordinated delivery across NHS Forth Valley and partners.
List of key stakeholders impacted and any specific consultation requirements	• NHS Forth Valley • Falkirk Council • Falkirk HSCP • Acute and community staff • independent care providers • Patients and carers Engagement has been undertaken through staff engagement, multidisciplinary working, and

	feedback
Timescales for Delivery	Implementation during 2026/27 with phased delivery of the full UUSC Plan and ongoing embedding of key models such as SBOC
Direction to	NHS Forth Valley
Link to relevant IJB report / reports	Please use Falkirk Committee Information - Calendar to retrieve link to appropriate committee report
Budget / finances allocated to carry out the detail	Non-recurring funding of £2.027m for 2026/27 has been approved to support the embedding of the Shifting the Balance of Care / Discharge to Assess model. Further recurring funding requirements will be developed as part of the full plan
Performance measures	• Reduction in delayed discharges • Reduction in average length of hospital stay • Improved hospital flow and occupancy • Increased proportion of people supported at home rather than long-term care • Delivery of UUSC Plan milestones
Date direction will be reviewed	04/06/2027

NHS Forth Valley

Tuesday, 25 August 2026

Forth Valley NHS Board

10. NHS Board: Annual Delivery Plan 2025/26 Year-End Position and Annual Operational Plan 2026/27

Purpose: This report is for Decision

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

Author: David Munro, Senior Planning Manager

Executive Summary

This report provides the NHS Board with an overview of the 2025/26 year-end position for NHS Forth Valley's Annual Delivery Plan (ADP) and sets out how this has informed the 2026/27 Annual Operational Plan (AOP). For clarity, the ADP and AOP should be understood as the same core annual planning framework: the change is primarily one of terminology, with national naming moving from Annual Delivery Plan in 2025/26 to Annual Operational Plan in 2026/27.

The 2025/26 plan provided the Board with a structured framework for monitoring delivery across primary and community care, urgent and unscheduled care, mental health, planned care, cancer care, population health and health inequalities, women and children's health, workforce, digital services and climate sustainability. The 2026/27 AOP continues this framework and turns national priorities, local strategy and learning from 2025/26 into a practical delivery and assurance plan, with particular focus on planned care, diagnostics and cancer performance; urgent and unscheduled care flow; Hospital at Home and care closer to home; maternity and neonatal services; mental health, neurodiversity and learning disability services; digital access and modernisation; and population health, prevention, inequalities and Value Based Health and Care. This strengthens the focus on collaboration, transformation, stewardship and outcomes, aligned to the Population Health and Care Strategy 2025–2035. The AOP is also aligned with the Workforce Plan and three-year financial plan, supporting delivery priorities within available workforce capacity, affordability and longer-term financial sustainability. For 2026/27, a more streamlined Board-facing plan is supported by a detailed delivery tool, which will transfer into Pentana/Healthcare Guardian to support in-year monitoring, performance management and escalation.

This paper therefore provides assurance on continuity of planning, learning from 2025/26, and the way in which the 2026/27 AOP supports delivery of agreed strategic and operational priorities.

Action Required

The Forth Valley NHS Board is asked to:

(1) note the year-end position for the 2025/26 Annual Delivery Plan, recognising that this represents the same annual planning framework now described nationally as the 2026/27 Annual Operational Plan

(2) take assurance that the 2026/27 Annual Operational Plan continues this planning framework and uses the 2025/26 year-end position to strengthen delivery, governance, stewardship and outcome-focused improvement

(3) confirm that the 2026/27 Annual Operational Plan reflects national planning requirements, local strategic priorities and the agreed annual planning framework
(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

The 2025/26 Annual Delivery Plan was approved by the NHS Board in July 2025 and provided the agreed annual framework for monitoring delivery against national and local priorities. The year-end position is set out in the Annual Delivery Plan 2025/26 Year-End Report (see Appendix 1).

The Scottish Government has published guidance to support the development of NHS Boards' 2026/27 Annual Operational Plan (see Appendix 3), with follow-up guidance issued following the Scottish Election (see Appendix 4). Together, these documents have informed the structure, content and assurance approach set out in this paper.

The 2026/27 Annual Operational Plan (see Appendix 2) has been developed as the continuation of this same annual planning framework, reflecting national guidance, learning from the 2025/26 year-end position and the Board's strategic direction for 2026/27. The change from Annual Delivery Plan to Annual Operational Plan reflects a change in national terminology rather than a change in the underlying purpose of the planning framework. For 2026/27, NHS Forth Valley has deliberately adopted a more streamlined Board-facing plan to support clearer delivery, monitoring and assurance in-year. This is supported by a more detailed delivery tool, which sets out the actions, milestones, owners and measures required to deliver the plan and will transfer into Pentana/Healthcare Guardian to streamline progress monitoring and performance management. Development and delivery progress have been considered through Senior Leadership Team and Executive governance arrangements, including Executive Leadership Team consideration on 22 June 2026, with feedback informing both the final 2025/26 year-end assessment and the approach to the 2026/27 planning cycle. The supporting detailed delivery tool and the proposed assurance arrangements for monitoring delivery through Pentana/ Healthcare Guardian during 2026/27 were considered by the Senior Leadership Team.

The 2025/26 year-end monitoring report and the draft 2026/27 Annual Operational Plan were considered by the Strategic Planning, Performance and Resources Committee on 30 June 2026 and subsequently reviewed at the Board Seminar on 11 August 2026. This provided an opportunity for Board members to consider the year-end position, the continuity of the planning framework and the proposed streamlined Board-facing approach for 2026/27.

Risk Assessment and Mitigation

The principal risks relate to delivery capacity, financial sustainability, workforce resilience, service demand, data quality, and the ability to evidence measurable improvement against agreed priorities. These risks are being mitigated through

programme board oversight, routine performance reporting, financial stewardship arrangements, workforce planning, operational improvement plans and escalation through established governance routes. The 2026/27 AOP strengthens these controls by linking priorities to clearer ownership, milestones, measures and Board-level assurance. The detailed delivery tool and transfer into Pentana/Healthcare Guardian will provide a clearer mechanism for tracking milestones, identifying delivery exceptions and escalating risks through agreed governance routes. This integrated approach ensures quality, performance, workforce, finance and service reform are considered together as part of delivery oversight. Continued attention will be required to ensure that delivery plans remain realistic, that dependencies across services and partners are understood, and that emerging risks are escalated promptly where they may affect access, quality, safety, financial balance or delivery of agreed outcomes.

Impact Assessments

Equality & Diversity and Fairer Scotland Duty
Does this report require an EQIA or Fairer Scotland Duty Assessment? Choose an item.
If yes, please confirm this is attached. Attached☐ Not required ☐

The 2025/26 ADP and 2026/27 AOP both place strong emphasis on reducing inequalities, prevention, care closer to home and improving outcomes for people and communities most affected by poorer health. Equality, diversity and Fairer Scotland Duty considerations should continue to be embedded in programme delivery, service redesign and performance reporting. This includes use of local population intelligence, deprivation analysis, protected characteristic data where available, and engagement with communities and partners to understand differential impacts. The Board should take assurance that the planning framework provides a route for these considerations to be built into delivery, while recognising that the detailed impact assessment work sits with individual programmes, projects and service change proposals.

Financial, Digital and Infrastructure Implications
The 2025/26 year-end position reported delivery of a breakeven financial position, supported by significant savings delivery. However, recurring savings remain a key area for continued focus in 2026/27, alongside the need to manage demand, cost pressures and service sustainability. The AOP therefore places greater emphasis on financial stewardship, value-based health and care, productivity, digital enablement and sustainable use of infrastructure. Digital delivery remains an important enabler for service redesign, access, productivity, performance reporting and care closer to home. The Board should note that delivery of the 2026/27 AOP will depend on continued alignment between operational priorities, workforce plans, digital capacity, infrastructure constraints and the financial plan. This alignment supports affordability, value for money and longer-term financial sustainability.

Workforce Implications
Workforce capacity, wellbeing, sustainability and leadership remain central to delivery of the annual planning framework. The 2026/27 AOP recognises the need to support staff to work differently, strengthen workforce planning, improve attendance and wellbeing, and ensure teams have the skills and capacity required to deliver

reform. There is a clear dependency between service redesign, workforce planning and financial planning. Delivery will therefore require ongoing attention to recruitment and retention, workforce availability, skill mix, leadership capacity, staff experience and the impact of change on teams. These issues should continue to be monitored through workforce governance and programme delivery arrangements.

Quality / Patient Care Implications
The combined year-end and forward planning position supports quality and patient care by maintaining focus on timely access, safe care, improved flow, reduced delays, cancer and diagnostic standards, mental health access, prevention and care closer to home. The 2026/27 AOP should strengthen the link between improvement activity and measurable outcomes, including access, experience, safety, equity and value. The Board should expect future reporting to show not only whether actions are being delivered, but whether they are improving outcomes for patients, staff and communities and reducing unwarranted variation across Forth Valley.

Population Health & Care Strategy
The 2026/27 AOP is an important delivery vehicle for the Population Health and Care Strategy 2025–2035. It supports the strategic shift towards knowing our population, preventing ill health, working collaboratively, delivering care closer to home, embedding value-based health and care and sustaining the workforce. It also provides a practical route for translating the Strategy into annual objectives, programme board plans and measurable delivery. Realistic Medicine and value-based health and care should be reflected through clinical prioritisation, reducing unwarranted variation, improving outcomes, reducing waste and making best use of available resources. Future reporting should continue to strengthen the connection between annual delivery activity, population health outcomes and the Board's strategic commitments.

Climate Change / Sustainability Implications
Climate and sustainability considerations remain part of the wider delivery framework, including sustainable procurement, decarbonisation, greener care, reduced unnecessary travel and more effective use of estate and digital infrastructure. The shift towards prevention, community-based care, digital enablement and improved use of existing assets should support long-term sustainability where implemented effectively. The Board should note that sustainability benefits will be strongest where they are built into service redesign from the outset, rather than treated as a separate consideration after delivery plans have been agreed.

Engagement and Communications
Was statutory engagement with stakeholders required? No – this report provides assurance on the annual planning framework. Statutory engagement requirements will be considered separately for any individual service change proposals arising through programme delivery.

The 2025/26 ADP was developed with input from Senior Leadership Team members, organisational leaders, operational teams and the two Health and Social Care Partnerships. Development of the 2026/27 AOP has continued to be supported by engagement with programme board leads, directorates, operational teams and

HSCPs, reflecting the need for whole-system ownership of priorities. Clear communication will be required to explain the planning framework, the terminology change from ADP to AOP, the shift from annual activity planning to outcomes-focused delivery, and the role of services and teams in delivering the Population Health and Care Strategy. Communication should also support staff and partners to understand how local improvement work, programme board priorities and corporate objectives connect to the wider Board strategy.

Appendices

Appendix 1: Annual Delivery Plan 2025/26 Year-End Report

Appendix 2: Annual Operational Plan 2026/27

Appendix 3: Scottish Government guidance for developing the 2026/27 Annual Operational Plan (24 February 2026)

Appendix 4: Scottish Government 2026/27 Operational Priorities - follow-up letter (13 July 2026)

Forth Valley Annual Delivery Plan 2025/26: End of Year Summary

1. Executive Summary

NHS Forth Valley has made important progress against the 2025/26 Annual Delivery Plan, with improvements across planned care, urgent and unscheduled care, cancer services, mental health, primary and community care, women and children's health, population health and key enabling programmes. Delivery has taken place within a challenging operating environment shaped by rising demand, workforce pressures, financial constraints and the need to maintain safe, effective and sustainable services.

Key achievements include improved outpatient utilisation, increased theatre efficiency, strengthened waiting list validation, reduced delayed discharges and length of stay, expansion of Hospital at Home and OPAT pathways, implementation of the Rapid Cancer Diagnostic Service, delivery of CAMHS waiting time improvements, strengthened primary care governance and progress in prevention, vaccination, screening, digital innovation and climate action.

The report also highlights areas where further improvement is required. These include performance against urgent care access standards, variation in cancer waiting times, workforce capacity and sustainability, delivery of recurring financial savings, consistency of community-based pathways, and the need to embed value-based approaches more fully across services.

Financial sustainability remains a central challenge. Although the organisation delivered its financial targets in 2025/26, this was supported in part by non-recurring measures. Further progress will depend on stronger integration of financial, workforce and operational planning, delivery of recurring savings, improved productivity and clear prioritisation of resources towards areas of greatest need and impact.

Looking ahead to 2026/27, priorities will include improving urgent and unscheduled care flow, sustaining planned care productivity, strengthening diagnostic and cancer pathways, expanding community-based and preventative models of care, improving workforce resilience, accelerating digital adoption, reducing inequalities and maintaining a clear focus on best value and long-term sustainability.

Overall, the progress made during 2025/26 provides a strong platform for continued improvement. The next phase will require sustained leadership, partnership working and programme-level oversight to ensure that delivery remains aligned to NHS Forth Valley's strategic priorities, national expectations and the needs of the local population.

2. Introduction

This report provides a summary of progress against NHS Forth Valley's Annual Delivery Plan (ADP) for 2025/26, highlighting key achievements, areas of challenge, and priorities for further improvement. It aims to give a clear overview of system-wide performance, demonstrating how key commitments have been delivered within available resources while continuing to align with national priorities and local objectives.

The report covers the full range of programme areas that underpin ADP delivery across the system. These include core clinical services such as Planned Care, Urgent and Unscheduled Care, Cancer Care, Mental Health, Primary and Community Care, and Women and Children's Health. It also reflects broader system enablers through sections on Population Health, Finance and Value Based Health and Care, Workforce, Digital and Innovation, and Climate.

Across these sections, the report outlines improvements in access, waiting times, community-based care and action to address inequalities. It also highlights ongoing pressures, particularly in workforce capacity, demand and system flow, and identifies the areas requiring sustained attention in 2026/27 to support safe, effective and sustainable services.

3. Planned Care

Focus: The Planned Care programme has prioritised capacity, productivity, workforce development and access pathways. Significant progress has been achieved, with outpatient room utilisation increasing to 98% through effective use of Bookwise, alongside improved theatre efficiency supported by revised timetabling, job planning alignment and application of the 6-4-2 process. Activity has increased without additional outpatient staffing, reflecting flexible workforce deployment and expanded use of virtual clinics.

Progress in 2025/26: Workforce transformation is underway, with Surgical Care Practitioners and advanced roles beginning to release consultant capacity and support a more sustainable skill mix. NHS Forth Valley has also delivered a strong national contribution, achieving 100% NTC activity and supporting over 9,600 mutual aid cases across Scotland.

Further improvements have been driven through robust waiting list validation, implementation of the revised Access Policy, strengthened governance, and increased uptake of digital solutions such as Patient Hub.

Priorities for 2026/27: The next stage will focus on full adoption of active clinical referral triage (ACRT) and patient initiated review (PIR), continued digital pathway development, and maximising theatre utilisation to meet rising demand. This matters because it helps more patients receive planned care sooner, makes better use of existing capacity, and supports a more sustainable model for managing future demand.

4. Urgent and Unscheduled Care

Focus: The Urgent and Unscheduled Care programme has concentrated on improving flow, reducing delayed discharge and avoiding unnecessary admission through a whole-system, Home First approach.

Progress in 2025/26: Good progress has been achieved, including reductions in delayed discharges, length of stay and occupancy. Performance against the 4-hour Emergency Department access standard has remained challenging and continues to be below the national standard. However, a sustained improvement in 4-hour access performance has been observed during 2026, reflecting progress in improving front-door flow and patient movement through the system. Implementation of Discharge Without Delay and consistent use of Criteria to Reside and Planned Date of Discharge have improved visibility of patient status and supported earlier discharge.

Integrated discharge working, supported by MDT coordination and development of a 7-day discharge model, has further strengthened patient flow. Hospital at Home capacity has expanded to a planned forty-five beds, with additional OPAT and respiratory pathways supporting admission avoidance and early discharge. Frailty pathways have also improved, with a dedicated Acute Frailty Unit supporting timely assessment and a high proportion of patients discharged within 72 hours.

Challenges and Priorities for 2026/27: However, delivery remains constrained by limited downstream capacity, including Discharge to Assess, step-down provision and community support. The next phase will require expanded community capacity, better access to alternative pathways and improved data and digital infrastructure, including a single virtual ward solution. Over the next year, a key focus will be improving performance against the 4-hour Emergency Department access standard through continued improvement in front-door processes and patient flow across whole system urgent and unscheduled care pathways. A review of the Emergency Department staffing model will also be undertaken to identify opportunities to increase senior decision-maker capacity, supporting earlier clinical assessment, more timely decision-making and improved patient flow. The impact will be improved patient flow, fewer avoidable admissions, shorter hospital stays and better use of acute hospital capacity for those who need it most.

5. Cancer Care

Focus: The Cancer Care programme has prioritised waiting times, diagnostic capacity, optimal pathways and patient-centred support. Progress has been made through implementation of the revised Framework for Effective Cancer Management, with strengthened governance, regular performance review and closer monitoring of pathway breaches. Diagnostic capacity has increased through innovative approaches such as CT colonography, alongside the establishment of the Rapid Cancer Diagnostic Service (RCDS), which is now operational.

Progress in 2025/26: Optimal diagnostic pathways are being rolled out for key tumour types, supported by structured programme governance and collaboration with regional networks. Workforce and service development has also progressed, including introduction of Single Point of Contact navigator roles and embedding Improving Cancer Journey within pathways, enhancing patient support and coordination.

Prehabilitation and wider rehabilitation planning are advancing in line with national frameworks.

Challenges and Priorities for 2026/27: However, performance against waiting time standards remains variable, and delivery is not yet consistent across all pathways. The next phase will need sustained attention on pathway optimisation, workforce capacity, including systematic anti-cancer therapy (SACT) and clinical nurse specialist (CNS) roles, expansion of diagnostic and clinic capacity, and recurring funding to support viable service models and improved access for patients. This will support earlier diagnosis, more timely treatment and better coordinated care, improving outcomes and experience for people affected by cancer.

6. Mental Health

Focus: The Mental Health programme is delivering a whole-system, prevention-led approach aligned to the Scottish Government Mental Health and Wellbeing Strategy, with a strong emphasis on reducing inequalities, improving access and tackling stigma. A pan-Forth Valley Strategic Plan is now in implementation, structured around prevention, promotion and provision of person-centred care.

Progress in 2025/26: Significant progress has been made in strengthening governance, performance oversight and workforce planning, including delivery against Child and Adolescent Mental Health Services (CAMHS) waiting times supported by robust monitoring, prioritisation of clinical risk and alignment to choice and partnership approach (CAPA) models. Development of psychological therapies, peer support roles and improved clinical supervision arrangements are underway, alongside implementation of national standards and targeted improvements identified through local self-assessment. Work has also progressed in estates safety, data quality, forensic service collaboration and learning disability annual health checks, with a clear focus on equity through EQIAs and engagement with people with lived experience.

Challenges and Priorities for 2026/27: However, delivery remains affected by workforce pressures, reduced funding and growing demand, particularly within CAMHS and unscheduled care. Further improvement will depend on investment in workforce capacity, stronger data and outcome measurement, enhanced community-based provision, and ongoing emphasis on early intervention, prevention and reducing inequalities. The benefit will be earlier support, more consistent access and improved outcomes for people with mental health needs, while reducing avoidable escalation and pressure on unscheduled care.

7. Primary and Community Care

Focus: The Primary and Community Care programme has prioritised governance, access, integration across care settings, prevention and reducing inequalities. Key progress includes establishment of a Primary Care Programme Board, providing clear executive oversight and a platform to develop a system-wide strategic plan. Significant improvements have been delivered in interface working, with fifty-seven updated referral and management pathways supporting more efficient and patient-centred journeys across primary and secondary care.

Progress in 2025/26: Workforce and service capacity have been supported through Primary Care Improvement Plan investment, with expanded multidisciplinary team

roles, particularly in pharmacotherapy and Community Treatment and Care (CTAC) services. Preventative and proactive care programmes have advanced, including increased uptake of health checks and delivery of cardiovascular prevention initiatives within general practice. Dental services have stabilised, with improved recruitment and progress towards full staffing, while new community-based ophthalmology services are improving access closer to home.

Challenges and Priorities for 2026/27: Despite progress, challenges remain in workforce sustainability, capacity and variation in access. The next stage will require continued investment in multidisciplinary workforce models, stronger primary care capacity, expanded community-based services, and sustained emphasis on prevention, early intervention and reducing inequalities to support a shift in the balance of care. This will help more people receive care closer to home, reduce avoidable demand on hospital services and support a more preventative, community-based model of care.

8. Women and Children's Health

Focus: The Women and Children's Health programme has prioritised outcomes across the pre-birth to early years pathway, reducing inequalities and strengthening person-centred maternity and child health services. Key progress includes delivery of 100% continuity of carer, with all women allocated a named midwife, supporting improved relationships, communication and personalised care. Enhanced models of care, including the Willow team and Pre-Birth Planning Service, are targeting women with additional needs, alongside continued rollout of Best Start and alignment with the Women's Health Plan, particularly for those affected by substance use.

Progress in 2025/26: Specialist service improvements include implementation of high-quality newborn hearing screening and ongoing development of neonatal services in partnership with tertiary centres, alongside progress in miscarriage care aligned to national standards. Strong partnership working with local authorities is supporting delivery of Child Poverty Action priorities and whole family support models. This includes links with Children's Speech and Language Therapy to support earlier identification of communication needs.

Challenges and Priorities for 2026/27: The delivery of new maternity pathways and some elements of miscarriage service redesign remain ongoing, with workforce pressures affecting pace. Further work is needed to strengthen early years interventions, improve access to child health reviews, and accelerate pathway implementation. Continued emphasis on reducing inequalities, expanding community-based support, and securing sustainable workforce capacity will be critical to improving outcomes for women, babies and children. This will support healthier pregnancies, better early years outcomes and more equitable access to support for families who experience the greatest disadvantage.

9. Population Health

Focus: The Population Health programme has prioritised reducing inequalities, prevention and early intervention, and partnership-based delivery to address the wider determinants of health. Key areas include vaccination and screening, sexual health and blood borne virus services, drugs and alcohol services, maternal and reproductive health, and wider determinants such as poverty, transport and community wealth building. There is also a strong emphasis on embedding national frameworks, including the Population Health Framework, GIRFE and anti-racism, while aligning delivery with partner organisations through Community Planning Partnerships and Anchor approaches.

Progress in 2025/26: Notable progress has been made across several areas. Vaccination work is progressing with baseline mapping aligned to the national Scottish Vaccination and Immunisation Programme (SVIP) framework and strengthened governance. Sexual Health and Blood Borne Virus (BBV) programmes have achieved national targets, including Hepatitis C Virus (HCV) treatment initiation, with expanded outreach and strong third sector collaboration. The High Consequence Infectious Disease (HCID) pathway has been established with a clear delivery plan, supported by national self-assessment. Improvements in Long-Acting Reversible Contraception (LARC) access are being embedded within maternity and termination of pregnancy pathways, with plans to enhance data through digital systems. Screening performance remains strong relative to national averages, and Anchor Board arrangements are now established. Community-based models, including Children's Speech and Language Therapy, also help reduce barriers to support.

Challenges and Priorities for 2026/27: Ongoing attention is needed to reduce inequalities in screening uptake, fully implement HCID pathways, improve outcome measurement, particularly through emerging national indicators, and ensure consistent delivery against cross-cutting priorities such as transport integration, anti-racism, smoking cessation and weight management. The intended impact is to narrow health inequalities, improve prevention and early intervention, and reduce future demand by addressing the factors that shape health and wellbeing across communities.

10. Financial Stewardship

Focus: Maintaining financial sustainability is one of the most significant challenges facing NHS Forth Valley and is fundamental to delivering safe, effective and sustainable services. Our approach ensures organisational planning, resource allocation and service delivery are aligned to the Board's financial position, strategic priorities and long-term sustainability. The 2025/26 planning approach reinforced the need to work within available resources through robust financial planning, clear prioritisation, improved productivity, effective stewardship of public funds and best value. This provides the framework for managing financial pressures, supporting service transformation and directing resources to the areas of greatest need and impact.

Progress in 2025/26: NHS Forth Valley delivered its financial targets and reported a small revenue surplus in 2025/26; however, this position was supported in part by one-off benefits and non-recurring funding. While these measures helped achieve in-year targets, they do not address recurring budget shortfalls or longer-term sustainability.

Significant pressures remain, including rising costs associated with workforce, medicines, medical equipment, digital infrastructure and the estate. Planned savings delivery was below target and the unachieved recurring savings balance from 2025/26 has been carried forward into the financial plan for 2026/27. As a result, the organisation faces a challenging outlook and must continue to strengthen control, deliver recurring savings and direct resources to agreed priorities.

In the longer term, sustainability will also depend on greater emphasis on prevention, early intervention and reducing avoidable demand for health and care services. While many preventative actions do not generate immediate cash-releasing savings, they can improve outcomes, reduce future service pressures and support more effective use of resources across the system. This will require continued collaboration with local authority and Integration Joint Board partners to direct investment towards interventions with the greatest long-term benefit for population health and wellbeing.

The Financial Stewardship Programme Board has sharpened the organisation's focus on financial sustainability and effective use of public resources. Key areas include oversight of the Financial Sustainability Action Plan, review of savings schemes, identification of productivity and efficiency opportunities, development of a stronger stewardship culture, and action to reduce risks associated with unfunded services and posts. The Programme Board also oversees budget reallocations arising from service redesign and supports delivery of best value across the organisation.

Challenges and Priorities for 2026/27: This said, financial sustainability remains challenging. Further improvement will require stronger integration of financial, workforce and operational planning, delivery of recurring savings, clearer prioritisation decisions and ongoing focus on productivity and efficiency. Strengthened financial governance and accountability will be critical to maintaining services within an increasingly constrained financial environment. This is important because recurring financial balance is essential to protect core services, enable transformation and ensure resources are directed to the interventions that deliver greatest value for patients and communities.

11. Value Based Health and Care

Focus: The Value Based Health and Care Programme Board aims to improve outcomes for patients and populations by ensuring care is evidence-based, outcome-focused and aligned with Realistic Medicine principles.

Progress in 2025/26: Progress has been made in establishing the foundations for a more systematic value-based approach across services, with increasing emphasis on understanding outcomes, reducing unwarranted variation and identifying quality improvement opportunities. This supports more informed clinical and service redesign decisions and provides a stronger basis for delivering better outcomes within available resources.

Children’s Speech and Language Therapy provides one example of value-based service redesign, with greater focus on outcomes that matter to children, families and education partners. This includes strengthening outcome measures, co-production and partnership working to improve impact, reduce unwarranted variation and direct resources towards interventions that provide greatest value.

The programme will continue to promote value-based healthcare by helping services understand what matters most to patients, measure outcomes more effectively and reduce low-value activity. Through closer alignment with population health and Realistic Medicine, it is supporting more person-centred, high-quality care that delivers greatest benefit for patients and communities.

Challenges and Priorities for 2026/27: However, implementation remains at an early stage, with limited evidence of fully embedded approaches across all services. Further improvement will require better measurement of outcomes and value, greater use of data to support decisions, clearer understanding of variation in clinical practice and stronger integration of value-based principles within service planning and redesign. Continued development will support better outcomes, improved patient experience and more effective use of resources. The impact will be better decisions about which services and interventions provide greatest benefit, helping to improve outcomes, reduce variation and make best use of available resources.

12. Workforce

Focus: The Workforce programme has prioritised efficiency, financial sustainability, workforce planning and staff wellbeing, with an emphasis on reducing reliance on temporary staffing and strengthening supply. Substantial progress has been achieved, including full delivery of reductions in agency staffing through optimised staff bank arrangements, alongside improved efficiencies across administrative and support services, now embedded within wider planning. Strong partnerships with further and higher education institutions are established, supporting workforce supply and better alignment with population health needs.

Progress in 2025/26: Further work is underway to support attendance and staff wellbeing through implementation of the NHS Scotland Attendance Policy. eRostering rollout is progressing, although timelines have been extended to align with the revised national target of March 2028. Work to ensure staff safety continues, including ongoing FFP3 fit testing and transition to a more sustainable delivery model.

Challenges and Priorities for 2026/27: Several areas require ongoing attention. Reducing medical locum spend remains incomplete and is being progressed through the Financial Stewardship Programme with strengthened governance. Attendance management improvements remain partially delivered and need further focus. Delivery of eRostering and wider digital workforce tools should accelerate, alongside continued emphasis on recruitment, retention and productivity to support a resilient workforce. This will support safer staffing, improved staff wellbeing, reduced reliance on temporary staffing and a more stable workforce able to meet changing population and service needs.

13. Digital and Innovation

Focus: The Digital and Innovation programme is delivering the national Digital Health and Care Strategy, improving digital systems and cyber security, and using innovation to improve care and outcomes for patients. Priorities include national digital programmes, building staff confidence and skills, and making better use of data and technology to support service change.

Progress in 2025/26: Progress is evident across several areas. The programme is aligned with the national strategy through the FV Digital Strategy and Annual Digital Plan. Cyber resilience is strong, with a 93% compliance score giving assurance on system security. Innovation work has increased, with projects delivered or progressing through national routes such as the Small Business Research Initiative (SBRI) and Accelerated National Innovation Adoption (ANIA). This includes work on ambulatory monitoring, pharmacogenetics and digital prevention, supported by stronger links with academia, industry and national innovation networks.

Challenges and Priorities for 2026/27: Some areas are still developing. National digital programmes depend on national rollout timescales, and staff digital skills continue to grow through the Digital Champions network. The next stage will use digital maturity assessment to inform planning and prioritisation, increase the pace of adoption, and ensure the right capacity and governance are in place to scale innovation and deliver long-term service benefits. This will help services use data and technology more effectively, improve reliability and security, reduce administrative burden and support new models of care.

14. Climate

Focus: The Climate programme has prioritised carbon reduction, sustainability and climate adaptation. Priorities include energy efficiency, greener travel, waste reduction, and embedding sustainability within clinical services, capital planning and business continuity.

Progress in 2025/26: Considerable progress has been made. Greenhouse gas emissions have reduced by 40% over the past decade, with a further 8.5% reduction against the revised DL38 baseline since 2022/23. Estates improvements have made a significant contribution, including LED lighting upgrades, boiler replacements and increased on-site solar energy. Transport has also improved, with the NHS Forth Valley fleet now fully electric and charging infrastructure in place, placing NHS Forth Valley ahead of many NHS Boards nationally. Environmental reporting has strengthened, including emissions from medical gases and inhalers, while work continues to improve climate resilience.

Priorities for 2026/27: The next phase will target emissions from buildings and clinical activity, support sustainable travel and accelerate circular economy initiatives. Stronger integration of climate priorities within service planning, capital investment and decision-making will be essential to progress towards a net zero, climate-resilient health system. The wider benefit is a lower-carbon, more resilient health system that reduces environmental impact while supporting safe services, efficient use of resources and improved population health.

15. Building on Progress

Overall, 2025/26 has been a year of important progress for NHS Forth Valley, with teams across the system continuing to improve access, strengthen care pathways, support prevention and deliver services within a challenging operating environment. The achievements outlined in this report reflect the commitment, skill and resilience of staff and partners working together to improve outcomes for patients, families and communities.

While significant pressures remain, the progress made provides a strong foundation for further improvement in 2026/27. Continued focus on prevention, partnership working, delivering best value, workforce sustainability, digital innovation and reducing inequalities will support NHS Forth Valley to build on this momentum and deliver safer, more effective and more sustainable care for the local population.

FORTH VALLEY ANNUAL OPERATIONAL PLAN 2026/27

Contents

1. Introduction

The Forth Valley Annual Operational Plan (AOP) for 2026/27 sets out how NHS Forth Valley will deliver national NHS Scotland priorities over the coming year, while responding to the needs of our population and the specific challenges facing our local system. It provides a clear, Board-level statement of what we are committed to deliver, why these actions matter, and how they will contribute to safer, more sustainable and more person-centred care.

The AOP is important because it brings together strategic priorities, operational actions and measurable deliverables in a single plan. It aligns local improvement work with national policy and is explicitly aligned to the Sub-National planning priorities, ensuring a coherent, system-wide approach to delivery across planned care, urgent care, diagnostics and regional collaboration. It is also aligned to the Forth Valley Workforce Plan and the Forth Valley three-year financial plan, ensuring that delivery priorities are supported by workforce planning, affordability and longer-term financial sustainability. The plan also supports a stronger approach to embedding Value Based Health and Care across the system, ensuring that service redesign, investment decisions and performance improvement are focused on outcomes, experience, equity, productivity and the best use of available resources. The plan supports transparency and accountability, and ensures that quality, performance, workforce, finance and service reform are considered together. In doing so, it provides a practical framework for decision-making, prioritisation and delivery across the organisation and wider system.

The plan is structured around a set of key themes that are fully aligned to Scottish Government operational priorities for 2026/27, providing a clear and direct contribution to national improvement objectives:

- Reduce the longest waits for planned care
- Increase productivity across elective and diagnostic services
- Improve flow and performance in urgent and unscheduled care
- Expand Hospital at Home as a mainstream model of care
- Support safe, high-quality maternity and neonatal services
- Strengthen and improve access to services for Mental Health, Neurodiversity and Learning Disability
- Accelerate digital access and modernisation across care pathways
- Develop as a population health-focused organisation

Each section describes the future direction, operational priorities, and key actions and deliverables for the year, aligned to national improvement priorities, OIP delivery programmes, and Sub-National West trajectories and collaborative plans. Delivery will require strong partnership working across the local care system, bringing together NHS services, Health and Social Care Partnerships, primary care, local authorities and the third sector to drive improvement, service renewal and better outcomes for the population of Forth Valley.

Progress will be monitored through a strengthened performance management approach, supported by clear governance and formal twice-yearly reporting. Delivery will be tracked against defined milestones, trajectories, performance measures and action plans, using Pentana/ Healthcare Guardian and routine reporting through SLT, SPPRC and the Board.

Performance will be reviewed at operational, executive and Board level, with exception reporting, escalation and targeted improvement where delivery is off track. Oversight will operate through established governance structures, including FV Programme Boards, which will play a key role in overseeing, directing and monitoring progress across these areas of activity, operational performance forums, the Senior Leadership Team, and reporting to SPPRC and the Board, aligned with Sub-National structures.

This approach supports routine review of progress, risks and dependencies, enables early corrective action, and ensures the AOP remains a live tool for improvement, performance management and accountability throughout 2026/27.

2. Reduce the longest waits in planned care

2.1 Future Direction

We must move beyond managing waiting lists to redesigning planned care systems that improve access, streamline pathways, and optimise patient flow, enabling sustainable reductions in the longest waits while reducing inequalities and maintaining robust clinical prioritisation across all services. This approach aligns with the national focus on reducing long waits, increasing capacity, and optimising regional and national elective working, ensuring that local delivery is fully integrated with wider system reform.

2.2 Operational Priorities for 2026/ 2027

- **Reduce waiting times and improve access to Planned Care services:** Maintain a clear and sustained focus on reducing backlogs, with targeted action for those waiting longest. The national expectation is that waits over 52 weeks should be eliminated as quickly as possible within the year, with no increase in the number of patients waiting beyond this threshold.
- **Maximise system-wide capacity:** Optimise elective capacity across all levels:
- National (e.g. National Treatment Centres)
- Regional and sub-national (to support delivery of the ambition that no patient waits more than 52 weeks by March 2027, by making best use of capacity across local, regional and national planned care pathways)
- Local services (including full utilisation of facilities and alternative care settings)
- **Improve productivity and efficiency:** Increasing throughput through better scheduling, enhanced theatre utilisation, and more effective pathway management, while improving equity and reducing unwarranted variation across Planned Care services. We will apply a Value Based Health and Care approach to planned care recovery, ensuring that waiting list management, clinical prioritisation and pathway redesign focus on patient outcomes, equity of access, reduction of unwarranted variation and the most effective use of capacity.
- **Sustain and increase activity levels:** Maintain or improve delivery levels to continue progress on waiting times and support ongoing reductions in demand.
- **Protect clinical priorities (particularly cancer):** Ensure care is delivered based on clinical need, with a continued focus on improving cancer diagnostics and treatment performance, including the 62-day standard. The national expectation is that Cancer performance will meet at least 95% against the 31-day standard and month-on-month improvement against the 62-day standard, with the goal of reaching at least 80% performance against the 62-day standard by March 2027.

2.3 Key Actions and Deliverables for 2026/ 2027

NHS Forth Valley remains fully committed to reducing long waits; however, a number of significant challenges are emerging in 2026/27, including a reduction in National Treatment Centre allocation, reduced allocation from the Golden Jubilee National Hospital, and a pause on additional activity in Quarter 1. In recognition of these pressures, a proposal for additional funding has been submitted.

A detailed operational delivery plan has been developed in line with the operational priorities and themes set out above. However, implementation remains contingent on confirmation of the proposed funding. Subject to approval, this investment will support delivery of the planned trajectories over the course of the year and strengthen the Board's ability to achieve the 52-week target. Local actions and deliverables relating to this priority are outlined in Table 1.

Table 1 Reduce the longest waits in planned care

Reduce waiting times and improve access to Planned Care services	
1	Continue targeted recovery action to reduce long waits and maintain progress in specialties with the highest backlog risk. Alongside maximising existing capacity, funding for the costed additionality proposals is essential. Without this investment, some services will be unable to reduce waiting times, impacting some specialties having patients waiting over 52 weeks.
Maximise system-wide capacity	
2	Build on regional and national working, with collaborative planning and governance, to make best use of local, regional and national capacity and support timely access for patients.
3	Maximise utilisation of clinic and theatre facilities through stronger forward planning, adherence to 6-week annual leave notice to reduce avoidable cancellations. Full embedding of the Theatre INFIX scheduling system.
Improve productivity and efficiency	
4	Strengthen access and pathway management through rigorous application of the Access Policy, continued rollout of PFB to reduce DNAs, consistent adoption of CfSD productive opportunities (ACRT, PFB, PIR) across all services and ongoing recovery planning to support sustainable delivery.
5	Continue to embed digital and virtual approaches to improve waiting list management, clinic efficiency and patient access, including Bookwise to maximise clinic room capacity, Patient Hub for appointment letters, reminders and validation. Greater use of virtual appointments where appropriate.
6	Apply Value Based Health and Care principles to planned care recovery by using data on outcomes, demand, variation, patient experience, clinical prioritisation and capacity to reduce low-value activity, improve equity of access and support sustainable reductions in long waits.
Sustain and increase activity levels	
7	Support continued delivery through workforce development and service redesign that releases clinical capacity, including development of Advanced Practitioner roles and Surgical Care Practitioners, to safely undertake non-complex procedures and free consultant surgeons for more complex care.
Protect clinical priorities (particularly cancer)	
8	Ensure planned care recovery continues to support clinically urgent pathways, including cancer diagnostics and treatment standards.
9	The Acute Cancer board will continue to monitor the Cancer Performance and the reduction in long waits through its workplan for 2026/27 by tracking each specialty's progress to fully incorporate the 10 principles of National Framework for Effective Management. Regular service meetings will review the cancer pathways against the optimal pathways with another 2 planned to be published in 2026/27.
10	Services will work with regional partners to address the ongoing challenges in areas such as oncology and robotic services to reduce the waits.

3. Increase productivity across elective and diagnostic services

3.1 Future Direction

NHS Forth Valley will transition towards a more integrated, digitally enabled whole-system approach to diagnostics and elective care, improving capacity utilisation, efficiency and workforce sustainability. This will support faster diagnosis and treatment through system redesign, optimising capacity across all levels, strengthening community access, and advancing digital infrastructure to improve patient flow. This aligns with the Operational Improvement Plan focus on backlog reduction, theatre productivity, increased NTC use, and digital scheduling tools.

3.2 Operational Priorities for 2026/ 2027

- **Capacity Optimisation and Throughput Improvement:** maximise utilisation of existing capacity to increase throughput and reduce delays, without reliance on new infrastructure investment.
- **Digital Enablement of Planned Care:** maximise digital solutions to modernise pathways, improve coordination, and enhance efficiency, access, and patient experience.
- **Pathway Redesign and Demand Management:** streamline patient pathways to reduce unwarranted variation and unnecessary activity, actively manage demand, and strengthen diagnostics and treatment to improve flow, outcomes and value across Planned Care services. We will use Value Based Health and Care principles to support elective and diagnostic pathway redesign, ensuring investigations, appointments and interventions are clinically appropriate, outcome-focused and make best use of available capacity.
- **Workforce transformation and productivity**: optimise skill mix to release consultant capacity, strengthen multidisciplinary working, and deliver sustainable productivity through effective workforce planning and modern models of care.

3.3 Key Actions and Deliverables for 2026/ 2027

NHS Forth Valley is committed to delivering productivity gains and achieving national standards through capacity optimisation, pathway redesign, workforce transformation, digital enablement, and effective demand management to improve access and reduce waiting times. This includes delivery of the 6-week diagnostic standard across key endoscopy and radiology tests, supporting cancer waiting times Local actions and deliverables relating to this priority are outlined in Table 2.

Table 2 Increase productivity across elective and diagnostic services

Capacity Optimisation and Throughput Improvement	
11	Deliver the Endoscopy Plan by improving the use of existing capacity, by reducing variation in workforce, facilities utilisation, scheduling and booking and expanding alternatives to traditional endoscopy, including computer tomography (CT), cytosponge and transnasal endoscopy (TNE).
12	Provide additional capacity to reduce backlog to a sustainable waiting list size for new and surveillance patients.
13	Deliver 6-week diagnostic standard and support delivery of the cancer targets.
14	Implement an enhanced diagnostic imaging booking model to optimise appointment slot utilisation, aligning booking times to clinical need, and maximise CT and ultrasound capacity across all available sessions, including extended and weekend working, to improve throughput and reduce waiting times.
15	Work towards maximisation of diagnostic imaging resource, ensuring the diagnostic imaging capacity is fully utilised to benefit patients and ensure safe staffing levels are aligned with this.
16	Increase productivity across elective and diagnostic cancer services by optimising capacity, strengthening community diagnostics and digital infrastructure, and enhancing cancer–diagnostics collaboration to support timely diagnosis and treatment.

Digital enablement of planned care	
17	Deliver and embed core diagnostic imaging digital systems (including RIS, PACS and Order Comms) to enable safe, secure, and efficient patient booking, improve workflow, and support service-specific needs across diagnostic pathways.
18	Introduce and embed a Clinical Decision Support system to ensure appropriate diagnostic imaging at each stage of the patient pathway, reducing unnecessary tests and improving the efficiency, quality, and focus of diagnosis, treatment, and surveillance.
19	Implement the clinical Endoscopy Reporting System to standardise reporting, streamline scheduling and improve booking efficiency.
Pathway Redesign and Demand and Demand Management	
20	Strengthen collaborative working with the Cancer Tracking Team to ensure all USoC patients receive diagnostic imaging within 7 days, with reporting completed within 14 days, supporting delivery of national cancer waiting time standards.
21	Implement and adhere to evidence-based clinical pathways and guidance (including BSG surveillance and existing pathways such as qFIT and IBD) to optimise diagnostic use, support demand management, and direct patients to the most appropriate care pathway.
22	Embed Value Based Health and Care principles within elective and diagnostic pathway redesign, using data on outcomes, demand, variation, patient experience and capacity to reduce low-value activity and support sustainable improvement in access and productivity.
Workforce transformation and productivity	
23	Continue to develop and expand Enhanced and Advanced practice roles, including within National Screening Programmes and extended scope areas, to maximise workforce capability and ensure all staff operate at the top of their skillset, improving efficiency and productivity across diagnostic services.
24	Expand the endoscopy workforce by continuing participation in national training programmes for Nurse Endoscopists and Endoscopy Assistant Practitioners, supported by workforce planning and multidisciplinary team model of care.

4. Improve Flow and performance in Unscheduled Care

4.1 Future Direction

Develop and implement a whole-system Urgent and Unscheduled Care model aligned to national priorities to improve access, flow and system resilience, by shifting from a reactive hospital-based approach to integrated care with strengthened community capacity, enhanced triage and navigation, early senior decision-making, admission avoidance, same-day care and timely discharge, supported by improved data use, clear accountability and strong clinical leadership, ensuring patients receive the right care, in the right place, first time.

This aligns with sub-national West priorities and commissioned workstreams, including navigation hubs, virtual capacity, escalation frameworks and future UEC model development, while supporting key national priorities on front door streaming, admission avoidance, discharge and hospital flow.

4.2 Operational Priorities for 2026/ 2027

- **Front door transformation & ED flow:** Strengthen senior clinical decision-making, streaming and rapid assessment to reduce crowding, improve timeliness and maximise same-day care. Progress will be assessed against the four-hour A&E standard.
- **Whole-system flow, discharge & delays:** Improve discharge reliability and reduce avoidable length of stay through consistent Discharge Without Delay, Criteria to Reside, Integrated Discharge and Discharge to Assess approaches. We have an ambition to further reduce hospital occupancy, to reduce delayed discharges and improve ambulance turnaround times.

- **Admission avoidance & community alternatives:** Expand sustainable alternatives to admission, including Hospital at Home, ambulatory care and community pathways, supporting care closer to home and reducing acute pressure. We will implement our local primary care walk-in-centre pilot in Clackmannanshire.
- **Frailty & older people's pathways:** Strengthen frailty services, embed early identification of frailty, support comprehensive geriatric assessment and proactive same-day pathways to avoid unnecessary admission and improve outcomes.
- **Flow Navigation Centre & clinical coordination:** Establish a clinically led navigation function to strengthen real-time oversight, enable professional-to-professional decision-making and optimise pathway routing.
- **Governance, data & delivery grip:** Strengthen executive oversight, operational grip and use of real-time data to drive improvement, manage risk and support sustainable UEC delivery.

4.3 Key Actions and Deliverables for 2026/ 2027

In 2026/27, we will improve unscheduled care flow and performance through a whole-system model that strengthens front door streaming, senior clinical decision-making and rapid assessment; improves discharge and reduces delays; expands Hospital at Home and community alternatives; develops frailty pathways and seven-day support; establishes a Flow Navigation Centre; and strengthens governance, data and operational grip to reduce crowding and deliver the right care first time. Local actions and deliverables relating to this priority are outlined in Table 3.

Table 3 Improve Flow and performance in Unscheduled Care

Front door transformation & ED flow	
25	Finalise and implement phase one of the ED workforce plan and phased front door improvement (triage, streaming, senior decision-making)
26	Complete breach analysis and structured process mapping to identify and implement priority changes
Flow Navigation Centre	
27	Progress transition from administrative to clinically led (SCDM) FNC model aligned to regional direction
28	Define and implement minimum dataset and electronic data capture for FNC activity and outcomes
Demand management	
29	Sustain and expand Hospital at Home capacity (core and pathway development), improving utilisation and referral processes
30	Strengthen professional-to-professional decision support (e.g. Consultant Connect) and community access pathways (MIU, RACU)
Whole-system flow and discharge	
31	Embed Criteria to Reside and strengthen discharge reliability through PDD, ward routines and escalation processes
32	Complete Integrated Discharge Service (IDS) review and implement pathway-based discharge coordination model
33	Define and test Discharge to Assess (D2A) model aligned to priority pathways and community capacity
34	Engage fully in the development of a national hospital flow plan.
Admission avoidance & community alternatives	
35	Implement our local primary care walk-in-centre pilot in Clackmannanshire.

Frailty & older people's pathways	
36	Implement consistent frailty screening and digital capture (Frailty RAG) in ED and Acute Frailty Unit
37	Strengthen deliver of 7-day frailty MDT model with improved discharge conversion and flow from AFU (with improved access to Discharge to Assess and step-down capacity)
System integration and grip	
38	Develop and implement key dashboards (ED flow, FNC, H@H, discharge) to improve operational visibility and assurance
39	Strengthen whole-system governance through SLT and operational forums to drive alignment, pace and accountability

5. Expand Hospital at Home as a mainstream model of care

5.1 Future Direction

The NHS Forth Valley Population Health and Care Strategy sets a clear direction to deliver more care at home and in community settings, with Hospital at Home as a core model for delivering short-term, hospital-level care in people's own homes. This supports the national ambition to shift the balance of care away from acute hospitals, enabling earlier intervention, preventing deterioration and avoiding unnecessary admissions, particularly for people with frailty and other high-risk groups.

Expansion of Hospital at Home will reduce pressure on acute services by improving flow, minimising avoidable admissions and supporting timely discharge through safe alternatives to inpatient care. Delivery will be underpinned by stronger integration with primary care, community and urgent and unscheduled care pathways, alongside sub-national collaboration to promote consistency, share best practice and support sustainable delivery at scale, aligning with regional priorities for virtual capacity and national commitments to expand community-based alternatives to admission.

5.2 Operational Priorities for 2026/ 2027

- **Care Closer to Home/ Shift to Community Care:** Expand Hospital at Home as a core alternative to admission, supporting admission avoidance, earlier intervention and anticipatory care for frailty and other high-risk groups.
- **Service Expansion & Pathway Development:** Embed Hospital at Home as a mainstream model, developing priority pathways (e.g. OPAT, heart failure, respiratory) and strengthening access to diagnostics and treatment in community settings.
- **Reducing Variation & Improving Consistency:** Minimise unwarranted variation by implementing consistent standards, supported by sub-national collaboration to scale delivery and spread best practice.
- **Integration & Whole-System Working:** Strengthen alignment across acute, primary, community and urgent and unscheduled care pathways, including integration with Flow Navigation Centres to support first-time-right care.
- **System Efficiency, Flow & Outcomes:** Reduce avoidable admissions, improve flow and minimise length of stay, alleviating pressure on acute services while delivering safe, high-value care closer to home.
- **Digital & Enabling Infrastructure:** Expand digital solutions and remote monitoring to enable safe, effective and scalable delivery of hospital-level care in patients' homes.

