NHS Forth Valley

Forth Valley NHS Board

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

Purpose: This report is for Assurance

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

Author: Jack Frawley, Board Secretary

Executive Summary

This report provides an update on the escalation status of NHS Forth Valley, which has moved to Stage 1 with effect from 8 June 2026. NHS Forth Valley 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 has changed' in each area.

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

Action Required

The Forth Valley NHS Board is asked to:

(1) note the NPPOG evidence paper, set out at appendix 1;

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

(3) consider if the report provides assurance that appropriate controls are in place to manage the identified risks, support the delivery of objectives and where improvements are needed, clear actions have been identified.

Governance Route to the Meeting and Previous Board Consideration

This matter has previously been considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Forth Valley NHS Board and SPPRC– Update reports throughout the period of escalation have been considered both at Board and its relevant Committees, most recently the SPPRC.
- Board Seminar – the most recent evidence paper to NPPOG was developed with input from Board Members at the 21 April Governance Seminar. Board Seminars have also considered the wider actions to deliver improvement in the escalation areas, including a presentation on the OPEL tool for culture at the Board Seminar of 9 June 2026.

Risk Assessment and Mitigation
There are no direct risk management implications in respect of this paper.

Impact Assessments

Equality & Diversity and Fairer Scotland Duty
Does this report require an EQIA or Fairer Scotland Duty Assessment? No
If yes, please confirm this is attached. Attached☐ Not required ☒

Financial, Digital and Infrastructure Implications
There are no direct implications in respect of this paper.

Workforce Implications
There are no direct implications in respect of this paper.

Quality / Patient Care Implications
Improved leadership, governance and culture are well evidenced as contributing to quality patient care most recently, in the Blueprint for Good Governance1'*For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders*. *To do that, the organisation must also excel at day-to-day management of operations and the implementation of change*.'

Population Health & Care Strategy
There are no direct implications in respect of this paper.

Climate Change / Sustainability Implications
There are no direct implications in respect of this paper.

Engagement and Communications
Was statutory engagement with stakeholders required? Yes ☐ No ☒

Appendices
Appendix 1 – NPPOG Evidence Paper
Appendix 2 – De-escalation Letter – 5 June 2026

NHS Forth Valley

Culture, Leadership and Governance

1. Introduction and Context

The paper draws on evidence from Board and Committee business, staff engagement, internal and external assurance, and organisational performance to demonstrate that improvements are embedded into routine operations.

Board, Committee, Seminar, Executive Leadership Team and Senior Leadership Team discussions over the year have consistently reinforced that a positive and open culture is a critical enabler of performance and improvement, particularly within the context of sustained operational pressures. While performance metrics remain essential, there is a clear recognition that metrics alone do not tell the full story about staff experience, wider engagement internally and externally with partners, or organisational maturity.

This paper focuses on how culture is being mainstreamed into all of our activities, how insight and data are being used to inform action, and how leadership and governance are supporting continuous improvement, while acknowledging issues facing the organisation, including pressures in urgent and unscheduled care and other ongoing challenges such as in sickness absence management. The Board has a clear understanding of challenges in performance and has a laser focus on actions being taken to make improvements as demonstrated through enhanced challenge and scrutiny at Committees and the Board and clear oversight of delivery.

2. Culture

What has changed

- Culture improvement has moved from discrete programmes to embedded mainstream arrangements, supported through workforce, governance and leadership systems.
- The Board has consistently recognised that metrics alone are insufficient and has strengthened use of qualitative insight and staff voice.
- The Living the Values workstream has completed a review of the Board's values, and the proposal to adopt NHS Scotland values has been supported through our APF, Staff Governance Committee and Board governance processes. The workstream is now focused on and supporting the embedding of values in all we do and how we support staff to ensure our work is values led and challenged where this is not the case.

2.1 Moving Beyond Metrics

The Board recognises that culture cannot be assessed through metrics alone, and has therefore sustained multiple, inter-connected programmes of work to understand and improve staff experience and organisational climate.

