



Minister for Public Health and Women's Health
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Prof. John Connaghan CBE
Chair
NHS Lothian

Via: darren.thompson@nhs.scot

18 December 2025

Dear John

NHS Lothian Annual Review: 10 November 2025

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings at the Mainport headquarters in Edinburgh on 10 November. I sadly had to leave the event after the initial meeting to attend to an urgent personal matter but was supported at the Review by Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive of NHS Scotland, who covered the rest of the sessions on my behalf.
2. 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

3. 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 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 and retention, alongside staff wellbeing, performance management and improvement, service transformation and reform, and financial sustainability; not least through the effective pursuit of the *Realistic Medicine* programme.

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4. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work, including supporting service re-design, transformation and innovation, including the role of AI; looking at ways to improve digital access to records, including at patients' bedside and within community pharmacists: there was clearly local enthusiasm and support to embrace the opportunities to significantly improve efficiencies and patient care that will come from new digital ways of working. We heard about workforce challenges in some specialities and the need for the Board to retain as many home grown staff as possible, not least through the strengthened relationships and partnerships with higher and further education providers. We also heard about the operational challenges faced around implementing the reduced working week; shared learning and the drive to improve service delivery as informed by the recommendations of independent expert inspections. The Forum members were understandably keen to have clarity around the development timescales for a replacement Edinburgh Eye Pavilion. In terms of the profile of available national capital for health infrastructure, the priority list will be reviewed as informed by the outcomes of the forthcoming UK and Scottish Budgets. Throughout the discussion it was clear that there remains a focus on finding innovative solutions to meet challenges faced; and to ensure that the work of the Forum is aligned with key national policy priorities, such as the *Population Health Framework* and the *Service Renewal Framework*. 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

5. Christine was 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 sustained pressures will have been fundamental to a number of developments and improvements that have been delivered locally. It was 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.

6. 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. Assurances were given that the staff side had continued to be actively involved and engaged in a wide range of this work, including: informing policy development and workforce redesign; ensuring that there is meaningful partnership working across health and social care, with key stakeholder voices heard at the local and national decision-making levels; indeed, the critical importance of meaningfully involving all staff in the reform and redesign of services, alongside other local stakeholders, in addressing the sustainability challenges facing all NHS Boards, within the context of a very challenging fiscal and demand position.

7. In terms of actions to support attendance management, I understand there was an interesting discussion about a local pilot that has been set up to support staff to return to work and the importance of staff across NHS Lothian being able to access this. Finally, it was agreed how important it is that staff-side and management have a relationship in which members felt comfortable in expressing concerns frankly, whilst respectfully. Whilst challenges remain, not least in relation to effectively implementing the reduction in the working week, such discussions are a positive sign of a mature and successful working partnership; whilst recognising and supporting the aim of the Forum to ensure that effective partnership working is delivered and sustained at all levels of a very large and complex organisation.

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Patients/Carers' Meeting

8. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet 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. I understand that the patients and carers in attendance spoke about a wide range of experiences in relation to local services and the standard of care and support received, with the majority keen to emphasise the general high quality of care and treatment provided.

9. We greatly appreciate the openness and willingness of those present in sharing their experiences and I understand key themes included: exceptional care received in the neonatal unit, including the wider family being meaningfully involved in treatment discussions; some long waits for appointments at the genetics clinic; how non-emergency transport can help in taking patients home from hospital; the importance of good discharge planning and the need to listen to and involve carers in that discussion, where appropriate; the need to ensure that communications with patients and carers take place in a way which is appropriate to their needs and that patients are listened to; the importance of embracing new technologies and ways of working, such as virtual clinics, to ensure the NHS is as accessible and sustainable as possible and reduces unnecessary travel for appointments; the importance of appropriate, local facilities, staff and systems to support patient care and access that are effectively joined up to ensure continuity of care; and the need to ensure young patients have enough sensory stimulation while in ICU/specialist clinical settings. We were also grateful for the attendance of patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any specific local issues.

Annual Review: Public Session

10. The public session was recorded for online access and began with a 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. Questions were then taken from members of the public: both those that had been submitted in advance and 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

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

Escalated Area: Maternity Services

12. The Board was escalated to Stage 3 of the NHS Scotland Support & Intervention Framework on 29 October in response to the HIS inspection report about maternity services at RIE, published the same day. The report was published at a time when NHS Lothian was already undertaking an intensive programme to improve patient safety and working culture within women's services in NHS Lothian; you nonetheless provided assurances of the Board's commitment to sustainably addressing the report's 26 recommendations as a matter of priority. I understand you further confirmed that considerable work is underway to do so, including the recruitment of over 70 midwives to strengthen the service; all of whom should be in post before the end of this year. It is crucial the Board continues to positively and sustainably respond to all the HIS review report recommendations, and does so as quickly as possible. Scottish Government officials will work with the Board and provide tailored support, alongside additional scrutiny, as part of the Stage 3 escalation process. We will confirm the formal oversight arrangements shortly, including outlining the success criteria for future de-escalation. The Cabinet Secretary is scheduled to meet with the Board leadership for a further update on progress on 25 November.