5.3 Key Actions and Deliverables for 2026/ 2027

The national ambition is to deliver 2,000 Hospital at Home beds by December 2026. NHSFV has an important contribution to make to that target in delivering local Hospital at Home pathways. In 2026/27, we will expand and mainstream Hospital at Home by developing priority pathways, strengthening referral routes and whole-system integration, improving digital visibility and reporting, and embedding it as a consistent alternative to admission that supports flow, reduces avoidable

hospital use and delivers safe, high-value care closer to home. Local actions and deliverables relating to this priority are outlined in Table 4.

Table 4 Expand Hospital at Home as a mainstream model of care

Digital and Enabling Infrastructure	
40	Develop an electronic virtual ward model to improve real-time visibility of capacity, demand, utilisation and outcomes across Hospital at Home pathways
Service expansion and pathway development	
41	Deliver a Hospital at Home development session to align the future model, pathway priorities, workforce, governance and digital requirements.
42	Implement a paediatric Hospital at Home pathway, including defined scope, eligibility criteria, governance, operational processes and reporting arrangements.
Integration and whole-system working	
43	Develop and implement a communications plan for referrers covering Hospital at Home pathways, eligibility criteria, referral routes, response times and escalation processes.
Digital and enabling infrastructure	
44	Establish a Hospital at Home reporting framework and live dashboard to monitor capacity, utilisation, referral flow, acceptance/rejection patterns and outcomes.
System Efficiency, Flow and Outcomes	
45	Reduce avoidable attendances and admissions, improve flow and minimise length of stay by strengthening SCDM and Flow Navigation Centre arrangements to direct patients to the right service first time.

6. Support safe and high-quality maternity and neonatal services

6.1 Future Direction

Strengthen safe, high-quality maternity and neonatal services through full implementation of Healthcare Improvement Scotland (HIS) maternity inspection actions and delivery of the national networked neonatal intensive care model, ensuring mothers and babies receive care in the right place at the right time. This will be delivered through a focused programme of work prioritising population health and early years, women's health across the life course, maternity and neonatal quality improvement, and targeted action to reduce inequalities.

6.2 Operational Priorities for 2026/ 2027

- **Population Health & Early Years:** Delivering an integrated, prevention-focused early years model with universal pathways, enhanced parenting support, and strengthened partnerships to tackle child poverty and improve lifelong outcomes.
- **Maternity & Neonatal Quality:** Delivering safe, effective, and high-quality maternity and neonatal care.
- **Women's Health:** Supporting all women and girls to achieve the best possible health and wellbeing across the life course.
- **Equity & Inequalities Reduction:** Taking a whole-system, life course approach—targeting early years, women's health, poverty, and protected characteristics—to reduce health inequalities.

6.3 Key Actions and Deliverables for 2026/ 2027

NHS Forth Valley fully supports the delivery of safe and high-quality maternity and neonatal services. We will implement the Healthcare Improvement Scotland Maternity Services inspection actions and deliver changes to implement the new networked neonatal intensive care model. During 2026/27, NHS Forth Valley will deliver the Children & Families Plan; embed continuity of care and health visiting

pathways; strengthen screening and child health reviews; tackle child poverty; embed maternity, neonatal and miscarriage pathways; advance women's health services; implement pre-pregnancy care; and reduce inequalities through targeted, data-driven and anti-racism actions. Local actions and deliverables relating to this priority are outlined in Table 5.

Table 5 Support safe and high-quality maternity and neonatal services

Population Health & Early Years	
46	Finalise, publish and commence implementation of the Population Health & Care Plan for Children and Families, with defined outcomes, delivery programmes and performance measures.
47	Complete rollout and embed continuity of care models, as part of the Best Start programme, prioritising minority ethnic groups and those with additional needs, to deliver measurable improvements in experience and outcomes.
48	Sustain full delivery and improve coverage of the Universal Health Visiting Pathway, uptake and timeliness of reviews, with targeted outreach to families at risk of poorer outcomes.
49	Maintain universal developmental screening (ASQ) screening and deliver high-quality paediatric audiology, strengthening integration across newborn hearing screening, audiology and early years services to improve timeliness of referral, assessment and intervention.
50	Improve compliance and reduce variation in delivery of child health reviews, ensuring consistent use of ASQ and timely follow-up of identified needs.
51	Deliver Local Child Poverty Action Plans with partners, embedding whole-family support models and demonstrating measurable impact on access to financial support, employability and wider determinants.
Maternity & Neonatal Quality	
52	Complete implementation and embed maternity pathways aligned to national maternity standards, with assurance through audit, governance and patient experience measures.
53	Support the independent review of maternity services across Scotland, by enabling engagement with staff, women and families, and providing local service insight, evidence and data to inform review findings and planning for ongoing service improvement.
54	Support the national midwifery apprenticeship work by nominating appropriate representatives and providing local input on feasibility, workforce planning and service sustainability, with particular consideration of rural maternity services.
55	Fully embed the neonatal intensive care model and expand outreach services, increasing earlier supported discharge and improving family-centred care and outcomes.
56	Continue to implement miscarriage care pathways in line with the national framework for miscarriage care, improving access to specialist support, ensuring consistent standards and strengthening data reporting.
57	Embed Women's Health Plan Phase 2 priorities into business-as-usual delivery for all women and girls across the life course, addressing the inequalities that affect their health and wellbeing and strengthening integration across maternity, primary care and mental health services.
Women's Health	
58	IVF Review: support national and regional fertility service review activity by providing activity and demand data, workforce and capacity modelling to inform future planning, equitable access, service sustainability and delivery of fertility services in line with nationally agreed policies and standards.
59	Implement and evaluate the adolescent gynaecology pathway, improving access, information and experience for young women.

60	Sustain established, equitable access to specialist menopause services, with continued development of workforce capability and expansion of community-based models of care.
61	Implement Phase 2 priorities for older women, strengthening prevention, early intervention and pathways for brain health, bone health and pelvic floor health.
Equity & Inequalities Reduction	
62	Implement integrated pre-pregnancy pathways, improving early risk identification and care planning for women with complex needs, including cardiac conditions.
63	Deliver and evidence impact of Anti-Racism Plan actions in maternity services, improving access, experience and outcomes for minority ethnic women.
64	Strengthen use of data, EQIA and targeted interventions across all programmes, demonstrating measurable reductions in variation in access and outcomes.

7. Improve and support services around Mental Health, Neurodiversity and Learning Disability

7.1 Future Direction

Improve support and delivery of services for Mental Health, Neurodiversity and Learning Disability by stabilising and progressively improving timely access for all age groups through locally agreed improvement plans. This will include strengthening neurodevelopmental pathways and enhancing access to evidence-based interventions. In parallel, we will further develop integrated, community-based pathways across the wider mental health system, working in partnership with local and national stakeholders to ensure equitable, sustainable and person-centred care. This work aligns with national priorities to reduce CAMHS waiting times, sustain delivery of the 18-week standard, and improve access to psychological therapies.

7.2 Operational Priorities for 2026/ 2027

- **Strategic Planning and Governance:** Implementation of the Mental Health & Wellbeing Strategic Commissioning Plan; progression of action plans aligned to national specifications (e.g. National Specification for the Delivery of Psychological Therapies and Interventions in Scotland 2023); alignment with national frameworks and standards (e.g. PEP, DBI).
- **Access and Waiting Times Improvement:** Continued focus on reducing Psychological Therapies waiting times, including expansion of group and brief interventions and extended pilot of “Waiting Well” approaches, supporting the overall ambition to improve access, stability and quality across mental health, neurodiversity and learning disability services.
- **Quality, Outcomes and Value-Based Care:** Maintenance of CAMHS performance using a Value Based Health & Care approach, with a focus on improving outcomes, service quality, and consistent, evidence-based practice.
- **Service Transformation and Pathway Development:** Expansion and diversification of therapeutic models (group work, brief interventions), strengthening community-based pathways, and refresh of the Psychiatric Emergency Plan including the DBI model for unscheduled care.
- **Data, Reporting and Continuous Improvement:** Improvement of reporting through CAMHS and Psychological Therapies datasets (CAPTND), using data to drive performance, planning, and continuous improvement.
- **Workforce Sustainability and Delivery:** Ongoing delivery of the workforce action plan across MHLD inpatient and community settings, ensuring workforce capacity and sustainability to support service delivery.
- **Integration and System-Wide Delivery:** Strengthening community-based and integrated care pathways, aligning programmes to improve access, flow, and outcomes across the system.

7.3 Key Actions and Deliverables for 2026/ 2027

In 2026/27 we will deliver the Forth Valley Mental Health Strategy, aligned to national standards and regional collaboration; improve access through neurodivergence and psychological therapies pathways; redesign urgent and learning disability services; strengthen quality, safety and outcomes; implement a sustainable workforce model; and embed robust data, governance and integrated system delivery. The national ambition is to develop and deliver plans to eliminate waits over 52 weeks for Psychological Therapies and to continue to focus on reducing delayed discharge for people with mental health conditions, learning disabilities and those subject to Adults with Incapacity processes. Local actions and deliverables relating to this priority are outlined in Table 6.

Table 6 Improve and support services around Mental Health, Neurodiversity and Learning Disability

Strategic Planning & Governance	
65	Deliver Forth Valley's Mental Health & Wellbeing Strategic Plan (2025-2035) - with clear milestones and reporting.
66	Align delivery with national specifications (e.g. Psychological Therapies, DBI).
67	Progress regional collaboration initiatives (e.g. Barron Report, Coming Home).
Access & Waiting Times	
68	Develop and implement neurodivergence support pathway plan.
69	Progress the implementation of the Psychological Therapies improvement plan.
70	Implement pathway redesign linked to access policy and booking processes.
Quality, Outcomes & Value-Based Care	
71	Deliver HIS/SDC action plan and complete all requirements.
72	Embed sexual safety policy and improved adverse event analysis.
73	Align risk reporting with the new framework.
74	Strengthen outcome and safety monitoring using Safeguard and adverse event data.
Service Transformation & Pathway Delivery	
75	Implement the refreshed Psychiatric Emergency Plan, including DBI integration, and strengthen multi-agency distress and crisis pathways in line with the Mental Health Distress Framework to ensure timely, trauma-informed support for people experiencing mental distress.
76	Improve urgent care pathways, including pre-hospital triage with SAS.
77	Complete review and redesign of Learning Disability Services.
Data, Reporting & Continuous Improvement	
78	Establish accessible, usable performance data and live dashboards covering waiting times (Psychological Therapies, LD, CAMHS) and workforce/absence, aligned to agreed reporting standards.
79	Ensure full HIS/ SDC evidence tracking and delivery of routine audit cycles (falls, safety, estates, infection control) to meet agreed compliance standards.
Workforce Sustainability	
80	Implement workforce action plan to deliver a sustainable workforce model by reducing key vacancies, optimising non-core staffing levels, bed configuration, over-recruitment and implementing reduced working week arrangements against agreed staffing and cost benchmarks.
Integration & System Delivery	
81	Deliver integrated system improvement by implementing joint inspection actions with partners and strengthening pathway flow across discharge, access, and crisis services to agreed performance standards.

82	Continue to reduce delayed discharge for people with mental health conditions, learning disabilities and those subject to Adults with Incapacity processes through strengthened multi-agency discharge planning, escalation and access to appropriate community support and placements.

8. Accelerate digital access and modernisation

8.1 Future Direction

Digital access, integration and modernisation will be accelerated across all care settings, improving patient access and experience through a consistent digital front door and expanded remote care. Care coordination will be strengthened through better information sharing and EPR expansion, supported by modern, reliable systems across hospital, community and primary care. Delivery will align with national programmes and Local priorities and the maintenance and refresh of local systems and infrastructure.

8.2 Operational Priorities for 2026/ 2027

- **Accelerate Digital Access, Patient Experience and Engagement:** Improve access through a consistent digital front door and expanded remote care.
- **Integrated Records and Care Coordination:** Enable safe, joined-up care through better information sharing and EPR expansion.
- **Modernisation of Systems Across Care Settings:** Modernise systems to support reliable, efficient services across hospital and community care.
- **National Alignment, Infrastructure and Connectivity:** Align with national programmes and strengthen secure, resilient digital infrastructure. This must be balanced with local priorities and local refresh of infrastructure and technologies.
- **Innovation and Future Capability:** Scale innovation and build workforce capability to support future digital services.

8.3 Key Actions and Deliverables for 2026/ 2027

In 2026/27, we will accelerate digital access and modernisation by expanding MyCare.scot and digital front door approaches, improving how people access services and manage their care. We will progress key digital transformation programmes, including Digital Prescribing and Dispensing Pathways, to support safer, more efficient and integrated care. Major infrastructure and system developments, including Business Systems, PACS replacement and preparation for the future National IT Contract, will provide the foundations for continued digital transformation across hospital, community and primary care settings. Local actions and deliverables relating to this priority are outlined in Table 7.

Table 7 Accelerate digital access and modernisation

National Alignment, Infrastructure and Connectivity	
83	Continue delivery of major national and sub-national digital infrastructure programmes and key system implementations, including GP IT and Child Health system replacements, DOCMAN upgrade, LIMS, PACS replacement, Digital Prescribing and Dispensing Pathways. Progress key corporate and enabling technologies, including Business Systems, M365/SharePoint deployments. Support implementation of Scan for Safety and prepare for transition to the future National IT Contract.
84	Maintain and strengthen cyber resilience by delivering the improvement plan, embedding secure-by-design in all new systems, and preparing for CAF implementation.
85	Refresh Cyber-vault technology to provide business continuity capability
Digital Access, Patient Experience and Engagement	
86	Continue to build workforce digital capability at scale through the formalisation of the Digital Champions network and core digital services workforce requirements.

87	Expand the use of 'Near Me' home teleconference service as business-as-usual across priority pathways
88	Roll out MyCare.scot and equivalent platforms across services Improve communication, booking and patient interaction.
89	Pilot PROMS & PREMS solutions using existing systems capability
Innovation and Future Capability	
90	Work collaboratively with other organisations to scale and adopt innovation (e.g. via Accelerated National Innovation Adoption (ANIA) pathways) and support innovations to move from "project" to BAU at scale to maximise benefits.
91	Enhance Research, Development and Innovation delivery through working with academia and industry, to develop a cost recovery model for projects.
Accelerate digital access and modernisation of systems	
92	Complete the Digital Maturity Assessment to identify gaps and drive prioritisation and investment decisions.
93	Build a business case to deliver an EPR for ICU
94	Digitise Corporate Processes using existing M365 and supporting systems
95	Continue the rollout of OPEN Eyes and support move to EPR
96	Continue the move to an Acute EPR through development of TRAK Capability
97	Continue to refresh and modernise the Core Infrastructure for FV.
98	Continue to upgrade systems to ensure appropriate support.
99	Produce a business case to Digitalise Health Records (Burnbank).

9. Develop as a population health organisation

9.1 Future Direction

In response to rising demand, financial constraints and workforce pressures, our ambition is to become a population health organisation, as set out in the Forth Valley Population Health and Care Strategy (2025–2035). This will be achieved by improving and protecting population health and wellbeing through prevention and earlier intervention, tackling health inequalities by targeting those with the greatest need, redesigning services around population need to reduce avoidable demand, and delivering high-value, sustainable care.

9.2 Operational Priorities for 2026/ 2027:

Becoming a population health organisation, through:

- Improving and protecting population health and wellbeing: by focusing on prevention and early intervention
- Tackling health inequalities: by targeting those with the greatest need and reducing avoidable differences in outcomes
- Improving how services are developed and delivered: by redesigning services around population need and reducing avoidable demand
- Delivering high-value, sustainable care: by working with partners and making best use of resources to address wider determinants of health

9.3 Key Actions and Deliverables for 2026/ 2027

We will continue to develop as a population health organisation by focusing on prevention, earlier support and care closer to home. This will include prevention planning; vaccination and HCID preparedness; sexual health, healthy weight, smoking cessation, diabetes prevention and LARC access; heart and lung health MOTs; action on inequalities, screening, anti-racism, inclusion and drug death prevention; and stronger community approaches to wellbeing, employability and recovery. We will also redesign services around population need through Tranche 1 of the Scottish Government's General Practice investment programme, a Community Audiology Plan, and continued work to provide person-centred, sustainable and high-value care. Progress will be supported by the population health maturity matrix and a related improvement action plan. Local actions and deliverables relating to this priority are outlined in Table 8.

Table 8 Develop as a population health organisation

Improving and protecting population health and wellbeing	
100	Develop an integrated prevention plan across primary, secondary and tertiary prevention
101	Support the delivery of heart and lung health MOTs through primary care, ensuring sufficient capacity for follow-on diagnostics, treatment pathways and risk-factor management.
102	Strengthen governance and the public health focus in vaccination programmes; continue alignment with the Scottish Vaccination and Immunisation Programme (SVIP) 5-year framework
103	Enhance High Consequence Infectious Disease (HCID) pathways, preparedness and training
104	Deliver the Sexual Health and BBV Action Plan focused on HIV elimination and STI prevention
105	Prioritise smoking cessation, healthy weight management and diabetes prevention
106	Increase LARC training for healthcare professionals to improve patient access
Tackling health inequalities	
107	Develop and implement a Healthcare Inequalities Action Plan
108	Target underserved populations to reduce health inequalities
109	Implement the Screening Inequalities Plan aligned with the Scottish Equity in Screening Strategy (2023–2026)
110	Deliver the NHS Forth Valley Anti-Racism Plan through coordinated workforce, service improvement and engagement programmes, demonstrating progress against agreed priorities and equality outcomes.
111	Align Anti-Racism Plan with Ethnic Diversity Network activity and improve maternity care to address racialised healthcare inequalities
112	Launch the new Equality and Inclusion Strategy 2025–2029
113	Strengthen drug death prevention through monitoring, multi-agency reviews and strengthen support systems and commissioned services for addiction recovery, including continued implementation of Medication Assisted Treatment (MAT) standards.
Improving how services are developed and delivered	
114	Embed person-centred care into all service redesign
115	Collaborate with community partners on health and wellbeing initiatives (e.g., employability, addiction recovery)
116	Support GP Practices to deliver Tranche 1 of the Scottish Government's General Practice investment programme, strengthening sustainable primary care capacity to better meet population need, improve access to GP services, and enable earlier intervention and care closer to home.
117	Develop a Community Audiology Plan – aligned with the Scottish Government's response to the Independent Review of Audiology Services in Scotland. Through population needs

	assessment, stakeholder co-design and service redesign, the plan will contribute to the development of sustainable, community-based audiology pathways, improved access, workforce planning, quality assurance and delivery of the national Target Operating Model for Audiology Services.
Delivering high-value, sustainable care	
118	Expand employability and community wealth-building programmes
Become a population health organisation	
119	Assess population health using the population health maturity matrix to assess organisational progress and produce a resulting action plan.

10. Performance Management and Risk Management

Performance management will be central to delivery of the 2026/27 Annual Operational Plan. It will provide a structured approach to monitoring if priorities are being delivered as planned, if expected improvements are being achieved, and where additional action is required. Each section of the plan will be supported by clear actions, milestones, trajectories and outcome measures, enabling progress to be tracked consistently across operational, tactical and strategic levels. This will ensure that delivery is not only described, but actively managed through regular review, challenge and follow-up.

Delivery of the Annual Operational Plan will be aligned to delivery of our Population Health & Care strategy through the Programme Board structure, where relevant, with linkage to our Programme of Work 2026/27. Governance around delivery will be through the Senior Leadership Team with onward reporting to the NHS Board on a biannual basis.

Implementation will be monitored through a combination of routine reporting, dashboard review, milestone tracking and exception management. Pentana/ Healthcare Guardian will be used to record actions, evidence and status updates, while operational dashboards and service-level reporting will provide more frequent visibility of performance trends, risks and emerging issues. This will enable teams and leaders to identify early where delivery is slipping, understand the causes of variation, and take timely corrective action. Where appropriate, performance information will also be aligned to Sub-National reporting requirements to support collaboration and shared oversight.

This performance management approach will be linked to NHS Forth Valley's wider risk management arrangements. Risks to delivery, including delays, capacity constraints, workforce pressures, financial dependencies or system barriers, will be identified through routine monitoring and escalated through established management and governance routes where they threaten delivery of AOP commitments. Where appropriate, these will be reflected within directorate and corporate risk registers, enabling alignment between performance oversight, risk mitigation and executive assurance. This will support a more joined-up approach to identifying where delivery challenges require formal mitigation, additional support or Board-level attention.

Chief Operating Officer & Deputy Chief Executive,
NHS Scotland

T: 07725 070649
E: christine.mclaughlin@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

To: NHS Board Chief Executives
CC: National Board Chief Executives

24 February 2026

Dear colleagues

2026/27 Operational Priorities

INTRODUCTION

Thank you for your continued leadership during what remains a challenging period for services across NHS Scotland. As we move into 2026/27, it is important that Boards have a clear and coherent operational steer for the coming year, while we avoid setting out detailed commitments given the timing within the parliamentary cycle.

From the outset, I want to acknowledge the clear progress achieved across Scotland's NHS since the pandemic and particularly in the last year. We have seen the waits over 52 weeks reducing by 40.1% and 23.9% for NOP and TTG respectively since July 2025. This has been driven by the exceptional work of colleagues across the system and thanks to a more joined-up approach to maximising capacity. I am deeply grateful for these efforts.

A continued focus on maximising system capacity across national, sub-national and community settings will remain central to sustaining this progress into 2026/27.

This year, we are taking a streamlined approach, setting out the minimum operational expectations for 2026/27. These are intended to provide clarity and focus, without duplicating the more detailed work underway across the system. Delivery of these priorities must continue to be underpinned by safe, effective and person centred care, supported by established clinical governance, quality assurance and improvement arrangements.

Operational detail, including trajectories, service-level expectations and programme activity, will continue through existing planning, commissioning and performance arrangements.

STRATEGIC CONTEXT

These Annual Operational Priorities (AOPs) sit within the strategic direction set by the Service Renewal Framework (SRF) and Population Health Framework (PHF). Both support the shift towards prevention and more community-based care, while addressing sustainability and inequalities.

They are also consistent with the wider ambition to enhance community and primary care capacity, including through the New Deal for General Practice, as part of the system-wide shift towards prevention and earlier intervention.

The AOPs do not restate SRF and PHF actions. Instead, they provide a concise operational focus for 2026/27, aligned with that strategic intent.

A wide range of programme activity continues through SRF and PHF governance, including prevention, long term conditions, primary and community care, mental health, workforce modernisation and broader service redesign. This includes maturity assessment work on becoming a population health organisation, CVD risk management, frailty and the Primary Care and Community Health Route Map with significant additional investment in GP services.

System-wide financial sustainability and workforce modernisation also remain core components of the SRF, with further detail developing over the year.

DRAFT OPERATIONAL PRIORITIES FOR 2026/27

These priorities provide the high-level operational focus for the year ahead.

1. Reduce the longest waits for planned care

Further increase productivity and efficiency across planned care to create additional capacity, maintain progress, and continue reducing the longest waits while ensuring clinical prioritisation is preserved. Boards should maintain or where, possible, improve activity levels and removals.

Boards should maximise all available elective capacity, including National Treatment Centres, sub-national arrangements, local theatres, and community-based options where appropriate, supported by improved scheduling and theatre utilisation tools.

Cancer diagnostics and treatment must be prioritised within this, boards should have a clear focus on improving the 62 day standard performance while reducing cancer treatment backlogs.

2. Increase productivity across elective and diagnostic services

Optimise the use of national, sub national and Board diagnostic and elective capacity to improve throughput and support timely diagnosis and treatment. This includes strengthening community-based diagnostic access and accelerating interoperable diagnostic and digital infrastructure.

3. Improve flow and performance in unscheduled care

Through subnational and local redesign develop sustainable urgent and emergency care systems that minimise delays, including system flow-based alternatives to admission. This includes Walk-in Centre testing in participating areas, zero-day length of stay and short stay pathways.

Improve occupancy by optimising discharge pathways through 7-day working and integrated discharge teams, supported by responsive community capacity to avoid unnecessary admission and support discharge without any delay.

Ensure people are seen at the right place, at the right time, including via increasing pathways available to Flow Navigation Centres and community-based alternatives. Detailed guidance will be issued separately to support local improvement plans, with sub-national arrangements supporting system flow and pathway redesign.

4. Expand Hospital at Home as a mainstream model of care

Prioritise expansion, utilisation and consistency of Hospital at Home and alternatives to acute hospital services, reducing variation and enabling more people to receive safe, effective care in the community. Sub-national arrangements should support spread and consistency where appropriate.

5. Support safe and high-quality maternity and neonatal services

Ensure full implementation of HIS Maternity Services inspection actions and deliver the required changes to implement the new networked neonatal intensive care model, so that mothers and babies receive safe, high-quality care in the right place at the right time.

6. **Improve support and services around Mental Health, Neurodiversity and Learning Disability**

Continue stabilising and improving access for all ages through locally agreed plans and improve access to neurodevelopmental supports and assessments.
Strengthen pathways and support across wider mental health services in collaboration with local and national partners, including community-based supports.

7. Accelerate digital access and modernisation

Improve access, communication and care coordination through continued rollout of MyCare.scot and wider digital improvements across hospital, community and primary care, supported through national and sub-national programmes.

8. Become a population health organisation

Using the population health maturity matrix, undertake an assessment and produce a resultant action plan.

DELIVERING THE PRIORITIES

Delivery of these priorities will continue through the established planning and performance systems.

Maximising capacity across national, sub-national and local settings, including theatres, diagnostics and community-based provision, will continue to be taken forward through these arrangements. Further detail on planned care will follow through existing planning channels.

Boards should reflect these priorities in their planning and performance discussions for 2026/27.

Your continued leadership remains essential as we work together to deliver safe, effective and sustainable services for the people of Scotland.

Yours sincerely

Christine McLaughlin
Chief Operating Officer & Deputy Chief Executive, NHS Scotland

Chief Operating Officer, NHS Scotland Directorate
Head of Directorate for Chief Operating Officer, NHS Scotland

E: christine.mclaughlin@gov.scot

Scottish Government
Riaghaltas na h-Alba

To: NHS Board Chief Executives
CC: National Board Chief Executives

13th July 2026

Dear colleagues

In February this year, I wrote to you to set out eight high-level operational priorities for delivery in 2026/27, providing clarity over the pre-election period. Now that the first quarter of the year has concluded and the election has taken place, this letter sets out more detail on the expectations regarding delivery of these priorities for the remainder of 2026/27.

The First Minister's 100-day commitments have now been published. A number of these commitments align with, and build upon, the priorities established in February. Annex A sets out those that relate to Health and Care and where there are specific asks of NHS Boards.

Reduce the longest waits for planned care

Continue to reduce waiting times across planned care, with a particular focus on eliminating waits over 52 weeks as quickly as possible within this calendar year. In order to achieve this goal it is not expected that there will be any increase in the number of patients waiting beyond this threshold. Progress will be assessed using PHS-published data and monitored against agreed trajectories.

Continue to improve cancer waiting times. Boards should deliver and sustain performance at or above 95% against the 31 day standard and achieve month-on-month improvement against the 62 day standard, with the goal of reaching at least 80% performance against the 62 day standard by March 2027. Progress will be assessed using PHS-published data and monitored against agreed trajectories.

Increase productivity across elective and diagnostic services

Increase productivity across elective and diagnostic services through improved utilisation of workforce, theatre, diagnostic, and treatment capacity. Boards should optimise capacity at both local and sub-national level to improve throughput and support timely diagnosis and treatment. This includes expanding community diagnostic access and accelerating interoperable diagnostic and digital infrastructure. Progress will be assessed using new outpatient and inpatient/day case activity data and monitored against agreed trajectories.

Improve flow and performance in unscheduled care

Improve patient flow and performance through local and sub-national redesign of urgent and emergency care pathways. Delivery should take a whole-system approach extending beyond Emergency Departments to minimise delays, reduce avoidable admissions and improve access to flow-based alternatives. Performance will be assessed against the four-hour A&E Standard and supporting indicators, including hospital occupancy levels (with an ambition to reduce these to 85% or below), delayed discharge, average length of stay, ambulance turnaround times (with a maximum of 45 minutes), the expansion and embedding of frailty services and development and embedding of a mental health distress blueprint for support and services.

Expand Hospital at Home as a mainstream model of care

Expand Hospital at Home provision and maximise the use of alternatives to admission, including enhanced flow navigation through models such as FNC+, supported through sub-national arrangements. Progress will be assessed against PHS-published data and agreed trajectories for patients seen on a Hospital at Home pathway, aligned to the 2000 beds by December ambition, alongside overall improvement in urgent and emergency care performance.

Support safe and high-quality maternity and neonatal services

Support safe and high-quality maternity and neonatal services through full implementation of Healthcare Improvement Scotland Maternity Services inspection actions and delivery of the changes required to implement the new networked neonatal intensive care model. This will help ensure that mothers and babies receive safe, high-quality care in the right place and at the right time.

Boards should continue delivery of the priorities outlined in the Miscarriage Framework (DL(2025)02), supported by recurring funding of £1.5 million. In addition, noting that Professor Christine McCourt will undertake an independent review of maternity services in Scotland commencing in September 2026, Boards should contribute fully and transparently to the review and support requests for access to staff, service users and relevant data.

Improve support and services around Mental Health, Neurodevelopment and Learning Disability

Continue to improve access to support and services across mental health, neurodevelopment and learning disability pathways. Boards should maintain delivery of the CAMHS standard, ensuring 90% of patients are seen within 18 weeks, improve access to neurodevelopmental supports and assessments, and work with partners to strengthen community-based mental health services

Boards should also develop plans to eliminate the longest waits (over 52 weeks) for Psychological Therapies and demonstrate measurable progress against these plans. Continued focus is required on reducing delayed discharge for people with mental health conditions, learning disabilities and those subject to Adults with Incapacity processes.

Accelerate digital access and modernisation

Accelerate digital access and service modernisation. Improve access, communication and care coordination through continued rollout of MyCare.scot, supporting the Digital Prescribing and Dispensing Pathways programme, planning for major IT infrastructure changes (such as Business Systems, PACs replacement and the future National IT Contract) and wider digital transformation across hospital, community and primary care settings, supported through national and sub-national programmes.

Become a population health organisation

Using the population health maturity matrix in order to assess progress and produce a resultant action plan. Progress should be made on PHF priorities on tackling obesity and prevention focused system work on vaccination, screening, tackling alcohol and drugs harms and anti-racism. It is fully expected that the outcome of this will inform both delivery of the above, but also future reform activity at a local, regional and national level.

In delivering these priorities and commitments, Boards are expected to work collaboratively within the sub-national planning and delivery context and in support of the Population Health and Service Renewal Frameworks.

Progress against these priorities will form the basis for the forthcoming round of mid-year reviews for territorial Boards and my team will be in touch shortly to begin to arrange the dates for these. Whilst National Boards are expected to support territorial Boards in delivery against these operational priorities, agreement of specific priorities and associated oversight for National Boards will continue via existing Sponsorship arrangements

I would like to take this opportunity to thank you for your continued leadership, commitment and support in delivering improved outcomes for the people of Scotland.

Christine McLaughlin
Chief Operating Officer & Deputy Chief Executive, NHS Scotland

Appendix A – 100 Days Health & Social Care Commitments

Commitments requiring NHS Board delivery

#	Commitment	Ask of NHS Boards
1	GP walk-in centres	Respond to SG call with full delivery plans including timelines, workforce, estate dependencies, costs and risks, and provide ongoing assurance updates.
2	Reduce waiting times (50,000)	Deliver agreed activity and procedures within funding envelope, maintain throughput and report regularly on performance and risks.
3	National hospital flow plan	Engage fully in co-production, providing data, constraints and operational insight to shape a deliverable national plan.
4	Heart & lung health MOTs	Support delivery through primary care and ensure capacity for follow-on diagnostics and treatment pathways.
5	Community audiology plan	Participate in needs assessment and co-design, providing service insight and supporting implementation planning.
10	Maternity review	Enable engagement with staff and patients and provide local insight to support the review process.
11	IVF review	Provide modelling, data and service insight including capacity considerations.
13	Midwifery apprenticeship	Nominate representatives and provide input on feasibility and workforce planning, particularly for rural services.

Scottish Government only commitments

#	Commitment	Ask of NHS Boards
6	World Cup Fund	None
7	Bowel screening proposal	None
8	Vape consultation	None
9	Neurodevelopmental pathway	None
12	Displaced workers scheme	None

NHS Forth Valley

Tuesday, 25 August 2026

Forth Valley NHS Board

11. Annual Report Summary 2025 – 26

Purpose: This report is for Assurance

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Elsbeth Campbell, Head of Communications

Executive Summary

The Annual Report Summary provides a short overview of key service developments and achievements along with examples of service activity and performance during 2025/26. This is available online, with hard copies available on request. Copies are also shared at the Board's Annual Review meeting.

Action Required

The Forth Valley NHS Board is asked to:

(1) Note the Annual Report Summary, which covers the period 1 April 2025 – 31 March 2026, and provides a brief summary of key developments, research and innovation projects as well as achievements during this 12-month period.

(2) Note more detailed information on finance and performance is available on the NHS Forth Valley and Public Health Scotland websites.

(3) Agrees that it is assured that 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 content and format of the Annual Report Summary reflects feedback from previous Board and Senior Leadership Team meetings. The information included has been previously shared and approved by relevant service and professional leads.

Risk Assessment and Mitigation

There are no associated risks.

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 implications as the Annual Report Summary is produced and published online. Small numbers of printed copies can also be printed, as required, for key meetings, including the Board's Annual Performance Review Meeting for 2025/26.

Workforce Implications
The Annual Report Summary highlights key developments taken forward by a wide range of staff across the organisation and also includes details of staff awards and achievements during the 12-month period

Quality / Patient Care Implications
The Annual Report Summary provides details of a wide range of service developments to improve patient care and treatment as well as a number of new plans designed to improve patient care and experience.

Population Health & Care Strategy
The Annual Report Summary highlights the launch of the Board's Population Health & Care Strategy and work to take forward a Value Based Health and Care approach to service design and delivery across the organisation.

Climate Change / Sustainability Implications
The production of an online summary report has reduced the cost and potential waste associated with previous printed reports. The Annual Report summary also highlights examples of environmental initiatives underway to support the delivery of NHS Scotland's net-zero targets.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices
Appendix 1 – Annual Report Summary 2025/26

ANNUAL REPORT

A summary of key developments, activity and performance

2025
2026

Welcome from Chair and Chief Executive

This has been an exciting year as we launched our vision for the next decade in our new Population Health and Care Strategy. This sets out our ambitious plans to transform the way healthcare is delivered across Forth Valley to help people live longer, healthier lives. We aim to achieve this by focussing on the issues you told us mattered most to you - preventing people from becoming unwell rather than just treating illness, working with partners to tackle some of the wider issues that affect health and delivering more services in local communities rather than hospitals.

Throughout the year we continued our journey to further strengthen local leadership, culture and governance. This was supported by the ongoing work of our Culture Change and Compassionate Leadership Programme, investment in senior clinical roles to enhance professional leadership and work to ensure we manage our resources effectively to deliver best care and outcomes for our patients.

Alongside this work, local staff took forward a wide range of developments across community and hospital-based services. These included the creation of a new Frailty Unit, the expansion of our much-praised Hospital at Home service and additional support for people living with cancer.

We also launched a new Anti-Racism Plan which sets out the Board's clear commitment to tackle racism and all forms of discrimination. The plan, which was developed in partnership with our Ethnic Diversity Staff Network, aims to address health inequalities in our diverse communities, by providing care and services that are inclusive and person centred as well as ensuring staff feel valued, respected and safe.

The achievements of local staff were also recognised during the year with a number of prestigious awards which are highlighted in this report.

We are committed to working with you to deliver the goals set out in our new Strategy and the wider programme of reform across NHS Scotland to help build a healthier, more equitable future.

Thank you for your continuing support.

Neena Mahal
Chair

Ross McGuffie
Chief Executive

Board Members

NHS Forth Valley is managed by a Board of Executive and non-Executive Directors who are accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. The overall purpose of the Board is to provide strategic leadership, direction and governance, focussing on key plans and priorities which:

- Improve and protect the health of local people
- Improve local health services and the experience of those who use them
- Improve health outcomes, working with a wide range of partner organisations

The Board holds meetings every two months at our Board Headquarters in Stirling. Members of the public are welcome to attend and observe the meetings, in person or online. Details of the Board members for 2025/26 are listed below.

Non-Executive Members

Neena Mahal (Chair)
Allan Rennie (Vice Chair)
Martin Fairbairn
Gordon Johnston
Stephen McAllister
John Stuart
Prof Clare McKenzie (from 21 July 2025)
Alison Jaap (from 21 July 2025)
Finlay Scott (from 21 July 2025)

Local Authority Representatives

Falkirk Council - Cllr Fiona Collie
Clackmannanshire Council - Cllr Fiona Law
Stirling Council - Cllr Scott Farmer

Advisory Forum Chairs / Employee Director

Kirstin Cassells, Lead Pharmacist - Community Pharmacy, Public Health and Integrated Services
Karren Morrison, Employee Director

Executive Members

Ross McGuffie, Chief Executive
Prof Karen Goudie, Executive Nurse Director
Dr Jennifer Champion, Director of Public Health
Andrew Murray, Medical Director
Scott Urquhart, Director of Finance

At a Glance

6,524

Staff
(whole time equivalent)

£1 billion

Annual Budget

306,000

Population Served

(approx)

2,739

Babies Born

66,805

Emergency Department Attendances

21,888

Minor Injuries Unit Attendances

806,077

Outpatient Appointments
(new and return)

20,516

Operations Carried Out

1,849

Cataract Operations Performed

At a Glance

42,139

Primary Immunisations Delivered by 12 months of age

314,606

Samples Collected by our Microbiology Laboratory

202,229

Radiology Scans Carried Out

100,894

Adult Covid-19 and Flu Vaccinations Delivered

930,915

Inpatient Pharmacy Prescriptions Issued

68,315

Contacts with our Health Visiting Teams

15,793

Contacts with our School Nursing Teams

33,087

Contacts with our AHP Community Inpatient Services

Service Developments

New Frailty Unit

A new 23-bed Frailty Unit opened within the Acute Assessment Unit at Forth Valley Royal Hospital at the end of May 2025 to provide specialist care for frail older people. Through early identification and screening, staff can develop tailored treatment plans, helping to slow or even reverse the progression of frailty and achieve better long-term outcomes.

Early results are very positive with people being supported to achieve individual goals and remain as active and independent as possible.

Expanding Pharmacy First Plus Service

The Pharmacy First Plus service, which enables local people to access expert advice and treatment, including certain prescribed medicines, was expanded.

Available in 39 pharmacies across the Forth Valley area, the service supports the management of a wide range of common health conditions, helping to reduce pressure on GP practices and improve access to care closer to home.

Investing in Hospital at Home Service

The Scottish Government announced plans for additional investment to expand Hospital at Home services across Scotland, including an additional £4.4m for NHS Forth Valley.

Hospital at Home provides short-term hospital-level care direct to people in their own homes to prevent hospital admissions or support early discharge. The announcement was made during a visit by First Minister John Swinney to NHS Forth Valley's Hospital at Home service's staff base at Falkirk Community Hospital.

The additional funding will be used to expand the existing Hospital at Home service as well as develop local heart failure, respiratory and Outpatient Parenteral Antimicrobial Therapy (OPAT) services to help more people remain at home and still access the specialist care they require.

Service Developments

Delivering More Care in Local Communities

The majority of healthcare is delivered in local communities by GP Practice and dental teams, pharmacists and opticians. This has been supported with investment to expand multidisciplinary teams and deliver more drug therapies and other treatments in the community.

Efforts to prevent people from becoming unwell have advanced with increased uptake of health checks and initiatives designed to prevent heart attacks and stroke. Dental services across the area have stabilised, with improved recruitment and new eye care services are improving access closer to home.

Reducing Waiting Times

Additional operations and outpatient clinics were carried out to reduce waiting times for local patients as well as support patients from other NHS Boards. This included providing access to local one-stop breast clinics and carrying out assessment and treatment for patients with skin cancer.

While work continues to address the remaining outstanding issues linked to the construction of the new National Treatment Centre ward, a temporary NTC service was established within an existing ward in Forth Valley Royal Hospital to provide orthopaedic treatment to patients from across Scotland.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.

Introducing Robotic Assisted Surgery

Following the approval of a business case to introduce robotic assisted surgery in NHS Forth Valley, a new robotic system was installed in Forth Valley Royal Hospital at the end of March 2026.

The state-of-the-art technology enables surgeons to operate with enhanced precision, control and a highly magnified three-dimensional view, supporting improved outcomes for patients, including those undergoing treatment for cancer.

Evidence shows this approach can lead to reduced blood loss, fewer complications and improved preservation of healthy tissue. For patients, this may result in less post-operative pain, shorter hospital stays and a quicker return to normal daily activities.

Improving Cancer Care and Support

Dedicated Advice and Support

An innovative Single Point of Contact (SPOC) service, first trialled locally, has now been expanded across Scotland to provide dedicated support for people with cancer. The service offers patients a consistent point of contact for advice on appointments, tests and treatment, helping to reduce anxiety and improve access to care.

New Rapid Cancer Diagnostic Service

A new Rapid Cancer Diagnostic Service was launched in May 2025 to support earlier diagnosis for patients with non-specific symptoms. The service provides faster access to assessment and testing, helping to rule out cancer quickly or ensure timely treatment, where needed.

Improving the Cancer Journey

A new integrated health and social care service offering emotional, practical and financial support to people living with cancer and their families was launched across Forth Valley as part of a national programme.

Funded by Macmillan Cancer Support and the Scottish Government, the Improving the Cancer Journey approach aims to create a single, coordinated pathway to help people live as well as possible with and beyond cancer.

Speeding up Lung Cancer Diagnosis

A new Rapid On Site Evaluation (ROSE) service has been introduced to improve the speed and accuracy of lung cancer diagnosis at Forth Valley Royal Hospital. Delivered through a collaboration between local respiratory and pathology teams, the service enables real-time assessment of samples during diagnostic procedures, ensuring high-quality results and reducing the need for repeat tests.

Research and Innovation

NHS Forth Valley staff continued to support a wide range of research projects and clinical trials across a range of areas. These include lung cancer, cardiology and dementia. Further information on research, including current clinical trials, can be found on the NHS Forth Valley website.

European first for lung cancer trial

NHS Forth Valley's Research and Development Unit became the first in Europe to open a new clinical trial for advanced and recurrent lung cancer. The study is testing a novel immunotherapy treatment, offering new hope for patients with limited options.

Led by Dr Nicola Steele and a multidisciplinary team, the trial marks a significant step forward in delivering innovative, research-led care.

Innovative treatment for psoriatic arthritis

A new clinical trial to provide patients with access to an innovative treatment for psoriatic arthritis was launched during the year. Led by the Rheumatology team, the study is evaluating a new drug designed to reduce joint pain and improve disease control.

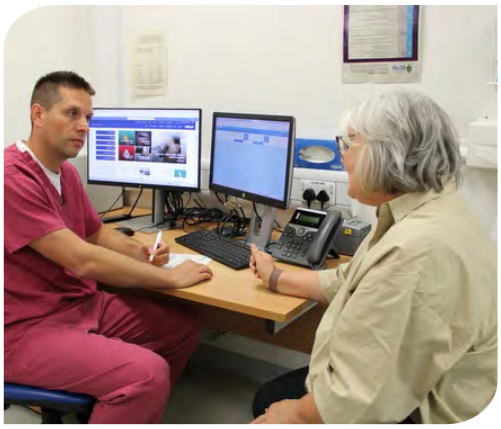
The trial highlights the Health Board's ongoing commitment to expanding access to research and developing new treatments to improve patient outcomes.

New Collaboration with World's Top Nursing School

The University of Stirling and NHS Forth Valley began a new collaboration with the University of Pennsylvania's School of Nursing began in October 2025.

Penn Nursing is one of the leading schools for nursing and innovation in the world and it is hoped that this new partnership will help drive forward further innovative work to improve patient care, address healthcare challenges and enhance the profession of nursing.

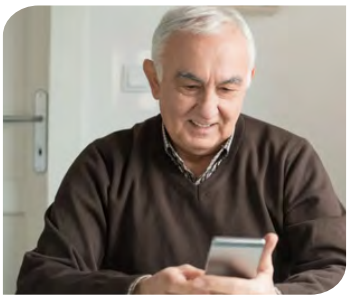
Speeding Up Assessment for Breast Lumps



Research led by the University of Stirling has found that a breast lump assessment pathway piloted by NHS Forth Valley can ease pressure on GP practices and prevent delays in diagnosis.

It enables people who find a lump in their breast to be referred direct to a specialist breast clinic at Forth Valley Royal Hospital without the need for an initial GP appointment. NHS Forth Valley has now implemented the streamlined pathway across all GP practices in the health board area.

Joining Forces to Improve Dementia Care



NHS Forth Valley joined the £2 million CONSOLIDATE network, a three-year project focused on improving quality of life and supporting independent living for people with dementia.

Bringing together NHS Boards, universities and partners, the initiative explores how technology can support social, mental and physical wellbeing as well as develop accessible, innovative solutions for dementia care.

Addressing Healthcare Challenges

Research from the University of Greenwich highlights how simulation is being used to explore difficult issues and address complex healthcare challenges.

The article *From Escalation to Emergence: NHS Forth Valley and the Quiet Power of Transformative Simulation*, which was published in the BMJ Leader, describes how NHS Forth Valley uses simulation not only as a clinical training technique, but also as a leadership and learning tool.

Advancing Cardiology Care

A new National Specialty Cardiology Advanced Practice Framework was launched following a collaboration between NHS Education for Scotland and NHS Boards across the country.

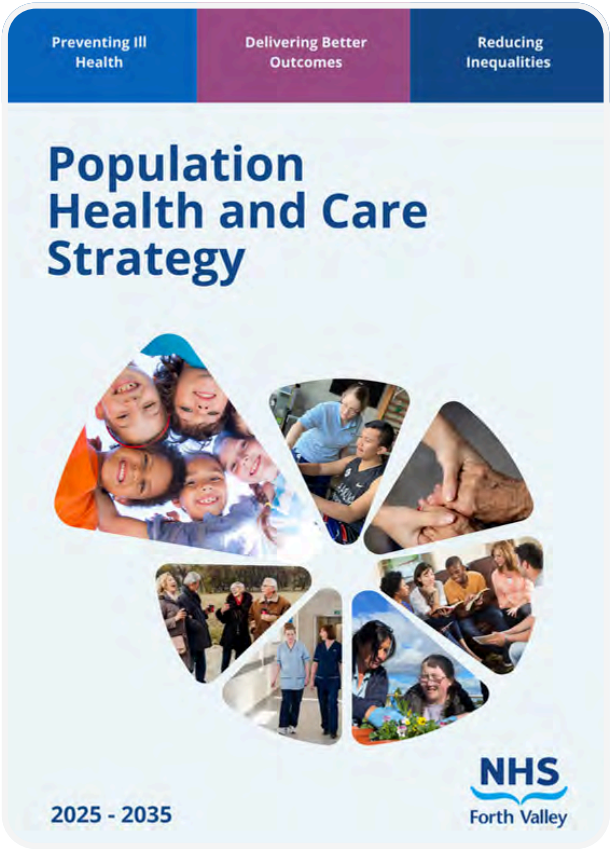
Delivery of this innovative framework was led by Leeanne Macklin, Senior Cardiology Advanced Clinical Nurse Specialist in NHS Forth Valley.

With cardiovascular disease continuing to be one of the leading causes of illness and death in Scotland, the new framework aims to equip nurses with the knowledge, skills and expertise necessary to care for patients with complex cardiovascular conditions.

Setting out our Vision for the Future

Following extensive engagement with local patients, staff and partners, NHS Forth Valley unveiled a new 10-year Population Health and Care Strategy in October 2025.

This sets out the Board's long-term vision, aims and ambitions to help everyone lead longer, healthier lives. At its core, the Strategy aims to shift the focus from treating illness to preventing it – placing greater emphasis on early support, local services and working with partners to tackle some of the wider issues that influence health.



Key Priorities

- Prevent people from becoming unwell
- Work with others to reduce health inequalities
- Provide more care, services and support closer to home
- Achieve the best value and outcomes from the funding available
- Support and grow our workforce

You can find out more about the Strategy on the NHS Forth Valley website

Making the Best Use of our Resources

The delivery of the new Healthcare Strategy will be underpinned by a Value Based Health and Care approach to service planning and delivery.

This approach ensures we make the best use of the resources available to improve the health of all local people. It involves focussing on the services and activities that are the most beneficial and deliver the best outcomes while reducing or stopping those which do not add value.

A new Value Based Health and Care Collaborative was launched in January 2026 to help take forward this approach across a number of local service areas. Teams within these areas are being supported to test new ideas and focus on the outcomes that matter most to local patients, families and staff.

Key Plans and Priorities

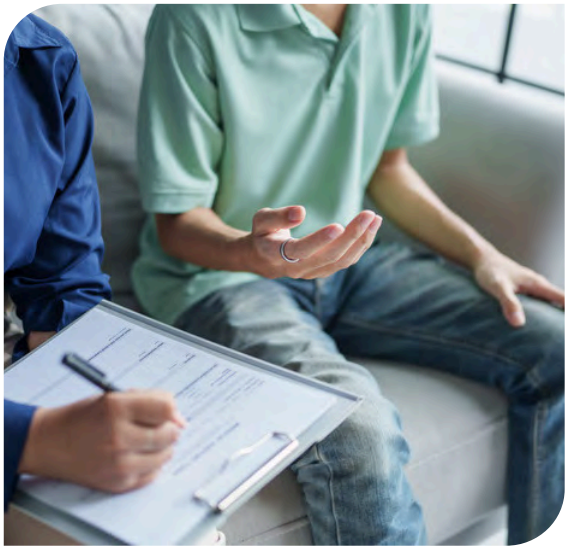
Tackling Racism

A new Anti-Racism Plan sets out the Board's clear commitment to identify and challenge racism, and promote equality, dignity and respect for all patients, staff and visitors.