Alongside monitored indicators such as sickness absence and turnover, the organisation has focused on qualitative insight, narrative feedback and staff lived experience to inform action. This approach has been reflected consistently in Board and Committee discussions. The ongoing development of a Culture Change OPEL (Oversight of Performance, Escalation and Learning) Tool, brings together multiple sources of cultural intelligence and supports a shared view of severity, risk and urgency. This in turn will support response to cultural risks and hotspots.

The first version of the Culture OPEL was presented to the Staff Governance Committee in May and is expected to go live in testing form following further Board engagement at our next Board Seminar on 9th June and with our Area Partnership Forum. Significant engagement has been undertaken in developing the first version of the tool and its ongoing development will be done through engagement with our staff to reflect our ethos which has driven our work over the last 3 years. Our intention is to ensure this is embedded across the organisation through our performance monitoring processes.

The Board has an existing OPEL tool focused on whole system unscheduled care, hospital flow and community performance. This methodology has been developed over a number of years and is now fully embedded across the system and used every day, with escalation actions aligned to the tool score.

Culture and workforce data including sickness absence, iMatter and wellbeing indicators are routinely reviewed alongside performance, quality and risk information, enabling the Board to understand and seek assurance on actions to address systemic themes rather than isolated issues. This triangulated approach has been reinforced through Board development activity and internal audit feedback.

2.2 Targeted Programmes of Work

Specific programmes include:

- A Workforce Wellbeing Framework (2025-2029) was signed off by the Staff Governance Committee in November 2025 which was developed through staff engagement and will be overseen by a new partnership steering group.
- A refreshed Sickness Absence action plan is being implemented with Spend to Save resources invested to target our support to reduce staff absence. We are also aiming to adopt a new programme of work in 2026-27 to improve handling of employee relations cases which manages the impact on staff by 'doing less harm'. This work recognises the relationship between absence, workload, leadership behaviours and organisational culture.
- Continued investment in Staff Wellbeing, Speak Up services and whistleblowing, with visibility of themes and learning informing leadership discussion and improvement priorities. We aim to have completed a full external review of this work in Summer 2026 with any resultant improvements adopted during 2026/27.
- Ongoing work to address iMatter outcomes, with actions explicitly linked to local team feedback rather than generic organisational responses. We are exploring the way in which we can improve staff participation in team and individual level improvements, looking at the associated PDPR and development support interventions.

These programmes are now mainstreamed into normal governance and delivery arrangements, rather than running as a time-limited culture project.

2.3 Engagement and Partnership

Engagement has been a consistent theme in Board and Committee discussions and activity.

Key examples include:

- Board members have been fully engaged in the development of this paper to ensure it is fully reflective of
- Facilitated culture sessions with Board and senior leaders to reflect on staff experience, openness and civility.

- Joint working with the Area Partnership Forum, strengthening staff voice and partnership working.
- Ongoing evaluation of the effectiveness of the Area Partnership Forum, with improvements made to ways of working and follow-up.
- The recent election of a new Employee Director, with two candidates standing, demonstrating improved confidence in governance and staff representation.
- Organisational work aligned to the principle of 'doing less harm', focusing on reducing unintended negative consequences of processes, behaviours and decisions will be delivered in partnership.
- There was extensive staff and Board engagement in the development of the Board's Population Health and Care strategy, setting out an exciting direction of travel for the organisation.
- As part of our Equality Inclusion Strategic Framework approved in April 2025, one of our key Equality Outcomes priorities was completed with the approval of the Anti-Racism plan by the Board in February 2026. This was another piece of work completed through extensive partnership working and staff engagement in collaboration with our Ethnic Diversity Network. This builds on our commitment to create an organisation which ensure all staff feel valued and supports the delivery of safe, compassionate care for all. A Board seminar was also held in August with all of our staff networks to allow Board members to hear directly from the groups and set a strong future direction on participation and engagement.

These activities demonstrate a shift from engagement as an event to engagement as a continuous way of working.

"I have seen the change in partnership working. The APF is an effective and valuable forum which is a true reflection of partnership commitment from both staff side and senior leaders to deliver change" – **Karren Morrison, new Employee Director**.

