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26 November 2024

Dear John

## **NHS Lothian Annual Review: 7 October 2024**

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Edinburgh on 7 October. I was supported by Caroline Lamb, DG Health and Chief Executive, NHS Scotland.
2. With this round of Annual Reviews we have continued, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care or treatment commitments; or those with vulnerabilities who are anxious about attending potentially large public events.
3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

### **Meeting with the Area Clinical Forum**

4. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective

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clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including workforce recruitment/retention, alongside staff wellbeing performance management and improvement, service reform, financial sustainability/management (not least through the effective pursuit of the *Realistic Medicine* programme).

5. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work including: how new technology and the advent of reliable video-conferencing is helping to facilitate professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new roles and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, third sector organisations and others: with strong levels of local interest in the partnership with the Open University on the *Earn as you Learn* programme; the need for more focused IT development and integration; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time.

6. Whilst the general terms and conditions benefits of the reduced working week were welcomed, we noted some concerns elicited around certain initial practical impacts, in terms of the overall availability of working time and potential unintended consequences for patients and staff. We also noted some concern in relation to the allocation and funding of less than full time trainees for the Emergency Department at the Royal Infirmary of Edinburgh (RIE). Finally, we were pleased to hear about how the local Area Nursing and Midwifery Advisory Committee had radically overhauled its way of working, terms of reference and membership, in line with the national *Blueprint for Good Governance*. This change has seen very positive engagement from across the profession, with more than 50 nurses and midwives across all grades contributing regularly. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

## Meeting With the Area Partnership Forum

7. We were pleased to meet with the Area Partnership Forum and it was clear that there are strong local relationships. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range

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of this work, including: informing policy development and workforce redesign; actions to support attendance management and safe staffing; alongside important health and safety responsibilities. As with the Area Clinical Forum, we heard some concerns about some of the potential impacts of the reduced working week for NHS nurses and healthcare staff, which had been agreed in partnership with NHS trade unions. The first half hour of this reduction was implemented from 1 April 2024, with a temporary transitional allowance in place to allow NHS Boards to work in partnership with staff to safely implement the initial reduction. We have agreed with NHS Boards and trade unions that, by 30 November 2024, staff will reduce to the 37-hour week, and we are working in partnership to agree the next steps towards the 36-hour week; but will continue to keep any unintended impacts under close review with NHS Boards and their planning partners.

9. In terms of local support for staff wellbeing we were pleased to note that further funding had been provided for the continuation of the local staff psychological support service; alongside *Reading for Wellbeing* reflective book club sessions, financial wellbeing support; and a pilot of menopause peer support sessions, as part of a dedicated focus on Women's Health. It was confirmed that work is underway on a refresh of the local *Work Well* strategy with a view to rolling this forward for 2024-2027. Finally, we were pleased to note that staff-side and management have a strong relationship and that you felt comfortable in expressing concerns frankly, whilst respectfully; which is a positive sign of a mature and successful working partnership.

## Patients/Carers' Meeting

10. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

11. The local patients and carers in attendance spoke about a wide range of experiences of services and the standard of care and support received, including both positive reflections and more difficult but nonetheless constructive feedback. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including continuity of care; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure.

12. We are also grateful for the attendance of a local Healthcare Improvement Scotland: Community Engagement representative, alongside patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any individual local treatment and care concern.

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## Annual Review: Public Session

13. The full public session was recorded for online access and began with the Chair's presentation on the Board's key achievements and challenges, looking both back and forward;

moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and a number from the floor. We are grateful to the Board and local Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

## Annual Review: Private Session

14. We then moved into private session with the Board Chief Executive and Chair to discuss local performance in more detail.

## Finance

15. NHS Lothian achieved a break-even position by the end of 2023-24; the Board having received additional funding (including new medicines and sustainability funding) of £33.4 million in-year from the Scottish Government. In terms of 2024-25, the Board's initial financial plan anticipated a gross deficit of £100.4 million, reducing to £38.9 million after £61.5 million of targeted savings. As at month 5, the Board presented a year-to-date deficit position of £15.1 million, with a revised, year-end forecast deficit of £31.9 million. This improvement is in part due to £7.5 million of additional new medicines funding provided.