Developed in partnership with the Ethnic Diversity Staff Network, the three-year plan outlines practical actions to create a safe, inclusive and supportive environment across health services.

It focuses on improving access and outcomes, supporting staff wellbeing, strengthening community partnerships and using data to drive change. It also introduces enhanced training, reporting processes and visible leadership to support a zero-tolerance approach to racism and all forms of discrimination.

Improving Mental Health and Wellbeing



A new Mental Health and Wellbeing Strategic Plan was approved by the Board in September 2025. This sets out a ten-year vision to improve mental health and wellbeing across the region and reflects extensive local feedback as well as national priorities.

The Plan looks at the needs of individuals at different stages of their lives - from childhood to adult and older age. It prioritises prevention, timely access and support for complex needs, underpinned by close collaboration across NHS, local councils, community organisations and people with experience of mental health issues.

Increasing Accessibility

A new Equality and Inclusion Strategic Framework (2025 – 2029) was developed with input from staff, community groups and other key stakeholders across Forth Valley. It focuses on improving outcomes in the following six key areas:-

- Improving accessibility
- Increasing awareness and understanding
- Providing more inclusive environments
- Enhancing support for neurodivergent individuals
- Challenging racism and promoting fairness
- Reducing health inequalitities by addressing poverty and other barriers to good health

Celebrating Success

Newborn Hearing Screening Programme

NHS Forth Valley's Newborn Hearing Screening Programme celebrated 20 years of supporting early detection and treatment for babies with hearing loss in 2025. Delivered as a seven-day service, the programme identifies hearing issues within weeks of birth, enabling timely treatment and improved outcomes for children and families.

Since its launch in 2005, around 58,000 babies have been screened across Forth Valley, with approximately 3,000 newborn babies tested each year.

The service supports early diagnosis and provides ongoing multidisciplinary care, including audiology, speech and language therapy and specialist education support.

Early identification has been key to improving speech, language and social development, helping children to thrive at home and in education. Families have highlighted the lasting impact of early diagnosis and ongoing support, helping children grow in confidence and achieve positive outcomes at school and beyond.

Greener Healthcare

A range of more sustainable healthcare initiatives have been introduced across Forth Valley to reduce carbon emissions, cut waste and improve efficiency, as part of a national programme led by Green Healthcare Scotland.

The orthopaedic team at Forth Valley Royal Hospital has implemented a Lean Surgical Trays approach, reducing unnecessary instruments and streamlining processes without compromising patient safety. This has already halved the number of trays used in some procedures, delivered substantial savings and reduced around 1.3 tonnes of CO_2.

Further improvements have included work by the Endoscopy team to reduce single-use plastics, improve waste management and lower energy use.

These developments support more efficient use of resources while maintaining high standards of care, helping to reduce environmental impact and contribute to national climate targets. The approach also demonstrates how sustainability can be embedded into everyday clinical practice, delivering both environmental and financial benefits.

Celebrating Success

Supporting Healthcare Careers

An innovative new healthcare careers programme, delivered in partnership with Falkirk Council and Positive Qualities, was introduced to help young people gain skills, confidence and practical experience.

The 18-week programme combines classroom learning with placements across a range of hospital services, helping participants prepare for roles in healthcare or undertake further training.

Helping Women THRIVE

A THRIVE to Keep Well programme aims to help local women build confidence, improve wellbeing and develop new skills linked to employment, learning and volunteering.

The 16-week programme combined practical workshops and peer support to help participants make positive lifestyle changes and achieve personal goals.

Transforming Children's Communication

A partnership between Speech and Language Therapy services and Alva Primary School has helped create a more inclusive, communication-friendly learning environment.

The approach brings together multidisciplinary expertise and provides staff with the tools and training to support children's communication and wellbeing.

The initiative has improved pupil confidence, reduced anxiety and supported better learning outcomes across the whole school.

Celebrating Success

Neonatal Unit Goes Gold

The Neonatal Unit at Forth Valley Royal Hospital achieved gold accreditation from national baby charity Bliss in recognition of the high standards of care staff provide for premature and sick babies and their families.

The award, which was presented at a special ceremony on 9 October 2025, reflects a strong commitment to supporting parents to be actively involved in their baby's care.

Outstanding Oncology Care

The Oncology team at Forth Valley Royal Hospital received a national award on 28 October 2025 from Myeloma UK in recognition of their outstanding care and support for patients with incurable blood cancer.

The award highlights the team's commitment to personalised, compassionate care and improving quality of life for patients and their families.

Nursing Graduate Success

More than 100 newly qualified nursing graduates from the University of Stirling secured jobs with NHS Forth Valley to help grow the local workforce and support patient care.

Staff across the health board work hard to support student nurses throughout their education and practice placements which is why so many choose to stay in NHS Forth Valley after they graduate.

Work continues with local schools, colleges and universities to help build a skilled and sustainable workforce.

Celebrating Success

National Recognition

Staff and teams from across Forth Valley received four national awards at Scotland's Health Awards in November 2025, recognising excellence in patient care and innovation.

The Children's Speech and Language Therapy team won both the Innovation Award and Tackling Health Inequalities Award, while Charmaine Black, a community learning disability nurse, received the Nurse Award. The prison healthcare team at HMP & YOI Stirling also received the Unsung Heroes Award.

These achievements highlight the dedication, compassion and impact of local staff involved in delivering high-quality care and improving outcome across a diverse range of health services.

Children's Speech and Language Therapy Team

Nurse Award- Charmaine Black

Unsung Heroes Award - Healthcare Team, HMP & YOI Stirling

Inspiring Future Nurses

More than 50 local staff were recognised by student nurses from the University of Stirling for the outstanding support they provided during their clinical placements. The Inspirational Practice Supervisor/Assessor event highlighted the vital role experienced staff play in mentoring and developing the next generation of nurses. It also demonstrates the importance of partnership working and an ongoing commitment to high-quality education, training and patient care.

Performance

83.6%

of patients were waiting less than six weeks for one or more of the eight key diagnostic tests

April 2026

(Target 100% - Scotland 71.7%)

7.39%

Workforce
To reduce sickness absence to 4%

April 2026

(Scotland 6.05%)

93.3%

of patients referred to Child and Adolescent Mental Health Services (CAMHS) started treatment within 18 weeks of referral

April 2026

(Target 90% - Scotland 90.9%)

76.4%

of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment

March 2026

(Target 95% - Scotland 74%)

99.1%

of patients waited less than 31 days for their first cancer treatment from the day where a decision to treat was made

March 2026

(Target 95% - Scotland 94.6%)

31.1%

of patients started their day case or inpatient treatment within 12 weeks of the agreement to treat

March 2026

(Target 100% - Scotland 54.5%)

62.1%

of patients waited less than 12 weeks from referral to a first outpatient appointment

April 2026

(Target - 95% - Scotland 50.5%)

75.8%

of patients started treatment within 18 weeks of being referred for psychological therapy

Feb 2026

(Target - 90% - Scotland 81.1%)

4.6%

did not attend a new outpatient appointment at Forth Valley Royal Hospital

April 2026

www.nhsforthvalley.com

NHS Forth Valley

Tuesday, 25 August 2026

Forth Valley NHS Board

12. GP Walk in Service - Phase 1

Purpose: This report is for Assurance

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Tom Cowan, Head of Strategic Planning and Transformation
Lesley Fulford, Transformation Programme Manager

Executive Summary

As part of the Scottish Government's commitment to deliver a pilot network of walk-in GP centres over the next year, work is underway to establish a new walk-in service at Clackmannanshire Community Health Centre (CCHC).

The expected launch date for the Clackmannanshire service is 30th September 2026. The centre, like all of those planned, will run as a pilot for one year, with any extension subject to successful evaluation and future funding commitments. The Walk-in Centre will open on a phased basis, initially operating two days per week from noon to 6pm, with service hours expanded as additional workforce capacity is secured.

In June 2026, NHS Forth Valley was formally asked by the Scottish Government to submit a second proposal for a walk-in centre. A proposal has now been submitted and will be considered by the Scottish Government alongside bids submitted by other NHS Board across Scotland.

An update on the progress of the CCHC Walk in Centre is attached as *Appendix 1*

Action Required

The Forth Valley NHS Board is asked to:

(1) Note progress with Clackmannanshire Walk in Centre
(2) Note risks and mitigation on Clackmannanshire Walk in Centre
(3) Be assured that appropriate controls are in place to manage the identified risks, support delivery of programme objectives and ensure improvement actions are implemented where required.
(4) Note that a proposal for a second walk in centre in the Falkirk Council area has been submitted to the Scottish Government for consideration. Ongoing dialogue with the Scottish Government will also take place to ensure any future service compliments rather than duplicates current service provision.

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.

- NHS Senior Leadership Team on a weekly basis to keep SLT up to date on progress

Risk Assessment and Mitigation

As indicated within Appendix 1, the model for clinical capacity for the Walk in Centre is a combination of GPs and Advanced Nurse Practitioners (ANPs), with the addition of Healthcare Support Workers (HCSWs).

Whilst some GP capacity has already been secured through the Service Level Agreement model, this will not be initially sufficient to fulfil the planned 8 hours per day, 7 days a week service. Some additional capacity will therefore be through the staff bank and the recruitment of additional GPs and ANPs. The recruitment of 4 GP posts and 8 ANP posts (as well as 3 HCSWs) will allow a flexible workforce to meet the requirements of the pilot project. It should be noted that while the ANP posts are full-time, the 4 GP posts are Whole Time Equivalent. It is anticipated that this is likely to result in between 6 and 8 post holders. These posts are in the process of being advertised.

The identified Risk and Mitigations for the clinical capacity for the Walk in Centre are:

A Risk to the 'go-live' date of 30th September not being met: This is mitigated by the SLA capacity already having been secured, which, along with some staff bank capacity, will allow the service to open on a phased basis. As the recruitment process progresses the service capacity will increase.

Recruitment availability risk: Recruitment is taking place at a time when the Scottish Government's General Practice Core Investment Funding (£531 million investment in General Practice - gov.scot) has stimulated large demand for GPs across Scotland. Opportunities to recruitment ANPs appear more favourable. In the event of any recruitment issues, the service delivery model and its delivery capacity would require to be reviewed and rebalanced to reflect GP/ ANP availability.

Pilot funding recruitment limitations: To reduce recruitment risk, the posts have been advertised as permanent rather than fixed-term appointments linked to the pilot period. Should pilot funding cease, projected workforce requirements within directly managed GP Practices (known as 2C Practices) and ongoing demand across local independently managed GP practices provide potential opportunities for redeployment of GPs. There are also likely to be vacancies due to normal staff turnover to support the redeployment of ANPs, should that be required. The financial implications of this approach will be monitored throughout the pilot by the Director of Finance.

Other Risks:

Site completion: Although the site is secured as available for 'go live', there remains a residual risk associated with completion of required site alterations to clinical areas. This is being actively managed through the site / facilities group to ensure it progresses as planned. Even if the variation requests are not fully completed by the end of August 2026, the GP walk-in centre can still open and operate in areas where required variations have been completed.

Impact Assessments

Equality & Diversity and Fairer Scotland Duty
Does this report require an EQIA or Fairer Scotland Duty Assessment? Yes
If yes, please confirm this is attached. Attached☐ Not required ☒

Potential positive impact on the local population in terms of easier access to primary care services and support.

Financial, Digital and Infrastructure Implications
Funding has been provided by Scottish Government of £4.2M for the resources required to implement this programme of work. This includes General Practitioners, Advanced Nurse Practitioners, Healthcare Support Worker, Receptionist, Security and other resources e.g. signage and consumables.

Workforce Implications
The service provides opportunities for staff to work in a new model of care. However, it is recognised that there are workforce challenges cross primary care and urgent care services, and the aim is to avoid taking from one service to populate another**.**

Quality / Patient Care Implications
Potential positive impact on quality of care and services for urgent primary care presentations.

Population Health & Care Strategy
Clackmannanshire experiences poorer health outcomes than the Scottish average across a number of key indicators, supporting the case for locating the initial pilot service within the area.

Within the Clackmannanshire population 21% are over the age of 65, with 27.8% living in the most deprived areas. The most deprived population has also increased by 3.4% since 2016.

Deaths of population aged 15 to 44 at 154 per 100,000 is higher than the Scotland rate of 112 per 100,000. Anxiety, depression and psychosis prescriptions apply to 23.3% of the population. With drug-related hospital admissions per 100,000 at 285.6 compared to the Scotland rate of 201.8.

The rate of potential preventable hospital admissions is 1909 per 100,000, compared to NHS Forth Valley rate of 1685. Unscheduled/emergency beds days are 81,898 per 100,000 compared to Scotland at 77,702. For Clackmannanshire job density is 0.51 compared to Scotland 0.8.

The Population Health & Care Strategy identifies the wider determinants of health as 40% social and economic factors, 10% physical environment, 30% health behaviours and 20% healthcare. NHS Forth Valley's Public Health Department will be closely involved in evaluating this pilot, alongside the Quality Improvement Team.

The aim of the Walk in Centre, in terms of earliest possible identification of individual health concerns, particularly for patients for whom timely access has been a challenge, or for those who may not be registered with a GP Practice, is consistent with the objectives of NHS Forth Valley's Population Health and Care Strategy.

Climate Change / Sustainability Implications
No significant sustainability implications have been identified. The operational decisions and mitigations described do not materially impact NHS Scotland's climate or sustainability objectives.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

- If yes, please provide details.

Communication plans have been developed to help raise awareness of the new GP walk-in centre across Clackmannanshire.

Appendices
Appendix 1 – Briefing document with details of walk-in centre.

Appendix 1: GP Walk in Centre

Progress Report

Service: GP Walk in Service
Officer: Tom Cowan, Head of Strategic Planning (Falkirk HSCP)/ Head of Primary Care (NHS Forth Valley)
Date: 13 August 2026
Subject: Update on First Phase Progress

Summary

As part of the Scottish Government's commitment to deliver a pilot network of walk-in GP centres over the next year, work is underway to establish a new walk-in service at Clackmannanshire Community Health Centre (CCHC), in Sauchie, Alloa.

The expected launch date for the Clackmannanshire service is 30th September 2026. The centre, like all of those planned, will run as a pilot for one year, with any extension subject to successful evaluation and future funding commitments.

In view of the ongoing recruitment programme, the service will initially open on a phased basis two days per week, with further expansion as clinical capacity increases. The planned initial service will operate on the following basis:

Monday: *Noon - 6pm*
Thursday: *Noon - 6pm*

This approach will allow currently available capacity to be fully utilised, avoid reliance on unconfirmed bank capacity, test systems and processes, monitor security requirements within normal working hours, and assess demand to inform future workforce and service planning.

Further roll-out and expansion will largely be dependent on additional clinical capacity being secured via the recruitment programme (see Risk Section of Cover Report).

Context

In June 2026, NHS Forth Valley was formally asked by the Scottish Government to submit a second proposal for a walk-in centre. This followed the First Minister's announcement on 14 March 2026 to increase the number of GP walk-in clinics to 30 across Scotland, and listed Falkirk as a potential location.

A proposal for a second GP centre in the Falkirk Council area has recently been submitted to the Scottish Government, and this will be considered alongside submissions from other NHS Boards across Scotland.

Aims of Scottish Government GP Walk-in Programme

During the initial pilot phase, the Scottish Government set out the aims of the programme:

- Establish a network of walk-in GP centres to improve access to timely, high-quality urgent primary care. The focus will be on same-day assessment and minor illness treatment for conditions that do not require emergency care, specialist care, or longer-term complex management.
- End the '8am rush' by offering walk-in centres operating 7 days a week, 12:00 to 20:00.
- Preferably hosted within an existing NHS Board or GP estate to minimise setup time and cost.
- Location convenient for patient 'walk-ins' (e.g. good accessibility, areas of high footfall).
- Access to at least the emergency care summary and communicate actions to the usual provider of care.
- Analysis of system flow, risk, benefit and patient experience and wider evaluation capacity built-in from outset.
- Where locally deliverable in terms of cost, workforce and premises and aligned with existing diagnostic strategies, Boards may propose the inclusion of community diagnostic capacity within pilot sites.

Delivery Objectives:

- Improve access to primary care; support early intervention; and deliver care closer to home.
- Enhance patient experience and continuity of care.
- Reduce waiting times and ease pressure on other services.
- Establish and evaluate a primary care training hub.
- Test the feasibility and sustainability of the primary care walk-in centre model.
- To support a reduction in health inequalities.
- To strengthen self-care and better use of community services.
- To work with stakeholders in service design.
- The WIC will also serve as an advanced practice training hub for clinicians, supporting workforce development and sustainability in general practice and the wider PCPI team.

The Forth Valley 'Walk in Centre' Pilot: Clackmannanshire

After receiving the initial bid brief, the Bid Planning Team took account of a full review of available data, which identified a significant case for Clackmannanshire to be recommended as an initial location for the GP Walk in Centre:

a. **Locality Profile:**

- Clackmannanshire, Scotland's smallest mainland council area, has a population of approximately 51,450 (source: SIMD 2020 survey), with 21% aged sixty-five or over - slightly above the national average.
- The area faces significant health inequalities and deprivation, with approximately 14.2% of the population in SIMD decile 1 and another 14.2% in decile 2. Combined, this means around 14,588 people live in the two most deprived deciles.
- Life expectancy is below the Scottish average, and rates of chronic health conditions, mental health issues, and preventable illnesses are high. Smoking

and obesity rates are higher than the national average.
- Demand for out-of-hours care from the FK10 postcode area, which includes Alloa, Tullibody and Sauchie is consistently high.

b. **Primary Care Activity and system pressures:**
- Timely access to urgent primary care remains a challenge for many patients in the Clackmannanshire area.
- All GP Practices across Clackmannanshire participate in the Extended Hours Directed Enhanced Service (DES), which requires GP practices to offer additional consultation time outside core hours. Over the last two quarters, 95% of these additional slots have been used.
- Analysis of weekly GP practice activity data (routine slots, urgent slots, and home visits) by cluster shows that house call rates in Clackmannanshire are significantly higher—approximately 1.8 times higher than the Forth Valley average and 2.1 times higher than those recorded in Stirling City. When operating at maximum capacity, Clackmannanshire GP practices can offer approximately 4,982 primary care appointments per week.
- Demand regularly exceeds capacity in Clackmannanshire, with at least one practice reporting system pressures under the OPEL escalation framework each week.
- Insights from Scottish Government's research suggest potential demand for a walk-in centre in Clackmannanshire of approximately 33,000 appointments per year, as many residents' report difficulty accessing GP appointments during available hours or due to their own availability, with a significant proportion seeking alternative services.

With the Clackmannanshire Community Healthcare Centre (CCHC) being centrally located within Clackmannanshire, with good transport links, with capacity available it was seen as the most appropriate site and setting for the delivery of the Forth Valley Pilot.

Key Characteristics

Who is the service for? The primary target patient population will be residents of Clackmannanshire. Whilst it is focused primarily on the Clackmannanshire Registered Patient population, registration with a GP is not required. In that instance signposting will be available to help unregistered patients find a suitable GP for ongoing care.

***What support will be provided*?** The service will manage acute and urgent presentations suitable for general practice from patients who are unable to access in hours appointments with their Primary Care team. The Walk-in Centre will have access to selected diagnostic services and onward referral pathways where clinically appropriate.

Like the other new GP Walk in Centres being developed across Scotland, this facility is not an emergency treatment centre or minor injuries unit, and any presentations will be subject to assessment upon arrival, with patients being redirected to other services, as appropriate. It is critical that a new initiative like the Walk in Centre

complement existing well-established patient pathways – including Pharmacy First, dentistry, optometry and other specialist services – and do not create confusion or uncertainty for local patients.

How can people access the walk-in service*?** The service will launch on a phased basis, initially on a ***Monday and ***Thursday*** each week from noon until 6pm, gradually increasing towards a 7-day, 12noon-8pm service. Patients can attend the walk-in centre without prior booking or call to arrange a pre-booked appointment. Daily capacity will be actively managed to balance walk-in and urgent telephone assessment appointments.

***How will it link with other services*?** As indicated, it is critical that this new initiative does not compromise well established patient pathways. Staff will identify and address wider health needs where appropriate, including promoting vaccinations and other health check opportunities. This reflects standard GP practice.

New arrangements for Sunday opening pharmacy services in the Clackmannanshire area have also been established to support the local GP Walk in Centre.

***How will we communicate this new service*?** The Planning Group, with agreement from SMT, concluded that early communication of the service could create public confusion, given the range of walk-in service models being developed across Scotland. Communications activity was therefore postponed until there was clarity regarding the local service model and availability.

With these arrangements now confirmed, a detailed communications plan has been developed which will be implemented over the coming weeks to explain the purpose of the service, how it complements existing care pathways, and how residents can access it.

Organisation Considerations

Resources

Scottish Government has committed £4.2M for the one-year pilot programme in Forth Valley. This will cover all resources required to implement this programme of work. There has been no indication of future funding commitments for individual pilot programmes, but a second phase bid process is currently underway (see Cover Report).

Governance Arrangements

NHS Forth Valley retains governance oversight for the establishment and delivery of the Forth Valley Walk in Centre Pilot. As the hosting partnership for Primary Care Services, Falkirk IJB has been delegated responsibility for establishing and operationalising the Walk-in Centre, working closely with Clackmannanshire and Stirling IJB, in relation to the initial pilot in Clackmannanshire as well as their planning and oversight role in relation to local health and care services.

Appendix 1: GP Walk in Centre

Service Delivery Arrangements

The Clackmannanshire Walk in Centre is being managed under a service level agreement with the Alva Medical Practice, and this will ensure delivery arrangements, including work scheduling, of Walk-in centre staff.

The service will operate with clinical delivery from General Practitioners (GPs) and Advanced Nurse Practitioners (ANPs). Health Care Support Workers (HCSWs) will support triage arrangements to ensure that the presentation aligns with the service criteria, and to redirect to other patient pathways or solutions, as required.

A Practice-level Service level arrangement for GP Capacity was offered to Practices, which resulted in the identification of some clinical capacity. These sessions will offer consistency of GP sessions across the year. However, additional GP capacity will be required which will be supplemented with GP bank sessions as well the direct recruitment of salaried GPs by NHS Forth Valley.

The risks and mitigations associated with this approach are outlined in the Risk section of the Cover Report.

Linkage to Primary Care Improvement Plan

The Primary Care Improvement Plans key aims are to refocus the role of the General Practitioner (GP) as expert medical generalists, enabling GPs to do the job they trained to do and deliver better care. In tandem, the contract aims to establish multidisciplinary teams (MDTs) of different healthcare professionals who come together to provide a range of services in communities for those people in need of care.

Memorandum of Understanding (MoU2) reaffirmed the commitment to expanding and enhancing the MDT and placed a focus on three service areas – Vaccination Transformation Programme (VTP), Pharmacotherapy and Community Treatment and Care (CTAC).

Funding to support the implementation of the MoU has been allocated and locally agreed Primary Care Improvement Plans (PCIPs) covering all 31 Integration Authorities in Scotland have been developed and implemented since July 2018.

The new Walk-in centre plans are consistent with the objectives of the PCIP and aligns with one of its key objectives in refocusing GP appropriately and introducing alternative multidisciplinary opportunities for patients who might otherwise have looked to arrange a GP appointment.

Evaluation

On 27 July 2026, the Chief Executive of NHS 24 and Director of Primary Care wrote to all Walk-in centres leads to inform them that NHS 24 is now taking a lead role in co-ordinating operational oversight and programme intelligence. They will work closely with Boards, Health Improvement Scotland (HIS), Public Health Scotland and

Scottish Government Departments to align evaluation findings, operational experience and intelligence to ensure a co-ordinated national approach that contributes to the wider urgent and unscheduled care priorities.

While the national monitoring and evaluation programme will focus on system-wide indicators, local evaluation activity is also being undertaken through the quality improvement team and Public Health, to demonstrate the impact of the Walk in Clinic from a local perspective. Our local team is now linked in to the HIS team to ensure sharing of data and coherence in evaluation approaches.

A range of evaluation and success measures will be used nationally and locally, including:-

- Activity and demand data – who uses the service, including SIMD profile, age, and types of conditions
- Access and responsiveness – time taken to be seen, DNA (Did Not Attend) rates
- Outcomes and safety – proportion returning to a GP within 72 hours, incidents, antibiotic stewardship
- Patient experience – including impact on continuity of care with their registered GP Practice
- Workforce and operational sustainability – staffing levels, staff experience and retention, productivity metrics (e.g., numbers seen per hour)
- Cost-effectiveness
- Wider system impact – reducing system impact and evaluating the impact on existing patient pathways

Further Information

Key contact: Tom Cowan, Head of Strategic Planning and Transformation, *tom.cowan@falkirk.gov.uk*

Further information about the Scottish Government's Walk in GP programme can be found at: https://www.gov.scot/news/delivering-new-gp-walk-in-clinics/

NHS Forth Valley

Forth Valley NHS Board

13. Patient Story - Significant Adverse Event Review
Purpose: This report is for Assurance

Executive Sponsor: Andrew Murray, Medical Director
Author: Ashley Calvert, Head of Clinical Governance

Executive Summary

This paper provides the Board with a brief overview of Significant Adverse Event Reviews (SAERs), their purpose within NHS Forth Valley, and how they support organisational learning, improvement and patient safety.
It is intended to provide context for a patient story being presented to the Board by the mother of a young child whose care was reviewed as an SAER within NHS Forth Valley in 2024/5.

A SAER is a structured review undertaken following an event that has resulted in, or had the potential to result in, significant harm.
The purpose is to understand what happened, how it happened, why it happened and what can be improved.
The process is not intended to apportion blame; it supports a fair, just and learning culture, with a focus on system factors, meaningful involvement of patients and families, and clear actions to reduce the risk of recurrence.

NHS Forth Valley has an improvement programme underway to strengthen the timeliness, quality and governance of adverse event management and SAERs. This includes enhanced use of Safeguard, improved escalation and commissioning processes, strengthened tracking through governance systems, increased reviewer and facilitation capacity, improved patient and family engagement, and further development of learning summaries and shared learning routes.

Action Required

The Forth Valley NHS Board is asked to:

(1) note the content of the paper,
(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 is aligned to the Board's established clinical governance and quality assurance arrangements. Relevant activity is overseen through directorate and HSCP governance structures, Adverse Event Review Groups, the Sharing Intelligence Group, Clinical Governance Working Group, Clinical Governance Committee and Board-level quality and assurance reporting.
The patient story provides an opportunity to connect these formal assurance routes with the lived experience of a family involved in a SAER process.

Risk Assessment and Mitigation
The paper also links this work to two organisational risks: ORG 50, relating to adverse event management, and ORG 51, relating to compliance with the Healthcare Improvement Scotland (HIS) National Framework for Reviewing and Learning from Adverse Events in NHS Scotland.
Both risks are central to the Board's assurance on patient safety, clinical governance and the effectiveness of systems for identifying, escalating, reviewing and sharing learning from harm events.

ORG 50: Adverse event management. Current risk score 15, target risk score 8
Assurance that adverse events are reported, assessed, categorised and escalated consistently, with learning identified and acted upon.
Mitigations:
Policy and procedure alignment with the HIS framework; Safeguard system development; strengthened escalation routes; clearer governance oversight; improved data and reporting arrangements.

ORG 51: SAER Framework compliance. Current risk score 15, target risk score 8
Assurance that SAERs are commissioned, completed, approved and translated into improvement plans within the expectations of the HIS National Framework.
Mitigations:
Improvement programme to strengthen timeliness; fixed-term Corporate Clinical Governance resource; reviewer and facilitation capacity building; timeline tracking; test of change across selected SAERs; strengthened learning summary process and shared learning routes.

Impact Assessments

Equality & Diversity and Fairer Scotland Duty
Does this report require an EQIA or Fairer Scotland Duty Assessment? Choose an item.
If yes, please confirm this is attached. Attached☐ Not required ☒
No EQIA or Fairer Scotland Duty Assessment is required for this briefing paper. Patient and family involvement remains integral to the SAER process and is undertaken compassionately and accessibly.

Financial and Infrastructure Implications
Supported investment has been agreed for additional fixed-term Clinical Governance resource (one year, 4 WTE Band 6 posts) to strengthen SAER facilitation and support delivery of the wider SAER improvement programme. This represents a key financial implication and mitigation, providing dedicated capacity to improve review timeliness, quality, and governance oversight, and to support NHS Forth Valley's aim of meeting HIS timescales for SAER completion.
Digital and infrastructure implications relate to the adverse event reporting system and future transition to Healthcare Guardian/In Phase.

Workforce Implications
SAER delivery places sustained capacity pressures on Corporate Clinical Governance, Health and Safety, lead reviewers and clinical teams.
Additional facilitation capacity, reviewer training and streamlined governance processes are key mitigation.

Quality / Patient Care Implications
The SAER process is central to patient safety, organisational learning and improvement. Timely completion and sharing of learning supports prevention of recurrence and more transparent engagement with patients and families.
The patient story being presented by the mother of a young child whose care was reviewed through SAER provides an important opportunity for the Board to hear directly how adverse events and review processes are experienced by families. This should support reflection on the practical impact of timeliness, openness, communication, compassion and learning.

Population Health & Care Strategy
This work supports the Population Health & Care Strategy through a continued focus on safe, high-quality, person-centred care, realistic medicine, value-based health and care, and system learning.

Climate Change / Sustainability Implications
None identified.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

Statutory engagement is not required for this paper. Communication and engagement are, however, core components of the SAER process. Patients and families are invited to contribute wherever appropriate, their questions inform the terms of reference, and findings are shared in a clear, compassionate and accessible way.
Staff involved in adverse events are also supported throughout the review process.

Appendices

- Appendix 1 – What is an SAER and why it matters
- Appendix 2 – How SAERs are managed within NHS Forth Valley
- Appendix 3 – Improvement work to strengthen timeliness and learning

Appendix 1

What is an SAER and why it matters

A Significant Adverse Event Review (SAER) is a structured review process used where an adverse event has resulted in, or had the potential to result in, significant harm to a person or the organisation.

In NHS Forth Valley, the process supports a consistent, systems-focused and fair approach to understanding what happened and what needs to change.

Purpose of a SAER
To establish the background and sequence of events; identify underlying contributing factors within systems and processes; develop recommendations and improvement actions; and communicate relevant findings and learning with those directly affected and across the organisation.

The SAER process is particularly important because it connects patient and family experience with organisational learning.

The Board's consideration of the patient story should therefore be viewed not as a standalone narrative, but as a lived example of why timely, compassionate and effective adverse event review matters.

Appendix 2

How SAERs are managed within NHS Forth Valley

Stage	What happens	Assurance focus
Report and make safe	Adverse events are reported through Safeguard; immediate actions are taken to ensure safety and consider Duty of Candour.	Timely reporting, clear documentation and immediate risk reduction.
Assess and categorise	Events are reviewed and categorised to determine the appro priate level of review and whether escalation for SAER consideration is required.	Consistency with NHS Forth Valley policy and HIS framework categories.
Escalate and commission	Relevant governance groups consider briefing information and the commissioning group (SIG) determine whether a SAER should be commissioned.	Timely decision-making, clear criteria, and documented rationale.
Undertake review	A lead reviewer and review team gather information, engage with patient/family and staff, analyses contributory factors and draft a report.	Quality of review, compassionate communication a nd fair/just culture.
Approve and share findings	The draft report is fact-checked, approved through appropriate governance routes and findings are shared with those affected	Timely approval, clear plain-English report writing, and family/staff communication
Improvement and learning	Recommendations are translated into improvement plans, tracked through governance systems and learning summaries are shared locally and nationally where appropriate.	Action completion, evidence of impact, organisational learning and reduced recurrence risk

Appendix 3

Improvement work to strengthen timeliness and learning

NHS Forth Valley's improvement programme is focused on strengthening the timeliness, quality and governance of adverse event management and SAERs. The work is intended to support improved compliance with the HIS National Framework and reduce the organisational risk associated with delays in review completion and learning dissemination.

Improvement aim

To strengthen the timeliness, quality and governance of SAER processes so that learning is identified, improvement actions are implemented, and patient safety is improved in line with the HIS National Framework.

Improvement theme	Current / planned action	Expected benefit
Timely reporting and early categorisation	Promote adverse event reporting within one working day and strengthen early impact categorisation within three working days	Earlier visibility of significant events and more timely escalation.
Escalation and commissioning	Refine briefing note, AERG/CRG and SIG processes to support clearer and faster commissioning decisions	Reduced delay between reporting and decision to commission a SAER.
Review capacity and capability	Increase facilitation capacity, cohort of lead reviewers and test across selected SAERs led by senior clinical leaders	Improved review throughput, quality and consistency.
Tracking and governance oversight	Use RAG status, timeline monitoring and governance reporting to identify delays & support escalation.	Clear line of sight from review progress to governance and Board assurance.
Learning summaries and spread	learning summaries following completed reviews; shared through relevant governance routes, both local and national Community of Practice.	Timelier dissemination of learning and stronger evidence that learning is acted upon
Patient/family and staff support	Strengthen compassionate communication, involvement and support for those affected by adverse events and SAERs	More person-centred review experience and improved trust, transparency and learning.

NHS Forth Valley

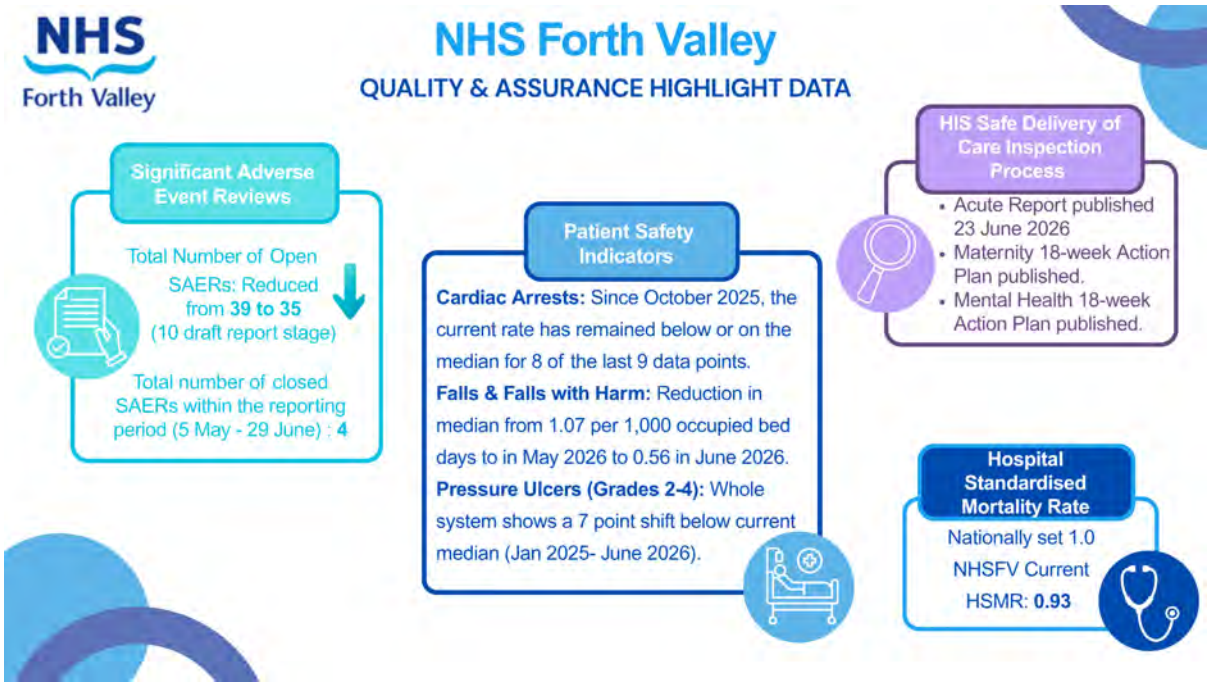
Forth Valley NHS Board

14. Quality, Assurance and Improvement Report
Purpose: This report is for Assurance

Executive Sponsor: Andrew Murray, Medical Director & Karen Goudie, Executive Nurse Director
Authors: Wendy Nimmo, Interim Head of Efficiency, Improvement and Innovation & Ashley Calvert, Head of Clinical Governance

Executive Summary

This Quality and Assurance Report provides an overview of NHS Forth Valley's current position in relation to key areas of Quality and Safety performance.



The appendices provide further detail on the following key areas and has been reviewed by the Clinical Governance Committee (CGC):

- Healthcare Improvement Scotland – Unannounced Inspection Process
- Safety Steering Group
- Hospital Standardised Mortality Rate
- Significant Adverse Event Reviews
- Patient Safety Indicators

Review by the Clinical Governance Committee on 7 July 2026, identified areas of significant progress across these areas and the Committee also sought assurance regarding areas of risk. Specific feedback from the CGC is below.

- Inconsistency of report layout impedes clarity
- Identifying the improvements and timelines for delivery in each area is needed
- Ensure better balance between data and narrative in each report

- A discussion was also had on visibility of HIS improvement work which is contained within this report as a standing item and whether it should be in a standalone report
- Organogram to demonstrate the relationship between assurance processes and improvement programmes, in this area that is between the CGC and Quality Programme Board, and the various subgroups

A previous iteration of System Assurance Report to Clinical Governance had headings that set out the key points and brought consistency to those reports and that will be trialled in the next version of this report's appendices to see if it helps improve the clarity of the information. An organogram has been completed and is included in this report.

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) review the suggested changes by the Clinical Governance Committee.
(3) review the proposed next steps for development of the Safety, Quality and Experience Plan and launch of a Safer Together 2.0 Collaborative.
(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.
- Discussions undertaken on detail within paper at Clinical Governance Committee and Clinical Governance Working Group.

Risk Assessment and Mitigation
There is currently one organisational risk relating to Significant Adverse Event Reviews (SAER) – ORG 51: SAER Framework. This risk has recently been escalated from departmental to organisational level to strengthen oversight and collaboration and support its reduction to an acceptable level. It is currently assessed as high (score 15), with a target rating of medium (score 8).

A comprehensive improvement programme is underway. Initial actions to strengthen adverse event reporting and management have been implemented, and additional fixed-term resource has been successfully recruited to support SAER activity and address the backlog,

In parallel, a test of change is being undertaken across three SAERs, led by senior clinical leaders, to assess the impact on quality of SAER if a more rapid review was undertaken. The output of this small test will be reviewed at Sharing intelligence Group where SAERs are commissioned.

Collectively, these actions provide assurance that appropriate controls and oversight remain in place while further risk reduction measures are progressed.

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 financial implications associated with the fixed-term Band 6 posts (x4), with funding agreed through SLT, to support clearance of the current SAER backlog.

Infrastructure implications may arise from the adverse event reporting system used by NHS Forth Valley and its planned replacement with Healthcare Guardian (InPhase).

Work continues to explore the opportunity to stabilise the workforce within the patient relations team, recognising that several posts are currently on a temporary basis.

Workforce Implications

The ongoing SAER challenges continue to have workforce implications, with sustained capacity pressures across Corporate Clinical Governance. Agreed fixed-term recruitment within Corporate Clinical Governance to support improved timeliness of SAER review processes has been completed.

Quality / Patient Care Implications

NHS Forth Valley's participates in the Scottish Patient Safety Programmes (SPSP) for Mental Health, Adults in Hospital and Medicines Management. These have strategic, operational, and governance implications and align with national safety priorities. They integrate into existing local governance and improvement structures through the Quality and Safety Steering Groups.

The Safety Steering Group, aligned to the refreshed Patient Safety Indicator Subgroups (e.g. Deteriorating Patient), has now convened and commenced formal reporting to the Quality Programme Board and Clinical Governance Working Group.

Work is underway to finalise the progress of the NHS Forth Valley Quality, Safety and Experience Plan and to identify the improvement priorities that will underpin Safer Together 2.0. The CGC requested further work be done to set out the governance and engagement touch points with the Board for both of these priorities.

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 implications.

Engagement and Communications

Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices

Appendix 1 - (Quality Assurance) Healthcare Improvement Scotland – Unannounced Inspection Process
Appendix 2 - Safety Steering Group
Appendix 3 - Hospital Standardised Mortality Rate
Appendix 4 - Significant Adverse Event Reviews
Appendix 5 - (Improving Quality) Patient Safety Indicator

Appendix 1- (Quality Assurance) Healthcare Improvement Scotland Unannounced Inspection Process

An update to the Safe Delivery of Care Inspection Methodology was received by NHS Forth Valley on the 9 July 2026. Healthcare Improvement Scotland NHS Inspection Team advised the methodologies for the inspection programmes relating to Acute hospital inspection, Adult mental health inspection and Maternity inspection have been reviewed and updated. As of May 2026, follow up activity will now take place at two intervals:

- Approximately 18 weeks following publication of the inspection report.
- 12 months following publication of the inspection report.

This update is now reflected in the HIS pathway position figures below.

In relation to Maternity inspections carried out prior to May 2026, contact will be undertaken with all NHS boards who have already undergone a maternity inspection at 12 months post publication to invite submission of an additional updated improvement action plan for publication on the Healthcare Improvement Scotland website.

Acute Services
The Acute HIS Safe Delivery of Care (SDOC) Oversight Group continues to demonstrate good progress against the Healthcare Improvement Scotland inspection requirements. Governance and assurance arrangements are now established across all workstreams, supported by Safety Huddles, Care Assurance Visits, Environmental Walk Rounds, routine audit activity and formal committee oversight.

Progress is being made across all improvement actions, particularly in relation to fire safety, infection prevention and control, medicines management, contingency bed governance and workforce capability. While all milestones remain rated Amber, this reflects the need to further embed and sustain improvements and strengthen evidence of compliance.

The programme remains on a positive trajectory, with improved oversight, increased accountability and strengthening assurance arrangements across Acute Services. The focus for the next period will be on sustaining improvements, reducing variation in practice and continuing to build assurance that improvements are embedded into routine operational delivery.

Figure 1, Acute Services HIS Inspection Pathway Position

Maternity Services
Since the inspection, there has been clear and demonstrable progress in addressing all recommendations and requirements, reducing previously identified risks across Women and Children's Services. This progress has been enabled by strengthened

governance arrangements, clearer lines of accountability, and more robust systems for quality and safety oversight.

A coordinated programme of improvement has delivered measurable progress in key risk areas, including maternity triage, staffing oversight, training compliance, escalation processes, and adverse event governance. These changes, supported by improved data, staff engagement, and alignment with national standards, have mitigated several areas of concern and are contributing to a sustained trajectory of improvement.

Residual risks remain in a small number of areas where actions are not yet fully complete; however, these are clearly defined, risk-assessed, and subject to active management through established governance and risk escalation processes.

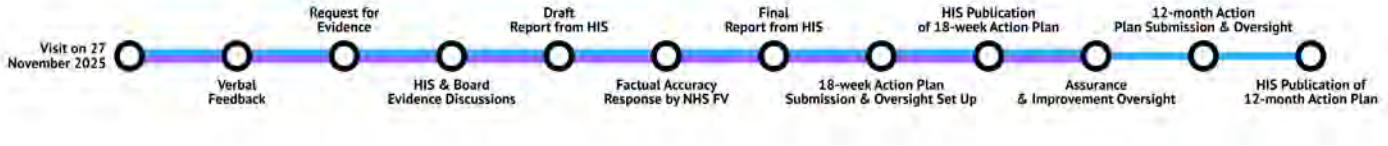


Figure 2, Maternity Services HIS Inspection Pathway Position

Mental Health Services

To provide oversight and assurance to the Board, this is an updated position and progress of the Safe Delivery of Care Inspection for the Adult Mental Health inpatient assessment area. The Mental Health HIS Improvement Plan is progressing with Board requirement completion, in preparation for requested post 18 week update position to be submitted on the 7 September 2026. The co-ordinated programme of improvements has delivered completion of requirements in key areas: workforce governance and oversight, mandatory training compliance, governance approval and oversight of policies and procedures, effective IPC oversight and compliance with national guidance, ligature risk assessments and adverse event governance. The programme group approach to delivery of improvements incorporates clear accountability to Mental Health Oversight group, with formal reporting to the NHS Forth Valley Clinical Governance Committee. Where necessary and appropriate, updates may also be escalated to the Executive Leadership Team, especially for risks reported through the corporate risk register.

The current action plan completion is 91%. There are three identified barriers to full completion of the plan, with risks identified and mitigations in place:

1. Delay to completion of Mental Health Built Environment quality & Safety Assessment Toolkit
2. Delay to the completion of comprehensive review of evidence relating to Mental Health ward provision
3. Availability of face-to-face Basic Life Support Training

Points 1 and 2 above are tracking for completion for the September 2026 update, which is a revised timeframe. Point 3, Basic Life Support face to face training, is progressing but there is a risk that the 95% target for completion will not meet timescales for September 2026. This has been escalated to the Executive Leadership Team and remedial action is in progress. All areas of risk and programme drift have clearly assigned owner, controls and mitigations.

Figure 3, Mental Health Services HIS Inspection Pathway Position

Appendix 2 - Safety Steering Group

The purpose of the group is to provide strategic oversight of patient safety across NHS Forth Valley, informed by measurement and monitoring of harm, reliability of safety-critical processes, anticipation of future risk and integration of learning for continuous improvement.

Overall, there is reasonable assurance that core patient safety systems are in place and functioning, with positive performance noted in falls prevention, cardiac arrest management and complaints handling. However, variation remains across several safety-critical areas, particularly deterioration management, medicines safety, transitions of care and selected maternity outcomes, where further improvement is required to achieve consistently reliable delivery of safe, effective and person-centred care. Falls, pressure injury and cardiac arrest indicators are described as broadly stable, although recent increases in falls with harm, hospital-acquired pressure ulcers and gaps in treatment escalation planning require ongoing monitoring and targeted improvement activity. The most significant cross-system risk relates to recognition and escalation of deteriorating patients, with NEWS and PEWS escalation compliance remaining below the desired standard across acute, community and emergency care settings. This highlights the need to improve reliability of escalation practice, strengthen senior oversight and progress implementation of electronic observation systems.

Medicines safety and transitions of care remain areas of limited assurance as we are currently understanding the data. Medicines incidents require further thematic review to identify emerging risks and support targeted learning, while admission, transfer and discharge incidents have increased since late 2025, requiring focused review of pathway reliability, documentation, communication, handover and discharge planning. Within maternity services, the report highlights continued scrutiny of Apgar scores below 7 at 5 minutes, OASI/perineal tear rates and post-partum haemorrhage. PPH activity includes thematic analysis, driver diagram development and benchmarking against the All-Wales PPH Guideline, with improvement actions focused on early recognition, escalation, care bundle compliance, multidisciplinary simulation and ongoing SPC monitoring.

Care Assurance provides substantial assurance overall, with 31 Care Assurance Visits undertaken between March and June 2026 and 88% of assurance assessments achieving either Substantial or Reasonable Assurance. No areas received a No Assurance rating, although targeted improvement remains focused on documentation, medicines management, IPC compliance, deteriorating patient processes and workforce resilience. Patient experience reporting demonstrates improvement in complaints performance, with 460 complaints investigated during April to May 2026 and 82.8% responded to within the 20-working-day target; however, complaint volumes increased by 21.4%, and key themes remain concentrated around medication/prescribing, waiting times, clinical records and coordination of care. Care Opinion is being developed as a core source of real-time patient experience intelligence, supported by a Standard Operating Procedure and dashboard to enable triage, escalation, thematic learning and triangulation with complaints, adverse events and Care Assurance findings.

The key priorities are to improve reliability of NEWS, PEWS and escalation processes; strengthen anticipatory care planning and Treatment Escalation Plans; reduce variation in medicines safety and transitions of care; continue targeted pressure injury and falls prevention activity; improve maternity outcomes through focused review of Apgar scores, OASI and emergency caesarean section activity; and strengthen organisational learning through SPC monitoring, dashboards and governance oversight. Overall, the report supports reasonable assurance, recognising that safety systems are established and functioning, but further work is required to reduce variation, improve data understanding and support directorates to deliver more consistent improvement actions

All directorates have begun to formally report at the Safety Steering group meeting, and reporting is underway for the Quality, Safety and Experience Programme Board Summarising the level of assurance and improvement activity.

Appendix 3 – Hospital Standardised Mortality Rate (HSMR)

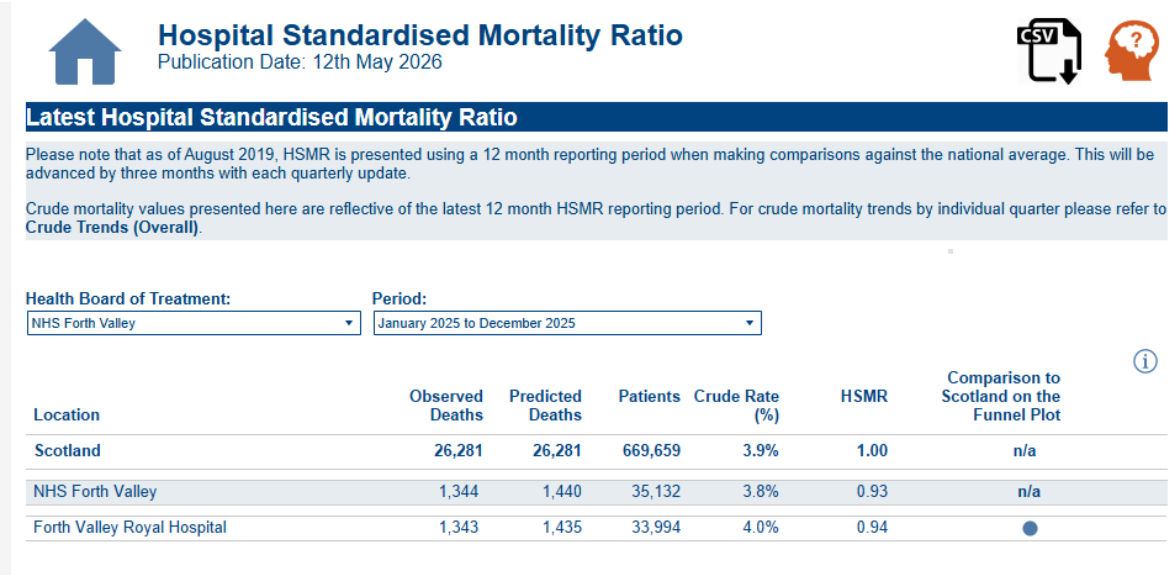
Overview and Importance of Monitoring

Hospital Standardised Mortality Rate (HSMR) is a key indicator of quality and safety within acute hospital care and is monitored routinely as part of the quarterly reporting arrangements set out by Public Health Scotland (PHS). PHS publishes HSMR on a quarterly basis for the most recent 12-month reporting period, enabling Boards to review mortality trends over time and identify any variation requiring further scrutiny. In Scotland, the national HSMR is set at 1.00. A value below 1.00 indicates fewer deaths within 30 days of admission than predicted, after adjustment for case mix, while a value above 1.00 indicates more deaths than predicted. As set out by PHS, an elevated HSMR does not indicate that deaths were avoidable, unexpected, or attributable to failings in care, but it does require careful review alongside other sources of quality and safety intelligence.