2.4 Recognition, Openness and Civility

There has been increased emphasis on recognition and appreciation, including:

- Multiple NHS Forth Valley staff gaining national recognition through staff awards. For example, the Board had four winners at Scotland's Health Awards:
    - The Children and Young People's Speech and Language Therapy Team won both the Innovation and Tackling Health Inequalities awards
    - Charmaine Black, a community Learning Disability Nurse, won the prestigious Nurse Award which aims to recognise high quality and compassionate nursing care
    - The Prison Healthcare Team at HMP Stirling won the Unsung Heroes Award, chosen via a public vote to recognise teams that make a meaningful but often unrecognised difference to the life of others.
    - Jackie Rutherford, Senior Charge Midwife at Forth Valley Royal Hospital, was a finalist for the Midwife Award and NHS Forth Valley's Women and Children's Bereavement Team were finalists for the Tackling Health Inequalities Award.
- Reinstatement of long service awards, with ambitions to re-establish local staff awards to further celebrate contribution.
- Visible openness in Board-led events, Safety Collaboratives and culture sessions, where staff are actively encouraged to speak up and challenge constructively.
- The Board has encouraged a move towards face-to-face discussions and interactions, with a number of processes now back to being in person with Executive input, such as Staff Induction, Safety Collaborative and NMAHP Graduate development sessions. Non-Executive Director attendance at key events has also been praised by staff.

- The Board has continued to invest in in Staff Wellbeing, Speak Up services and whistleblowing to support staff to raise concerns and access support.

Staff feedback indicates greater confidence to raise issues, balanced with an honest acknowledgement that further work remains in some areas. Feedback from the last round of engagement around the culture change programme identified:

Strengths include strong leadership and board commitment to culture, widespread passion and appetite for change, and a noticeable shift in language and behaviours. Participants highlighted the positive energy generated through the programme, strong partnership and staff-side working, and the diversity of skills and perspectives involved. There is evidence of increased openness, collaboration and willingness to speak up, supported by a clear programme structure and organisational prioritisation of culture.

Risks include the potential for change overload, competing priorities, the need to embed culture consistently across all areas and loss of momentum as the programme transitions into its next phase. There is also a risk of reverting to previous behaviours if culture is not consistently prioritised, embedded and supported, particularly in the context of operational pressures, workforce challenges and communication gaps.

The mainstreaming plan for the culture change programme aims to mitigate these risks, by embedding key components within existing structures and creating space for culture change leaders from across the system to continue to engage proactively.

3. Leadership (Executive and Board)

What has changed

- Leadership stability has enabled a shift from improvement driven by escalation to sustained, future-focused delivery.
- NHS Forth Valley increasingly contributes to and is recognised within national leadership spaces. For example, the Board has been a driving force behind recent discussions around developing the Population Health Organisation approach, including the development of the Population Health Maturity Matrix. Within this space, the Chief Executive and Director of Public Health have supported the inclusion of the Population Health focus within Subnational Plans; the Director of Finance is chairing a group on preventative spend; and the Medical Director and Director of Public Health have been leading work around Value Based Health and Care.
- Additional Board capacity and diversity of thought through the recruitment of two additional Non-Executive Directors have supported strengthened governance and increased visibility.

3.1 Stability and Capability

There is now clear stability across the full leadership system, including the Board, Executive Leadership Team and Senior Leadership Team. This stability has enabled a shift from recovery to sustained improvement and future-focused delivery.

The Executive Team has developed a Programme of Work process that provides real clarity on the planned deliverables for the financial year, the associated implementation structures and through the Executive Objectives clear accountabilities for delivery, supported by the Board.

Board Members and the Senior Leadership Team have participated in a number of development sessions to enhance their skills and understanding, such as their role and

responsibilities as Corporate Parents; Equality, Diversity and Inclusion; active uptake of TURAS learning modules; and NXD Masterclasses with training planned for Remuneration Committee Members.

3.2 Leadership Development and Visibility

Leadership development has been prioritised through:

- A new Forth Valley Leadership Programme was launched in April 2026, with the aim of supporting leaders at all levels across the organisation.
- Strengthened corporate induction, with a move to face-to-face delivery with Executive input and Executive and Chair videos that set clear expectations around behaviours, culture and accountability.
- Increased visibility of Executives and Board members through Patient Safety walkrounds; participation in the Safety Club, where open and honest discussions take place amongst staff through Simulation with learning on improving Quality and Safety; participation in and attendance at staff events and service visits; and a programme of profile stories of Board members being shared on the intranet.