16. We noted that key local pressures included non-pay cost inflation, delayed discharge, drug and medical supplies costs. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Lothian has had to absorb a range of inflationary and demand-related pressures. The Government's Financial Delivery Unit will continue to work with NHS Lothian to monitor the position and assist with longer term financial planning and improvement.

17. Whilst we share in NHS Lothian's desire to invest in its local infrastructure to meet the needs of a growing population, for example providing a new Cancer Centre and a replacement for the Princess Alexandra Eye Pavilion, we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest

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and improve your existing facilities; and we noted the actions underway to minimise the impact on patients in relation to the regrettable six-month closure of the Princess Alexandra Eye Pavilion from the end of October, for essential repairs.

## Workforce

18. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

19. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system impacting on admission and discharge. Nonetheless, as of June 2024, the Board had reported a significantly lower vacancy rate for consultant staff (1.7% against the national average of 7.1%); alongside a lower than the national average rates for both nursing/midwifery and AHPs. We were assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity. You also confirmed a positive reduction in nursing/midwifery agency spending with a corresponding increase in bank use over the last year: average agency utilisation has reduced from 288 WTE per month in 2023/24 to 62 WTE in the first quarter of 2024/25.

20. We were also pleased to note local success with the international recruitment programme: with 60 staff recruited, including those recently appointed into mental health services for the first time. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Lothian is taking in terms of the wellbeing and resilience of local staff: in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace. Such measures will also be material in terms of the local staff recruitment and retention efforts.

## Resilience

21. Given the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be highly challenging for the NHS. We also remain conscious that most NHS Boards, including NHS Lothian, have already been confronted with a sustained period of unprecedented pressures on local services.

22. It was therefore reassuring to hear about the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. I understand that lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

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## Unscheduled Care & Delayed Discharge

23. Given the sustained pressures experienced across services, bed capacity at the main acute sites (particularly the RIE) remains a key issue, with recent occupancy averaging around 97%. Pressure on services includes: workforce constraints, wait for first assessment, delayed discharges and increased patient acuity. The latest published 4-hour A&E standard monthly performance was 65.8% for July 2024 (all sites); a decrease when compared to same period last year (66.4%) and lower than 92.1% recorded in same pre-Covid period in 2019. Performance in the year to July 2024 was 62.4%.

24. We heard that a key corporate objective for the Board in 2024/25 is to achieve 85% non-admitted standard performance: the current work underway focuses on enhancing patient flow through the non-admitted pathway to reliably achieve this. The longest unscheduled care waits (12-hours and over) remain a significant concern: there were 1,545 attendances over 12 hours in Lothian during July 2024, up by 144% compared to the same period last year. Despite significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges: particularly in relation to Edinburgh and West Lothian, with persistent pressures on available social care packages and care home places. We were assured that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making progress with the longest waits and avoidable delays remain key priorities.

25. The Government will continue to work with all Boards, including NHS Lothian, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme; offering alternatives to hospital, such as *Hospital at Home* where NHS Lothian has acted as an exemplar Board; directing people to the most appropriate urgent care settings. We will keep local progress against the key priority area under close review.

## Planned Care Waiting Times

26. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. You confirmed there was a 2% increase in outpatient demand during 2023/24 with a shift in urgency profile: there was a 12% increase in referrals with a suspicion of cancer impacting capacity that could have been used for routine patients. The local outpatient redesign programme continues to make improvements to booking processes and waiting list management, with an expected completion date of early 2025. This includes patient focused booking, text reminders and online booking; and this supported a reduction in new outpatient Did Not Attends from 8.7% in December 2022 to 6.8% in December 2023. This programme also continues to tackle key pressure specialties such as ophthalmology, dermatology and urology.