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Escalated Area: Child & Adolescent Mental Health Services (CAMHS) Waiting Times

13. The decision was taken to escalate NHS Lothian to Stage 3 in December 2024 for performance in CAMHS. This was based on concerns around data quality and lack of demonstrable progress in meeting and maintaining the national waiting times standard. We were pleased to note that the Board has now validated its waiting lists and has robust trajectories to clear its backlogs. Whilst we recognise that, like other Health Boards, NHS Lothian has been experiencing significantly increased overall demand for mental health services, as well as specialist workforce pressures and often higher acuity in cases, it remains the case that, of all the patients waiting over 52 weeks for CAMHS in Scotland, 90% reside in Lothian.

14. I understand that you provided assurances of the Board's ongoing commitment to meeting and maintaining the national standard, and that a robust improvement plan is in place to deliver this. We recognise that NHS Lothian has begun key steps to accelerate the clearance of backlogs such as waiting list initiatives, job planning and commissioning an external provider to help provide interventions. We will continue to provide tailored support and scrutiny as part of the Stage 3 escalation process, including monthly review meetings between the Board Chief Executive and Government's Director of Mental Health. Should the Board continue on the current path and sustained delivery is achieved against the improvement plan, officials will write to clearly set out the de-escalation criteria.

15. Following the Annual Review on 13 November, HIS published their report on an unannounced inspection of the Royal Edinburgh Hospital that took place between 17 and 19 June. The hospital provides a broad range of adult mental health services. This was one of the first *Safe Delivery of Care* inspections in mental health settings. The report presents a mixed but concerning picture, including highlighting a number of risks that require urgent action. The most critical issue is the lack of effective systems to support safe care in non-standard care areas, including the use of inappropriate spaces. This can compromise patient security and safety, whilst also raising dignity and privacy concerns. I understand that such non-standard areas have been used in response to capacity pressures, which are further exacerbated by high staffing vacancies, reliance on agency staff, low compliance with mandatory training and inconsistent leadership oversight. As such, the Board must ensure that it quickly and materially responds to all the report's recommendations. I understand that HIS will conduct a follow-up inspection to assess whether NHS Lothian has made sufficient progress.

Finance

16. It was confirmed that, in 2024-25, NHS Lothian achieved a break-even position and has been relatively stable at Stage 1 on the NHS Scotland Support & Intervention Framework. The Board has an approved financial plan for 2025-26, including £63.4 million of forecast savings to reach a breakeven position. NHS Lothian remains confident that the Board will achieve a break-even position by the end of the financial year and we welcomed the ongoing commitment to financial sustainability, despite challenging circumstances.

17. We agreed that delivery of recurring efficiencies and progress with significant service redesign will be crucial to future year budget challenges. We noted that key ongoing pressures include pay, drug and medical supplies costs. 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.

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Workforce

18. NHS Lothian had recently concluded its three-year Workforce Plan, which commenced in November 2022 and ran to the end of October 2025. The plan comprised over 90 detailed actions spanning all professional groups and key strategic service areas. Development of the next iteration of the plan, covering 2026–2029, is now underway.

19. We were pleased to note that the Board's reliance on nursing and midwifery agency staff has reduced by 85% in the last year, with the local staff bank providing additional cover. In terms of NHS Lothian's staff turnover, leavers in 2024/25 decreased by 18% compared to 2023/24, and by 43% relative to 2021/22. Sickness absence remains an area of focus, with the Board's 2024/25 rate at 6.1%; marginally lower than the comparable national average of 6.4%. As recognised in our earlier meetings with the local Area Clinical and Partnership Fora, we remain very conscious of the cumulative pressures on the health and social care workforce; recognising 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, including the provision of occupational health services and psychological therapies. Such measures will also be material in terms of the local staff recruitment and retention efforts.

Resilience and Winter Pressures

20. It was 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 good practice and 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.

Unscheduled Care & Delayed Discharge

21. During 2024/25 NHS Lothian undertook a comprehensive and integrated programme of work to improve unscheduled care performance across the system. Despite sustained operational pressures and infrastructure challenges, significant progress was achieved in key areas including emergency access, discharge efficiency, bed occupancy and system flow. The Board's compliance with the 4-hour Emergency Access Standard rose from 59.2% in April 2024 to 72.2% by March 2025 whilst local delayed discharges reduced by 15.6% over the same period.