Current Performance

NHS Forth Valley's HSMR has remained below 1.00 since the previous report. The latest published position is 0.93, indicating fewer deaths within 30 days of admission than predicted. NHS Forth Valley remains within the expected control limits on the national funnel chart, providing assurance that current performance is in line with the range anticipated by the PHS methodology.

Taken together, this provides assurance that HSMR continues to be subject to appropriate Board oversight and routine monitoring in line with Public Health Scotland reporting arrangements.



Hospital Standardised Mortality Ratio
Publication Date: 12th May 2026

Latest Hospital Standardised Mortality Ratio

Please note that as of August 2019, HSMR is presented using a 12 month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to **Crude Trends (Overall)**.

Health Board of Treatment: NHS Forth Valley

Period: January 2025 to December 2025

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	**26,281**	**26,281**	**669,659**	**3.9%**	**1.00**	**n/a**
NHS Forth Valley	1,344	1,440	35,132	3.8%	0.93	n/a
Forth Valley Royal Hospital	1,343	1,435	33,994	4.0%	0.94	●

Figure 4: ISD Scotland, Hospital Standardised Mortality Ratio

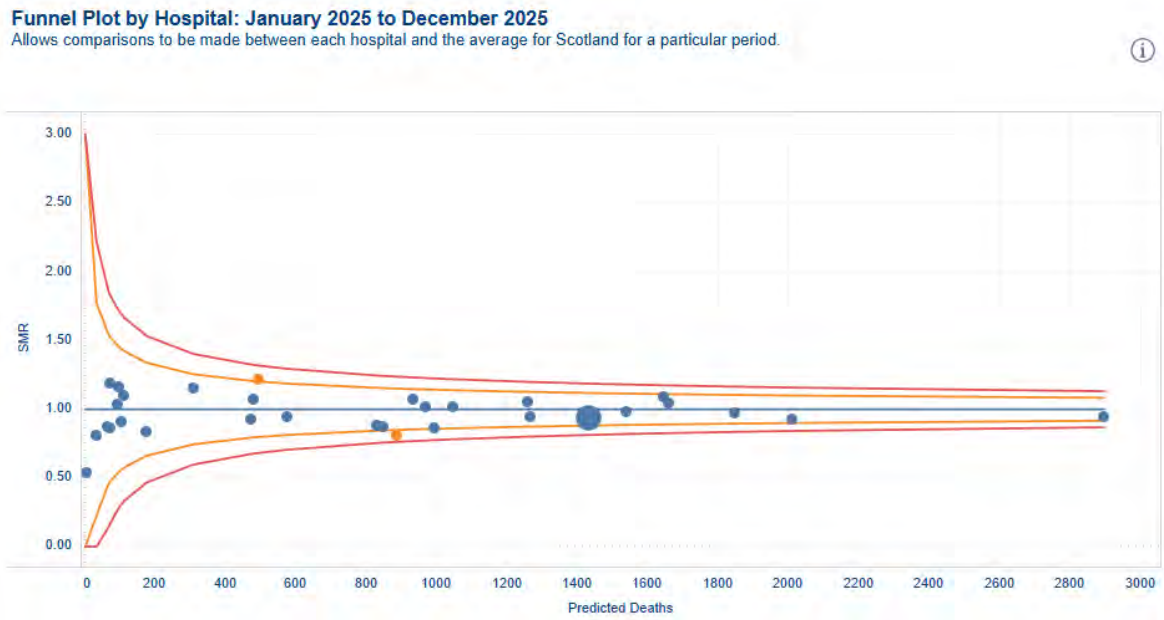


Chart 1: ISD Scotland, NHSFV funnel plot position HSMR

Appendix 4 – Significant Adverse Event Reviews

National Framework and Context

Healthcare Improvement Scotland (HIS) published a revised framework in February 2025 to strengthen and standardise the management of Significant Adverse Event Reviews (SAERs) across NHS Scotland. In support of implementation, HIS is undertaking a national programme of evaluation and workshops with Boards to promote shared learning and improvement.

This appendix provides the Board with an update on Significant Adverse Events (SAEs), including the current position and progress of SAER activity within NHS Forth Valley.

Current Position

The Board currently has 35 open SAERs, of which 10 are at draft report stage.

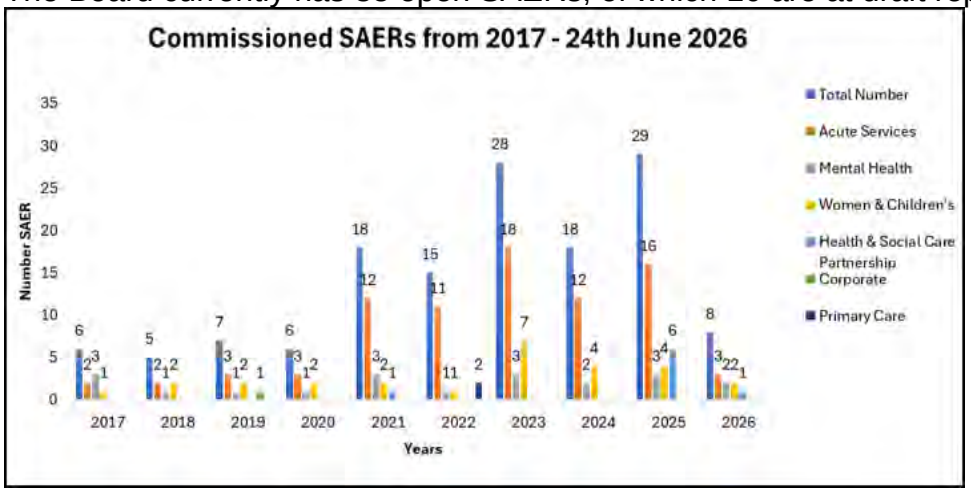


Chart 2: Number of Commissioned SAERs from 2017 to 24th June 2026

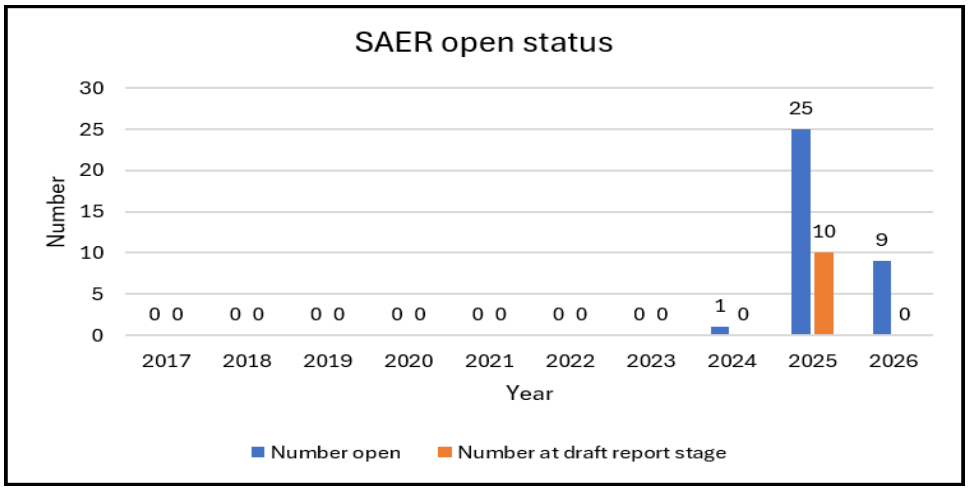


Chart 3: Current SAER status

Chart 4: Number of commissioned & closed SAER by month in 2026

Improvement Actions, Aim and Objective

Approved fixed-term resource within Corporate Clinical Governance will support delivery of the SAER improvement programme, including clearance of the backlog of historic reviews commissioned in 2025 within the 12-month period of fixed term resource and improved timeliness for newly commissioned reviews in 2026. Recruitment to these posts has taken place, with four successful candidates in receipt of conditional offers.

In parallel, a targeted improvement exercise across three SAERs, with facilitation and review led by senior nursing clinicians, is being used to test revised arrangements and inform further improvements in timeliness, consistency and oversight.

The aim for the fixed-term investment period is to strengthen the timeliness, quality and governance of SAER processes in line with the HIS framework. The objective is for 95% of SAERs to be completed within 140 working days by the end of that fixed-term resource period.

Taken together, these actions provide assurance that appropriate governance, oversight and improvement arrangements are in place to strengthen SAER timeliness and support implementation of the HIS framework.

Appendix 5- (Improving Quality) Patient Safety Indicators

Deteriorating Patients - Cardiac arrest

Aim: The HIS Scottish Patient Safety Programme (SPSP) Adults in Hospital Deteriorating Patient workstream is currently in development, with the final aim yet to be confirmed.

Outcome: The current cardiac arrest rate is 1.78 per 1,000 discharges. Improvement is indicated by a six-point shift below the median between October 2025 and March 2026, we continue to monitor progress and learning for each cardiac arrest event.

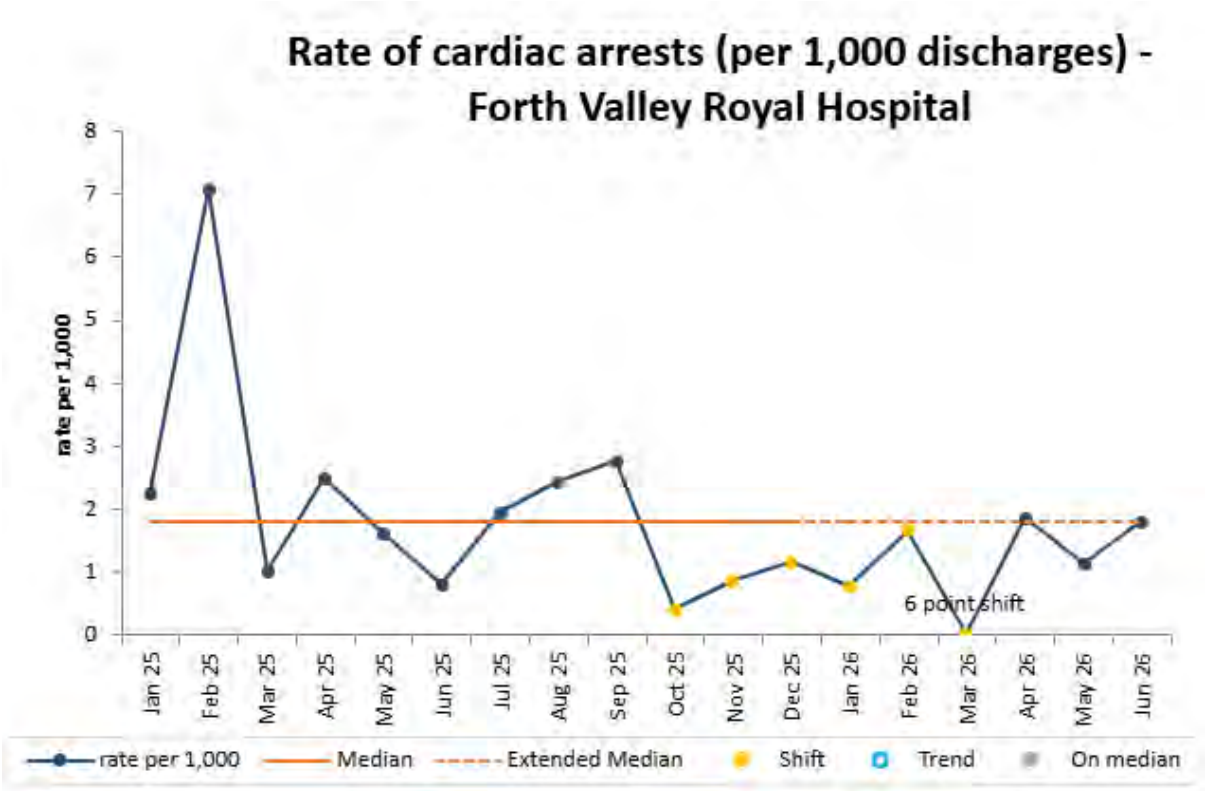


Chart 5: Rate of Cardiac Arrests from January 2025 to June 2026

Next Steps: Over the next quarter, planned improvement activity will progress through the SPSP Adults in Hospital programme, moving from design into early testing of evidence-informed changes relating to deterioration, escalation, anticipatory care planning and learning from cardiac arrests and medical emergency calls. Delivery, measures, emerging risks and impact will be monitored through the Safety Steering Group, with formal escalation and reporting through established governance routes to provide Board-level assurance on progress, learning and areas requiring further action.

Safer Mobility – Falls & Falls with Harm

Aim: The new SPSP has a draft aim of reducing falls & falls with harm by 10% with discussions ongoing for an updated change package due in Summer 2026.

Falls

All Falls data show random variation. Falls with harm run chart is demonstrating random variation with no sustained shifts or trends, May data point has been interrogated however return toward established baseline is demonstrated. All patients with harm are reviewed to ensure learning is driving process improvement.

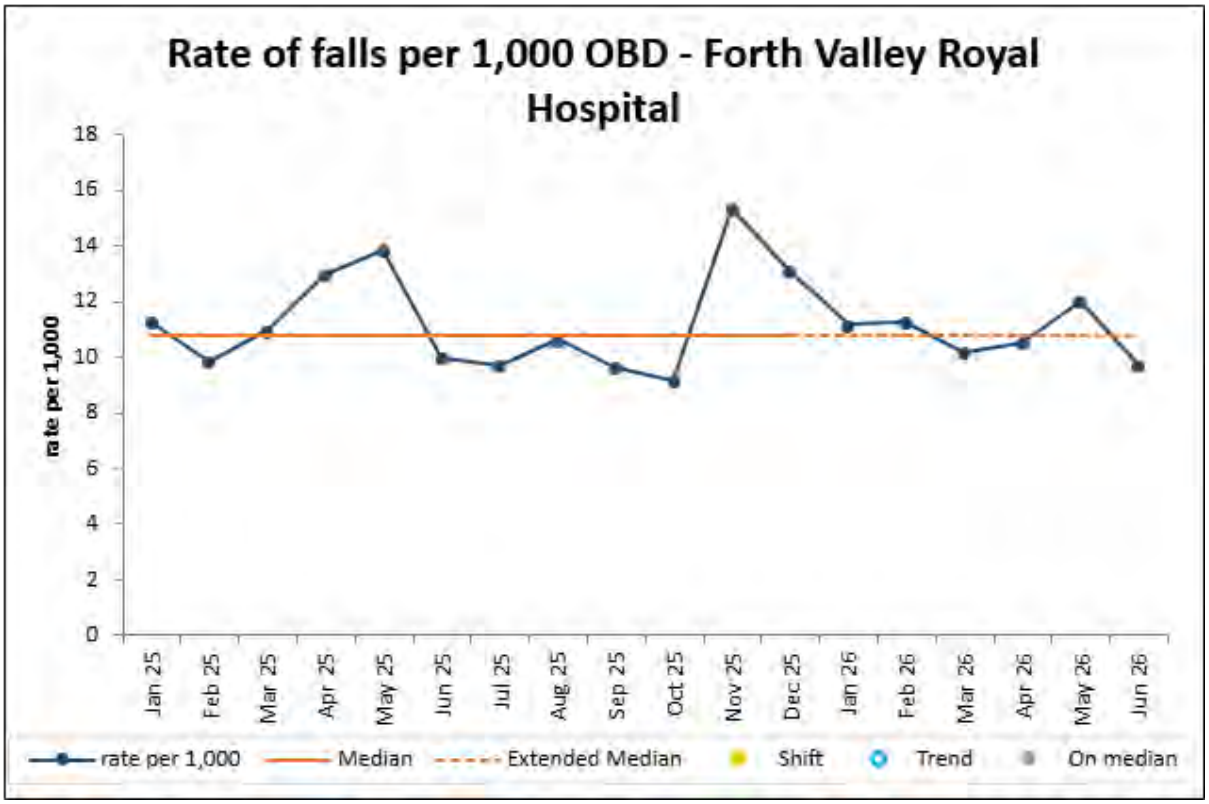


Chart 6: Rate of Falls from January 2025 to June 2026 Forth Valley Royal Hospital

Falls With Harm

Falls with harm data continues to show random variation, with an increase in falls with harm noted in May 2026. These incidents have been fully reviewed to ensure a comprehensive understanding of the contributory factors and to identify any learning or improvement actions required.

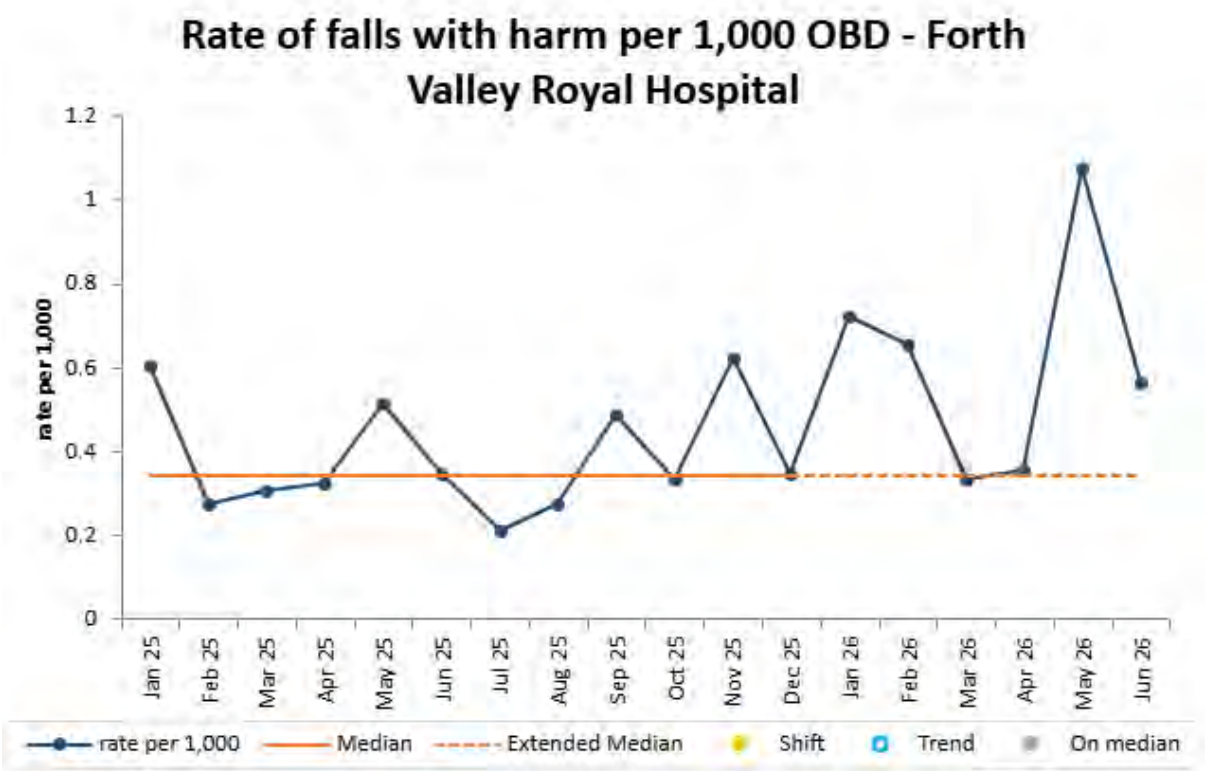


Chart 7: Rate of Falls with Harm from January 2025 to June 2026 Forth Valley Royal Hospital

Next Steps: Improvement priorities will be informed by ward-level analysis of falls intelligence and consultation with frontline teams, supporting evidence-based testing and the spread of effective practice. A targeted programme of improvement is progressing to strengthen falls prevention, with a focus on understanding contributory factors, improving the reliability of risk assessment and post-fall review, and identifying areas requiring focused intervention.

Pressure Ulcers

Outcome: Whole-system (acute and community pressure ulcer data (grades 2–4 per 1,000 bed days) shows a 6-point shift below the median indicating non-random variation. SPSP data continues to show random variation.

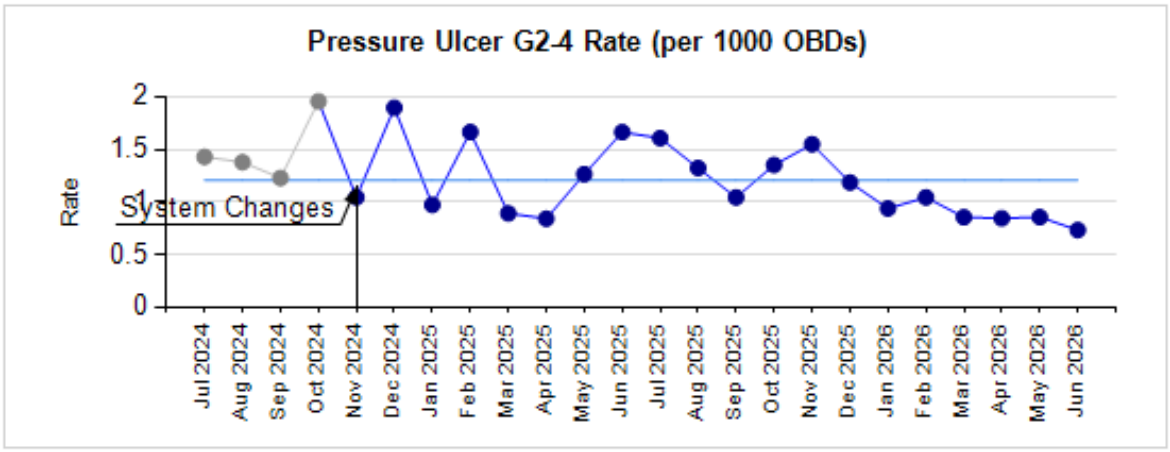


Chart 8: SSRS, Whole system Pressure ulcers by bed days, Grades 2-4 (Jan 24 – May 26)

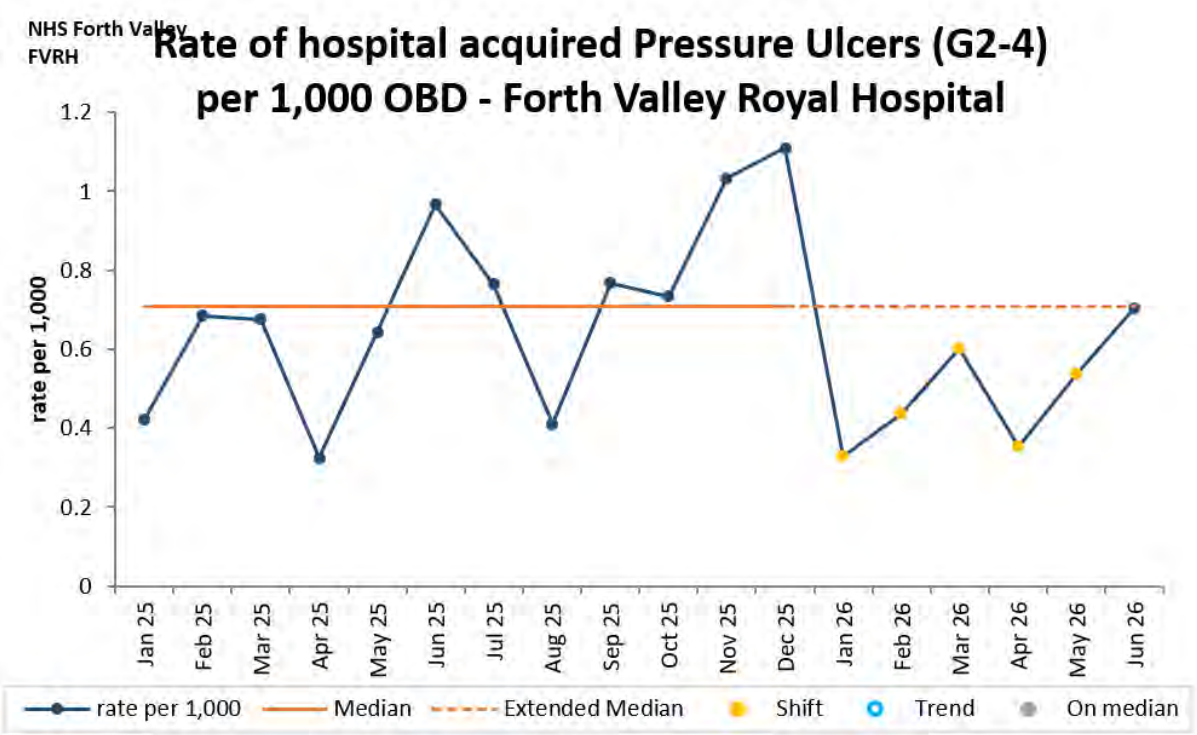


Chart 9: Rate of Acute Hospital Acquired Pressure Ulcers (Grades 2 to 4), January 2025 to June 2026 (SPSP)

Note: FVRH Nov 25 - Monthly senior nurse adverse event review and data validation meetings commence

Next steps: A coordinated programme of improvement is progressing to strengthen pressure ulcer prevention across acute and community services, with priorities focused on reliable assessment, workforce education, consistent event reporting and validation, and the spread of evidence-based practice. Progress, impact and emerging

risks will be monitored through the Pressure Ulcer Safety Subgroup and reported through the Safety Steering Group, providing Board-level assurance and enabling escalation where further action is required.

Improvement Priorities and Next Steps

Quality, Safety and Experience Plan

NHS Forth Valley is progressing the development of a five-year Quality, Safety and Experience Plan to replace the current Quality Strategy when it concludes in December 2026 and support delivery of the Population Health and Care Strategy. A structured, inclusive and evidence-informed approach is being taken, combining broad public, staff and stakeholder engagement with thematic analysis of organisational intelligence and lived experience. The survey remains open until 7 September 2026, alongside targeted consultation with patient, service user, community and third-sector groups. Four co-design workshops are planned for 30 September and 1 October 2026 to translate the emerging evidence and feedback into organisational aims, annual priorities, improvement objectives, measures and governance arrangements. The approach has been endorsed by the Quality, Safety and Experience Programme Board and Clinical Governance Committee and Board endorsement is sought to support progression to the next phase of development.

Figure 5: Quality, Safety & Experience Plan timeline

Safer Together 2.0

Building on the progress and learning generated through Safer Together 1.0, there is an intention to launch a further collaborative, Safer Together 2.0, to support the next phase of improvement across quality, safety and experience. A draft set of four workstreams has been identified, informed by the learning, delivery experience and areas of progress emerging from Safer Together 1.0, alongside organisational learning, performance data and Healthcare Improvement Scotland inspection feedback. These workstreams are intended to provide the practical focus for Safer Together 2.0 and to support enhanced quality, safety and experience in practice across the organisation. Between now and October 2026, robust planning is underway to ensure the final priorities are evidence informed, aligned to current organisational needs and capable of supporting both improvement and assurance.

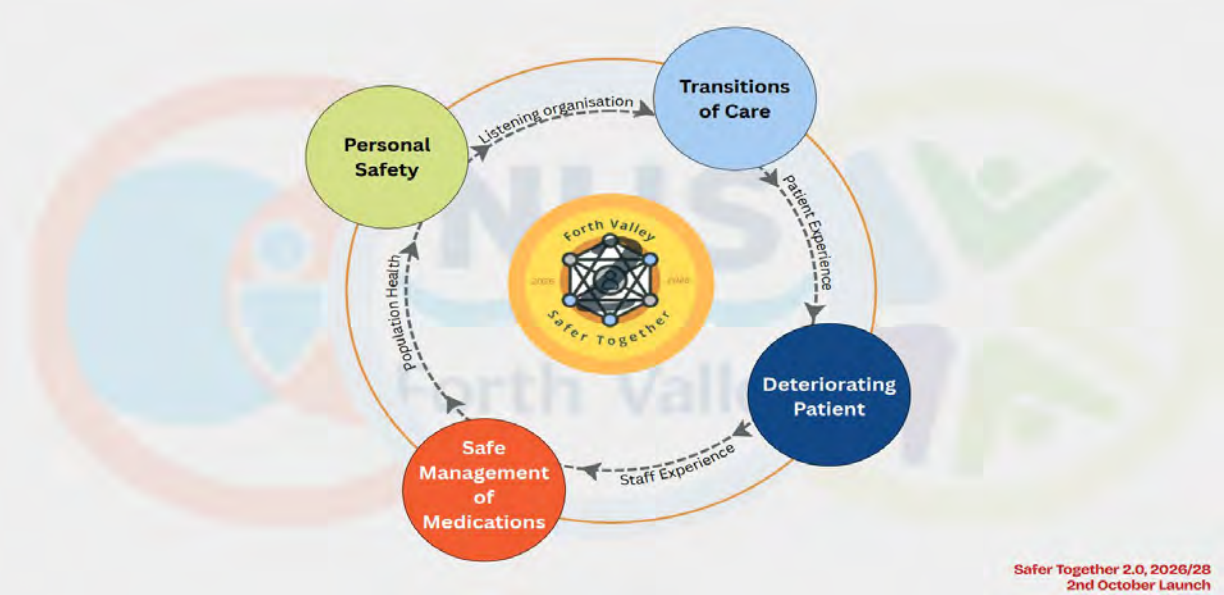


Figure 6: Safer Together Collaborative 2.0

Summary

In summary, this paper provides the Board with assurance on NHS Forth Valley's current position across key areas of quality, safety and experience, while highlighting those areas where further improvement and oversight are required. Work is underway to develop the Quality, Safety and Experience Plan and to finalise the improvement priorities that will underpin Safer Together 2.0, with a planned launch in October alongside the Collaborative. The Plan will establish the strategic direction for improvement and provide a framework for directorates and teams to develop locally relevant measures aligned to agreed priorities, creating a clear golden thread from the Population Health & Care Strategy through to local improvement, measurement and assurance activity. High-quality data, meaningful measures and effective visualisation remain fundamental to strengthening Board assurance, and further work is therefore underway to improve accessibility and reporting capability, with the phased implementation of Healthcare Guardian expected to provide longer-term support to this ambition and strengthen our Quality Management system.

NHS Forth Valley

Tuesday, 25 August 2026

Forth Valley NHS Board

15. Quality, Safety & Experience Strategic Plan
Purpose: This report is for Decision

Executive Sponsor: Karen Goudie, Executive Nurse Director
Andrew Murray, Medical Director
Author: Wendy Nimmo, Interim Head of Efficiency, Improvement & Innovation

Executive Summary

This paper seeks the Board's endorsement of the proposed approach to developing a five-year Quality, Safety & Experience (QSE) Plan (henceforth, the Plan) for NHS Forth Valley. The Plan will follow the current Quality Strategy 2021–2026 and is deliberately framed as a delivery plan, not a separate standalone strategy. This reflects the clear direction from Board discussion that future work should avoid duplication, support delivery of the Population Health & Care Strategy, and strengthen the organisation's Quality Management System.

Development of the Plan is already underway, including initial engagement activity with staff, members of the public and external stakeholders. This paper therefore provides the Board with early sight of the proposed approach, planned engagement, governance route, key milestones and specific opportunities for Board influence before the final Plan is submitted for approval in February 2027.

The Clinical Governance Committee considered and endorsed the proposed approach on 7 July 2026 and supported progression to the NHS Board. The Committee will continue to provide a central quality governance role during development, ensuring that emerging priorities, measures and assurance arrangements are sufficiently robust before the Plan is finalised.

Action Required

The Forth Valley NHS Board is asked to:

(1) endorse the development of a five-year Quality, Safety & Experience Plan as the strategic delivery plan for quality, safety and experience, aligned to the Population Health & Care Strategy.
(2) endorse the proposed development approach, governance route, engagement approach.
(3) note that development activity has already commenced, including early engagement, and that outputs from this work will be brought back through the agreed governance route.
(4) note the role of the Clinical Governance Committee in scrutinising emerging quality priorities, measures and assurance arrangements before final Board approval.
(5) provide feedback on the proposed Board and committee engagement, including whether any additional Board development or seminar discussion is required before the draft Quality, Safety & Experience Plan is issued for wider engagement.
(6) note that final approval of the Quality, Safety & Experience Plan is scheduled for the NHS Board meeting in February 2027.

(7) consider if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.

Governance Route to the Meeting and Previous Board Consideration

This 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.

- Forth Valley Quality, Safety and Experience Programme Board, 30 June 2026, endorsed the proposed approach and requested that Board approval was sought. Senior Leadership Team, 6 July 2026, endorsed the proposed approach to developing the Plan.
- Clinical Governance Committee, 7 July 2026, endorsed the proposed approach to developing the Plan and supported progression to Forth Valley NHS Board.

Risk Assessment and Mitigation

Risk	Implication	Mitigation
Lack of clear organisational direction for QSE	Without a clear organisational vision and aims for quality, safety and experience, the Board may be less able to monitor whether care is safe, effective, person-centred and improving.	Develop a concise five-year QSE Plan aligned to the Population Health & Care Strategy, with clear aims, priorities, measures and governance arrangements.
Plan does not provide sufficient ownership or measurable focus	Improvement activity may remain fragmented, with limited ability to demonstrate delivery, learning or assurance.	Use baseline assessment, engagement intelligence, quality and safety data, benchmarking and committee scrutiny to develop priorities and measures.
Board engagement occurs too late in development	The draft Plan may not meet Board expectations or assurance requirements if strategic steer is sought only at the end of the process.	Set out early and explicit Board, Clinical Governance Committee and SPPRC engagement, including opportunity to review emerging themes before wider engagement on the draft Plan.
Engagement does not sufficiently shape the Plan	The Plan may not reflect staff, patient, service user, carer and partner priorities, or may miss equality impacts.	Implement a clear engagement plan, integrate EQIA and Fairer Scotland Duty considerations during development, and triangulate engagement with organisational intelligence.

Impact Assessments

Equality & Diversity and Fairer Scotland Duty

Does this report require an EQIA or Fairer Scotland Duty Assessment? Yes

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

The development approach is designed to strengthen inclusion by involving staff, patients, service users, carers and partners in shaping priorities.

An EQIA and Fairer Scotland Duty screening process is currently being undertaken alongside development of the Plan. This will enable equality considerations, barriers to participation and any disproportionate impacts inform engagement design, emerging priorities, measures and implementation choices.

Financial, Digital and Infrastructure Implications
No specific financial, digital or infrastructure decisions are requested through this paper. Any implications arising from the final Plan will be identified through development and brought through the appropriate governance route.

Workforce Implications
The Plan is expected to support clearer direction for quality, safety and experience, strengthen improvement capability, and help teams identify local priorities aligned to organisational aims.

Quality / Patient Care Implications
The Plan will provide a clearer framework for safe, effective and person-centred care, supporting operational teams to identify local priorities, improve reliability, strengthen learning and provide meaningful assurance on the quality of care and services.

Population Health & Care Strategy
The Plan will directly support delivery of the 10-year Population Health and Care Strategy by strengthening how NHS Forth Valley plans, improves, maintains and assures quality, safety and experience. It will align with Realistic Medicine, Value Based Health & Care and the further development of the Quality Management System.

Climate Change / Sustainability Implications
Describe any implications in relation to climate change / sustainability.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

Statutory engagement is not required for approval of the development approach; however, NHS Forth Valley has chosen to undertake a structured engagement programme to ensure the Plan is informed by staff, patient, service user, carer and partner insight. The engagement approach is summarised in Appendix 2.

Appendices
Appendix 1 – Approach to the Quality, Safety & Experience Plan
Appendix 2 – Engagement Plan

Appendix 1

Proposed Approach to Developing the Quality, Safety & Experience Plan

1. Purpose of the Plan

The NHS Forth Valley Quality Strategy 2021–2026 concludes in December 2026. Rather than developing a further standalone strategy, NHS Forth Valley will develop a five-year Quality Safety & Experience Plan, (henceforth, the Plan) that sets out how the organisation will deliver, improve, maintain and assure quality, safety and experience in support of the Population Health & Care Strategy.

The Plan will establish high-level organisational quality aims, annual priorities, improvement objectives, measures and governance arrangements. It will also support the continued development of the Quality Management System by bringing together quality planning, quality control, quality improvement and quality assurance in a more consistent and systematic way.

2. What the Plan will address

The Plan will respond to the issues highlighted through Board seminar discussion and current quality assurance reporting, including:

- the need for a clearer and shared definition of quality across the whole system.
- strengthened oversight and analysis of SAERs, care assurance, complaints, patient experience, and organisational learning to provide greater assurance and support the delivery of improvement and transformational change programmes.
- improved use of data, dashboards, benchmarking, trajectories and thematic insight.
- more consistent links between improvement plans, inspections, risks, quality outcomes and Board assurance.
- a balanced and proportionate approach to reporting that supports effective strategic oversight.
- greater emphasis on person-centred care, patient-reported measures and ‘what matters to me’ feedback.
- a clearer golden thread from the Population Health & Care Strategy to directorate and team-level improvement activity.

3. Development Principles

The development of the Plan will be guided by a number of key principles. It will be aligned to, and support delivery of, the Population Health & Care Strategy, ensuring that it complements rather than duplicates existing strategic priorities. The Plan will be evidence-informed, drawing on a wide range of intelligence sources including

engagement feedback, quality and safety data, patient experience, complaints, Significant Adverse Event Reviews (SAERs), harms data, workforce insights, benchmarking information, relevant literature, and the findings and recommendations arising from external scrutiny and assurance activity, including Healthcare Improvement Scotland reviews, Internal Audit and External Audit reports, and other relevant inspection and regulatory processes.

A co-design approach will be adopted throughout the development process, involving staff, patients, service users, carers, families and system partners through a range of engagement methods including surveys, focus groups, workshops and targeted discussions.

The Plan will also be assurance-focused, setting out clear arrangements for monitoring priorities, outcomes, measures and risks through established governance structures, including the Quality, Safety and Experience Programme Board, Clinical Governance Committee, Strategy, Planning, Performance and Resources Committee and NHS Board. This will support effective oversight of delivery, organisational learning and continuous improvement. Finally, the Plan will be practical and measurable, establishing high-level aims and annual priorities supported by meaningful measures and milestones that can be translated into local improvement activity across directorates and teams.

4. Development Phases

Phase	Focus	Key activity	Board / Committee touchpoint
1. Identify and understand June–August 2026	Confirm scope, baseline and engagement approach.	Draw together existing intelligence. Launch and continue early staff/public engagement. Map current quality governance and assurance arrangements. Confirm the development timeline.	• Clinical Governance Committee endorsement on 7 July 2026. • Early communication and engagement with Board members in July 2026. • NHS Board decision in August 2026 to approve the development of the Quality Management Plan.
2. Develop and design August–September 2026	Convert insight into emerging themes and draft priorities.	Complete early engagement analysis Triangulate survey, focus group, complaints, SAER, Care Opinion, workforce and inspection intelligence. Hold development workshops to test emerging aims and priorities.	• QSE Programme Board oversight of development activity and emerging priorities. • Clinical Governance Committee review of emerging themes and quality improvement opportunities. • Ongoing engagement with Board members to inform the developing direction of the Plan.

3. Prototype and test October–November 2026	Develop and test the draft Plan before wider engagement.	Prepare the draft Plan, measures, delivery model and governance arrangements. Ensure EQIA and Fairer Scotland Duty findings shape content. Test with committees and stakeholders.	• Board Seminar in October 2026 to review emerging priorities, measures and implementation approach, providing an opportunity for Board members to shape and influence the draft Plan before wider engagement. • Clinical Governance Committee quality scrutiny of the draft Plan and associated quality governance arrangements.
4. Finalise and approve December 2026–February 2027	Refine and approve the final Plan.	Incorporate final feedback. Finalise aims, priorities, measures, implementation milestones and assurance route. Prepare final EQIA/Fairer Scotland Duty position.	• Review at QSE Programme Board • Clinical Governance Committee review in January 2027 to provide further advice, challenge and assurance on the near-final Plan and implementation arrangements. • SPPRC consideration of the final draft in January 2027, taking account of Clinical Governance Committee advice and recommending the Plan for approval. • NHS Board approval in February 2027.

The October Board Seminar provides a clear opportunity for Board members to influence the content and direction of the Plan before formal consultation is finalised, while the January 2027 Clinical Governance Committee review creates a final opportunity for advice, scrutiny and steering before consideration by SPPRC and subsequent approval by the NHS Board.

5. Governance arrangements for developing the Plan

The governance arrangements are intended to support the development of a strategically aligned and evidence-informed Plan by embedding quality governance, committee scrutiny, stakeholder engagement and Board influence throughout the process, rather than solely at the point of approval.

Quality, Safety & Experience Plan Steering Group
The QSE Plan Steering Group, chaired by the Corporate & Acute Director of Nursing, will lead the day-to-day development of the Plan and be responsible for coordinating the overall programme of work. The Steering Group brings together senior leaders and subject matter experts from nursing, medicine, quality improvement, planning,

performance, information, organisational development, pharmacy, public involvement and person-centred care, ensuring a multidisciplinary perspective informs development of the Plan. This will include overseeing engagement activity, analysing intelligence and evidence from multiple sources, developing and testing emerging priorities, and preparing draft content. The group will ensure that the Plan remains aligned with the Population Health & Care Strategy and reflects agreed organisational priorities. Through this work, the Steering Group will produce the engagement analysis, draft aims and priorities, supporting development products, implementation milestones and successive versions of the QSE Plan.

Quality, Safety & Experience Programme Board
The QSE Programme Board is chaired by the Executive Nurse Director with the Medical Director serving as deputy chair. Membership comprises senior clinical, professional, operational and strategic leaders from across NHS Forth Valley and partner organisations, including representatives from nursing, medicine, allied health professions, pharmacy, digital services, clinical governance, quality improvement, planning, information services, finance, health and social care partnerships, person-centred care and academia. The Programme Board will provide strategic oversight of the development process, ensuring that progress is maintained and that key issues, dependencies and risks are identified and addressed promptly. It will support alignment across the quality, safety, experience and improvement agenda, while ensuring links are maintained with operational delivery and wider transformation programmes. The Programme Board will receive regular progress updates, provide direction where appropriate, and ensure that the emerging Plan aligns with the ambitions of Safer Together 2.0 and the developing Quality Management System.

Clinical Governance Committee
The Clinical Governance Committee will provide oversight, scrutiny and assurance throughout the development of the Plan, ensuring that emerging priorities reflect organisational requirements in relation to quality of care, patient safety, clinical effectiveness, patient experience, learning and risk management. The Committee will review the evidence base, challenge and refine proposed priorities and measures, and advise on the development of governance and assurance arrangements. Its role will be to ensure that the Plan is underpinned by robust quality governance principles and provides an effective framework for monitoring and improvement.

Strategic Planning, Performance & Resources Committee
The Strategic Planning, Performance and Resources Committee (SPPRC) will consider the strategic fit of the Plan and its implications for organisational planning, performance management and resource allocation. The Committee will review how the Plan aligns with the Population Health & Care Strategy, the wider performance framework and other key corporate priorities, while ensuring that proposed ambitions can be delivered and monitored effectively. Through its scrutiny and advice, SPPRC will help ensure that the final Plan is strategically coherent, practical and measurable.

NHS Board
The NHS Board will provide strategic leadership and direction throughout the development process and will play a key role in shaping the overall approach. Early engagement with Board members, including a dedicated Board seminar, will enable members to influence the emerging priorities, ambitions and measures before wider

engagement is undertaken. The Board will also approve the overall development approach and, following consideration of feedback and committee recommendations, will be responsible for approving the final QSE Plan, ensuring that it reflects Board expectations and organisational priorities.

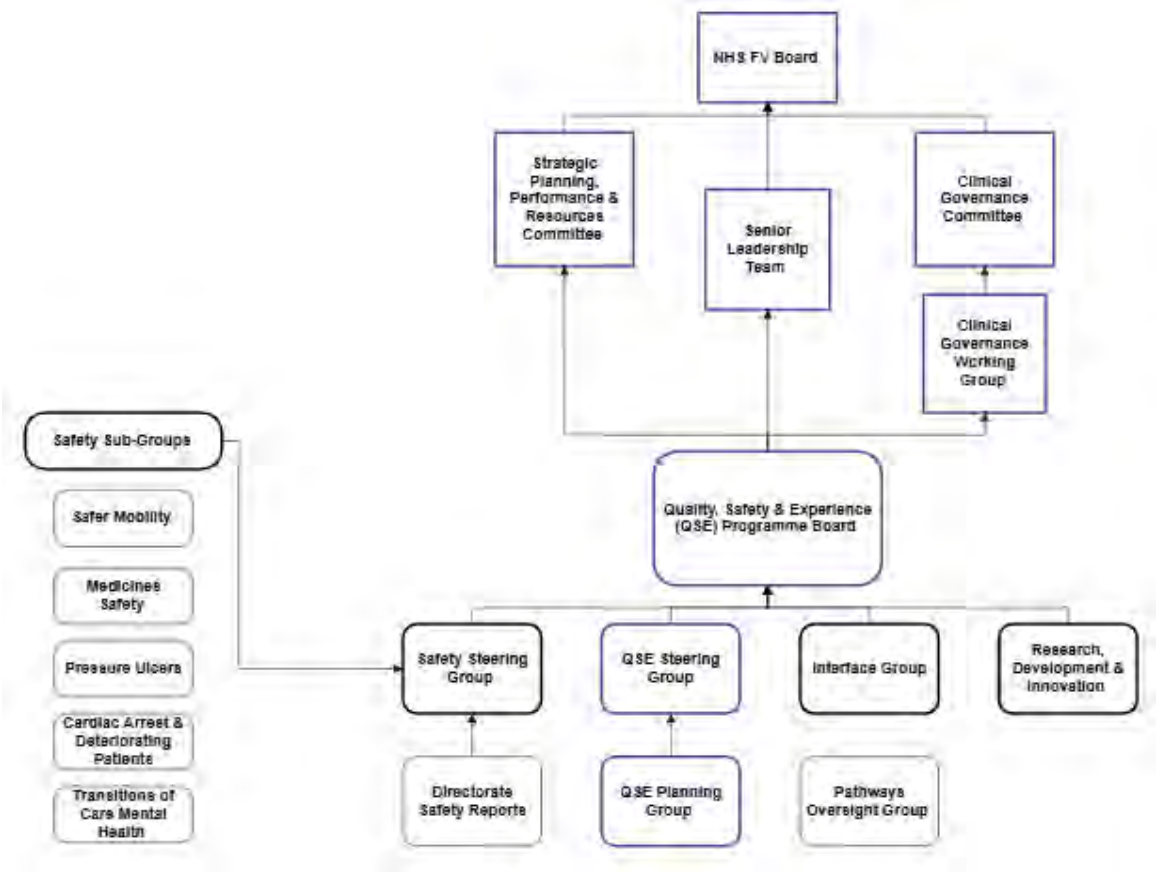


Figure 1: QSE Governance Structure

6. Board and Committee Points of Engagement

The development of the Plan will be supported through existing governance arrangements, with engagement and scrutiny taking place at key stages of development. This approach is intended to ensure that quality governance, strategic oversight and Board influence are embedded throughout the process. A series of potential engagements with the Clinical Governance Committee, Strategic Planning, Performance & Resources Committee and NHS Board have been identified to provide opportunities for review, challenge, advice and assurance. The timing and number of these engagements will be kept under review and refined as the work progresses, ensuring that governance activity remains proportionate and focused on areas where Board and Committee input will add greatest value, while supporting organisational ownership prior to final approval in February 2027.

Board and Committee Engagement

Timing	Forum	Purpose of engagement	Role in Plan development
August 2026	NHS Board	Consider and approve the proposed approach to development of the Quality Management Plan.	Provide strategic direction and confirms organisational support for development of the Plan.
September 2026	Clinical Governance Committee	Review emerging themes, evidence and quality improvement opportunities arising from engagement and intelligence gathering.	Provide challenge and advice on emerging priorities, ensuring they reflect quality, safety, patient experience and governance requirements.
October 2026	Board Seminar	Dedicated development session to review emerging priorities, measures, governance arrangements and implementation approach.	Provide a structured opportunity for Board members to influence, challenge and shape the draft Plan prior to wider consultation and refinement.
November 2026	Clinical Governance Committee	Review of the draft Plan, including measures, governance arrangements and assurance framework, considering strategic alignment and delivery implications of the draft Plan.	Ensure the draft Plan is supported by robust quality governance and provides effective arrangements for monitoring and improvement. Provide scrutiny of alignment with the Population Health & Care Strategy, performance framework and organisational priorities before finalisation.
January 2027	Clinical Governance Committee	Review the near-final Plan and implementation arrangements.	Provide further advice, challenge and assurance, ensuring Committee feedback has been incorporated and that governance arrangements are robust ahead of final recommendations.
January 2027	Strategic Planning, Performance and Resources Committee	Consider the final draft Plan and recommendation for approval.	Review the final position, taking account of Clinical Governance Committee advice, and confirm strategic fit, deliverability and performance implications.
February 2027	NHS Board	Consider and approve the final QSE Plan	Provide final approval and confirms the Plan as the Board's agreed framework for quality management, improvement, assurance and oversight.