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27. For inpatient and day case procedures, the recovery of local Treatment Time Guarantee performance has been more challenging than for outpatients, with activity remaining below pre-pandemic levels. Throughout 2023/24, just less than a third of local patients were being seen within the 12-week period. In terms of long waits, there were 498 patients waiting over 104 weeks at the end of March 2024, although there continues to be an improving trend; with the end of March 2023 position being 951 patients. At the end of March 2024, NHS Lothian had a waiting list proportion of 1.9% of inpatients and day cases waiting over 104 weeks, against the Scotland average of 4.6%. You confirmed that there has been a continued focus of local capacity on the most clinically urgent patients, in addition to considering the longest waiting patients. Initiatives include the ring-fencing of orthopaedic capacity at the RIE and are on track to deliver the intended sessions. Ring-fencing of day surgery capacity at St John's Hospital targeted to specialties with the longest waits has seen a positive improvement, especially in general surgery. NHS Lothian has also played a key role in the NHS Scotland pilot of the *INFIX eScheduling* system.

28. The Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures. NHS Lothian has been allocated around £2 million of this funding, with a local focus on delivering additional diagnostic, orthopaedic and cancer treatments. Our new National Treatment Centres will also be providing around 20,000 additional procedures across Scotland each year, with the centre in Fife providing Lothian with 576 procedures per annum and the Golden Jubilee National Hospital providing an annual allocation of 4,804 procedures for NHS Lothian patients, across orthopaedics, plastic surgery, general surgery and colorectal surgery. Other supporting improvement workstreams include: the redesign of preoperative assessment services; development of prehabilitation pathways; the extension of enhanced recovery pathways; and maximising procedures undertaken as day cases; alongside the continuing rollout of *INFIX eScheduling*. We will continue to keep progress on planned care recovery under close review.

## Cancer Waiting Times

29. The management of cancer patients and vital cancer services remains a clinical priority and local performance against the 31-day standard has been consistently around the target. As with most Boards, local performance against the 62-day target has been more challenged, with NHS Lothian achieving an average of 76.5% during 2023/24, against a national figure of 71.7%. We recognise a key pressure impacting cancer waiting times remains the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started. The most impacted pathway includes urology and that is an area where the Board is focusing its improvement activity. We also noted that NHS Lothian had provided mutual aid for cancer services to other Boards during 2023/24, including lower GI and prostate services for NHS Highland and continued colorectal support for NHS Greater Glasgow & Clyde. In addition, NHS Lothian established joint posts with NHS Tayside (hosted by NHS Lothian) to support breast and renal Systemic Anti-Cancer Therapy.

30. In terms of local improvement activity underway to maximise performance in 2024/25, you confirmed that: Urgent Suspicion of Cancer activity is being prioritised in all areas, including

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endoscopy, colorectal and dermatology; additional planned care funding of around £43,000 had been allocated for high-risk gynaecology cancer queues, allowing 80 new patients from the colposcopy list to be seen in the first month; a short-life working group is being set up to focus on reducing the urology prostate pathway length; and linking with the Government, Centre for Sustainable Delivery and other Health Boards, increasing capacity for Robotic Assisted Radical Prostatectomy.

## Mental Health

31. As in other Board areas, NHS Lothian is experiencing significantly increased overall demand for mental health services, as well as often higher acuity in cases. In terms of the Board's performance against the CAMHS waiting standard, 62.7% of patients started treatment within 18 weeks of referral in the quarter ending June 2024; a decrease from 73.2% in the previous quarter and a decrease from 66.8% in same quarter in the previous year. For Psychological Therapies patients, 81.6% started treatment within 18 weeks of referral in the quarter ending June 2024; an improvement from 79.8% in the previous quarter, but a decrease from 82.6% in same quarter in the previous year. The Board has a focus on addressing the most urgent cases whilst reducing the longest waits and we recognise that the challenges faced around recruitment and retention of staff impacts on performance and in making progress. Nonetheless, you assured us that the Board remains committed to achieving and sustaining the 90% national standards and the Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

## National Drugs Mission

32. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Lothian and its planning partners. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

## Local Strategies

33. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. I note that the Board remains committed to *The Lothian Strategic Development Framework* and am pleased to note the progress being made. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

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## Conclusion

34. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely,



**Jenni Minto MSP**

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