22. Nonetheless, local acute sites continue to be challenged by limited bed capacity (98% occupancy as at 26 October) with the latest published 4-hour monthly performance for the Board being 68.8% for August 2025; an increase when compared to same period last year (63.7%) but lower than the 90.3% recorded in comparable pre-Covid period in 2019. Whilst also welcoming the 25% reduction in the longest, over 12-hour waits from August 2024 (1,492) to August 2025 (1,122), this is still significantly higher than the comparable pre-Covid performance in August 2019 (27). We remain encouraged about the work the Board is undertaking through the Redesign of Urgent Care: including the local Discharge Without Delay, Flow Navigation Plus, and Hospital at Home programmes. We will keep the Board's progress in this key performance area under close review.

23. As noted above, whilst we recognise the significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges. To that end, 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 sustained progress with the longest waits and avoidable delays remain key priorities.

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Planned Care Waiting Times

24. 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 backlog of non-urgent, planned care.

25. Reducing long waits in the NHS is one of the biggest priorities for the First Minister and the Scottish Government. Our record investment in the NHS this year is allowing us to target specific areas that are experiencing long waits, reducing backlogs and getting people the appointments and treatments they need as quickly as possible. The Scottish Government is investing £135.5 million nationally this year to deliver more than 300,000 appointments and procedures, including: 195,000 imaging scans, 31,000 inpatient or day-case procedures, 88,000 new outpatient appointments and 4,100 new dermatology outpatient appointments. This means 213,000 more appointments are expected to be delivered this year across Scotland than in 2024/25 – exceeding the Programme for Government commitment of delivering 150,000 appointments by more than 60,000. A proportion of the funding will also support cancer activity and provide critical supporting services including pathology, diagnostic reporting and pre-assessment.

26. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we recognise that the Board has been targeting the longest waits, whilst responding to workforce and operational pressures, such as the unplanned closure and required repairs to the Edinburgh Eye Pavilion that regrettably resulted in an increase in some waiting times and lists. You confirmed that NHS Lothian is directing its share of the national funding noted above towards the local specialties with the greatest pressures, including orthopaedics and general surgery.

27. NHS Lothian continues to work with the National Elective Co-ordination Unit to support further sustained improvement. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. We were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance, which we will keep under close review.

Cancer Waiting Times

28. The management of cancer patients and vital cancer services remains a clinical priority and, whilst performance against the 31-day target has been consistently met and maintained, performance against the 62-day target has been more challenged, as with most Boards.

29. It is also important to recognise the key context of the surging demand in Urgent Suspicion of Cancer referrals since the Covid-19 pandemic: some 46% higher across all tumour groups in 2024/25 compared to 2019/20. We noted that it is the highest local pressure pathways, including urology, colorectal, lung and breast where the Board is focusing its improvement efforts. The Government's Cancer Performance Team will continue to monitor progress and provide support.

National Drugs Mission

30. 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. With the publication of the 2024 drug related mortality figures, we welcomed the local decrease of 16% on the 2023 position; reflecting the ongoing work to reduce harms; as well as offering better access to, and improved quality of, treatment.

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31. 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 the strong position with the local commitments for the MAT standards, and progress in relation to the targets for waiting times for access to alcohol and drug treatment services.

Local Strategies

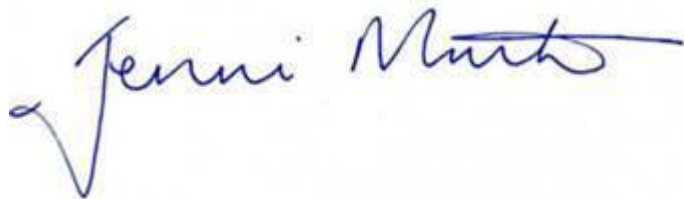
32. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. We were assured that the Board remains committed to its *Strategic Development Framework* and were pleased to note the progress being made.

33. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is significant. This makes it all the more important that the Board and its planning partners innovate and adapt; ensuring that local strategies are fully consistent with key national policies and standards, such as the *Population Health Framework* and *Health and Social Care Service Renewal Framework*. It is also fundamental that the Board, in liaison with Healthcare Improvement Scotland, ensures that this vital transformation agenda is meaningfully informed by the views of local communities and stakeholders at every stage, in line with the national *Planning with People* guidance.

Conclusion

34. I am 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 the resilience, recovery and renewal of the local system. 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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