7. Engagement

The proposed approach is to use multiple routes of engagement so that the Plan is shaped by lived experience, staff experience, service knowledge, quality intelligence, and partner insight.

Patients, service users, carers and families
Patients, service users, carers and families will be engaged through a combination of a public survey, externally facilitated focus groups and targeted engagement activity. The purpose of this engagement will be to understand what quality, safety and experience mean from the perspective of those who use services, identify what matters most to them, and highlight any gaps or areas for improvement. Feedback will be used to shape the high-level aims and priorities within the Plan, ensuring that it remains person-centred and reflects the experiences and expectations of the communities served. It will also inform the development of experience measures and wider implementation considerations.

Staff and clinical teams
Staff and clinical teams will be engaged through surveys, workshops and directorate-level conversations. This engagement will seek to identify existing strengths, areas of risk, opportunities for improvement and the support required to deliver sustainable improvement across services. Feedback will help shape the priorities and delivery approach set out within the Plan, while also informing the development of quality improvement capability, implementation arrangements and meaningful local measures that support improvement activity within teams and directorates.

System partners
System partners, including Health and Social Care Partnerships, local Health & Social Care Partnerships, primary care, acute and community services, third sector organisations and other relevant stakeholders, will be engaged through targeted discussions and partnership forums. The purpose of this engagement will be to test emerging whole-system priorities, explore pathway and interface challenges, and identify opportunities for greater collaboration. Feedback will be used to strengthen alignment across organisational boundaries and inform the governance, delivery and assurance arrangements required to support shared quality improvement ambitions.

Board members and committees
Board members and committees will be engaged throughout the development process through early communication, formal committee consideration, NHS Board papers, development seminars and review of draft versions of the Plan. This engagement will provide opportunities to offer strategic direction, challenge emerging proposals, test assurance requirements and ensure that Board expectations are reflected as the Plan develops. Feedback will be used to refine the aims, priorities, measures, governance arrangements and reporting framework, helping to ensure that the final Plan is strategically aligned, evidence-informed and capable of providing effective assurance to the Board.

Appendix 2

Quality, Safety & Experience Plan

Engagement Plan

Purpose
To review previous feedback, raise awareness, encourage further feedback and involvement to support the development of the new Quality, Safety & Experience (QSE) Plan.

Scope
Local staff, service users, carers, community organisations.

Methods
Review of existing feedback, data and evidence to identify key themes and issues (including complaints, SAERs, Care Opinion, performance data), capture additional specific feedback on quality, safety and experience (internally and externally) via QSE survey, workshops, engagement sessions, information stands and meetings.

1. Review Existing Feedback, Data and Evidence

It is recognised that a wide range of information is already available which can provide valuable insights and trends relating to quality, safety and experience. A review of existing feedback, data and evidence will be undertaken to identify key themes and issues. This includes the extensive feedback gathered to inform the development of the Population Health and Care Strategy, analysis patient complaints, SAERs learning summaries, incident report themes, HIS, MWC and HMIPS inspection report requirements, Care Opinion feedback, health and safety, infection control and performance information. This will help identify common themes, recurring priorities and areas for improvement across quality, safety and experience to inform the development of the QSE Plan.
Details of the approach to the analysis of existing information is outlined in Annex 1.

Focus	Source	Action
Children and young people	Children & Young People Strategic Needs Analysis 2024	Review and map strategic needs analysis and insights to identify QSE themes relevant to children, young people and families.
Mental health and wellbeing	Mental Health & Wellbeing Strategic Plan 2025 – 2035 Mental Welfare Commission inspection reports and action plans	Review and map strategic plan and insights from recent MWC inspections to identify themes relating to mental health, wellbeing, safety, experience and service improvement.
Patients, public, partners and local communities	Population Health and Care Strategy 2025 – 2035	Review previous feedback and themes to inform development of QSE Plan and ensure it aligns with the Population Health and Care Strategy.
Patients and service users	Care Opinion feedback, patient complaints Patient Safety Conversation Visits Incident reports (IR1s) Healthcare Associated Infection reports SAERs HIS inspection reports and action plans HMIPS inspection reports and action plans Performance reports	Review feedback from Care Opinion, complaints and Patient Safety Conversation Visits, SAERs learning summaries, IR1s, HAI and performance reports to identify recurring themes, strengthen learning and agree priority areas for improvement.

Focus	Source	Action
Staff	Culture Change and Compassionate Leadership Programme (CCCL) Whistleblowing and Speak Up processes iMatter Board wide reports Incident reports (IR1s) HIS inspection reports and action plans Health and Safety reports and compliance	Review feedback and key themes identified by the CCCL programme, Whistleblowing and Speak Up findings, iMatter survey results (last three years) and incident reports (IR1s) to identify key themes relating to quality, safety, staff, patient and student experience.

2. Undertake Additional Engagement on QSE

Activity	Aim	Methods	Stakeholders
Capture additional feedback specifically on quality, safety and experience	To capture specific feedback on quality, safety and experience priorities and issues	Online Survey widely shared internally and externally (staff intranet, NHS Forth Valley website, social media, direct emails, e-bulletins, staff briefings etc)	Staff Primary Care colleagues Public Patients Community Organisations Carer groups and representatives

Activity	Aim	Methods	Stakeholders
Engage with key stakeholders	To raise awareness and improve understanding of the QSE Plan, its purpose and contribution to the delivery of the Population Health and Care Strategy. To gather views and experiences to inform the development of the QSE Plan and ensure key priorities are reflected. To ensure stakeholders are actively involved throughout the development of the QSE Plan and that their experience informs decision-making	Workshops, engagement sessions, briefings at key meetings, Programme Boards and safety huddles, information stands	Staff Service users Public Community groups
Seek feedback on draft plan	To finalise and support collective ownership of the QSE Plan.	Steering Group meetings, workshops and sessions; stakeholder events; SLT engagement.	Steering Group members; clinical and operational leaders; Programme Board members; staff representatives and partners.
Ensure appropriate governance arrangements are in place to finalise plan and provide ongoing monitoring and assurance.	To provide oversight and ensure appropriate governance throughout the development, approval and implementation of the QSE Plan.	Board Approval and regular progress updates at QSE Programme Board, Senior Leadership	QSE Programme Board; Senior Leadership Team; Directors; Strategic Planning, Performance &

Activity	Aim	Methods	Stakeholders
		Team and Board Committees	Resources Committee; NHS Forth Valley Board.

3. Timeline for Development of QSE Plan

Development Phase	Timeline	Purpose	Primary Engagement Activity
Set Up and Pre-Work	May - June 2026	Establish governance arrangements and engagement plans	Engagement planning, stakeholder identification and establishment of Steering Group arrangements.
Identify and Understand	June – July 2026	Understand stakeholder priorities, experiences and areas for improvement relating to quality, safety and experience.	Review of existing feedback, evidence and data and collect additional QSE feedback.
Develop and Design	August – November 2026	Develop the content, priorities and structure of the QSE Plan.	Stakeholder engagement and involvement.
Review and Finalise	November - December 2026	Refine the draft Plan and obtain organisational feedback and assurance.	Review and refine contents.

Development Phase	Timeline	Purpose	Primary Engagement Activity
Approval, Publication and Implementation	February 2027	Secure approval and support implementation across NHS Forth Valley.	Board approval and publication of QSE Plan
Ongoing Monitoring and Assurance		Monitor delivery, progress, risks and emerging priorities.	Programme Board reporting and regular progress updates.

Annex 1 - Analysis approach

Step	Description
Collate evidence	Bring together current QSE survey outputs and relevant previous NHS Forth Valley evidence sources.
Code and group findings	Identify recurring words, issues, experiences, risks, improvement opportunities and areas of alignment across sources.
Map to QSE domains	Group themes under quality, safety and experience, noting where themes cut across more than one domain.
Triangulate findings	Compare themes from survey outputs, strategic plans, patient/public feedback, safety conversations, risks, reviews and improvement action plans.
Use findings to inform the Plan	Use the analysis to support the development of priorities, actions, engagement discussions, and governance assurance for the QSE Plan.

NHS Forth Valley

25 August 2026

Forth Valley NHS Board

16. Healthcare Associated Infection (HAI) Report July 2026

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 remain within control limits. There were two hospital acquired SAB in July.
- Total DABs remain within control limits. There were no hospital acquired DABs in July.
- Total CDIs remain within control limits. There were three hospital acquired CDIs in July.
- Total ECBs remain within control limits. There were 5 hospital acquired ECBs in July.
- There was one mandatory surgical site infection in July.
- There was one outbreak reported in July.

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

Reporting against the Healthcare Associated Infection Report Template is a standing item at Clinical Governance Committee and the Board. The information for this reporting period is updated from that presented to CGC in July.

Risk Assessment and Mitigation

Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHS Forth Valley to meet both national and local standards/expectations.

Impact Assessments

Equality & Diversity and Fairer Scotland Duty

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

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

Financial and Infrastructure Implications

None.

Workforce Implications

None.

Quality / Patient Care Implications
Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions.

Population Health & Care Strategy
None.

Climate Change / Sustainability Implications
None.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee.

Appendices
Appendix 1 – Main Report

Healthcare Associated Infection Reporting Template (HAIRT)

July 2026

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI	Healthcare Acquired Infection
SAB	*Staphylococcus aureus* Bacteraemia
DAB	Device Associated Bacteraemia
CDI	*Clostridioides* 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 month 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: 5**

- There were two hospital acquired SABs this month.
- There were three healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 6

- There were no hospital acquired DABs this month.
- There were 5 healthcare acquired DABs this month.
- There was one nursing home acquired DAB this month.
- Total DAB case numbers remained within control limits this month.

***Clostridioides difficile* infection – total number this month: 4**

- There was three hospital acquired CDI this month.
- There was one healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 14**

- There were 5 hospital acquired ECBs this month.
- There were 8 healthcare acquired ECBs this month.
- There was one nursing home acquired ECB this month.
- Total ECB case numbers remained within control limits this month.

Surgical site infection surveillance

- There was one mandatory reported surgical site infections this month.

Outbreaks

- There was one outbreak reported this month.

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; **5** compared to **4** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2026 – date) = **15**

- Hospital acquired = **2**
  - Unknown (No attributed ward)
  - Post procedural (No attributed ward)

  There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **3**
  - Hickman
  - Unknown
  - Epistaxis

  There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**

Hospital SABs

- **Unknown;** following investigations no definitive source of infection was identified.
- **Post Procedural;** infection developed following post cystoscopy and removal of renal stones

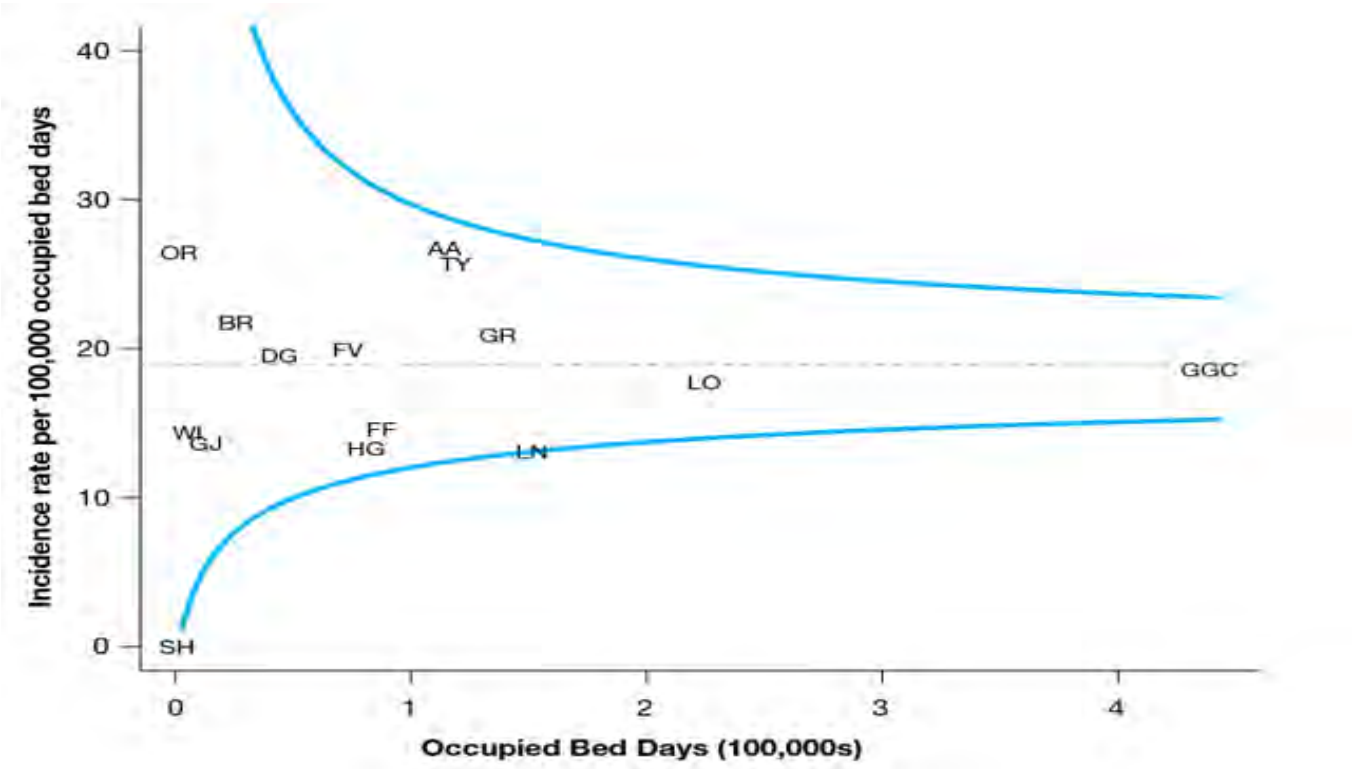
NHS Forth Valley's approach to SAB prevention and reduction

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 publish is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 1 report (January – March 2026) 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; **6** compared to **4** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2026 – date) = **20**

- Hospital acquired = **0**
  There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **5**
  - Urinary catheter long term x2
  - Hickman
  - CVC
  - PICC line

  There was no data exceedance for healthcare acquired DABs this month.

- Nursing Home acquired = **1**
  - Urinary catheter long term

  There was no data exceedance for nursing home acquired DABs this month.

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 - **14** compared to **10** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2026 – date) = **43**

- Hospital acquired = **5**
  - Pancreatitis (No attributed ward)
  - UTI x2 (No attributed ward)
  - Pyelonephritis (No attributed ward)
  - Respiratory tract (No attributed ward)

  There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **8**
  - Urinary catheter long term
  - Hepatobiliary
  - Pyelonephritis
  - UTI
  - Unknown x4

  There was no data exceedance for healthcare acquired ECBs this month.

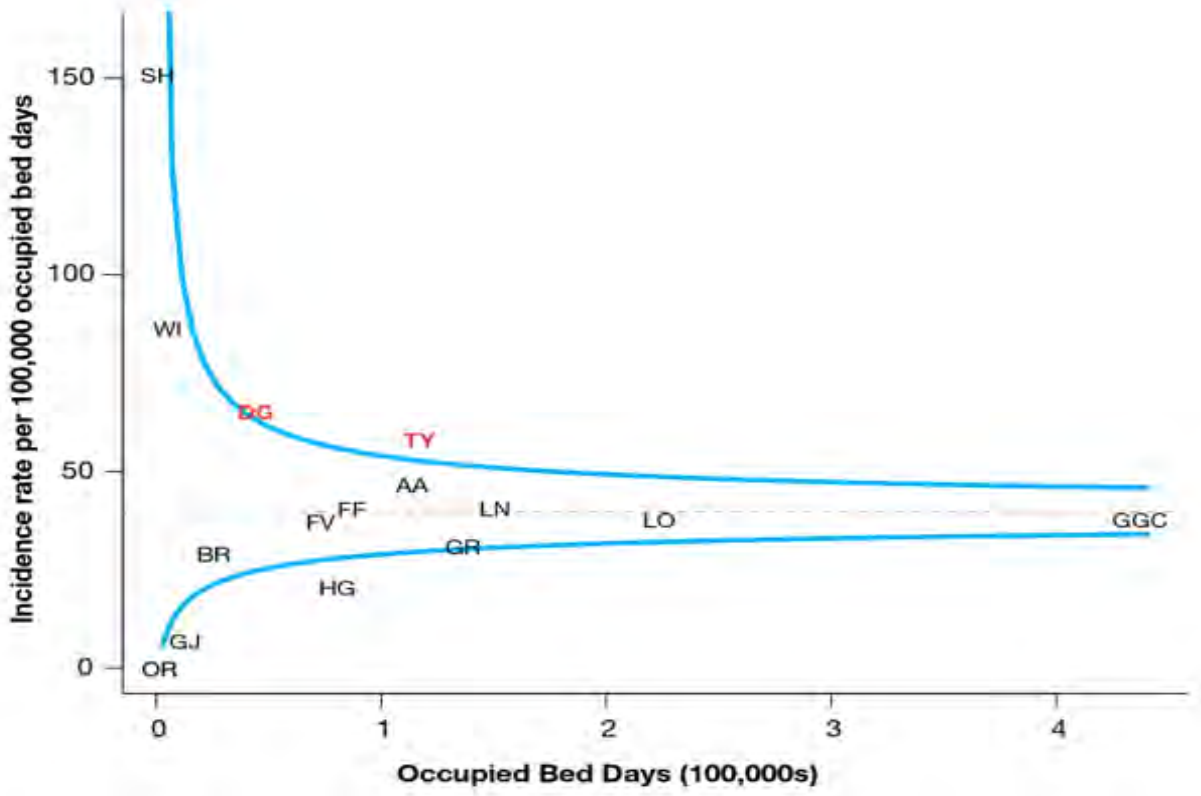
- Nursing Home acquired = **1**
  - Urinary catheter long term
- There was no data exceedance for nursing home acquired ECBs this month.

Hospital ECBs

- **Pancreatitis;** No ward attributed due to patient admitted with symptoms prior to blood culture being taken.
- **UTI x 2;** patient developed infection following admission.
- **Pyelonephritis;** Infection developed following a repatriated admission.
- **Respiratory tract;** patient developed pneumonia following admission.

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 ARHAIs Quarter 1 report (January – March 2026) 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 **5** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2026 – date) = **17**

- Hospital acquired = **3**
  There was no data exceedance for hospital acquired CDIs this month.

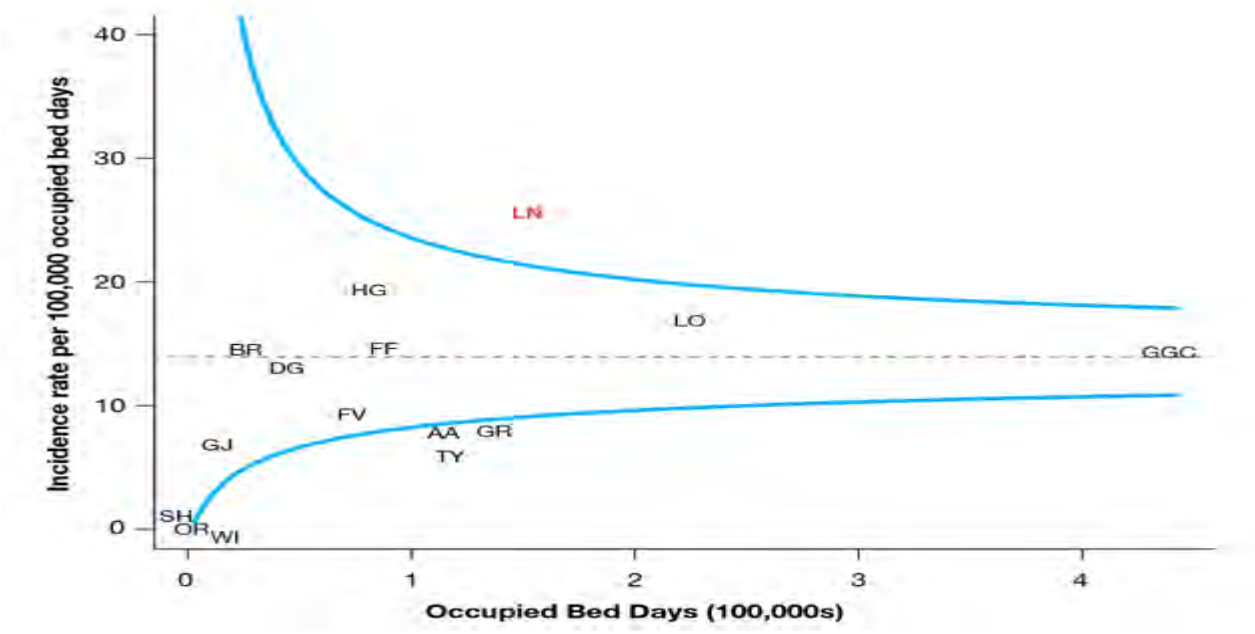
- Healthcare acquired = **1**
  There was no data exceedance for healthcare acquired CDIs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired CDIs this month.

- GP acquired = **0**
  (GP figures are not included in the total as it is not part of national reporting)

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plots below are based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 1 report (January – March 2026) 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, large bowel, knee arthroplasty, hernia, laparoscopic cholecystectomies and breast surgeries. We monitor patients for 30 days post-surgery as nationally mandated as well as local extended monitoring.

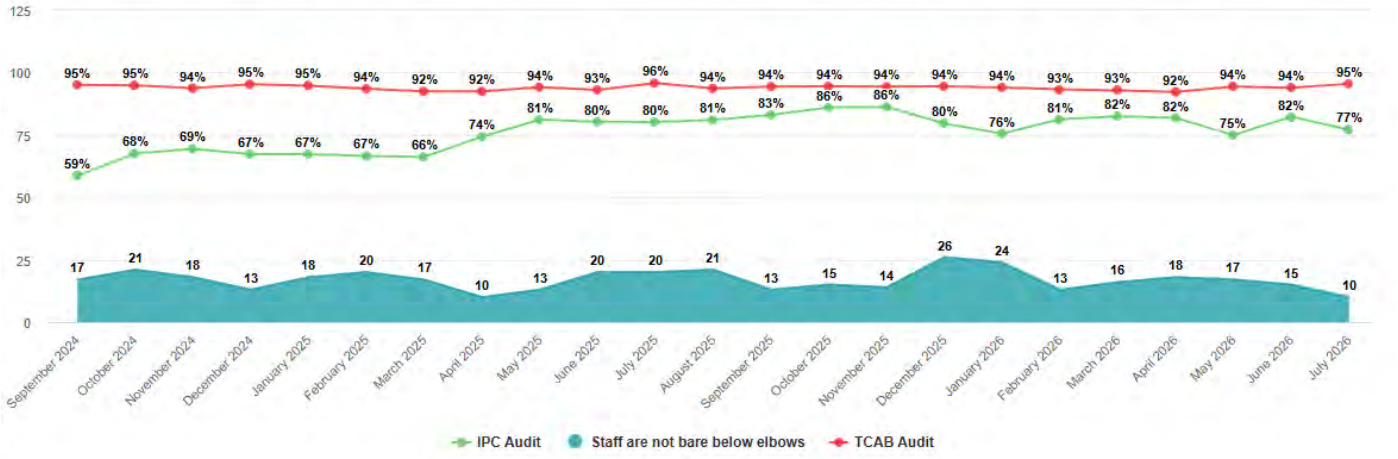
NHS Forth Valley's approach to SSI prevention and reduction

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. Surveillance has now been further extended to hernia repair and laparoscopic cholecystectomies.

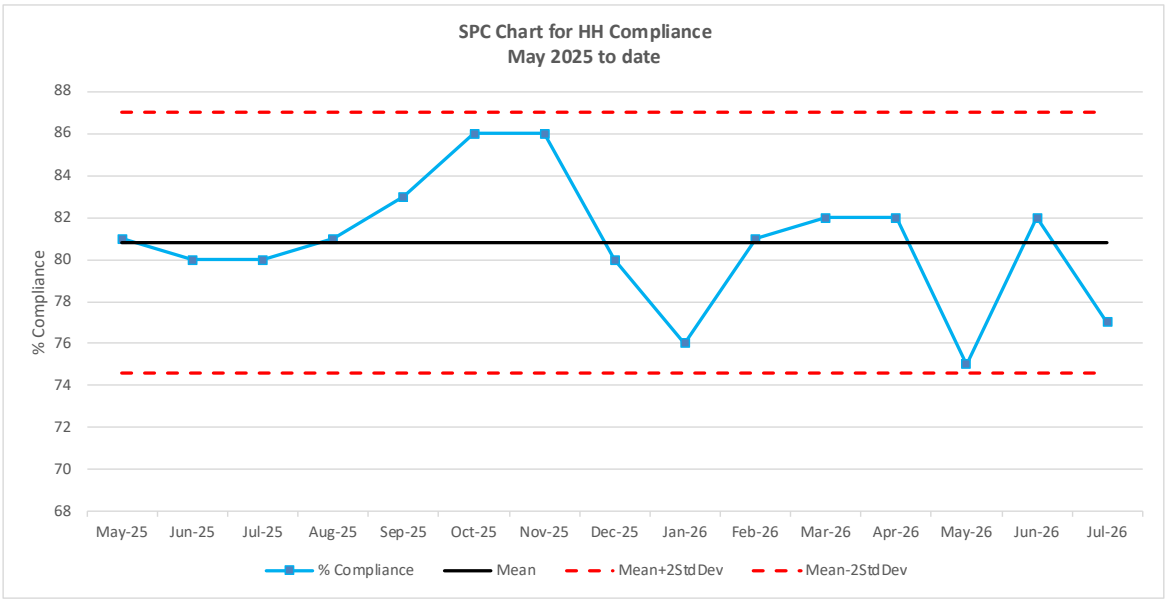
Procedure	No of procedures this month	No. of confirmed SSIs this month (Mandatory 30 days)	No. of confirmed SSIs this month (Local 90 days)
Abdominal Hysterectomy	12	1	0
Breast Surgery	53	0	0
Caesarean Section	106	0	0
Hip Arthroplasty	60	0	0
Knee Arthroplasty	36	0	0
Large Bowel	16	0	0
Hernia repair	33		0
Lap cholecystectomy	38		2

Hand Hygiene Monitoring Compliance (%) Board wide

The data below is an extract from the Pentana dashboard. It includes the total percentage of compliance that is recorded 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.



In addition to the above graph of compliance, below is an SPC chart for the IPC audits to provide further context of the variation of the monthly compliance rates.



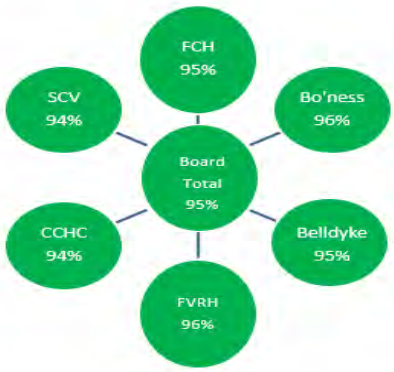
Estate and Cleaning Compliance (per hospital)

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.

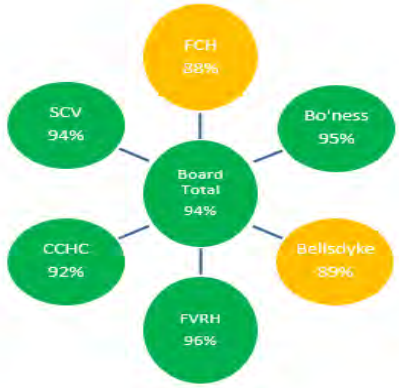
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital and Bellsdyke Hospital scores have remained the same this quarter as the previous quarter. Falkirk Community hospital is 88% compared to 88% the previous quarter and Bellsdyke is 89% compared to 89% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard April – June 2026



Cleaning Compliance



Estates Compliance

Colour		Description
●	Green	compliance level 90% and above - Compliant
●	Amber	compliance level between 70% and 90% - Partially compliant
●	Red	compliance level below 70% - Non-compliant

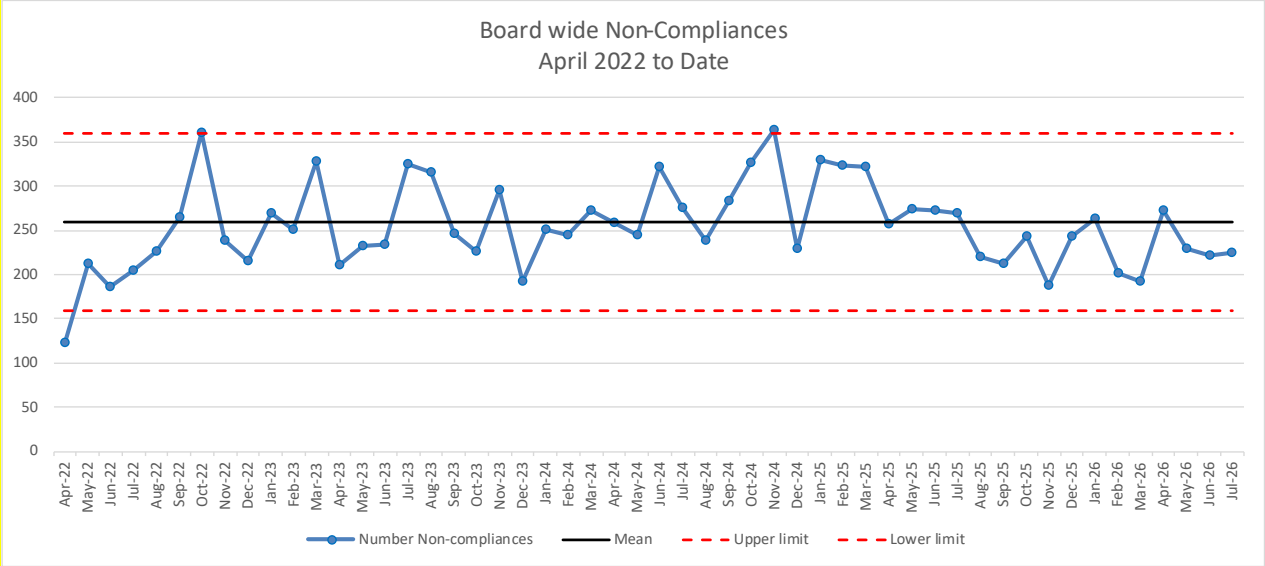
Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributary 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 decreased this month from 222 to 188 non-compliances.

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

Below is an SPC chart detailing the non-compliances identified during the ward visits. A further breakdown of non-compliances is detailed in the appendix of this report.



Incidence / Outbreaks

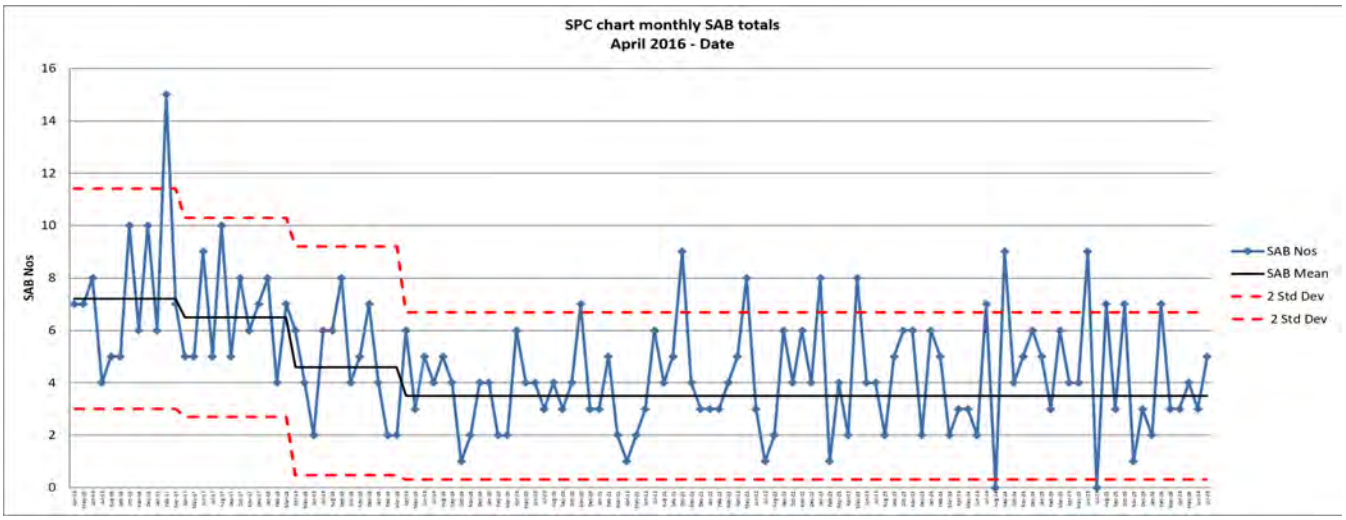
All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

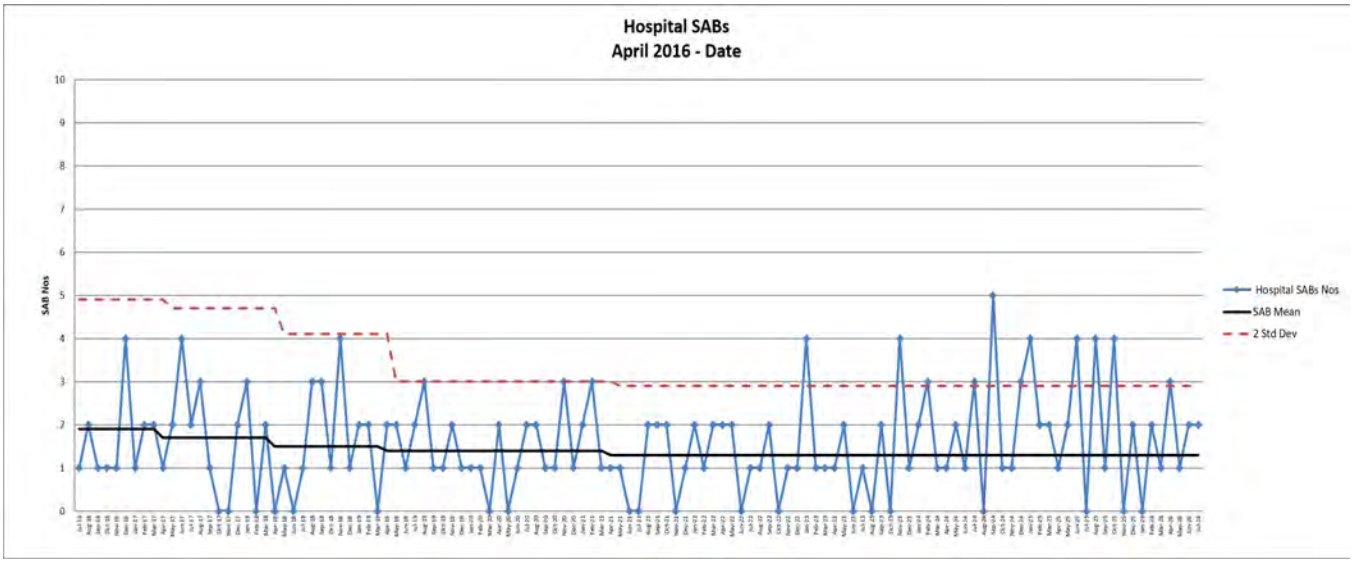
<u>Healthcare Acquired Infection Incident Template (HAIIT)</u>
The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

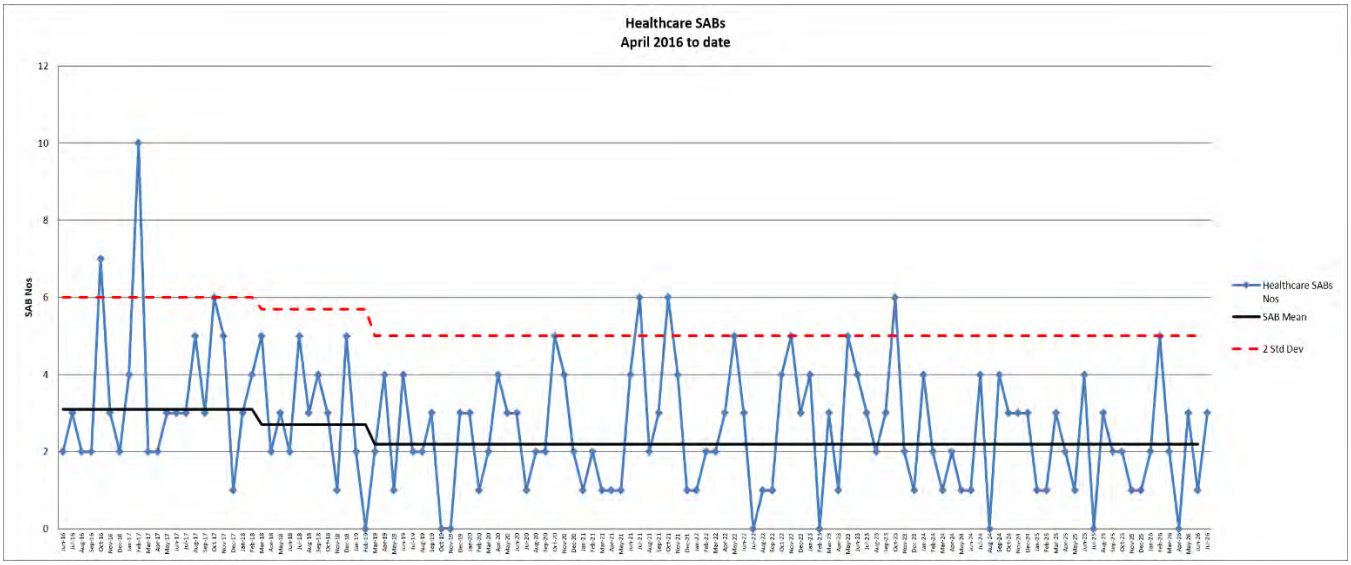
There was one outbreak reported this month, Ward B32, norovirus

HAI Surveillance Statistical Processing Charts

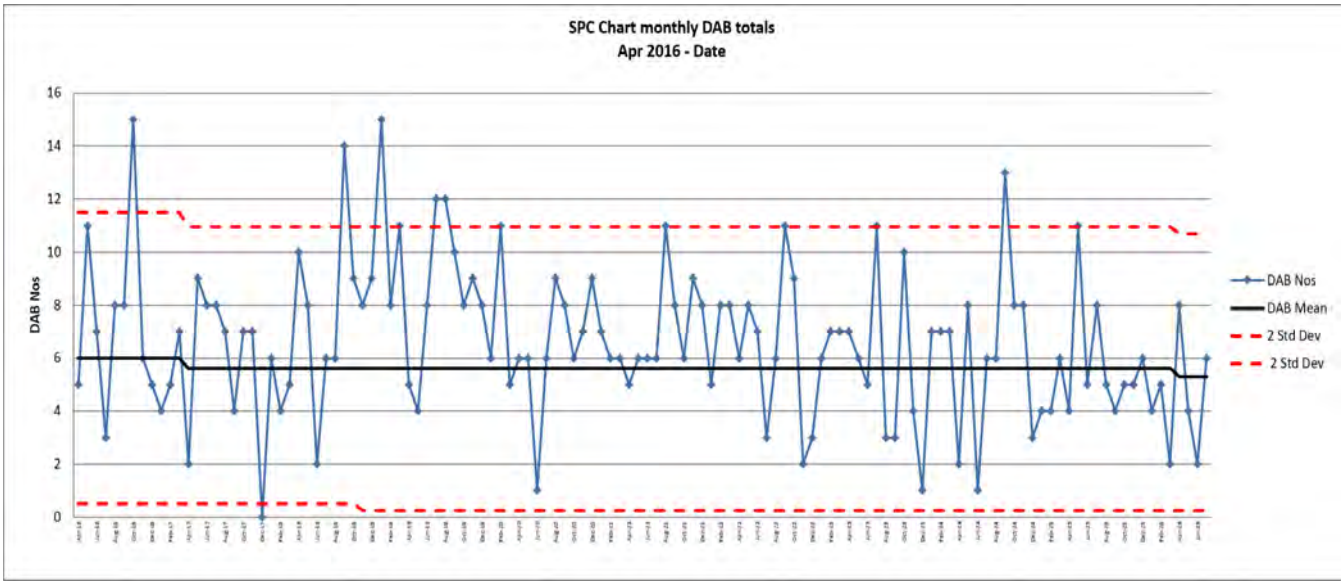
Staphylococcus aureus Bacteraemias (SABs)

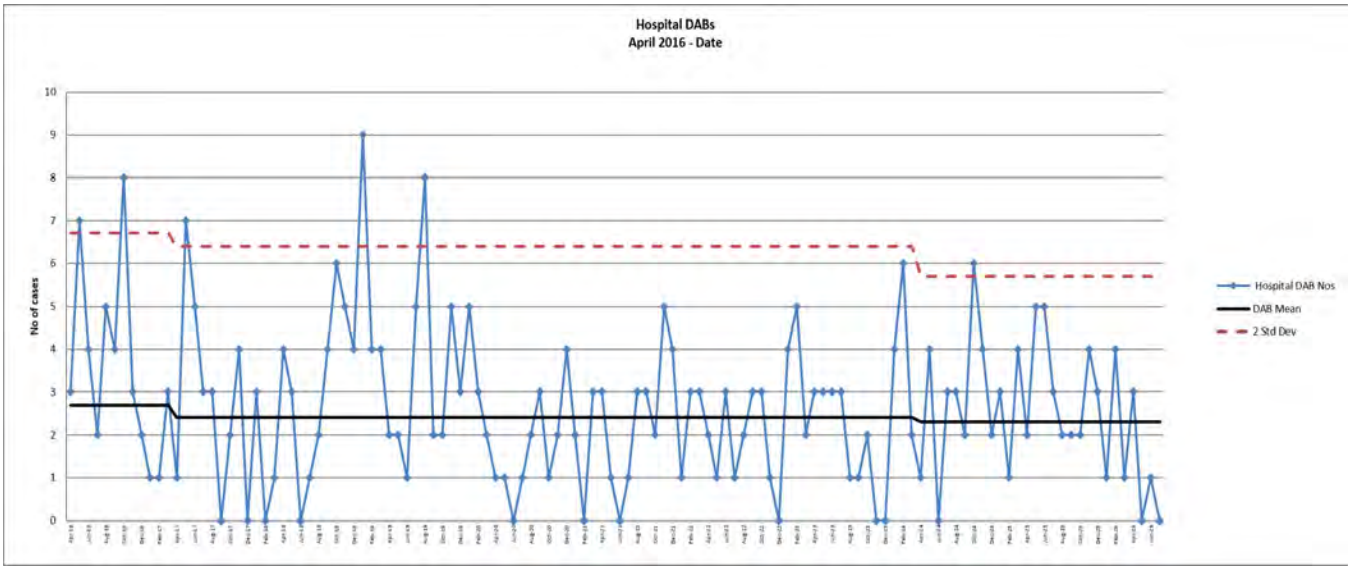


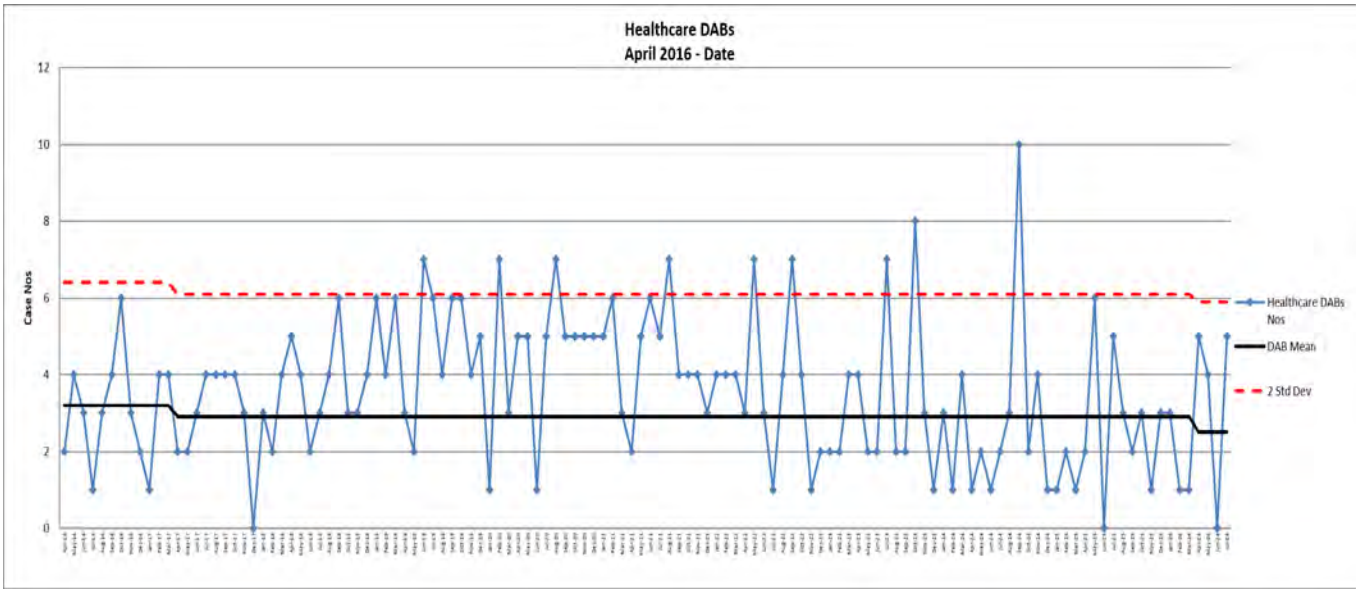




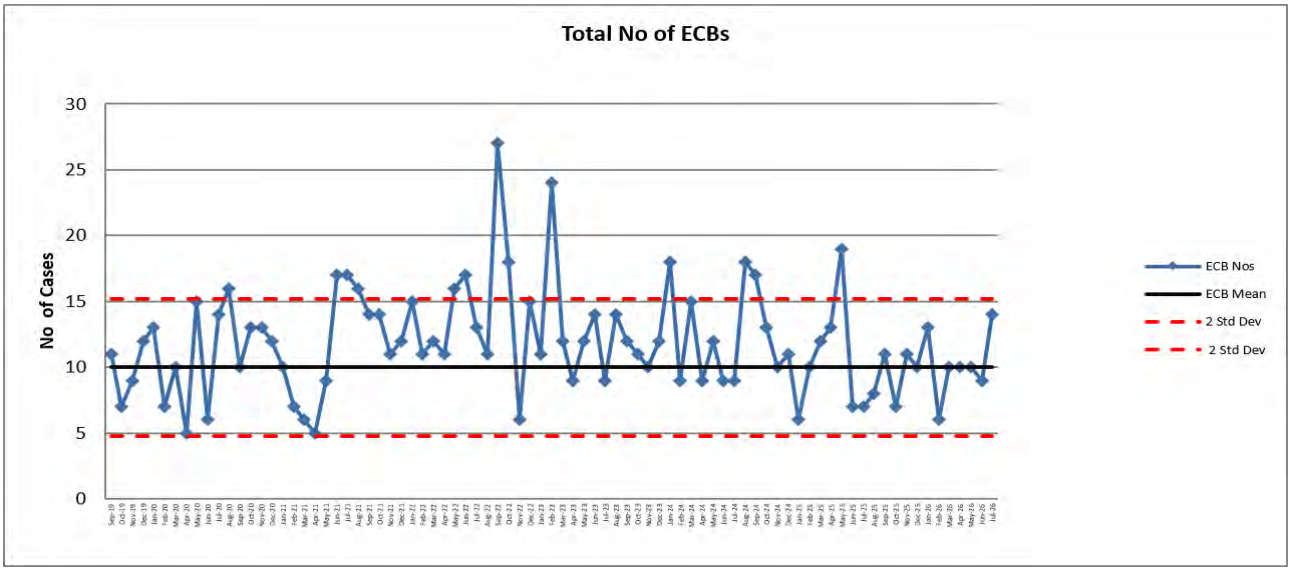
Device Associated Bacteraemias (DABs)