Staff quotes from our Sim Safety Summit meeting include:

"Thank you for the opportunity to attend the recent Sim Safety Summit. Through my attendance at the Sim Safety sessions ran by Julie Mardon, I had high expectations of what this day would deliver and it did not disappoint. It was well run with thought provoking and collaborative learning throughout. All topics were easily relatable to the individuals and had transferable learning opportunities. Look forward to the next event." – **David Watson Chief Nurse for Acute Services**

"The summit was inspiring – the enthusiasm of the participants and presenters was palpable and the depth of knowledge that the speakers have is awesome. On a personal level I went home buzzing and enthusiastic about how simulation can be used, not only for clinical simulation, but for lots of other things as well." – **Robert Clark, NHS Forth Valley, Employee Director.**

"I found the SIM Safety session to be exceptionally open, engaging and supportive of meaningful learning. The atmosphere encouraged honest discussion and reflection with participants feeling comfortable sharing experiences and perspectives in a constructive way. This positive and collaborative approach made the session highly informative and relevant to practice. Well done to all of the SIM team" – **John Stewart, Non Executive Director.**

These approaches have been consistently reinforced through Board discussions and feedback.

3.3 System and Partnership Leadership

Relationships with partners have matured significantly, including:

- Regular Joint Leadership meetings between the Chair, Chief Executive and Council Chief Executives and Leaders of the three Councils. A full joint session bringing all together was initiated by NHSFV and took place in May 2026, agreeing some joint priorities for collaborative action.
- Plans are in place to extent this into a wider joint Community Planning Partnership session, demonstrating shared system leadership.

- Clear Board support for shifting the Balance of Care, with whole-system working and partnership governance underpinning delivery, as demonstrated by the closure of Ward A11 and transfer of resource to the IJB for increased community capacity.
- Enhanced working with the College/University Partnership, including embedding these partners within our Strategic Workforce Planning Programme Board.
- Improved integration practice with regular meetings now in place with Council Chief Executives and Chief Officers to support ongoing support and progress. This has supported improved relationships across the system and both Chief Officers are fully embedded within the Executive Team and Board.

Board papers and Committee discussions reflect a growing confidence in system-level leadership rather than organisational isolation with the Board seeking and gaining whole system assurance.

3.4 Talent, Recruitment and National Contribution

There is evidence of a positive shift in organisational reputation:

- Increased interest externally in senior and corporate roles, including Chief Officer-level posts.
- Individuals progressing from NHS Forth Valley into senior national and system leadership roles, demonstrating talent development.
- National recognition of NHS Forth Valley's leadership in Value-Based Health and Care and as a Population Health Organisation, with active involvement of Board Members and Executives in national workstreams.

Executive Leadership Team and Board involvement in national programmes provides assurance of leadership credibility beyond the local system.

4. Governance

What has changed

- The governance system has matured from recovery to refinement, with clearer roles, improved flow of assurance, a greater emphasis on the Board's role in shaping and setting strategic direction and stronger collective ownership of risk.
- The Board now has a much stronger programme of regular facilitated Board seminars which are inclusive and value contribution of all members of the senior leadership team and Board members.
- There has been recognised benefit from supportive and knowledgeable Board administration, ensuring oversight of the programme of work across all committees and regular review/refresh of committee functions.
- Building on the strong progress in this area, the Board has continued a programme of continuous improvement.
- There is clear evidence that the culture of the Board has improved.

4.1 Board Composition, Induction and Development

The Board has managed significant Non-Executive changeover with new public and stakeholder appointees, with new members now settled and contributing effectively. Induction processes are under review to ensure learning from recent appointments is embedded ahead of further recruitment. The recent recruitment of three new Non-Executives has brought additional capacity and strengthened the value added through bringing different perspectives and contributions to Board scrutiny and discussions.

The Board has a development schedule which supports horizon scanning, strategic thinking, skills development and shared learning from other systems.

4.2 Risk and Assurance

A Short Life Working Group commissioned by the Board on the Risk Framework, with strong Non-Executive input, has strengthened clarity around risk appetite, escalation and assurance. This work aligns with Internal Audit findings and the evolving Board Assurance Framework.