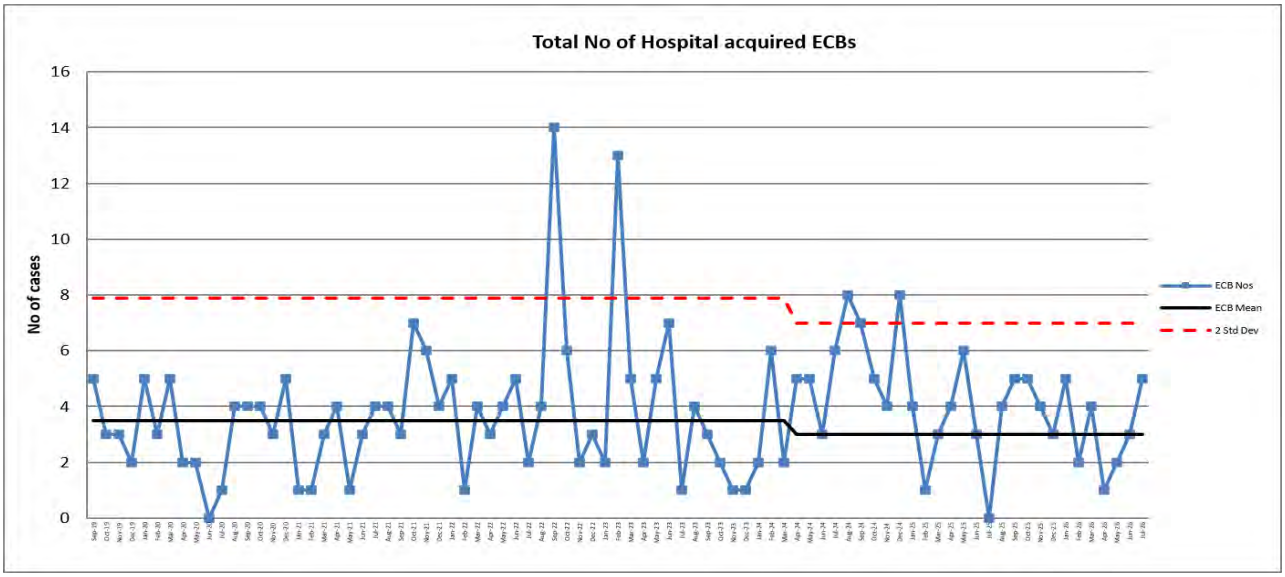


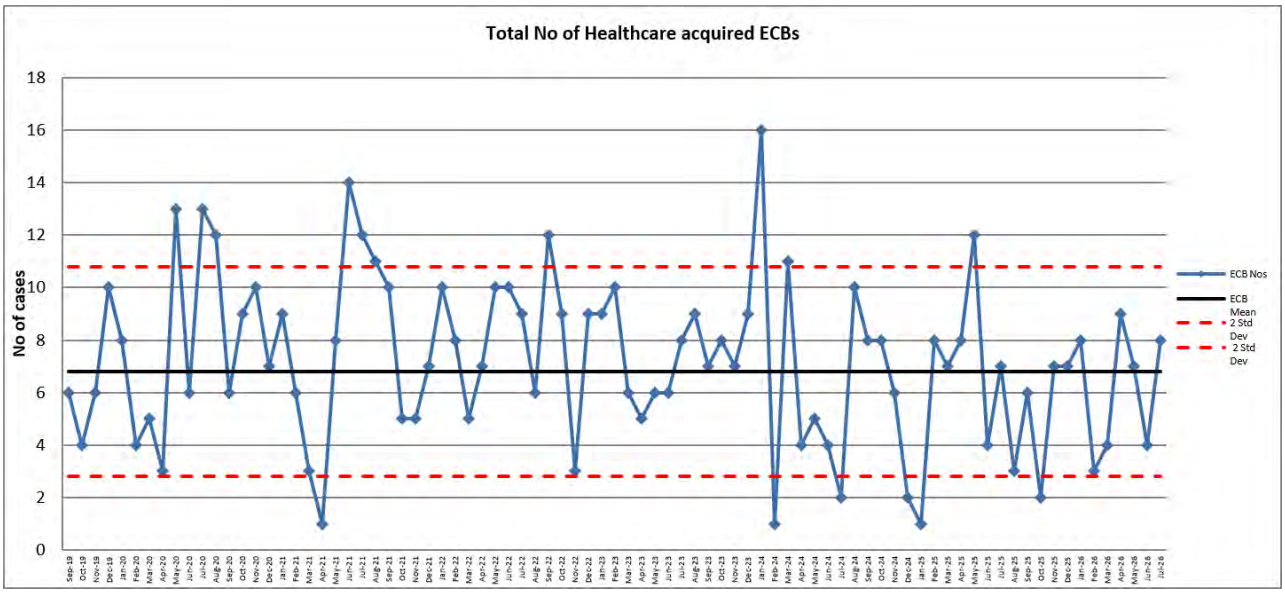




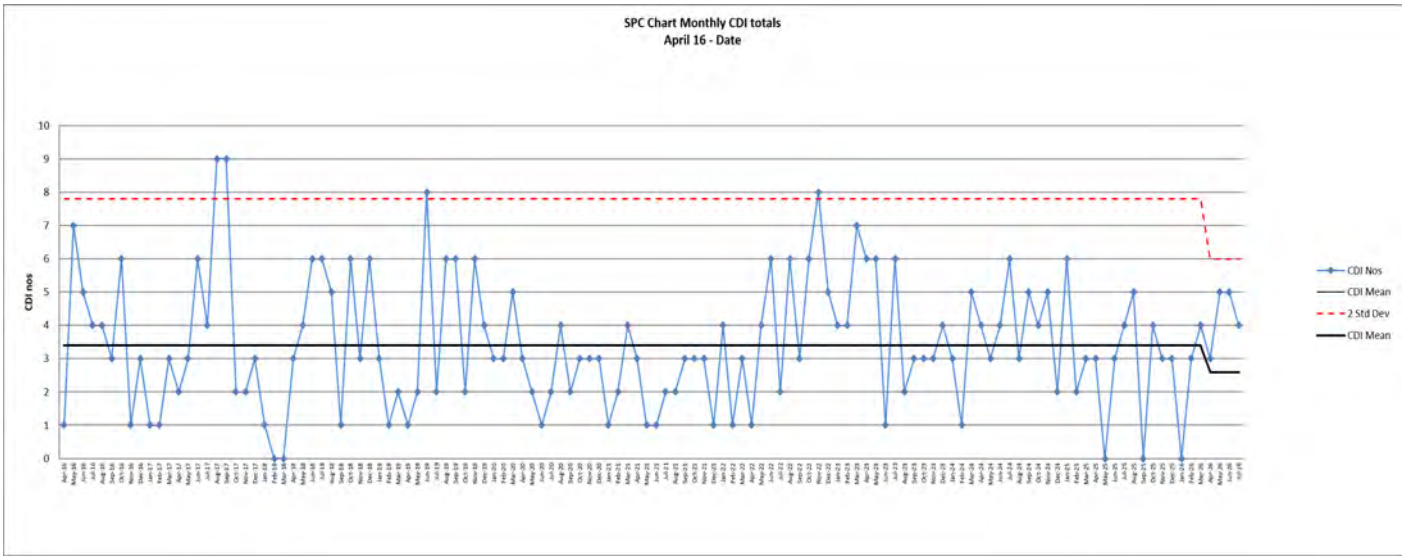
Escherichia coli Bacteraemias (ECBs)

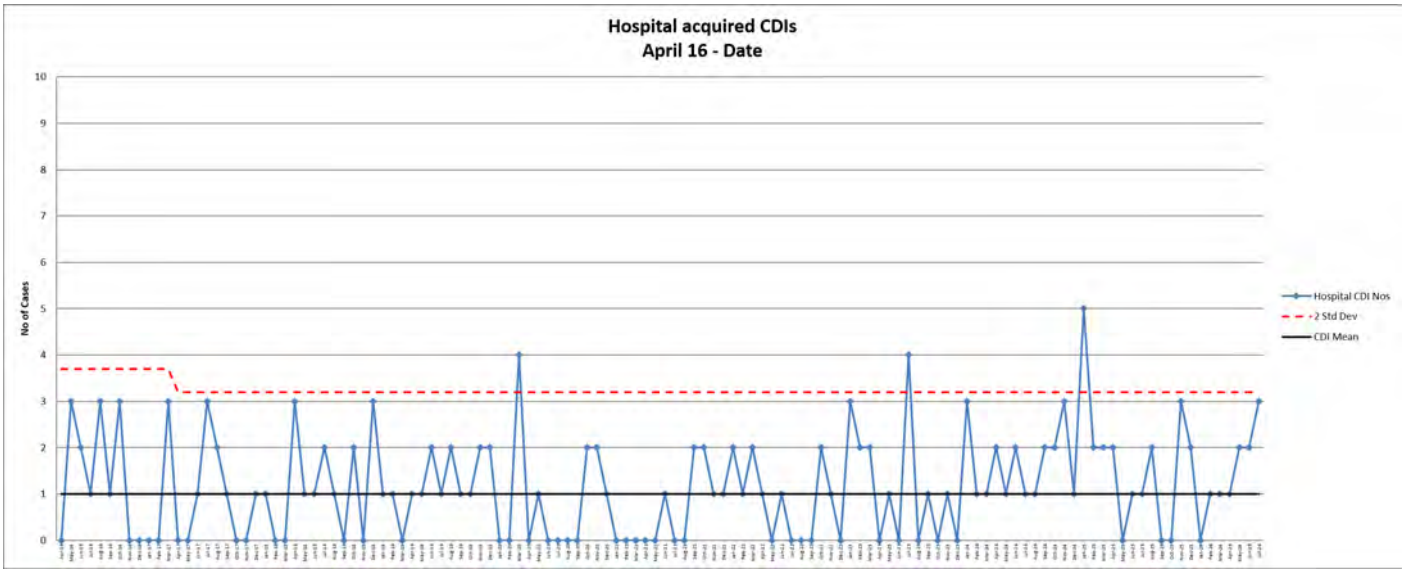


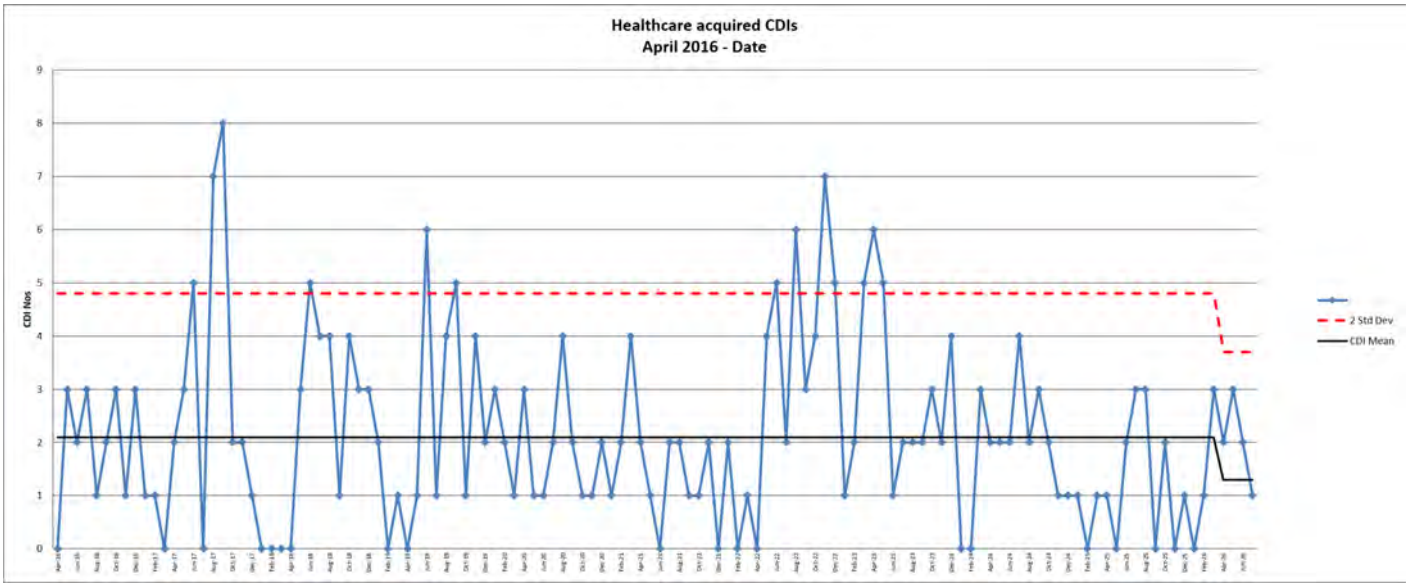




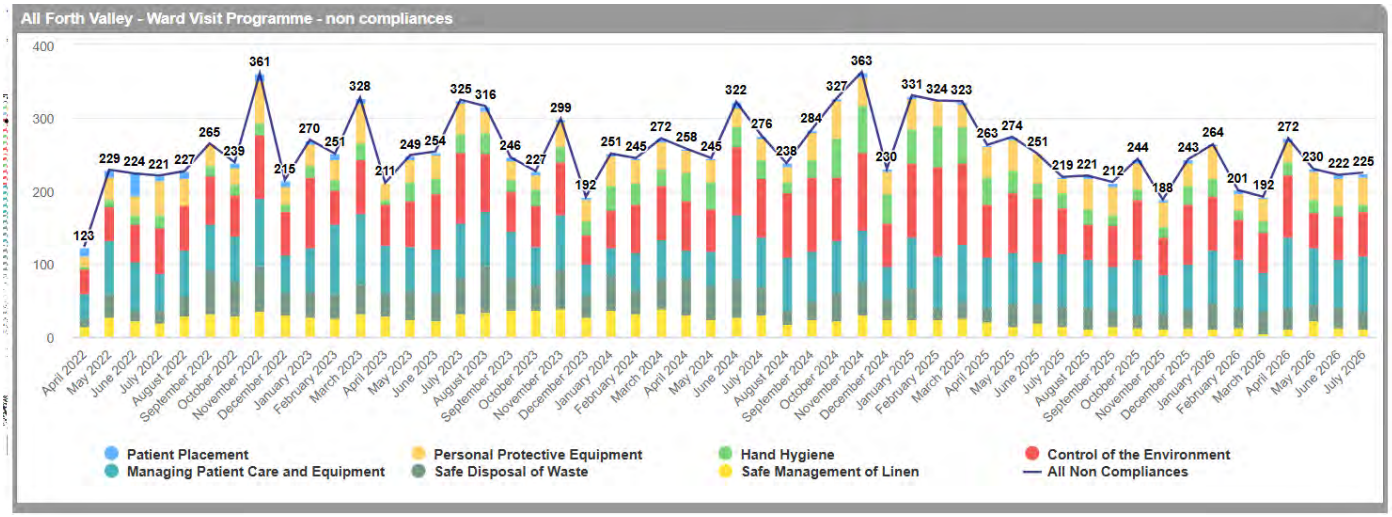
Clostridioides difficile Infections (CDIs)

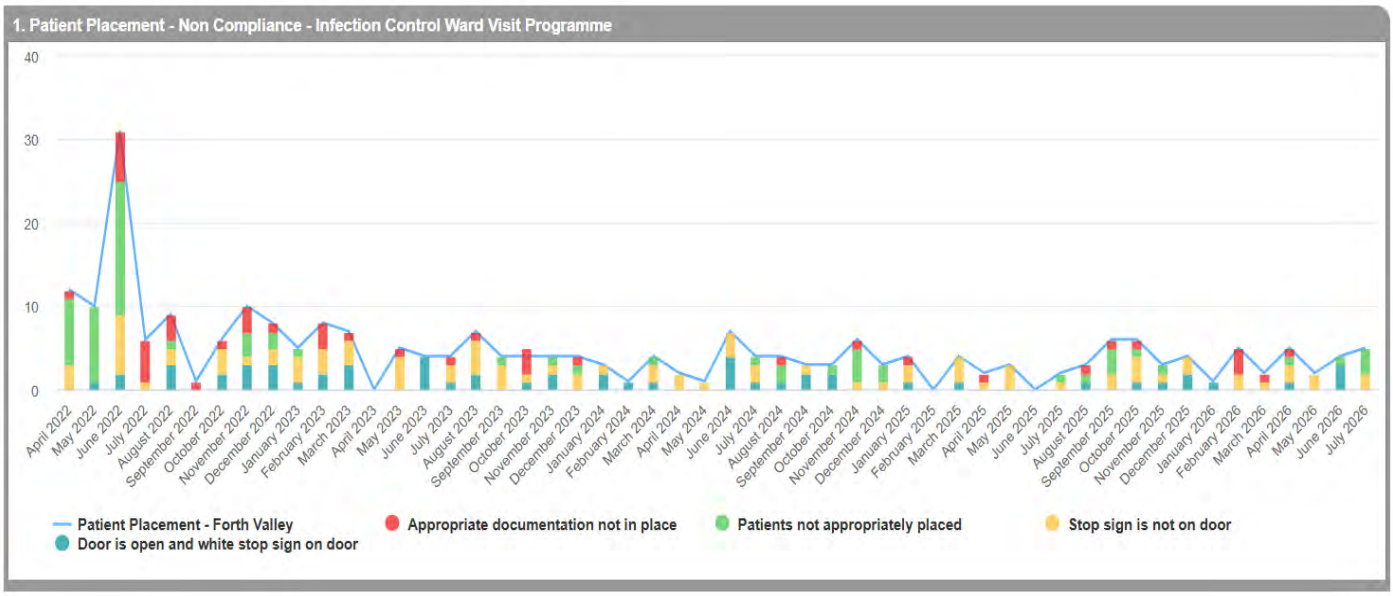


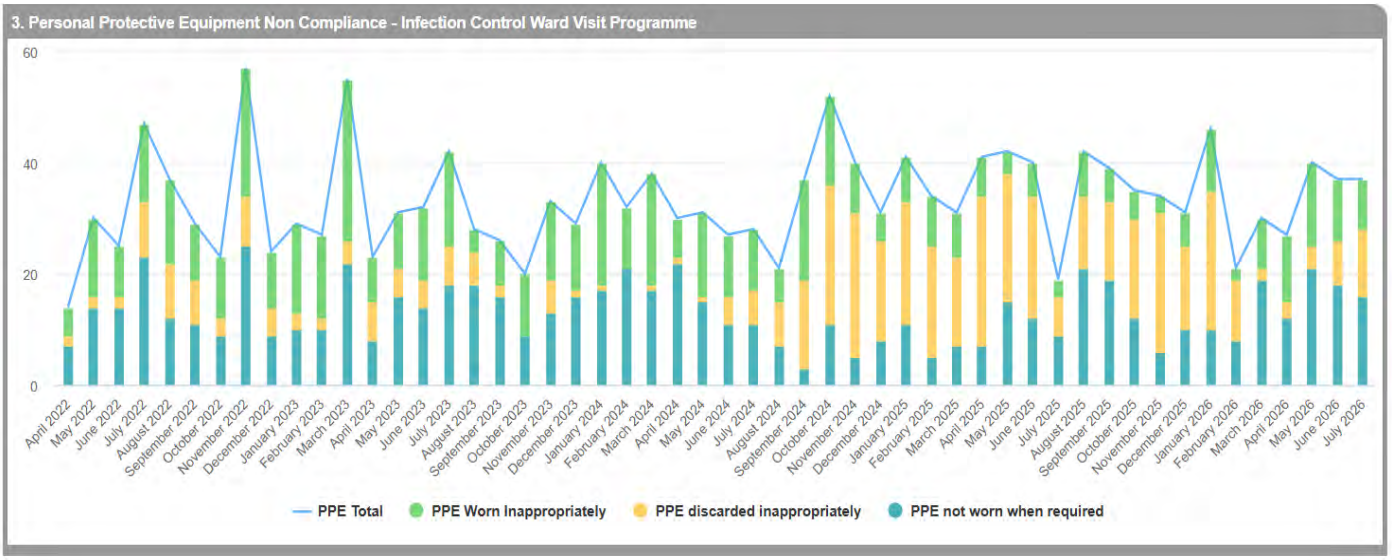


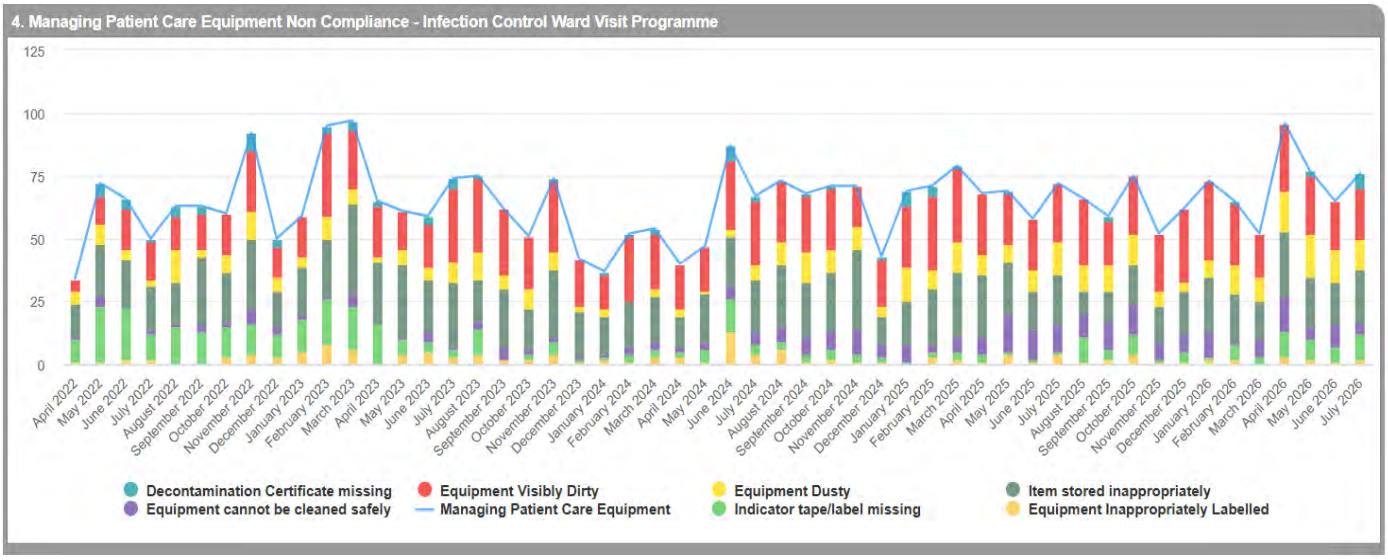


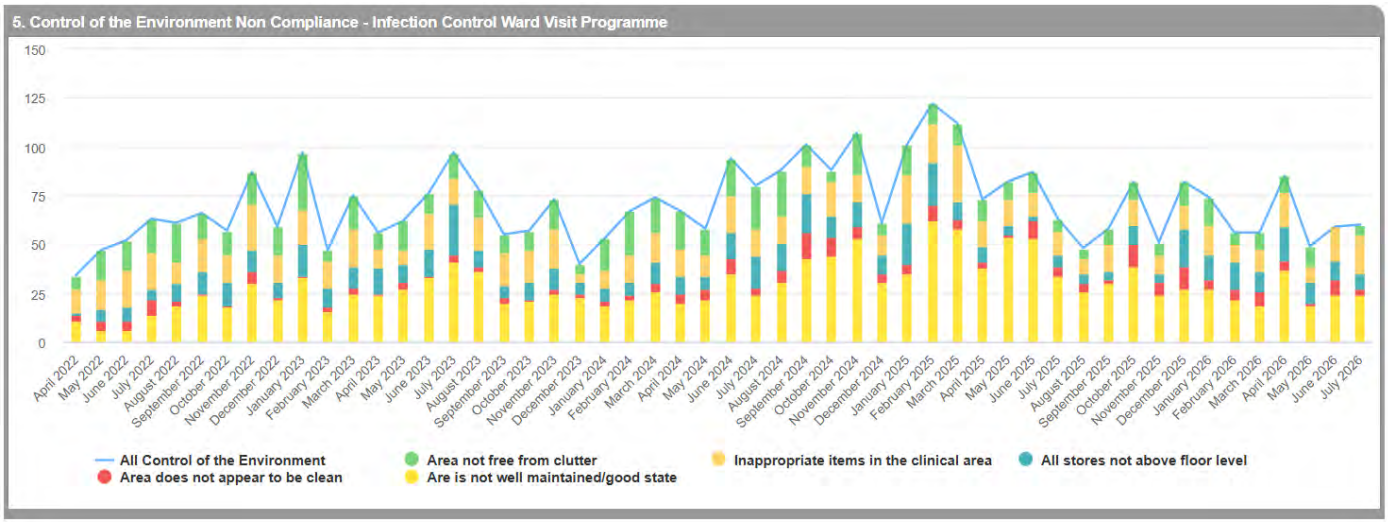
Ward Visit Non-Compliances by SICP

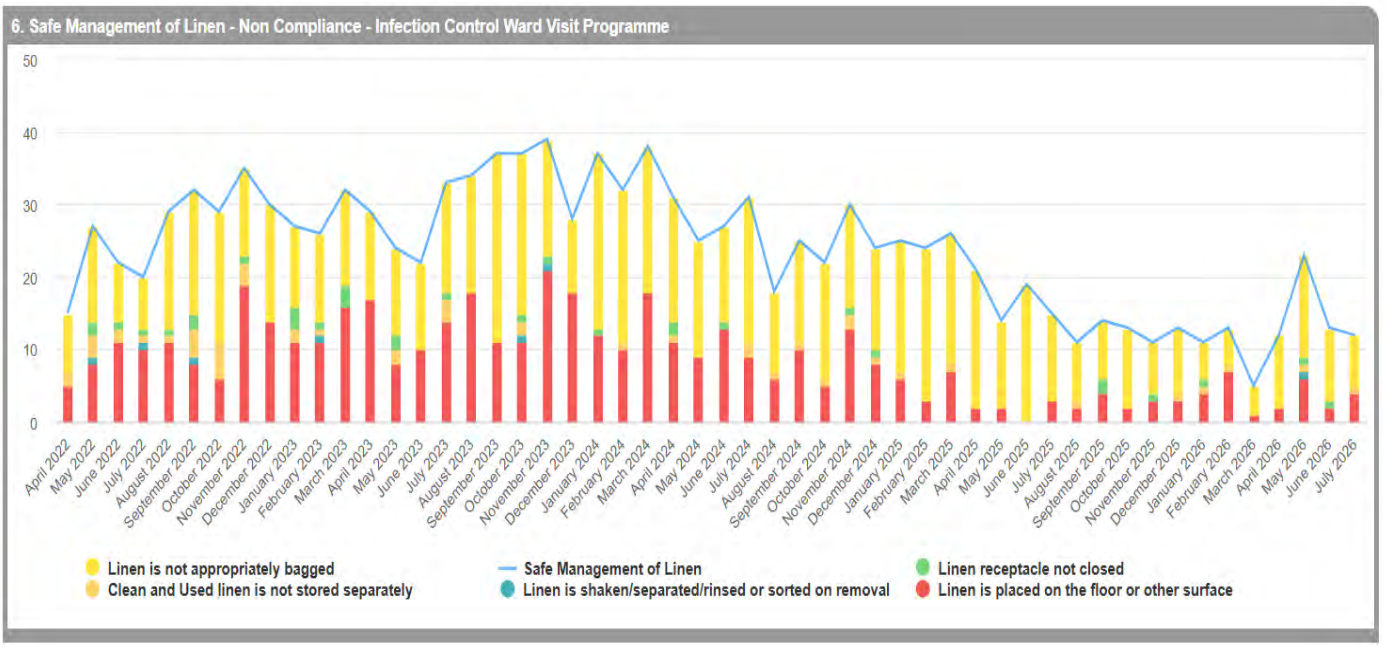


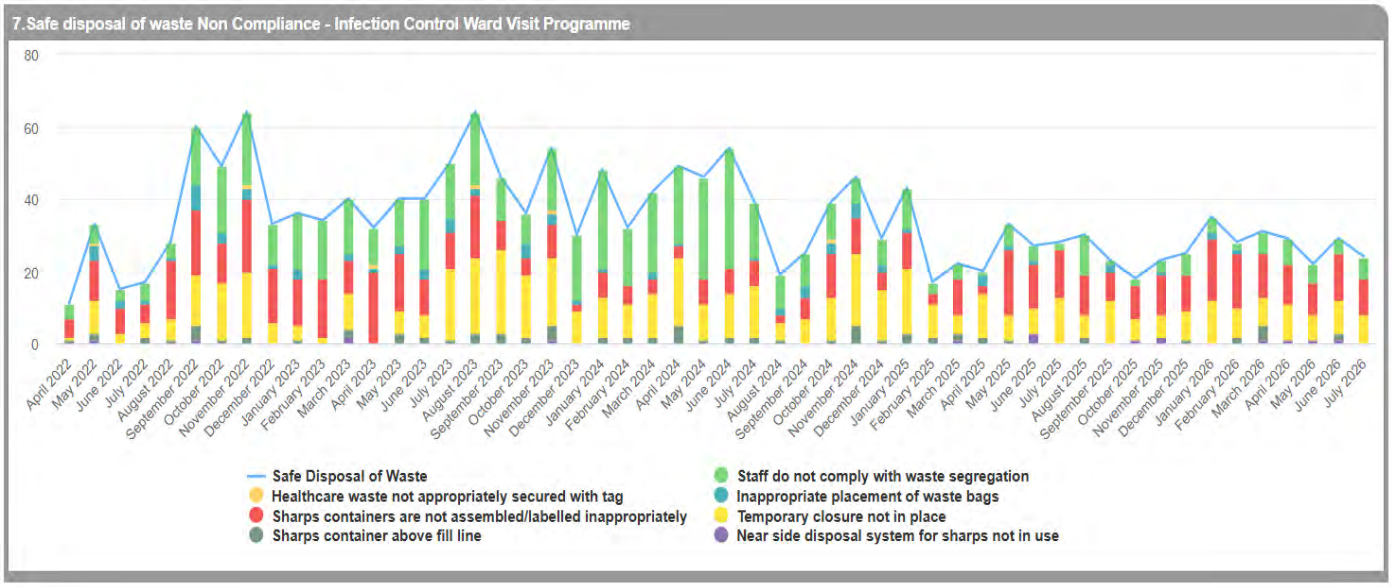





4. Managing Patient Care Equipment Non Compliance - Infection Control Ward Visit Programme
125
100
75
50
25
0
April 2022
May 2022
June 2022
July 2022
August 2022
September 2022
October 2022
November 2022
December 2022
January 2023
February 2023
March 2023
April 2023
May 2023
June 2023
July 2023
August 2023
September 2023
October 2023
November 2023
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
November 2024
December 2024
January 2025
February 2025
March 2025
April 2025
May 2025
June 2025
July 2025
August 2025
September 2025
October 2025
November 2025
December 2025
January 2026
February 2026
March 2026
April 2026
May 2026
June 2026
July 2026
Decontamination Certificate missing
Equipment Visibly Dirty
Equipment Dusty
Item stored inappropriately
Equipment cannot be cleaned safely
Managing Patient Care Equipment
Indicator tape/label missing
Equipment Inappropriately Labelled


5. Control of the Environment Non Compliance - Infection Control Ward Visit Programme
150
125
100
75
50
25
0
April 2022
May 2022
June 2022
July 2022
August 2022
September 2022
October 2022
November 2022
December 2022
January 2023
February 2023
March 2023
April 2023
May 2023
June 2023
July 2023
August 2023
September 2023
October 2023
November 2023
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
November 2024
December 2024
January 2025
February 2025
March 2025
April 2025
May 2025
June 2025
July 2025
August 2025
September 2025
October 2025
November 2025
December 2025
January 2026
February 2026
March 2026
April 2026
May 2026
June 2026
July 2026
All Control of the Environment
Area does not appear to be clean
Area not free from clutter
Are is not well maintained/good state
Inappropriate items in the clinical area
All stores not above floor level


6. Safe Management of Linen - Non Compliance - Infection Control Ward Visit Programme
50
40
30
20
10
0
April 2022
May 2022
June 2022
July 2022
August 2022
September 2022
October 2022
November 2022
December 2022
January 2023
February 2023
March 2023
April 2023
May 2023
June 2023
July 2023
August 2023
September 2023
October 2023
November 2023
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
November 2024
December 2024
January 2025
February 2025
March 2025
April 2025
May 2025
June 2025
July 2025
August 2025
September 2025
October 2025
November 2025
December 2025
January 2026
February 2026
March 2026
April 2026
May 2026
June 2026
July 2026
Linen is not appropriately bagged
Clean and Used linen is not stored separately
Safe Management of Linen
Linen is shaken/separated/rinsed or sorted on removal
Linen receptacle not closed
Linen is placed on the floor or other surface


7.Safe disposal of waste Non Compliance - Infection Control Ward Visit Programme
80
60
40
20
0
April 2022
May 2022
June 2022
July 2022
August 2022
September 2022
October 2022
November 2022
December 2022
January 2023
February 2023
March 2023
April 2023
May 2023
June 2023
July 2023
August 2023
September 2023
October 2023
November 2023
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
November 2024
December 2024
January 2025
February 2025
March 2025
April 2025
May 2025
June 2025
July 2025
August 2025
September 2025
October 2025
November 2025
December 2025
January 2026
February 2026
March 2026
April 2026
May 2026
June 2026
July 2026
Safe Disposal of Waste
Healthcare waste not appropriately secured with tag
Sharps containers are not assembled/labelled inappropriately
Sharps container above fill line
Staff do not comply with waste segregation
Inappropriate placement of waste bags
Temporary closure not in place
Near side disposal system for sharps not in use

NHS Forth Valley

Forth Valley NHS Board

Tuesday, 25 August 2026

17. Finance Report

Purpose: This report is for Assurance

Executive Sponsor: Ross McGuffie, Chief Executive

Author: Scott Urquhart, Director of Finance / Jillian Thomson, Deputy Director of Finance

Executive Summary

This report provides an overview of the financial position at month 4 and outlines the key risks to delivery of the NHS Board's statutory financial duties for 2026/27.

The financial plan approved for 2026/27 identified a net funding gap of £38.0m, supported by a programme of risk-assessed cost improvement and efficiency measures developed to address the shortfall and support delivery of financial balance.

The month 4 position highlights sustained financial pressure in 2026/27, with a year-to-date overspend of £2.9m reported as at 31 July 2026 (Appendix 1). Key cost pressures continue to be driven by medical staffing, nurse bank expenditure, drugs costs, non-emergency patient transport, clinical waste and delays in the delivery of planned efficiency savings.

A range of management actions are being implemented to mitigate in-year financial risk, including strengthened controls over supplementary staffing, targeted investment to improve workforce sustainability and initiatives in place to reduce medicines costs. A recent Q&A session was held for all staff to reinforce key financial priorities, which will be supported through dedicated financial stewardship training events.

Despite these actions, the current run rate of expenditure remains above planned levels and savings delivery is currently £3.5m behind trajectory. Consequently, delivering the forecast breakeven position for 2026/27 will require a significant improvement in financial performance from month 5 onwards, alongside accelerated implementation of corrective actions and savings plans across all Directorates.

The first Scottish Government quarterly review meeting of 2026/27 was held on 6th August. Discussion focused on the current financial position and forecast, progress with savings delivery, subnational working and longer-term financial sustainability. Additional non-recurring funding has been secured to support local preventative initiatives, with investment targeted at improving outcomes for patients through earlier intervention and support within their care pathways.

Action Required

Forth Valley NHS Board is asked to:

(1) Note the month 4 financial position including the reported year-to-date overspend of £2.9m and the key risks to delivery of financial balance in 2026/27.

(2) Note that delivery of a breakeven outturn position remains dependent on accelerated implementation of corrective action and achievement of planned savings.

(3) Note the actions being implemented to strengthen financial control and mitigate financial risks.
(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.

- The SPP&RC and the NHS Board receive regular 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.

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 as at 31 July 2026.

Appendix 1 - Overview of Financial Performance

1. NHS FV Financial Performance

The total annual budget for 2026/27 is estimated at £1.020 billion as summarised in table 1 below. In arriving at this position, a number of outstanding revenue allocations have been anticipated and included in month 4 budgets pending confirmation from Scottish Government.

TABLE 1: NHS Forth Valley 2026/27 Finanical performance	Annual Budget £m	April - July Budget £m	April - July Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Set Aside & Non-Delegated Functions*					
Acute Services	278.859	93.999	100.124	(6.125)	(15.312)
Woman Children and Families	70.116	23.287	23.577	(0.290)	0.000
Cross Boundary Flow/External SLAs	75.489	25.109	25.314	(0.205)	(0.661)
Non-delegated Community Services	35.078	11.732	12.508	(0.777)	(2.290)
Facilities	120.675	40.528	41.213	(0.685)	(1.408)
Digital	26.701	8.907	8.818	0.089	(0.150)
Corporate Functions	44.464	13.922	13.772	0.149	1.054
Ringfenced and Contingency Budgets	48.152	5.000	0.000	5.000	19.354
Income	(44.342)	(14.043)	(14.021)	(0.022)	(0.587)
Sub total	**655.192**	**208.440**	**211.305**	**(2.865)**	**0.000**
Delegated Functions					
Operational Services	160.346	53.792	52.196	1.597	
Universal Services	188.198	67.815	69.274	(1.459)	
IJB reserves	17.143	(0.137)	(0.000)	(0.137)	
Sub total	**365.687**	**121.470**	**121.470**	**0.000**	
Reserve transfers (to)/from IJB					
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	**1,020.879**	**329.910**	**332.776**	**(2.865)**	

* 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 £655.192m above is £91.388m. An overspend of £4.596m is reported at month 4.

As outlined in table 1 above, a net overspend of £2.865m is reported for the 4-month period ending 31 July 2026. Whilst this represents an adverse movement of £0.356m compared to the position reported at end June, it is a significant improvement on the £6.359m overspend reported at the same time last year.

The majority of the year to date overspend is driven by ongoing cost pressures in the Acute Services Directorate, particularly in relation to medical pay costs which are overspent by £2.075m, and nurse pay costs which are overspent by £0.515m at this early stage in the year. Pressures are also reported against drug costs (£2.255m overspent) and equipment budgets (£0.900m overspent). Note that similar issues are also reported in relation Non-Delegated Community services in terms of medical staffing costs and surgical sundries. Key drivers of the Facilities overspend relate to energy and non-emergency patient transport.

We continue to monitor overall supplementary staffing costs at NHS Board level. Costs have increased by £0.662m or 6.2% compared to the same period last year as outlined in table 2 below.

Table 2: Non-Core Staffing Costs	Apr 25 to July 25 £	Apr 26 to July 26 £	Better/ (Worse) £	% Change
Admin agency	2,715	787	1,928	71.0%
Admin bank	354,219	507,712	(153,494)	(43.3%)
Medical agency	1,952,035	1,528,374	423,661	21.7%
Medical bank	1,140,866	1,109,581	31,285	2.7%
Medical locum	403,651	528,575	(124,924)	(30.9%)
Nurse agency	(48,638)	23,618	(72,255)	148.6%
Nurse bank	5,921,203	6,513,064	(591,860)	(10.0%)
Other agency	82,884	172,386	(89,502)	(108.0%)
Other bank	440,438	479,012	(38,574)	(8.8%)
Overtime	443,173	491,540	(48,367)	(10.9%)
Total	**10,692,546**	**11,354,648**	**(662,102)**	**(6.2%)**

The increase is primarily being driven by rising nurse bank usage with £6.513m of nurse bank costs incurred during the first four months of the year. The majority (65%) of those costs incurred to date relate to unregistered nursing in Emergency Care and Inpatients, and in Mental Health Services under Clacks/Stirling HSCP. This reflects the requirement for cover for annual leave, vacancies, sickness absence and service demands, including an increasing requirement for enhanced observations within mental health areas.

Further targeted actions to reduce workforce costs within approved budgets have been agreed by the Senior Leadership Team. This includes measures to improve workforce resilience and sustainability, focusing on reducing sickness absence by providing dedicated senior nursing support in this area, the roll out of e-rostering and the reintroduction of enhanced controls for bank staff usage (including senior approval for bank staff usage beyond budgeted vacancies and development of new escalation processes to involve finance, HR, and Operational Managers for both nursing and medical supplementary staffing requests).

Whilst direct medical agency costs have reduced by £0.423m compared to the same period last year, significant expenditure continues to be incurred in a number of key specialities, particularly within Emergency Care and Inpatients. This is evident in General Medicine where shortages in Resident Doctor placements have resulted in a £1.479m overspend to maintain safe rota coverage.

2. Efficiency Savings

The Financial Sustainability Action Plan for 2026/27 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 2026/27 financial plan.

To date, the plan includes savings schemes across 6 workstreams as summarised in table 3 below which are aligned to the to the refreshed national “15-point grid” and the

3% recurring savings target set by the Scottish Government[1]. The first quarterly self-assessment review for 2026/27 was presented at the Financial Stewardship Programme Board and submitted to the Scottish Government in line with required timescales.

To date total savings of £13.165m have been achieved of which £7.222m (55%) is classified as recurring.

Annual plan £000s	TABLE 3: 2026/27 Financial Sustainability Action Plan	Apr - Jul plan £000s	Apr - Jul actual £000s	Variance £000s
	15 Box Grid: Service Sustainability (Operational Improvement Plan)			
90	Theatres Optimisation	0	0	0
125	Length of Stay	0	0	0
4,847	Prescribing Optimisation	3,389	3,389	0
5,062	**Sub total: Service sustainability (OIP)**	**3,389**	**3,389**	**0**
	15 Box Grid: Reform Priorities (Service Renewal Framework)			
2,274	Shifting the Balance of Care	2,274	2,354	80
608	Digital Programmes	203	17	(186)
875	Patient Level Information & Costing System (PLICS)	875	875	0
3,757	**Sub total: Reform Priorities (SRF)**	**3,352**	**3,246**	**(106)**
	15 Box Grid: Prevention (Population Health Framework)			
1,562	Value Based Health & Care	628	161	(467)
1,562	**Sub total: Prevention (PHF)**	**628**	**161**	**(467)**
	15 Box Grid: Workforce			
4,731	Supplementary Staffing	2,244	423	(1,821)
4	Business Services	4	4	0
500	Attendance Promotion	167	0	(167)
5,235	**Sub total: Workforce**	**2,414**	**427**	**(1,987)**
	15 Box Grid: Financial Management			
618	Contract Management	206	214	8
1,287	Transport	333	0	(333)
2,116	Estates & Facilities	1,764	1,700	(64)
4,021	**Sub total: Financial Management**	**2,304**	**1,914**	**(390)**
	Other local savings plans			
12	Facilities	12	12	0
901	Digital	583	500	(83)
2,457	Service reform & redesign	819	0	(819)
101	Procurement	0	0	0
1,835	Workforce	312	0	(312)
10,226	Non-pay	2,863	3,516	653
978	Savings still to be identified	0	0	0
16,510	**Sub total: Other local savings plans**	**4,589**	**4,028**	**(561)**
36,147	**TOTAL**	**16,676**	**13,165**	**(3,511)**
22,954	Recurring	11,506	7,222	**(4,284)**
15,082	Non-recurring	5,170	5,943	**773**
38,036	**TOTAL**	**16,676**	**13,165**	**(3,511)**

Positive progress is being made in relation to prescribing savings through implementation of a range of technical switches together with other non-pay savings including release of auto-generated accruals and benefits from changes in financial planning assumptions. However, overall savings delivery is currently behind trajectory by £3.511m – this is largely due to delays in delivering workforce savings, specifically

[1] The 3% recuring savings target for 2026/27 equates to £24.6m. The Board's share of the target is £18.4m with the balance of £6.2m relating directly to IJBs.

in relation to supplementary staffing costs and resolution of rota compliance issues. Other notable delays relate to the transport and service redesign and reform workstreams which have made limited progress to date.

The Financial Stewardships Programme Board continues to meet fortnightly to oversee delivery of the savings plan. A key focus for the next meeting is to develop targeted actions in relation to £6.116m of savings schemes that are currently RAG rated as red[2].

Table 4: Financial Sustainability Action Plan (Set Aside & NHS Core only) RED RAG status	2026/27 ANNUAL TARGET			RAG status
	Rec £000s	Non-Rec £000s	Total £000s	
15 Box Grid: Workforce				
Supplementary Staffing: nurse bank (unregistered)	1,574		**1,574**	RED
Supplementary Staffing: nurse bank (registered)	1,141		**1,141**	RED
Sub total: Workforce	*2,732*	*0*	***2,732***	
15 Box Grid: Financial Management				
Transport: reduce patient transport costs	1,000		**1,000**	RED
Estates: synthetic air plant	10		**10**	RED
Sub total: Financial Management	*1,010*	*0*	***1,010***	
Other local savings plans				
Workforce: medical locum VAT review		900	**900**	RED
Workforce: Rota Compliance	935		**935**	RED
Non-Pay: diabetes technology potential VAT recovery	556		**556**	RED
Sub total: Other local savings plans	1,491	900	**2,391**	
GRAND TOTAL	**5,233**	**900**	**6,133**	

For context the schemes currently rated as red equate to 16% of the overall savings plan:

	£m	
61%	23,331	Green
23%	8,589	Amber
16%	6,116	Red
	38,036	

[2] A red rating indicates that the scheme is considered unlikely to deliver its planned saving in the current financial year, or there is insufficient evidence to support delivery. Key milestones have been missed with no credible recovery plan, major dependencies remain unresolved, or the scheme has not progressed beyond an early concept stage. Financial assumptions are weak or unvalidated, implementation has not started when it should have done, or delivery is dependent on significant change that cannot reasonably be completed within the year. There may also be substantial quality, workforce, operational, legal, or stakeholder barriers that prevent implementation. A red rating is also used where only a small proportion of the planned saving is likely to be achieved in year.

3. Directorate Financial Performance

3.1. Clinical Directorates (Set Aside & Non-Delegated Functions)

Clinical Directorates reported a combined overspend of £2.419m as at 31 July 2026 as summarised in Table 4 below.

TABLE 4: Clinical Directorates*	Annual Budget £m	April - July Budget £m	April - July Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Acute Services	278.859	93.999	100.124	(6.125)	(15.312)
Woman Children and Families	70.116	23.287	23.577	(0.290)	0.000
Cross Boundary Flow/External SLAs	75.489	25.109	25.314	(0.205)	(0.661)
Non-delegated Community Services	35.078	11.732	12.508	(0.777)	(2.290)
Ringfenced and Contingency Budgets	48.152	5.000	0.000	5.000	19.354
Income	(44.342)	(14.043)	(14.021)	(0.022)	(0.587)
Sub total	**463.352**	**145.084**	**147.502**	**(2.419)**	**0.504**

* 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 £91.388m. An overspend of £4.596m is reported at month 4.

Acute services – an overspend of £6.125m is reported as at end July 2026 (an adverse movement of £0.947m compared to the position reported in June). The main area of overspend relates to Emergency Care & Inpatient Services (£5.161m) with the balance of £0.920m related to Planned Care.

Key pressure areas include pay costs, particularly in respect of medical staffing and nurse pay budgets. Pressures are also reported in relation to the cost of drugs (particularly in relation to the uptake of oncology and dermatology medicines in Planned Care Services) and equipment budgets due to unavoidable inflationary uplifts on a range of manged service contracts. Savings delivery under the service redesign and reform workstream has made limited progress to date (in terms of the Flow Navigation Centre) which also contributes to the yet to date overspend position.

Women, Children & Families – an overspend of £0.290m is reported at end of July 2026, which is an adverse movement of £0.132m compared to the position reported in June. The overspend reflects medical pay pressures and 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 out-with Forth Valley, mainly through service agreements for planned treatment with other Scottish Health Boards, and unplanned activity (UNPACS). An overspend of £0.205m is reported at the end of July 2026, representing an adverse movement of £0.069m compared to the position reported in June. This movement is mainly driven by the updated NHS Lothian Non-Acute SLA, which is currently being reviewed and reconciled. The NHS Scotland SLA inflation rate for 2026/27 has yet to be finalised, in addition it remains unclear whether previously anticipated cost increases will materialise in year from SLAs updates following the expected removal of the Covid pause and NHS Scotland transitions to a new Patient Level Information and Costing System (PLICS), with implementation delays continuing to create uncertainty around timing of future updates.

Non-delegated community services – an overspend of £0.777m is reported as at 31 July 2026. This is largely due to financial pressures in Mental Health inpatient ward budgets and Mental Health Medical Staffing budgets.

Ringfenced and contingency budgets – this refers to centrally held funding for key policy developments that have slipped or where amounts have still to be formally confirmed by the Scottish Government. £5.000m has been released from this budget in the month 4 reports.

Income – income received at end July 2026 is broadly in line with the planned level. The rebase of the 3-year average activity levels used to calculate SLA payments from other NHS Boards for services provided by Forth Valley is being finalised and is expected to generate additional income in year.

3.2. Corporate Services, Facilities, and Digital

A combined overspend of £0.447m is reported for Corporate Services, Facilities and Digital Directorates as at 31 July 2026 as summarised in table 5 below.

TABLE 5: Corporate Functions and Facilities & Infrastructure	Annual Budget £m	April - July Budget £m	April - July Expenditure £m	Underspend/ (Overspend) £m	Forecast Outturn £m
Facilities	120.675	40.528	41.213	(0.685)	(1.408)
Digital	26.701	8.907	8.818	0.089	(0.150)
Corporate Functions					
Director of Finance	7.653	2.534	2.507	0.027	(0.053)
Area Wide Services	1.592	(0.291)	0.099	(0.390)	(0.973)
Medical Director	14.541	4.833	4.704	0.129	1.175
Director of Public Health	3.423	1.117	0.982	0.135	0.342
Director of HR	7.256	2.419	2.471	(0.052)	0.043
Director of Nursing	6.198	2.045	1.947	0.098	(0.043)
Chief Executive	0.935	0.311	0.273	0.038	0.129
Strategic Planning & Performance	2.866	0.954	0.790	0.164	0.434
Corporate Functions sub total	44.464	13.922	13.772	0.149	1.054
Sub total	**191.840**	**63.356**	**63.803**	**(0.447)**	**(0.504)**

Facilities – an overspend of £0.685m is reported at the end of July 2026 which is a adverse movement of £0.296m compared to the position reported in June. This is largely due to non-pay pressures relating to non-emergency patient transport, clinical waste, rates and postage. Actions were previously agreed in relation to 1st class and 2nd class postage (mainly relating to letters) and postage costs are now starting to reduce (£17k savings to date), however the costs of parcels and other bulky deliveries remain high. New franking machines have been installed which enable more granular data on postage costs to be investigated and support targeted savings initiatives in this area. Options are currently being considered to reduce transport costs for presentation at the Financial Stewardship Programme Board.

Digital - an underspend of £0.089m is reported at the end of July 2026 which is a favourable movement of £0.164m compared to the position reported in June. This reflects non-recurring underspends in pay budget linked to vacancies and incremental

drift. This is offset by a range of non-pay overspends related to unavoidable inflationary uplifts on various IT contracts.

Corporate Functions – a combined underspend of £0.149m is reported at the end of July (an improvement of £0.121m compared to the position reported in June). This is largely driven by non-recurring underspends in the Medical Director budget in relation to staff turnover and vacancies in Pharmacy, Quality and Innovation and the Information Governance teams. Similar pay underspends are also reported under the Director of Public Health and the Strategic Planning and Performance Directorate due to vacancies and incremental drift. This is offset by timing issues relating to legal claims and associated provisions which accounts for the majority of 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 underspend of £0.139m as at 31 July 2026 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 - July Budget**	**April - July Expenditure**	**Underspend/ (Overspend)**
Clackmannanshire and Stirling HSCP				
Operational Services	73.237	24.389	23.622	0.767
Universal Services	94.939	34.120	35.516	(1.395)
Ringfenced and Contingency Budgets	8.716	0.628	(0.000)	0.628
Subtotal	176.892	59.138	59.138	0.000
Falkirk HSCP				
Operational Services	87.109	29.403	28.574	0.829
Universal Services	93.259	33.695	33.759	(0.064)
Ringfenced and Contingency Budgets	8.427	(0.765)	(0.000)	(0.765)
Subtotal	188.795	62.333	62.333	0.000
TOTAL	**365.687**	**121.470**	**121.470**	**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 £91.388m. 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 for Clackmannshire & Stirling HSCP relates to Primary Care prescribing which accounts for the £1.395m overspend reported under universal services in table 6. However this is offset by non-recurring underspends on operational services in 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. Note that the budgets for Prison Healthcare have now been delegated to Falkirk HSCP following ministerial approval of the revised Incretion Scheme.

No assumptions have been made in the forecast in respect of potential risk sharing arrangements for 2026/27 beyond what was previously agreed with both IJBs. Early indications suggest that the forecast outturn projection for Clackmannanshire and Stirling IJB has worsened – we continue to meet regularly with both IJB CFOs to monitor the position.

4. Capital Financial Performance

The total annual net capital budget for 2026/27 is currently estimated at £15.074m as summarised in table 7 below. This reflects the formula allocation of £6.709m as advised by the Scottish Government, together with a net £8.365m of anticipated allocations (including a £3.0m receipt from anticipated land sales and a £3.165m capital to revenue transfer in respect of non-valued added capital expenditure in year).

A balanced position is reported against the Capital Resource Limit (CRL) for the first four months of the year as summarised table 7 below.

TABLE 7: 2026/27 NHS Forth Valley Capital Position	**Annual Budget £m**	**April - July Budget £m**	**April - July Expenditure £m**	**Underspend/ (Overspend) £m**
Elective Care	0.400	0.120	0.120	0.000
Information Management & Technology	6.209	0.708	0.708	0.000
Medical Equipment	3.304	0.064	0.064	0.000
Facilities & Infrastructure	7.667	0.366	0.366	0.000
NHS Board corporate projects	0.004	0.000	0.000	0.000
Right of Use Assets IFRS16	0.655	0.011	0.011	0.000
Total Available Capital Funding	**18.239**	**1.269**	**1.269**	**0.000**
Indirect Capital Charged to Revenue	(3.165)	(0.246)	(0.246)	0.000
Forecast NET Capital Resource Limit	**15.074**	**1.023**	**1.023**	**0.000**

As reported in Table 7 above, a relatively low level of capital expenditure has been incurred during April to July which is not unusual at this early stage in the financial year. Key expenditure is summarised below:

- Elective Care – expenditure to dated relating to advisor/professional fees and insurance costs. The building is not operational due to outstanding approval of technical compliance relating to the pipework and fire compliance regulations.
- Information Management & Technology – to date the sum of £0.708m has been spent on Information Management & Technology projects relating to the recharge of pay costs for staff that are supporting the implementation of various projects.
- Medical Equipment – As of 31st July 2026 expenditure committed on Medical Equipment items equates to £0.064m. A further £0.413m of capital

commitments have been raised the majority of which relates to installation costs for replacement CT Scanner.

- Facilities & Infrastructure – total expenditure of £0.366m is reported at 31st July 2026 on items brought forward from the previous year and pay recharges for project management and expenditure relating to replacement lockers at FVRH.
- NHS Board and Property Sales – as at 31st July 2026, the board is anticipating property receipts from the sale of Land on the Stirling Health & Care Village site with the receipt of £3.000m due for payment towards the end of the financial year. The timing of the receipt represents a risk to the Capital plan if this slips beyond 31 March 2026.

Item 18

NHS Forth Valley

Tuesday 25 August 2026

Forth Valley NHS Board

18. Performance Report
Purpose: This report is for Assurance

Executive Sponsor: Ross McGuffie, Chief Executive
Author: Claire Alexander, Senior Performance Manager; Garry Fraser, Director of Acute Services; Marie Gardiner, Head of Acute Services; Deborah Lynch, Unscheduled Care, Programme Manager; Kerry Mackenzie, Acting Director of Strategic Planning & Performance; Fiona Murray, Head of Emergency Care & Inpatients

Executive Summary

NHS Forth Valley routinely reports performance against a range of non-financial performance metrics. The Performance Report is presented to update the Board in respect of NHS Forth Valley's performance against a range of national and local measures with information provided to support effective monitoring and management of system-wide performance.

The 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.

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.

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 – Urgent & Unscheduled 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 paper has previously been considered by the Senior Leadership Team on 10 August 2026 with questions invited.

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.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Radiology/Imaging Capacity, Delayed Discharge, Mental Health Services – Psychological Therapies and the 62-day cancer target.

These risks are reviewed and updated by the responsible risk owners with the Strategic Risk Register update presented as a standing item to NHS Board Assurance Committees and the NHS Board with the Organisational Risk Register reviewed by the Senior Leadership Team.

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 Strategic Planning, 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
Workforce is a limiting factor in our ability to delivery services with specific workforce issues aligned to areas of performance highlighted within the report. The Workforce Plan 2026/27 is currently being developed, and it is anticipated that the draft will be presented to the Staff Governance Committee in March ahead of issue in April 2026.

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
There are no specific climate change or sustainability implications in respect of this paper.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

Appendices
Appendix 1: Performance Report August 2026

Performance Report

August 2026

Report format

- The report is split into 3 sections
    - Section 1: Performance Summary
    - Section 2: Performance Report
        - Priority Areas of Performance
        - Other Areas of Performance
    - Section 3: Performance Scorecard

- Section 1: Performance Summary
    - Section 1 provides a summary overview of key areas of performance.

- Section 2: Performance Report
    - This section details key performance issues, measures, and graphs.
    - Measures, graphs and key performance issues narrative are linked and should be viewed collectively.
    - The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections. Note that the Scotland figures are typically a month or quarter behind.

- Section 3: Performance Scorecard
    - The Performance Scorecard details the measure, target, current position (monthly or quarterly), previous reported position, previous year position and the Scotland position (where available).
    - 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

Priority Areas of Performance

Unscheduled Care
Overall compliance with the 4-hour emergency access standard (EAS) in July 2026 was 60.3%; Minor Injuries Unit 99.5%, Emergency Department 46.8%. A total of 2,952 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,205 waits longer than eight hours, 413 waits longer than 12 hours and 3 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 1,884 patients, noting this was 1,692 in July 2025. Wait for a bed accounted for 579 patients waiting beyond 4 hours with clinical reasons accounting for 167 breaches. In July there were 496 new attendances to Rapid Assessment and Care Unit (RACU), 84 of which were via ED. It is worth noting 816 patients that attended ED did not wait in July 2026 compared with 837 in July 2025.

Delayed Discharges
The June 2026 census position in relation to standard delays (excluding Code 9 and guardianship) is 71 delays; this is compared to 62 in June 2025. There was a total of 49 code 9 and guardianship delays, with the total number of delayed discharges noted as 120. The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the June 2026 census was 2,679, this is a slight reduction from 2,910 in June 2025 however an increase from the previous month May 2026 1,356.

Scheduled Care
At the end of July 2026, the number of patients on the waiting list for a first outpatient appointment was 20,428 (20,285 excluding mutual aid) compared with 15,273 in July 2025 with the number waiting beyond 12 weeks 8,032 (7,917 excluding mutual aid) compared to 3,926 in July 2025.

In July 2026, the number of inpatients/daycases waiting was 7,895 (7,517 excluding mutual aid and NTC) compared with 6,975 in July 2025. An increase from the previous year in those waiting beyond 12 weeks from 4,231 to 5,166 was also noted.

At the end of June 2026, 648 patients were waiting beyond the 6-week standard for imaging with 70 patients were waiting beyond 6 weeks for endoscopy.

Cancer target compliance in May 2026:

- 62-day target – 76.1% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the May 2025 position of 74.3%.
- 31-day target – 98.9%.

The position for the January to March 2026 quarter is that 74.4% of patients were treated within 62 days of referral with a suspicion of cancer. This is a decrease from 78.2% the previous quarter. During the same period, 99% of patients were treated within 31 days of the decision to treat.

Psychological Therapies
In June 2026, data shows that 79% of patients started treatment within 18 weeks of referral.

Section 2: Performance Report - Priority Areas of Performance

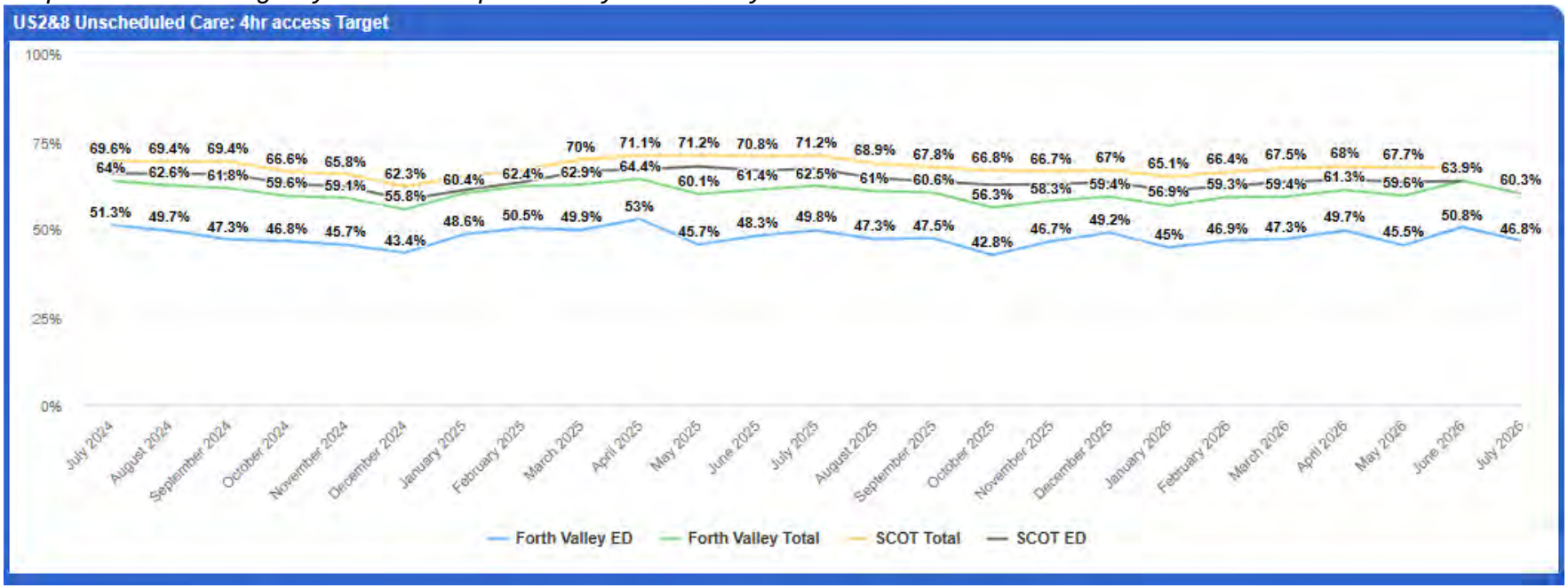
Unscheduled Care

4-hour Access Standard

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Emergency Department % compliance against 4 hour access target	31-Jul-26	95%	46.8%	50.8%	49.8%	▼	63.8%	30-Jun-26
Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Jul-26	95%	60.3%	63.9%	62.5%	▼	67.9%	30-Jun-26

Graph 1: 4-hour Emergency Access Compliance July 2024 to July 2026

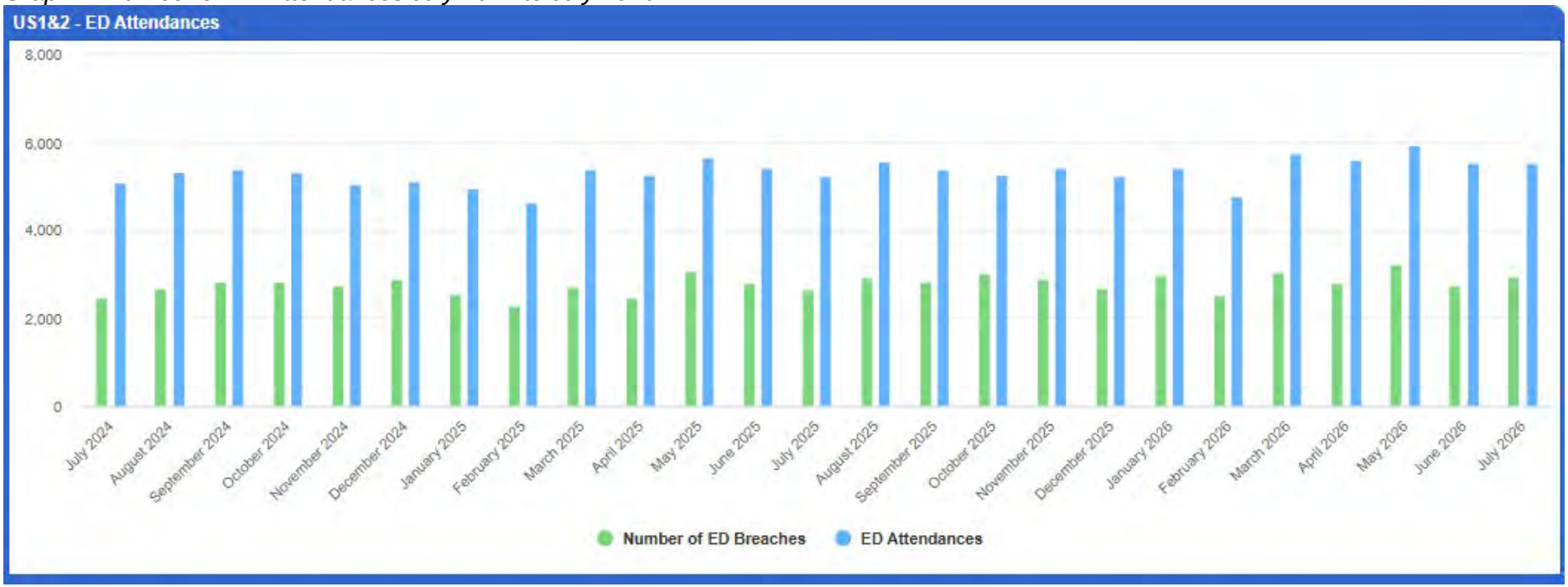


Overall compliance with the 4-hour emergency access standard (EAS) in July 2026 was 60.3%; Minor Injuries Unit 99.5%, Emergency Department 46.8%. A total of 2,952 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,205 waits longer than eight hours, 413 waits longer than 12 hours and 3 waits longer than 23 hours.

Emergency Department

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total Number of ED Attendances	31-Jul-26	Reduction	5,551	5,530	5,245	▼	-	-
Monthly	Number that waited >4 hours in ED	31-Jul-26	Reduction	2,952	2,723	2,635	▼	-	-

Graph 2: Number of ED Attendances July 2024 to July 2026



The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,884 patients, noting this was 1,692 in July 2025. Wait for a bed accounted for 579 patients waiting beyond 4 hours with Clinical reasons accounting for 167 breaches. It is worth noting 816 of patients attending ED in July 2026 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.

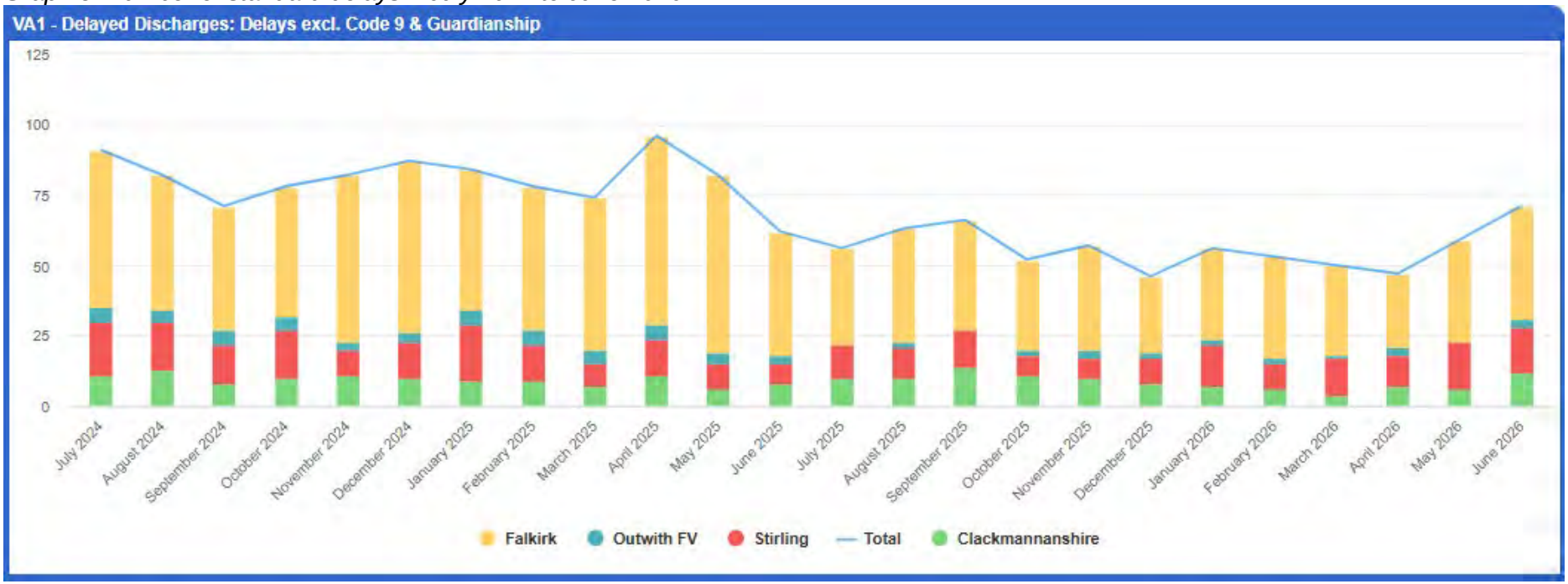
The Discharge without Delay programme underpins the work already underway in Forth Valley and focusses on four integrated delivery workstreams: Planned Date of Discharge and Integrated Discharge Hubs; Discharge to assess / Home First; Frailty at the Front Door; Community Hospital and Step-Down Rehabilitation 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.

Contingency Bed Utilisation has continued to decrease since January. July had a monthly contingency bed usage of 37 compared with 39 in June. This has reduced significantly from 2024 where contingency beds occupied in April 2024 was 69.

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-Jun-26	Reduction	71	59	62	▼	-	-
Monthly	Code 9 & Guardianship Delays	30-Jun-26	Reduction	49	46	42	▼	-	-
Monthly	Total Bed Days Occupied by Delayed Discharges (Standard Delays)	30-Jun-26	Reduction	2,679	1,356	2,910	▲	-	-

Graph 3: Number of standard delays – July 2024 to June 2026



The June 2026 census position in relation to standard delays (excluding Code 9 and guardianship) is 71 delays; this is compared to 62 in June 2025.

There was a total of 49 code 9 and guardianship delays, with the total number of delayed discharges noted as 120.

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 June 2026 census was 2,679, this is a reduction from 2,910 in June 2025 however an increase from the previous month May 2026 1,356. Local authority breakdown is noted as Clackmannanshire 452, Falkirk 1,502, Stirling 679. In addition, there were 46 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

The issue of delayed discharges aligned to urgent & unscheduled care and system flow, is receiving considerable daily focus by the respective HSCP Chief Officers and their teams, jointly with the Acute hospital site, with weekly meetings in place. 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.

It should be noted that delayed discharges across Scotland remain a focus of attention at Scottish Government and COSLA.

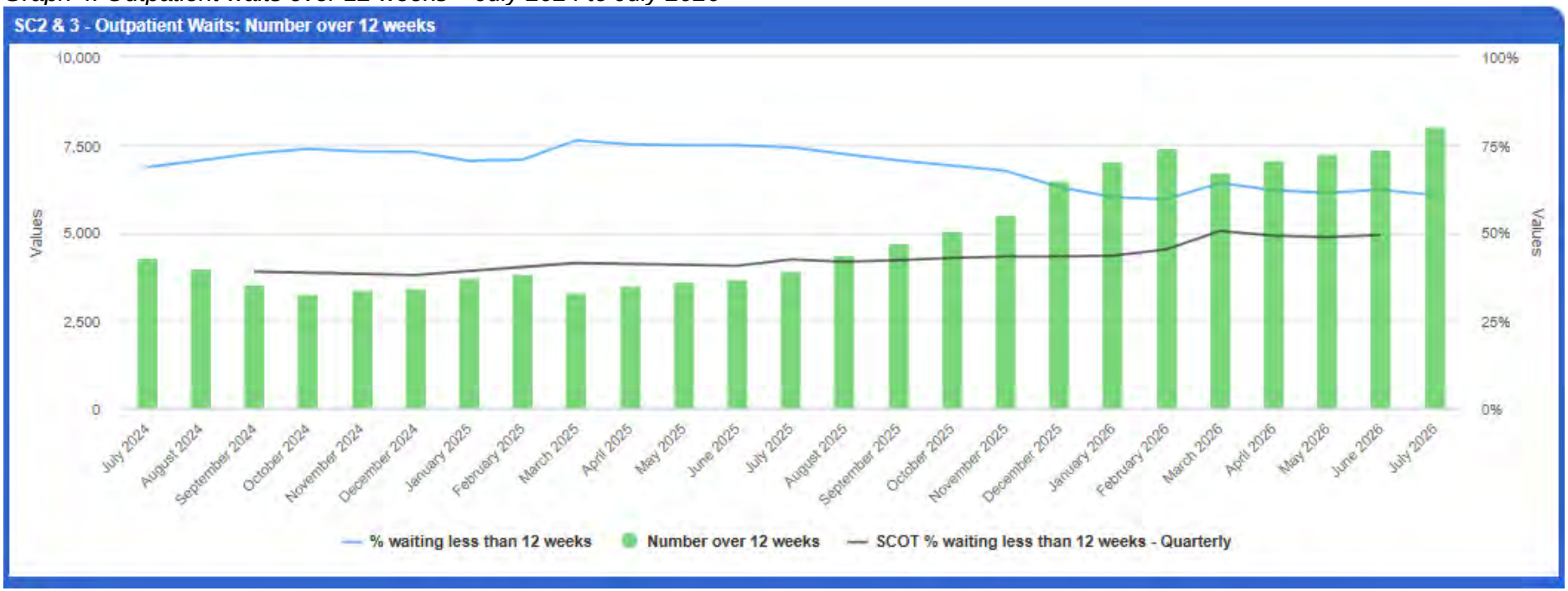
Scheduled Care

Outpatients

The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target.

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Total Number of New Outpatients Waiting	31-Jul-26	Reduction	20,428	19,552	15,273	▼	-	-
Monthly	Number of New Outpatients waiting over 12 weeks	31-Jul-26	Reduction	8,032	7,376	3,926	▼	-	-
Monthly	Number of New Outpatients waiting over 52 weeks	31-Jul-26	0	153	62	48	▼	-	-
Monthly	New Outpatients waiting under 12 weeks %	31-Jul-26	95%	60.7%	62.3%	74.3%	▼	49.3%	30-Jun-26

Graph 4: Outpatient waits over 12 weeks – July 2024 to July 2026



NHS Forth Valley concurrently treat patients that require urgent clinical care as well as those waiting for long periods, in line with associated Scottish Government guidance and targets.

At the end of July 2026, the number of patients on the waiting list for a first outpatient appointment was 20,428 (20,285 excluding mutual aid) compared with 15,273 in July 2025 with the number waiting beyond 12 weeks 8,032 (7,917 excluding mutual aid) compared to 3,926 in July 2025. Note 60.7% (61% excluding mutual aid) of patients were waiting less than 12 weeks for a first appointment; a decline in performance from 74.3% the same period the previous year.

The Scottish Government target for 2025/26 that 0 patients waiting over 52 weeks for a New Outpatient appointment. The graph and table below show the numbers and breakdown by specialty. Most specialties have no waits over 52 weeks and those that do are minimal.

The Scottish Government published updated waiting times guidance on 4 December 2023. The guidance aims to ensure consistency in how waiting lists are managed and to this end includes revisions to the ways in which adjustments can be made in relation to clock pauses and resets.

The 2023 Waiting Times Guidance revisions require changes to local patient management systems and the national waiting times data mart which is managed by Public Health Scotland.

Public Health Scotland data publications are now consistent with the 2023 guidance.

As NHS Forth Valley is progressing with implementation of the 2023 guidance in our patient management system, we are currently still accessing waiting times data based on calculations compliant with previous guidance. Resulting in differences in waiting times data provided from local system by NHS Forth Valley in comparison to data provided by Public Health Scotland in the interim period.

Graph 5: Number waiting over 52 weeks for new outpatient appointment - July 2024 to July 2026

Table 1: Number waiting over 52 weeks for New Outpatient appointment by Specialty – April 2026

Planned Care - New outpatient >52 Week waits

LG Service Area	Value	Numerator	Denominator
Respiratory Medicine	6.1%	42	692
Gynaecology	.1%	2	2,335
General Surgery - Plastics	.6%	1	176
General Medicine	.0%	0	93
Cardiology	.0%	0	1,582

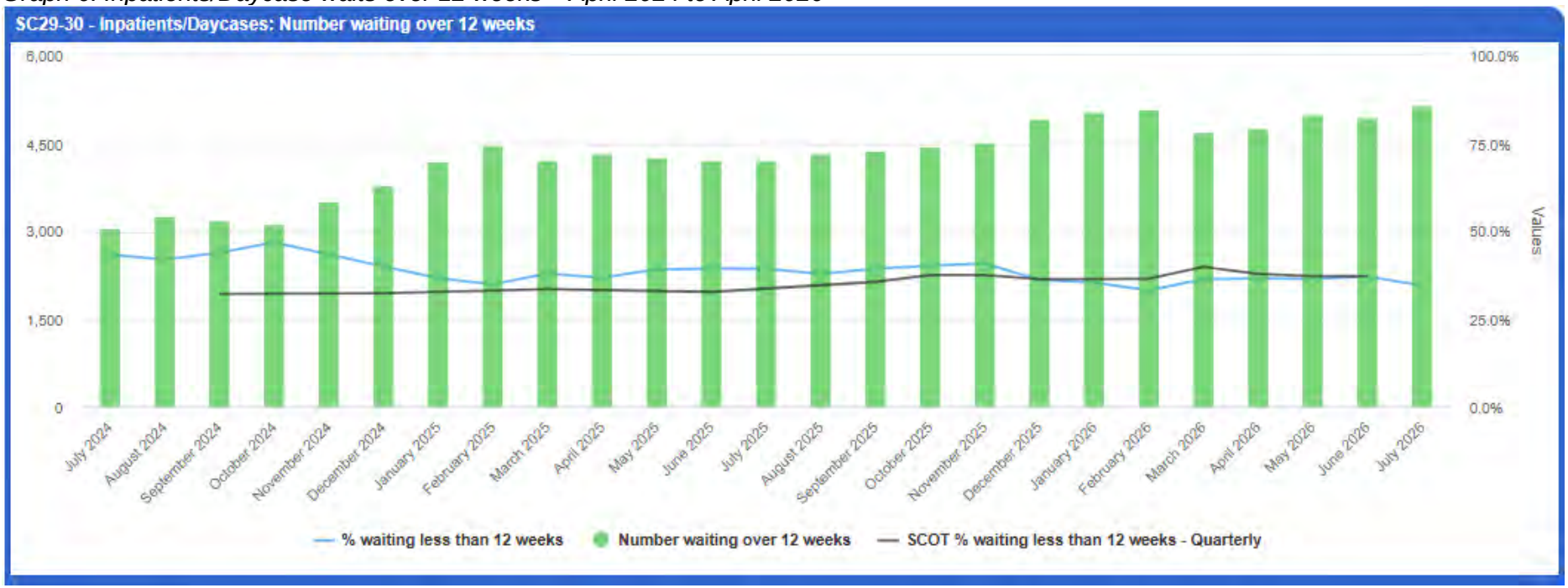
1 of 6

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-Jun-26	0	1,968	2,223	1,972	-	-	-
Quarterly	% Compliance with 12 week TTG Standard	30-Jun-26	100%	36.5%	31.1%	35.5%	▲	56.4%	30-Jun-26
Monthly	Total Number of Inpatients/Day cases Waiting	31-Jul-26	Reduction	7,895	7,871	6,975	▼	-	-
Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Jul-26	Reduction	5,166	4,949	4,231	▼	-	-
Monthly	Number of Inpatients/Day cases waiting over 52 weeks	31-Jul-26	0%	174	157	409	▲	-	-
Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Jul-26	100%	34.6%	37.1%	39.3%	▼	37.2%	30-Jun-26

Graph 6: Inpatients/Daycase waits over 12 weeks – April 2024 to April 2026



In July 2026, the number of inpatients/daycases waiting increased to 7,895 (7,517 excluding mutual aid and NTC) from 7,871 (7,466 excluding mutual aid and NTC) the previous month. An increase from the previous year in those waiting beyond 12 weeks from 4,231 to 5,166 was also noted.

The aim for 2025/26 is that there will be no patients waiting beyond 52 weeks for Inpatient / Daycase treatment. Graph 7 and table 2 below show the numbers and breakdown by specialty respectively as at end of April. Weekly monitoring of the specialties with the largest numbers waiting over 12 weeks are included in the specialty sections below.

Graph 7: Number waiting over 52 weeks for Inpatient/Daycase – July 2024 to Julyl 2026

Table 2: Number waiting over 52 weeks for Inpatient/Daycase by Specialty – April 2026

Planned Care - TTG >52 Week waits

LG Service Area	Value	Numerator ▼	Denominator
Trauma and Orthopaedic Surgery	4.1%	112	2,733
Gynaecology	4.2%	25	591
Ear, Nose and Throat (ENT)	2.4%	17	696
Urology	3.8%	15	399
General Surgery	.2%	2	805
Ophthalmology	.1%	2	2,370
Paediatric Surgery	2.5%	1	40

← 1 of 1 →

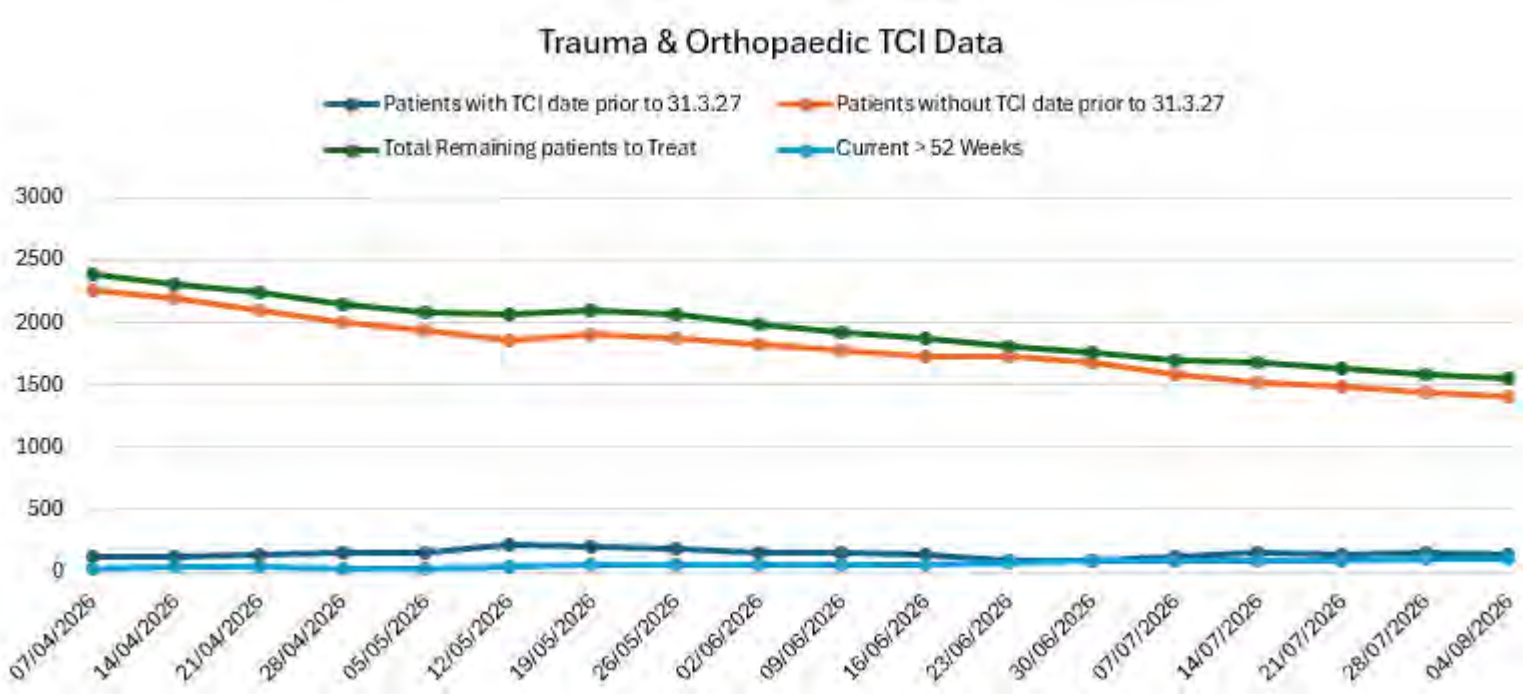
The following specialty level sections detail the weekly position of the waiting lists with the largest numbers waiting over 52 weeks, these show the numbers waiting in total and the numbers dated To Come In (TCI). Further breakdowns show the numbers waiting over 52 weeks and the numbers and percentages 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

Trauma and Orthopaedic Surgery Patients who would be waiting 52 weeks or over at 31st March 2027											
CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.27	Patients without TCI date prior to 31.3.27	Total Remaining patients to Treat	Current > 52 Weel	Current > 78 Wee	Longest Wait (weel	No > 52 Weeks Date	No > 52 Weeks Unavailal	% of 52 Weeks Date	% of 52 Weeks Unavailal
07/04/2026	Trauma and Orthopaedic Surgery	128	2262	2390	33	0	73	1	6	3	18
14/04/2026	Trauma and Orthopaedic Surgery	127	2187	2314	34	0	74	2	5	5	14
21/04/2026	Trauma and Orthopaedic Surgery	144	2092	2236	34	0	75	9	5	26	14
28/04/2026	Trauma and Orthopaedic Surgery	149	1995	2144	33	0	72	10	6	30	18
05/05/2026	Trauma and Orthopaedic Surgery	155	1929	2084	29	0	73	6	3	20	10
12/05/2026	Trauma and Orthopaedic Surgery	213	1857	2070	37	0	74	7	5	18	13
19/05/2026	Trauma and Orthopaedic Surgery	195	1905	2100	51	0	75	8	3	15	5
26/05/2026	Trauma and Orthopaedic Surgery	194	1877	2071	56	0	76	17	2	30	3
02/06/2026	Trauma and Orthopaedic Surgery	161	1827	1988	61	0	77	21	3	34	4
09/06/2026	Trauma and Orthopaedic Surgery	152	1771	1923	58	1	78	14	7	24	12
16/06/2026	Trauma and Orthopaedic Surgery	132	1735	1867	64	1	79	16	8	25	12
23/06/2026	Trauma and Orthopaedic Surgery	93	1723	1816	67	1	80	10	6	14	8
30/06/2026	Trauma and Orthopaedic Surgery	83	1676	1759	83	1	81	10	8	12	9
07/07/2026	Trauma and Orthopaedic Surgery	119	1579	1698	84	2	82	20	7	23	8
14/07/2026	Trauma and Orthopaedic Surgery	161	1520	1681	97	3	83	25	8	25	8
21/07/2026	Trauma and Orthopaedic Surgery	144	1486	1630	96	3	84	19	8	19	8
28/07/2026	Trauma and Orthopaedic Surgery	148	1443	1591	107	2	81	22	8	20	7
04/08/2026	Trauma and Orthopaedic Surgery	137	1413	1550	106	2	82	20	7	18	6

Graph 8: Trauma and Orthopaedic reduction of the target cohort

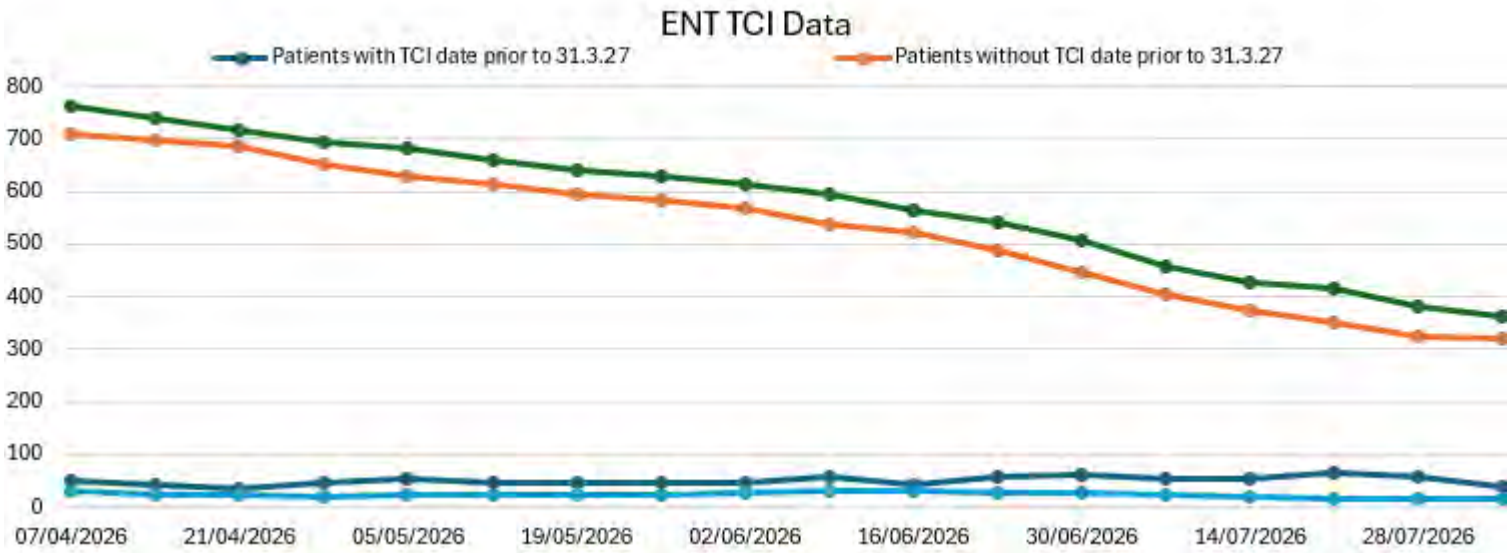


Ear, Nose and Throat

Table 4: ENT clearance of IPDC >52-week waiters

ENT Patients who would be waiting 52 weeks or over at 31st March 2027											
CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.27	Patients without TCI date prior to 31.3.27	Total Remaining patients to Treat	Current > 52 Wee	Current > 78 Wee	Longest Wait (week	No > 52 Weeks Date	No > 52 Weeks Unavailab	% of 52 Weeks Date	% of 52 Weeks Unavailab
07/04/2026	Ear, Nose and Throat (ENT)	51	710	761	30	0	65	19	4	63	13
14/04/2026	Ear, Nose and Throat (ENT)	41	697	738	23	0	65	10	4	43	17
21/04/2026	Ear, Nose and Throat (ENT)	33	685	718	22	0	62	6	2	27	9
28/04/2026	Ear, Nose and Throat (ENT)	44	651	695	18	0	63	8	3	44	16
05/05/2026	Ear, Nose and Throat (ENT)	52	631	683	23	0	64	9	4	39	17
12/05/2026	Ear, Nose and Throat (ENT)	46	614	660	22	0	65	7	4	31	18
19/05/2026	Ear, Nose and Throat (ENT)	46	596	642	22	0	66	5	4	22	18
26/05/2026	Ear, Nose and Throat (ENT)	46	585	631	24	0	59	8	3	33	12
02/06/2026	Ear, Nose and Throat (ENT)	45	568	613	28	0	60	12	3	42	10
09/06/2026	Ear, Nose and Throat (ENT)	56	539	595	29	0	58	10	5	34	17
16/06/2026	Ear, Nose and Throat (ENT)	41	523	564	30	0	59	9	3	30	10
23/06/2026	Ear, Nose and Throat (ENT)	56	487	543	25	0	60	6	3	24	12
30/06/2026	Ear, Nose and Throat (ENT)	61	445	506	27	0	60	7	7	25	25
07/07/2026	Ear, Nose and Throat (ENT)	55	403	458	24	0	61	9	8	37	33
14/07/2026	Ear, Nose and Throat (ENT)	54	375	429	18	0	62	5	6	27	33
21/07/2026	Ear, Nose and Throat (ENT)	63	352	415	15	0	63	3	5	20	33
28/07/2026	Ear, Nose and Throat (ENT)	59	324	383	14	0	64	6	4	42	28
04/08/2026	Ear, Nose and Throat (ENT)	39	322	361	17	0	65	6	5	35	29

Graph 9: ENT reduction of the target cohort

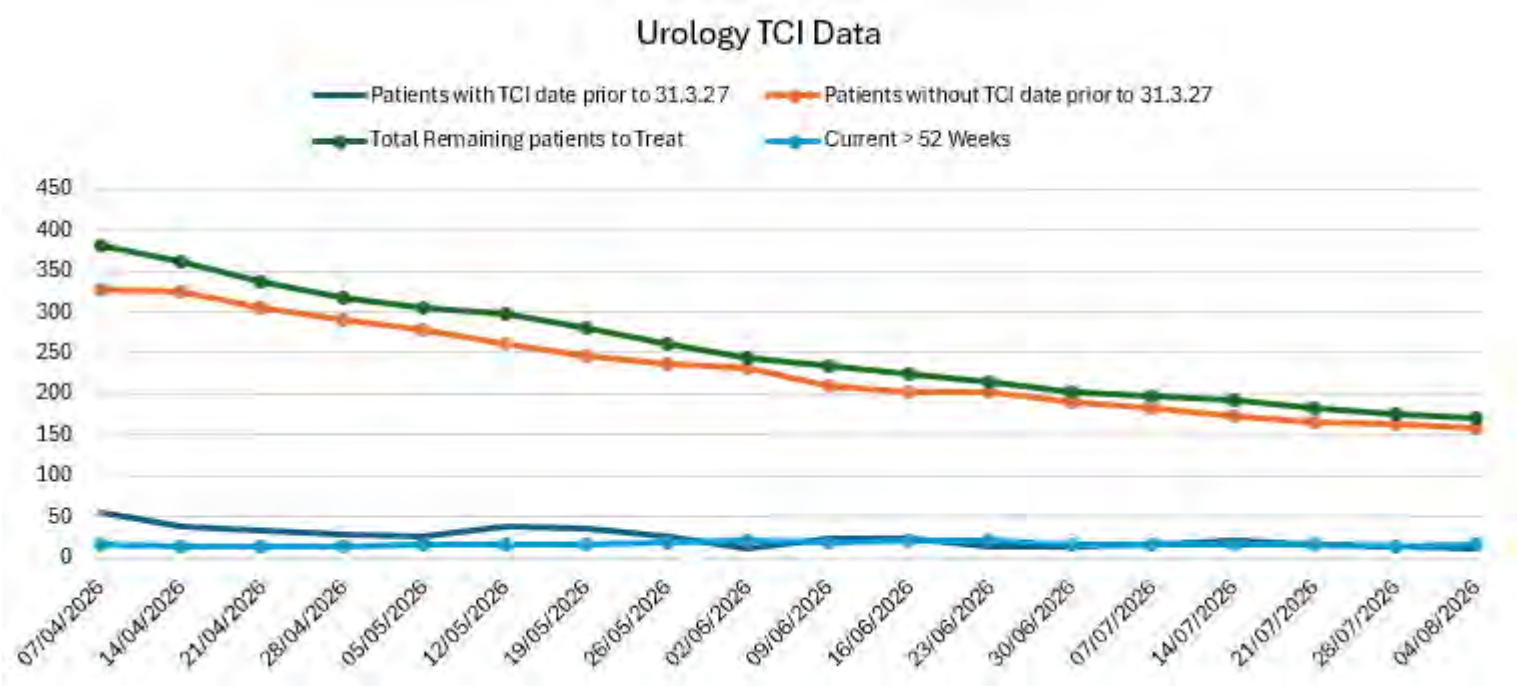


Urology

Table 5: Urology clearance of IPDC >52-week waiters

Urology Patients who would be waiting 52 weeks or over at 31st March 2027											
CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.27	Patients without TCI date prior to 31.3.27	Total Remaining patients to Treat	Current > 52 Wee	Current > 78 Wee	Longest Wait (week	No > 52 Weeks Date	No > 52 Weeks Unavailab	% of 52 Weeks Date	% of 52 Weeks Unavailab
07/04/2026	Urology	56	326	382	16	0	68	3	4	18	25
14/04/2026	Urology	37	324	361	13	0	69	0	5	0	38
21/04/2026	Urology	34	304	338	14	0	70	0	5	0	35
28/04/2026	Urology	28	290	318	14	0	70	0	6	0	42
05/05/2026	Urology	27	279	306	15	0	70	1	5	6	33
12/05/2026	Urology	38	260	298	17	0	70	1	4	5	23
19/05/2026	Urology	35	246	281	17	0	71	1	5	5	29
26/05/2026	Urology	26	236	262	19	0	72	2	4	10	21
02/06/2026	Urology	12	231	243	21	0	73	2	5	9	23
09/06/2026	Urology	24	210	234	19	0	74	4	3	21	15
16/06/2026	Urology	23	202	225	20	0	75	6	3	30	15
23/06/2026	Urology	14	201	215	20	0	76	4	3	20	15
30/06/2026	Urology	13	190	203	16	0	77	1	2	6	12
07/07/2026	Urology	16	182	198	16	0	77	3	2	18	12
14/07/2026	Urology	20	172	192	17	0	77	6	2	35	11
21/07/2026	Urology	17	166	183	17	0	77	6	2	35	11
28/07/2026	Urology	13	162	175	14	0	77	4	1	28	7
04/08/2026	Urology	12	158	170	15	1	79	3	1	20	6

Graph 10: Urology reduction of the target cohort

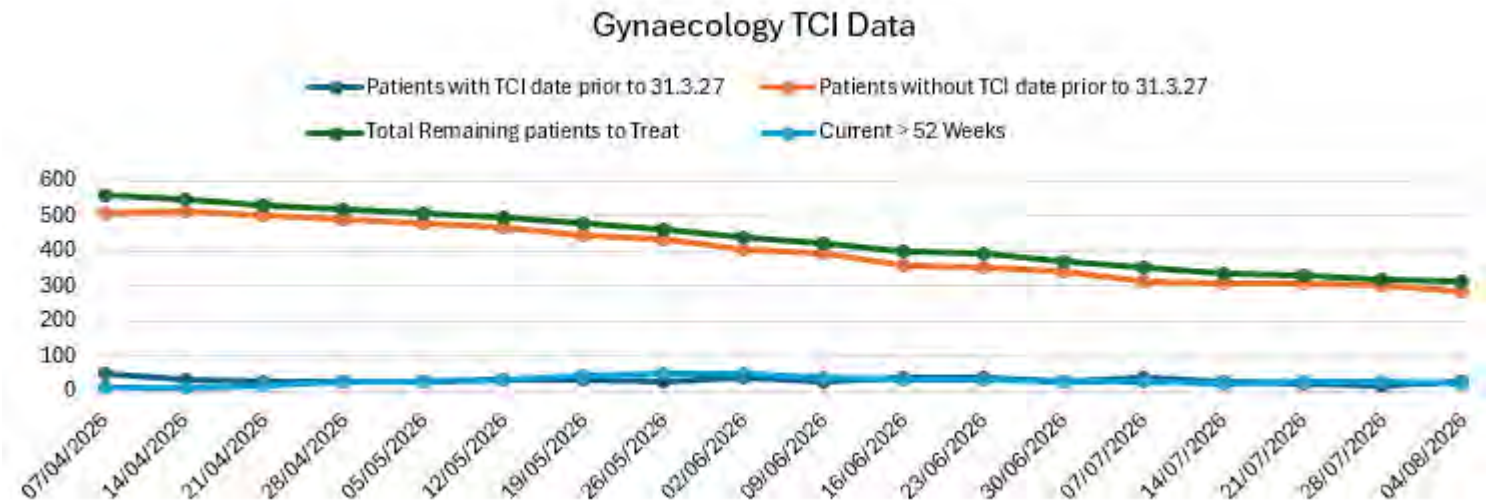


Gynaecology

Table 6: Gynaecology clearance of IPDC >52-week waiters

Gynaecology Patients who would be waiting 52 weeks or over at 31st March 2027											
CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.27	Patients without TCI date prior to 31.3.27	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
07/04/2026	Gynaecology	51	505	556	10	2	93	5	1	50	10
14/04/2026	Gynaecology	34	511	545	13	2	94	4	0	30	0
21/04/2026	Gynaecology	28	503	531	18	0	66	4	0	22	0
28/04/2026	Gynaecology	27	492	519	28	0	67	8	0	28	0
05/05/2026	Gynaecology	27	479	506	29	0	68	6	0	20	0
12/05/2026	Gynaecology	33	465	498	35	0	64	7	1	20	2
19/05/2026	Gynaecology	34	443	477	44	0	71	8	2	18	4
26/05/2026	Gynaecology	28	432	460	50	0	72	10	3	20	6
02/06/2026	Gynaecology	37	404	441	52	0	73	25	5	48	9
09/06/2026	Gynaecology	28	393	421	38	0	63	12	7	31	18
16/06/2026	Gynaecology	37	361	398	35	0	64	19	9	54	25
23/06/2026	Gynaecology	39	351	390	32	0	61	12	6	37	18
30/06/2026	Gynaecology	27	343	370	30	1	80	6	6	20	20
07/07/2026	Gynaecology	40	312	352	26	1	81	9	7	34	26
14/07/2026	Gynaecology	28	308	336	24	0	63	4	11	16	45
21/07/2026	Gynaecology	23	308	331	27	0	64	6	6	22	22
28/07/2026	Gynaecology	18	301	319	26	0	65	4	4	15	15
04/08/2026	Gynaecology	30	282	312	25	0	66	9	2	36	8