4.3 Committee and Board Effectiveness

A full internal Governance and Committee Effectiveness Review has taken place, culminating in a whole day Board development session in April 26 to inform development priorities for the Board and areas for improvement in the effectiveness of governance structures. The review involved all members of the Senior Leadership Team and Board participating in a survey, with results highlighting strong consistency of opinion between Non-Executives and Executives and a genuine shared ownership of governance, the working of Committees and agendas. The review has been used explicitly to:

- Clarify roles and responsibilities.
- Reduce duplication, streamline governance and have a renewed focus on strategy rather than operational detail, seeking assurance rather than reassurance.
- Strengthen the 'golden thread' from strategy to delivery to assurance.
- Improve the use of data and the triangulation of information for assurance

Improvement actions have been agreed and are being embedded through an improvement lens rather than compliance. Respondents to the survey have commented explicitly on the culture of the Board.

"The Board models respectful, open and constructive behaviours in its discussions and … challenge is supportive and focused on improvement; Board behaviours are the best I have experienced …" – **Board/SLT respondent to the survey**

4.4 Remuneration, Transparency and National Engagement

- Targeted Remuneration Committee training is taking place on 10th June to further strengthen scrutiny and the upskilling of Committee members.
- The Chair's involvement in national work (e.g. Value-Based Health and Care, national recruitment, Chairs' development) provides additional confidence in governance maturity.
- Benchmarking with other Boards, including transparent publication of Board papers and performance data, reflects confidence and openness in governance practice.

5. Conclusion

Across leadership, engagement and governance, culture is increasingly being treated as core business, supported by stable leadership, robust partnership working and a commitment to continuous improvement. While significant challenges remain, particularly in urgent and unscheduled care pressures and workforce, the organisation continues to demonstrate maturity in acknowledging these issues, using insight intelligently and investing in the whole-system conditions required for improvement.

Internal Audit, governance reviews and Board self-assessment evidence confirm significant progress and increasing organisational maturity with Board and Committee papers demonstrating consistent, constructive challenge and clear ownership of improvement.

Improvements originally driven through escalation arrangements are now embedded into routine governance, leadership and delivery processes.

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Chair, NHS Forth Valley
Chief Executive, NHS Forth Valley

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

5 June 2026

Dear Neena and Ross

De-escalation to Stage 1 of NHS Scotland Support and Intervention Framework

I am writing to formally confirm that NHS Forth Valley will move to Stage 1 of the NHS Scotland Support and Intervention Framework for Governance, Leadership and Culture, with effect from 8 June 2026.

This decision follows a recommendation from the National Planning and Performance Oversight Group (NPPOG). At the most recent review meeting, officials were assured that significant progress has been made and the improvement has been sustained, across all the areas, so NHS Forth Valley is no longer an outlier in Leadership, Governance and Culture across the system. NPPOG also noted that the ongoing culture work has been baselined into business as usual governance, with the Board and it's committee structure continuing to oversee the progress and impact of this work.

De-escalation to Stage 1 means that informal support is no longer be required. In my role as Chief People Officer, I continue to be available to you and your team within the Board, and am looking forward to our session next week with the Remuneration Committee as part of my wider support which is available to all Boards.

It is important that focus and impact of the work on Leadership, Governance and Culture within NHS Forth Valley continues to be sustained, and I know that you and all of your Executive team and Board are committed to doing so.

As part of your recent submission, it was particularly positive to see the innovative work that NHS Forth Valley are leading, in relation to developing a Culture "OPEL" dashboard, and I am keen that we continue to collaborate on this and consider how this could be deployed more widely across the system.

From a difficult and challenging position, NHS Forth Valley has become a role model and exemplar to other Boards in leadership, governance and culture. It has been a pleasure to work with you all, we have all learned a lot over this time, which we have been able to utilise to support the wider system more effectively.

Finally, I would like to personally thank you both, as well as Kevin Reith and the wider Executive team and Board for the leadership, focus and commitment in sustaining the improvements that have led to this final de-escalation. My thanks also go to all of those involved in this work across NHS Forth Valley.

Yours sincerely,

Fiona Hogg
Chief People Officer
NHS Scotland