Graph 11: Gynaecology reduction of the target cohort

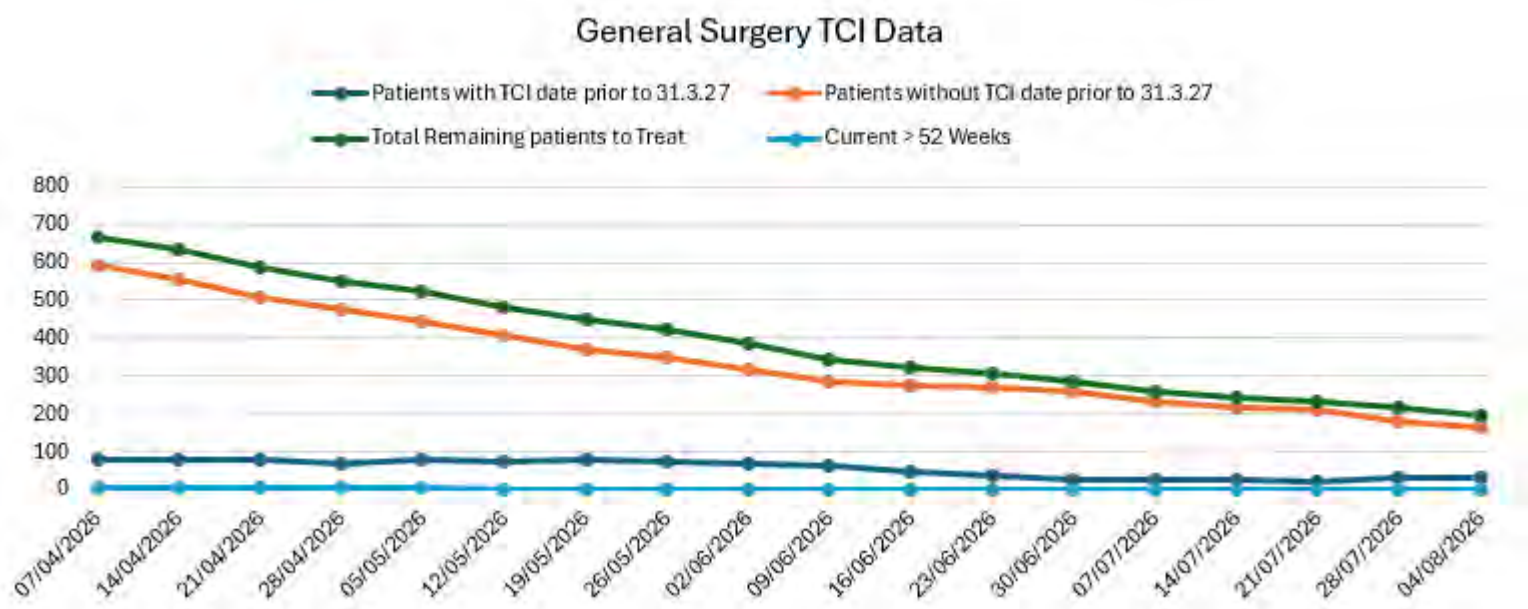


General Surgery

Table 7: General Surgery clearance of IPDC >52-week waiters

General Surgery Patients who would be waiting 52 weeks or over at 31st March 2027											
CensusPoint	SpecialtyName	Patients with TCI date prior to 31.3.27	Patients without TCI date prior to 31.3.27	Total Remaining patients to Treat	Current > 52 Weeks	Current > 78 Weeks	Longest Wait (weeks)	No > 52 Weeks Dated	No > 52 Weeks Unavailable	% of 52 Weeks Dated	% of 52 Weeks Unavailable
07/04/2026	General Surgery	79	590	669	7	0	70	4	1	57	14
14/04/2026	General Surgery	77	556	633	3	0	70	1	1	33	33
21/04/2026	General Surgery	79	509	588	3	0	70	2	1	66	33
28/04/2026	General Surgery	70	478	548	5	0	71	3	0	60	0
05/05/2026	General Surgery	80	445	525	3	0	66	3	0	100	0
12/05/2026	General Surgery	73	408	481	1	0	60	1	1	100	100
19/05/2026	General Surgery	77	372	449	1	0	61	1	0	100	0
26/05/2026	General Surgery	73	349	422	0	0	48	0	0	0	0
02/06/2026	General Surgery	69	318	387	0	0	47	0	0	0	0
09/06/2026	General Surgery	62	283	345	0	0	48	0	0	0	0
16/06/2026	General Surgery	49	274	323	0	0	49	0	0	0	0
23/06/2026	General Surgery	36	270	306	0	0	50	0	0	0	0
30/06/2026	General Surgery	28	257	285	0	0	51	0	0	0	0
07/07/2026	General Surgery	25	234	259	0	0	52	0	0	0	0
14/07/2026	General Surgery	27	215	242	0	0	49	0	0	0	0
21/07/2026	General Surgery	20	212	232	0	0	50	0	0	0	0
28/07/2026	General Surgery	33	182	215	1	1	89	0	0	0	0
04/08/2026	General Surgery	31	166	197	2	1	90	2	0	100	0

Graph 12: General Surgery reduction of the target cohort



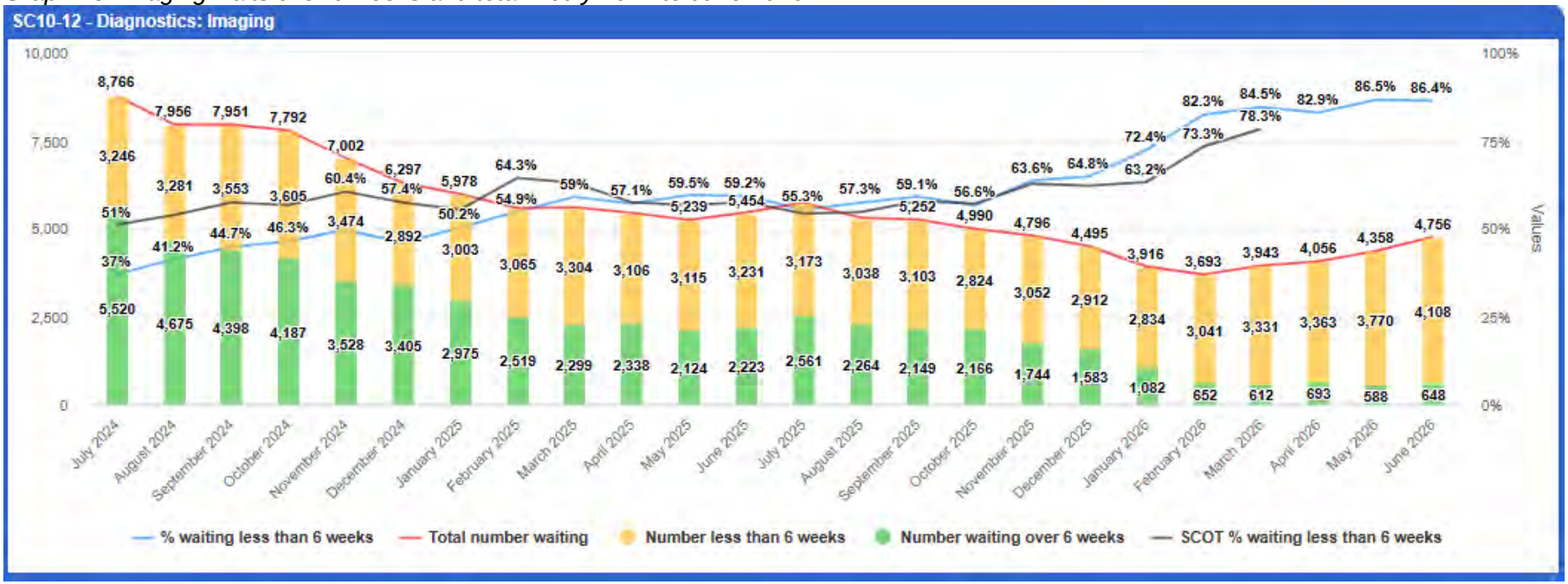
Diagnostics

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-Jun-26	Reduction	4,108	3,770	3,231	▼	-	-
Monthly	Number waiting beyond 42 days - Imaging	30-Jun-26	0%	648	588	2,223	▲	-	-
Monthly	Percentage waiting less than 42 days - Imaging	30-Jun-26	100%	86.4%	86.5%	59.2%	▲	78.3%	31-Mar-26

Graph 13: Imaging waits over 6 weeks and total – July 2024 to June 2026



At the end of June 2026, 648 patients were waiting beyond the 6-week standard for imaging, a reduction from 2,223 in June 2025. Compliance with the 6 weeks standard was 86.4%.

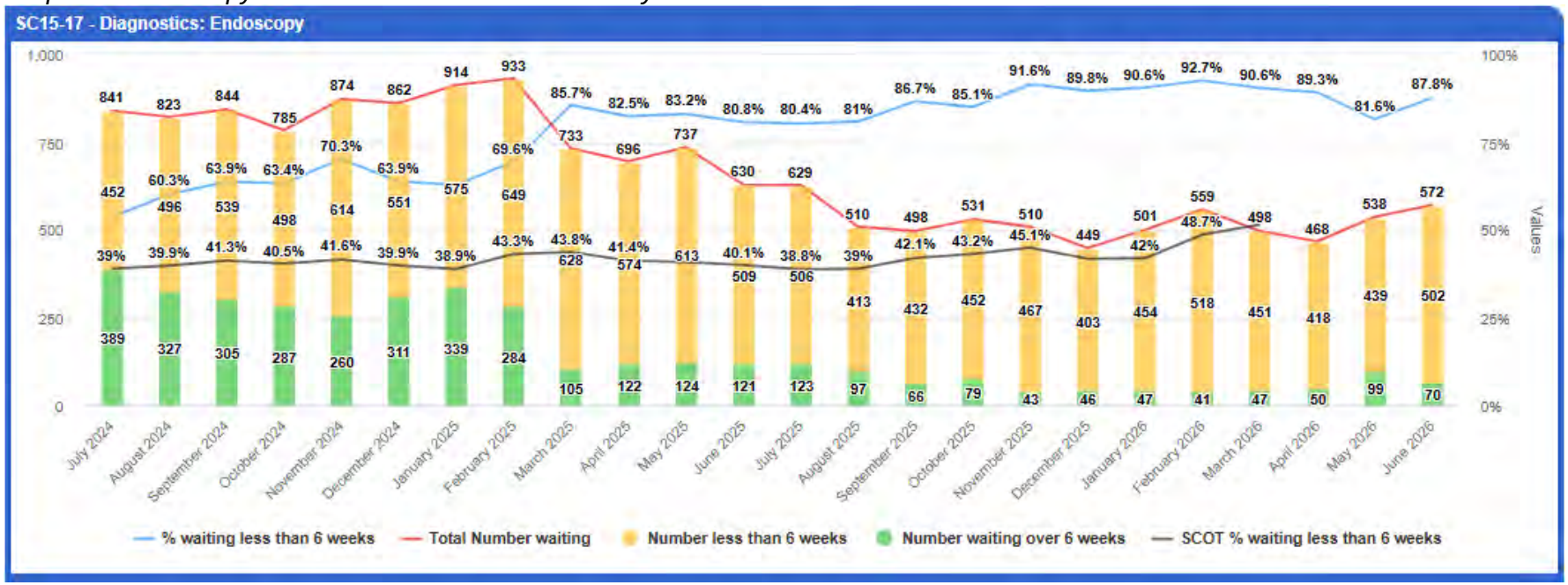
Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in June 2026 was 4,108; compared with 3,231 in June 2025.

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-Jun-26	Reduction	502	439	509	▲	-	-
Monthly	Number waiting beyond 42 days - Endoscopy	30-Jun-26	0	70	99	121	▲	-	-
Monthly	Percentage waiting less than 42 days - Endoscopy	30-Jun-26	100%	87.8%	81,6%	80.8%	▲	51.6%	31-Mar-26

Graph 14: Endoscopy waits over 6 weeks and total - July 2024 to June 2026



The current waiting list size for endoscopy in June 2026 is 502, compared to 509 in June 2025. 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 has continued to be over 80% of patients accessing endoscopy within 6 weeks. June 2026 compliance was 87.8% compared with 80.0% in June 2025.

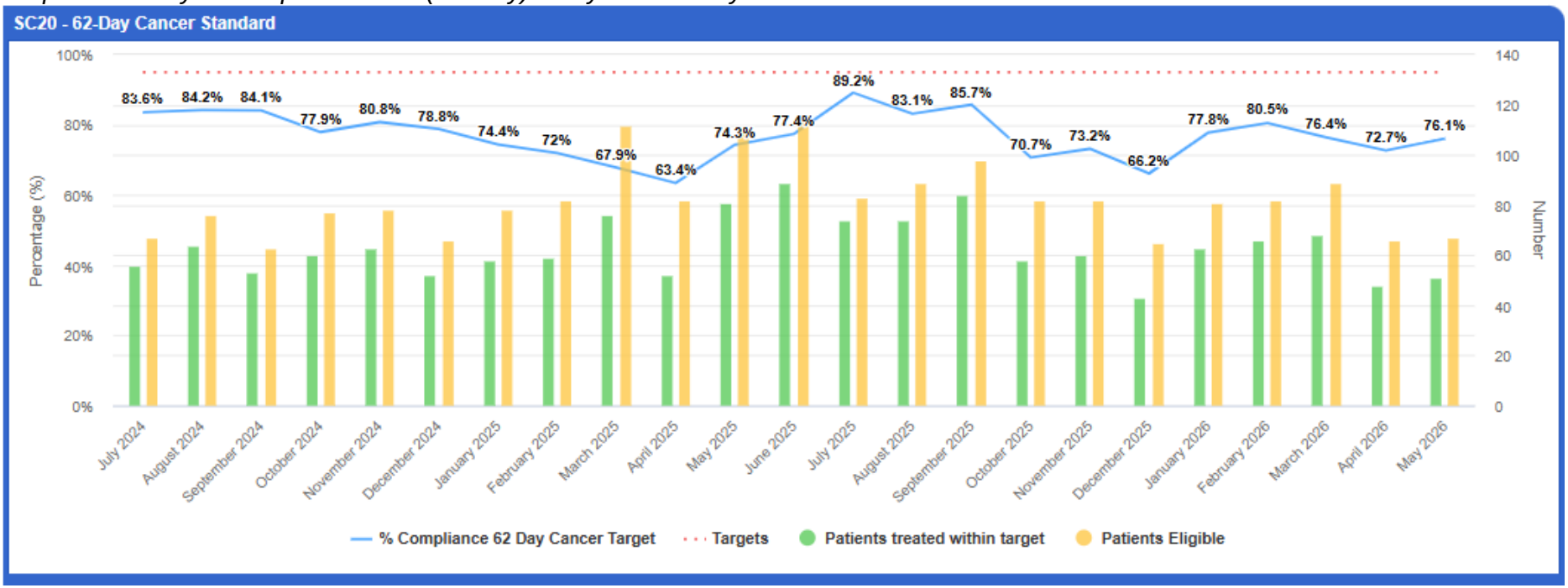
Based on the last published figures the NHS Scotland average performance for Endoscopy is 51.6% of patients were waiting less than the 6 week standard.

62-day Cancer Standard

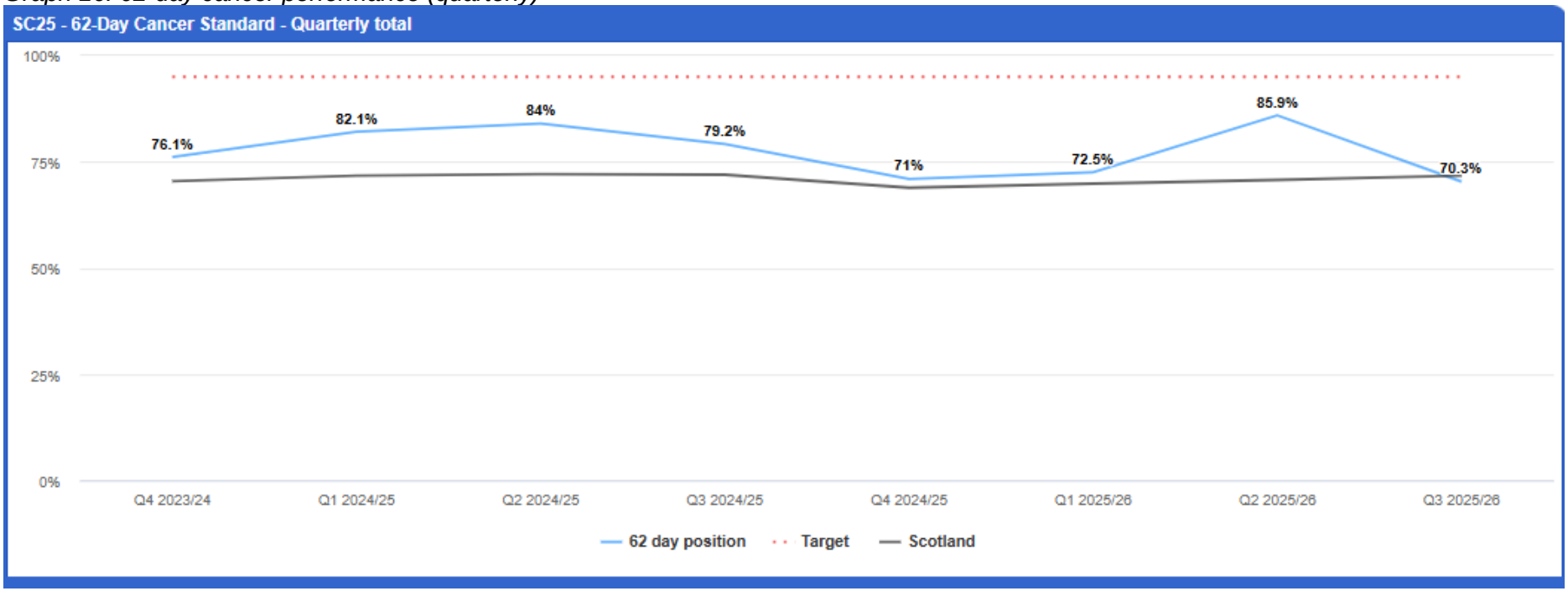
The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

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-May-26	95%	76.1%	72.7%	74.3%	▲	72.0%	31-May-26
Monthly	62 Day Cancer - Number seen within target against total	31-May-26	-	51/67	48/66	81/109	-	-	-
Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-26	95%	74.4%	78.2%	72.5%	▲	70.9%	31-Mar-26

Graph 15: 62-day cancer performance (monthly) – July 2024 to May 2026



Graph 16: 62-day cancer performance (quarterly)



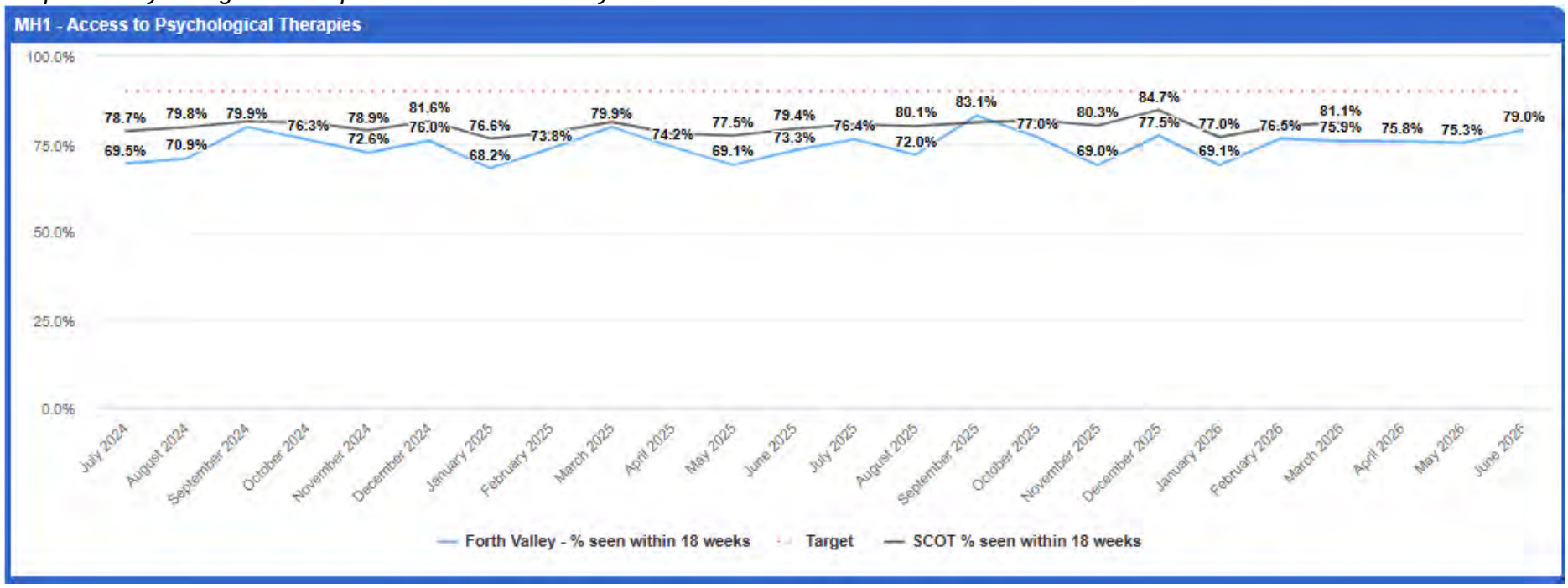
Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance where possible. Currently challenges remain in achieving the 95% target in urology with plans in place to address this on ongoing basis along with our tertiary service providers.

Psychological Therapies

The national target is that 90% of patients should wait no longer than 18 weeks from referral to treatment for psychological therapies.

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-Jun-26	90%	79.0%	75.2%	73.3%	▲	81.1%	31-Mar-26
Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	30-Jun-26	Reduction	928	929	951	▲	-	-
Quarterly	Psychological Therapies - 18 week RTT compliance	30-Jun-26	90%	76.8%	73.7%	72.1%	▲	79.4%	31-Mar-26

Graph 20: Psychological Therapies 18-week RTT – July 2024 to June 2026



There has been a fairly consistent pattern of around 70% compliance or above since June 2024. Monthly fluctuations are generally related to: seasonal variation (peak holiday periods and winter illnesses adversely impact the numbers of people starting therapy with a clinician); the timing of therapeutic groups which enable a large number of people to start therapy simultaneously; and staff turnover. June 2026's compliance was 79%

In April 2025 waiting list projections were requested by Scottish Government and conducted by Public Health Scotland on NHS Forth Valley's behalf. These indicated that we would not meet the RTT without significant investment in additional resource. Repeat projections conducted locally in February 2026 reinforce this position.

Due to increased referral numbers from Q1 of 2023/2024, coupled with a reduction in assessment capacity as a result of financial savings plus the conversion of some assessment capacity to treatment capacity, the number of people awaiting assessment had increased. May 2025 through to November 2025 saw a reduction which reflected service improvement work focusing on ensuring that all referrals accepted to the service met clear referral criteria, with referrals which did not meet criteria being redirected elsewhere. The June 2026 numbers of 928 people awaiting assessment, 18 of whom have been waiting over 104 weeks, are likely to be somewhat inflated by people who have recently been added to the waiting list but who will not respond to opt-in letters and will subsequently be removed. Improvement work within the service, including managing referral demand and rolling out Waiting Well calls positively impacted the numbers of people waiting for an assessment from February 2026 onwards.

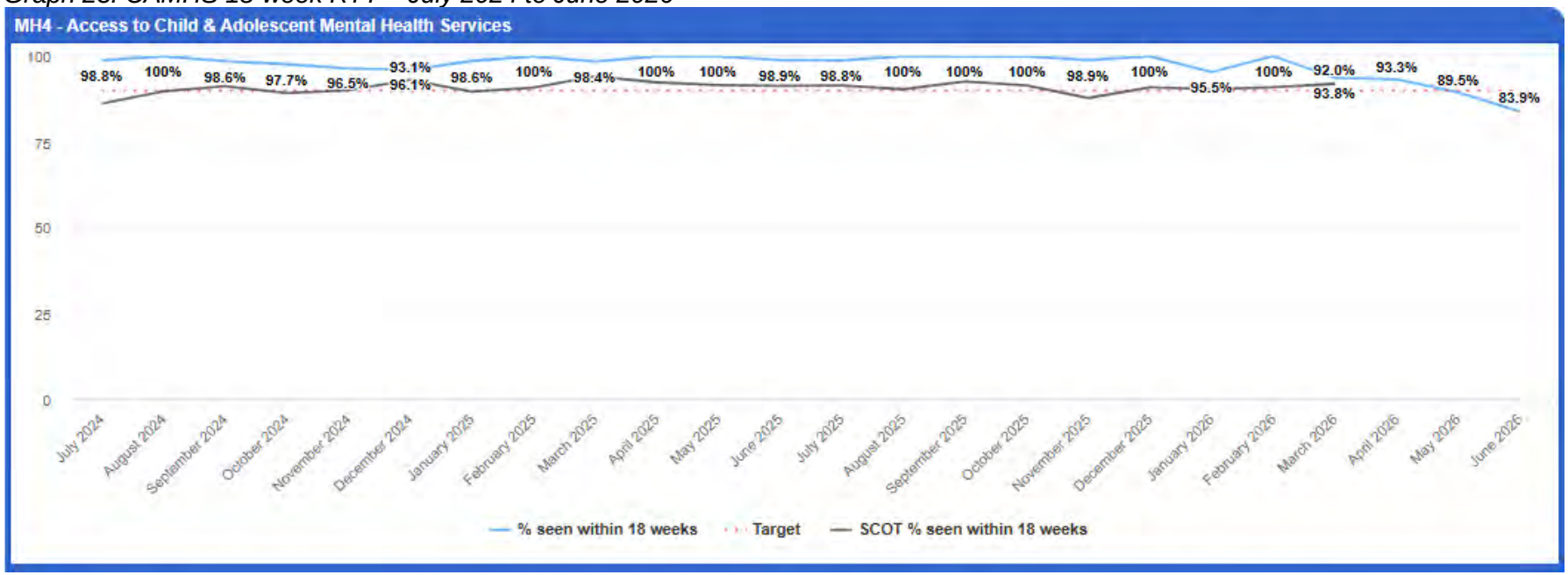
In June there were 2554 people waiting to commence treatment. 474 people were waiting over 104 weeks for treatment. Those who have been waiting longest are those with the most complex needs which require specific therapies that are delivered over a longer time period than average and can only be delivered by the most highly trained professionals (clinical and counselling psychologists) within the multi-professional service. Additional fixed term sessions, solely for those who have been waiting longest, were in place from January to June 2026. The numbers of people waiting a very long time are also explained by 2.8 WTE vacancies, capacity lost from implementation of RWW, and the challenge of an increase in referral demand in Q2 of 2023/202. Those people who were referred at that time reached the 104 week waiting time in Q2 of 2025/2026. The referral demand declines from Q2 of 2024/2025 with the implementation of the Improvement Plan which is positively impacting the numbers of people waiting over 104 weeks from this quarter (Q2 of 2026/2027). Non-recurrent funding has been received to employ clinicians to provide treatment for those waiting longest and recruitment is in progress to one fixed term post however due to challenges in available workforce for fixed term posts it is proposed to use the remaining funding to recruit to a 1.6 WTE on a permanent basis. A business case is being prepared for this but this has resulted in a delay to the additional capacity.

Child & Adolescent Mental Health Services (CAMHS)

The national target is that 90% 90% of children and young people referred to specialist CAMHS should commence treatment within 18 weeks of referral.

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-Jun-26	90%	83.9%	89.5%	98.9%	▼	92.0%	31-Mar-26
Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Jun-26	Reduction	407	366	76	▼	-	-
Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-26	90%	88.9%	96.3%	99.6%	▼	97.8%	31-Mar-26

Graph 23: CAMHS 18-week RTT – July 2024 to June 2026



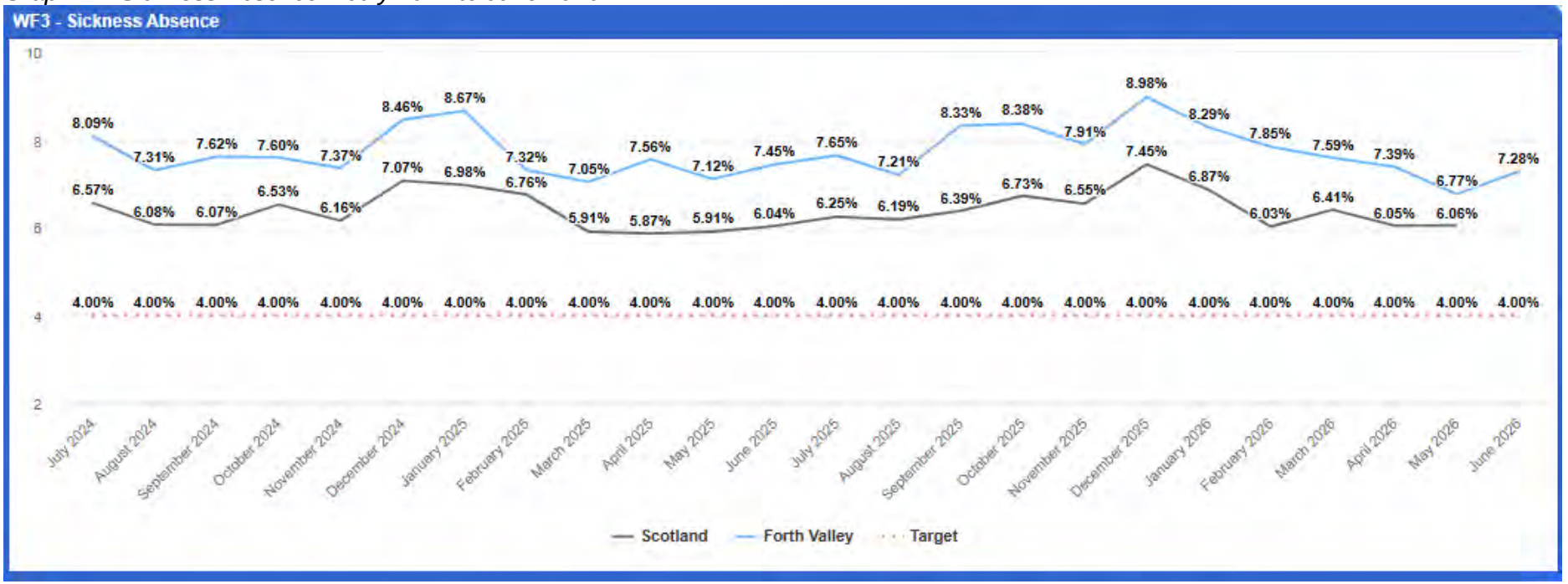
June 2026 numbers show we are moving on a downward trend in performance from and RTT compliance of 98.9% in June 2025 compared with 83.9% in June 2026. This position is being monitored closely by the service, and an in-depth report will be presented to the next Strategic Planning, Performance and Resources Committee in September 2026 setting out the expected position, planned actions and implementation timeline to ensure patients receive treatment in a timely manner.

Section 2: Performance Report - Other Areas of Performance

Workforce
To reduce sickness absence to 4%

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Overall Absence	30-Jun-26	4.0%	7.28%	6.77%	7.45%	▲	6.06%	31-May-26
Rolling 12 mth	Overall Absence	30-Jun-26	-	7.85%	7.86%	7.64%	▼	6.60%	31-May-26

Graph 21: Sickness Absence – July 2024 to June 2026



The sickness absence target is 4.0%. Absence remains above the target at 7.28% in June 2026 noting slight improvement from 7.45% in June 2025. The 12-month rolling average June 2025 to May 2026 is noted as, NHS Forth Valley 7.85%; Scotland 6.60%. Anxiety/stress/depression/other psychiatric illnesses are consistently the most reported reason for sickness absence with Musculoskeletal the second highest reason.

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 included in the Executive Leadership Team objectives. This issue is being addressed through Directorate reviews and through the Whole System Leadership Team.

Work to improve attendance is focussed on the 3 key areas of Attendance Management, Occupational Health and Staff Wellbeing. The launch of the new Workforce Wellbeing Framework 2025-2029 is intended to ensure a comprehensive and coordinated approach to enabling and supporting the wellbeing and mental health of our workforce. In addition, an Attendance Management Plan has been developed in partnership with staff side colleagues with regular progress updates to the Staff Governance Committee

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.

Issues in relation to sickness absence and workforce continue to be examined and discussed at the bi-monthly Staff Governance Committee.

Unavailability

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	Outpatient Unavailability	31-Jul-26	Monitor	0.6%	0.7%	0.9%	▲	1.0%	30-Jun-26
Monthly	Inpatient/Day case Unavailability	31-Jul-26	Monitor	5.0%	5.6%	4.6%	▼	4.1%	30-Jun-26

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in July 2026 was 0.6% of the total waiting list.
- Inpatient/daycase unavailability in July 2026 was 5.0% an increase from 4.6% in July 2025. The unavailability rate is less than 6% for most specialties except Cardiology 16.7% (2/12), Oral & Maxillofacial 18.6% (18/97), General Surgery 8.2% (66/801), Urology 8.3% (33/398).

Did Not Attend (DNA)

FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE
Monthly	New Acute Services Outpatient % DNA	31-Jul-26	5%	4.0%	4.7%	4.7%	▲	6.3%	30-Jun-26
Monthly	Return Acute Services Outpatient % DNA	31-Jul-26	5%	4.7%	4.7%	5.1%	▲	-	-

The new outpatient DNA rate across acute services in July 2026 is noted as 4.0% which is an increase from the position in July 2025 of 4.7%. Variation across specialties continues with rates ranging from 15.79% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 4.44% (48 patients).

The return outpatient DNA rate across acute services in July 2026 was 4.7%. There continues to be a high number of DNAs in Ophthalmology with 196 patients (3.3%), Paediatrics 127 patients (14.3%), Orthopaedics 112 patients (4.9%) and Diabetes 248 patients (15%).

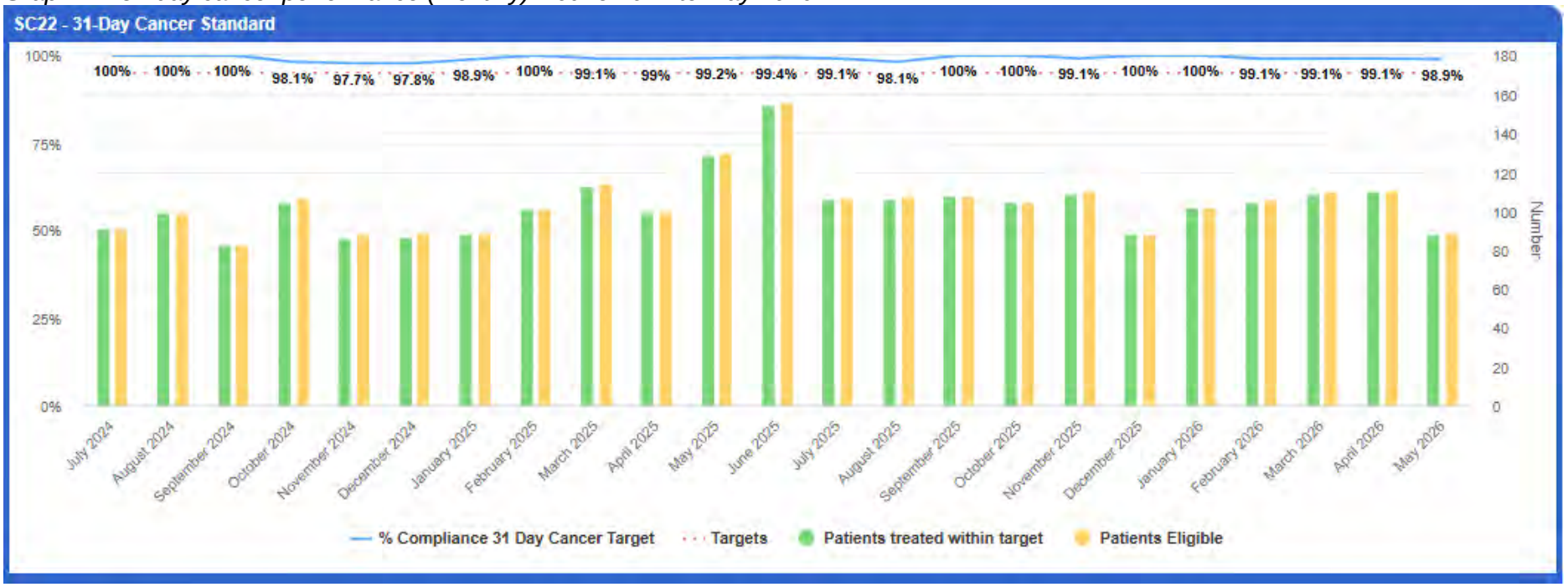
A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking. Application of the Access Policy is actively supported and there is ongoing benchmarking against national DNAs and removal rates. Patient information provides detail on the process 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-May-26	95%	98.9%	99.1%	99.2%	▼	95.2%	31-May-26
Monthly	31 Day Cancer Target - Number seen within target against total	31-May-26	-	88/89	110/111	129/130	-	-	-
Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-26	95%	99.0%	99.4%	99.2%	▼	95.0%	31-Mar-26

Graph 22: 31-day cancer performance (monthly) – June 2024 to May 2026



Section 3: Performance Scorecard

BETTER CARE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	DIRECTION OF TRAVEL (YEAR ON YEAR)	SCOTLAND POSITION	SCOTLAND DATE	RUN CHART	NOTES
HOSPITAL STANDARDISED MORTALITY RATE													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	31-Mar-26	</= 1.00	0.94	0.94	0.98	▲	1.00	31-Mar-26	-	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE													
	FV	Monthly	Total Number of ED Attendances	31-Jul-26	Reduction	5,551	5,530	5,245	▼	-	-	-	Number of ED attandances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned and new planned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-Jul-26	Reduction	5,551	5,530	5,245	▼	-	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Jul-26	95%	46.8%	50.8%	49.8%	▼	63.8%	30-Jun-26	✓	
US3	S5	Monthly	Number that waited >4 hours in ED	31-Jul-26	Reduction	2,952	2,723	2,635	▼	-	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-Jul-26	Reduction	1,205	1,071	1,101	▼	-	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-Jul-26	Reduction	413	388	371	▼	-	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-Jul-26	Reduction	3	25	8	▲	-	-		
	FV	Monthly	Total Number of MIU Attendances	31-Jul-26	Reduction	1,906	2,039	1,800	▲	-	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Jul-26	Reduction	1,906	2,039	1,800	▲	-	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Jul-26	95%	99.5%	99.5%	99.6%	▼	-	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Jul-26	95%	60.3%	63.9%	62.5%	▼	67.9%	30-Jun-26	✓	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Jul-26	-	496	467	515	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Jul-26	-	186	189	165	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-Jul-26	-	485	488	545	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	31-Jul-26	-	8.8%	8.8%	10.4%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-Jul-26	Reduction	3,544	3,520	3,475	▼	-	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Jul-26	Reduction	4,337	4,974	4,344	▲	-	-	-	
	FV	Monthly	Advice	31-Jul-26	-	2,957	3,381	2,975	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-Jul-26	-	1,141	1,342	1,119	-	-	-	-	
	FV	Monthly	Home Visit	31-Jul-26	-	200	217	188	-	-	-	-	
	FV	Monthly	Mental Health	31-Jul-26	-	39	32	41	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-Jul-26	-	0	0	20	-	-	-	-	
	FV	Monthly	Remote Consultation	31-Jul-26	-	0	2	1	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Jul-26	-	98%	96%	99.5%	▼	-	-	-	

SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Jul-26	Reduction	20,428	19,552	15,273	▼	-	-	✓	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 now monthly for SOT.
			Forth Valley	31-Jul-26	Reduction	20,285	19,481			-	-	-	
			Mutual Aid	31-Jul-26	Reduction	143	71			-	-	-	
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Jul-26	Reduction	8,032	7,376	3,926	▼	-	-	✓	
			Forth Valley	31-Jul-26	Reduction	7,917	7,342			-	-	-	
			Mutual Aid	31-Jul-26	Reduction	115	34			-	-	-	
		Monthly	Number of New Outpatients waiting over 52 weeks	31-Jul-26	0	153	62	48	▼	-	-	✓	
			Forth Valley	31-Jul-26	0	44	40						
			Mutual Aid	31-Jul-26	0	109	22						
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Jul-26	95%	60.7%	62.3%	74.3%	▼	49.3%	30-Jun-26	✓	
			Forth Valley	31-Jul-26	95%	61.0%	62.3%			-	-	-	
			Mutual Aid	31-Jul-26	95%	19.6%	52.1%			-	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	31-Jul-26	Monitor	0.6%	0.7%	0.9%	▲	1.0%	30-Jun-26	✓	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC7	FV	Monthly	New Acute Services Outpatient % DNA	31-Jul-26	5%	4.0%	4.7%	4.7%	▲	6.3%	30-Jun-26	-	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-Jul-26	5%	4.7%	4.7%	5.1%	▲	-	-	-	
DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	30-Jun-26	Reduction	4,108	3,770	3,231	▼	-	-		Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	30-Jun-26	0	648	588	2,223	▲	-	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	30-Jun-26	100%	86.4%	86.5%	59.2%	▲	78.3%	31-Mar-26	✓	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	30-Jun-26	Reduction	502	439	509	▲	-	-		
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	30-Jun-26	0	70	99	121	▲	-	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	30-Jun-26	100%	87.8%	81,6%	80.8%	▲	51.6%	31-Mar-26	✓	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	31-May-26	95%	76.1%	72.7%	74.3%	▲	72.0%	31-May-26	✓	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	31-May-26	-	51/67	48/66	81/109	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	31-May-26	95%	98.9%	99.1%	99.2%	▼	95.2%	31-May-26	✓	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	31-May-26	-	88/89	110/111	129/130	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Mar-26	95%	74.4%	78.2%	72.5%	▲	70.9%	31-Mar-26	✓	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Mar-26	95%	99.0%	99.4%	99.2%	▼	95.0%	31-Mar-26	✓	
INPATIENTS & DAYCASES													
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	30-Jun-26	0	1,968	2,223	1,972	-	-	-	-	Treatment Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	30-Jun-26	100%	36.5%	31.1%	35.5%	▲	56.4%	30-Jun-26	-	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Jul-26	Reduction	7,895	7,871	6,975	▼	-	-	✓	
			Forth Valley	31-Jul-26	Reduction	7,517	7,466		-	-	-	-	
			Mutual Aid	31-Jul-26	Reduction	36	18		-	-	-	-	
			NTC	31-Jul-26	Reduction	342	387		-	-	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Jul-26	Reduction	5,166	4,949	4,231	▼	-	-	✓	
			Forth Valley	31-Jul-26	Reduction	4,861	4,643		-	-	-	-	
			Mutual Aid	31-Jul-26	Reduction	34	2		-	-	-	-	
			NTC	31-Jul-26	Reduction	271	304		-	-	-	-	
		Monthly	Number of Inpatients/Day cases waiting over 52 weeks	31-Jul-26	0	174	157	409	▲	-	-	✓	
			Forth Valley	31-Jul-26	0	134	120		-	-	-	-	
			Mutual Aid	31-Jul-26	0	0	0		-	-	-	-	
			NTC	31-Jul-26	0	40	37		-	-	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Jul-26	100%	34.6%	37.1%	39.3%	▼	37.2%	30-Jun-26	✓	
			Forth Valley	31-Jul-26	100%	35.3%	37.8%		-	-	-	-	
			Mutual Aid	31-Jul-26	100%	5.6%	88.9%		-	-	-	-	
			NTC	31-Jul-26	100%	20.8%	21.4%		-	-	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Jul-26	Monitor	5.0%	5.6%	4.6%	▼	4.1%	30-Jun-26	✓	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly.

READMISSIONS													
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Jul-26	Reduction	2.2%	2.7%	2.6%	▲	-	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Jul-26	Reduction	4.9%	6.5%	7.1%	▲	-	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-Jul-26	Reduction	1.4%	2.1%	2.4%	▲	-	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Jul-26	Reduction	4.2%	4.8%	5.8%	▲	-	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	30-Jun-26	90%	79.0%	75.2%	73.3%	▲	81.1%	31-Mar-26	✓	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 Pyschological Therapies Initial Assessment	30-Jun-26	Reduction	928	929	951	▲	-	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	30-Jun-26	90%	76.8%	73.7%	72.1%	▲	79.4%	31-Mar-26	✓	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES													
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-26	90%	83.9%	89.5%	98.9%	▼	92.0%	31-Mar-26	✓	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	30-Jun-26	Reduction	407	366	76	▼	-	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	30-Jun-26	90%	88.9%	96.3%	99.6%	▼	97.8%	31-Mar-26	✓	
SUBSTANCE USE													
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Mar-26	90%	99.7%	100.0%	98.5%	▲	92.4%	31-Mar-26	✓	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	31-Mar-26	90%	100.0%	100.0%	98.9%	▲	86.4%	31-Mar-26	✓	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	30-Jun-26	100%	78.6%	87.4%	69.1%	▲	-	-	✓	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	30-Jun-26	100%	64.7%	71.0%	79.6%	▼	-	-	✓	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	30-Jun-26	100%	52.7%	67.1%	4.9%	▲	-	-	✓	
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	30-Jun-26	4.0%	7.28%	6.77%	7.45%	▲	6.06%	31-May-26	✓	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.
WF4	FV	Monthly	Short Term Absence	30-Jun-26	-	2.22%	2.22%	2.56%	▲	-	-	-	
WF5	FV	Monthly	Long Term Absence	30-Jun-26	-	5.06%	4.55%	4.89%	▼	-	-	-	
WF6	FV	Rolling 12 mth	Overall Absence	30-Jun-26	-	7.85%	7.86%	7.64%	▼	6.60%	31-May-26	-	

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-Jun-26	Reduction	71	59	62	▼	-	-	✓	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
			Falkirk	30-Jun-26	Reduction	40	36	44	▲	-	-	✓	
			Clackmannanshire	30-Jun-26	Reduction	12	6	8	▼	-	-	✓	
			Stirling	30-Jun-26	Reduction	16	17	7	▼	-	-	✓	
			Outwith Forth Valley	30-Jun-26	Reduction	3	0	3	◄►	-	-	✓	
VA2	FV		Code 9 & Guardianship Delays	30-Jun-26	Reduction	49	46	42	▼	-	-	✓	
			Falkirk	30-Jun-26	Reduction	18	18	24	▲	-	-	✓	
			Clackmannanshire	30-Jun-26	Reduction	13	14	9	▼	-	-	✓	
			Stirling	30-Jun-26	Reduction	15	12	7	▼	-	-	✓	
			Outwith Forth Valley	30-Jun-26	Reduction	3	3	2	▼	-	-	✓	
VA3	FV		Total Bed Days Occupied by Delayed Discharges (Standard Delays)	30-Jun-26	Reduction	2,679	1,356	2,910	▲	-	-	✓	
			Falkirk	30-Jun-26	Reduction	1,502	778	2,177	▲	-	-	✓	
			Clackmannanshire	30-Jun-26	Reduction	452	106	193	▼	-	-	✓	
			Stirling	30-Jun-26	Reduction	679	472	138	▼	-	-	✓	
			Outwith Forth Valley	30-Jun-26	Reduction	46	0	402	▲	-	-	✓	
VA4	FV	Daily	Number waiting for a Community Bed	31-Jul-26	Reduction	54	47	47	▼	-	-	-	
AVERAGE LENGTH OF STAY													
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Jul-26	Reduction	5.74	5.59	6.29	▲	-	-	-	This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C.
EFFICIENCY													
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Jul-26	Reduction	1,833	1,826	1,732	▼	-	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	31-Jul-26	Reduction	658	726	851	▲	-	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Jul-26	Reduction	100.6%	99.0%	97.9%	▼	-	-	-	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
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Jul-26	Reduction	78.5%	79.4%	76.1%	▼	-	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Jul-26	Reduction	71.5%	70.0%	73.2%	▲	-	-	-	
EQUITABLE													
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2020/23	70%	76.4%	74.4%	76.4%	◄►	75.9%	2020/23	-	Percentage uptake (three-year rolling periods), females aged 50-70 years
EQ2		Annually	Scottish Cervical Screening Programme	2024/25	-	59.0%	66.9%	72.5%	▼	55.3%	2024/25	-	The percentage of eligible women who are up-to-date with their screening participation
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2023/25	60%	65.7%	66.2%	66.6%	▼	65.2%	2023/25	-	Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2023/24	75%	73.4%	24.1%	24.1%	▲	77.3%	2023/24	-	Percentage of eligible population who are tested before age 66 and 3 months
		Annually	Surveillance AAA scan (quarterly)	2023/24	90%	100.0%	84.4%	81.0%	▲	94.3%	2023/24	-	Due to attend quarterly surveillance and tested within 4 weeks of due date
		Annually	Surveillance AAA scan (annually)	2023/24	90%	91.8%	84.4%	84.4%	▲	94.4%	2023/24	-	Due to attend annual surveillance and tested within 6 weeks of due date
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	31-Dec-25	87	47	40	57	▼	-	-	-	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
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	31-Dec-25	100%	54.0%	46.0%	66.0%	▼	65.0%	31-Dec-25	-	
FINANCE													
F1	SG	FYTD	Year to date revenue position	31-May-26	Breakeven	-£2.4m	-£1.966m	-£3.983m	▲	-	-	-	

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	