



Agenda

09:00 - 09:03 **1. Welcome**
3 min
Verbal John Connaghan

09:03 - 09:04 **2. Apologies for Absence**
1 min
Verbal John Connaghan

09:04 - 09:05 **3. Declaration of Interests**
1 min
Verbal John Connaghan

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that changes in circumstances are reported within one month of them changing.

Please notify changes to loth.corporategovernanceteam@nhs.scot


For further information around declarations of interest please refer to the code of conduct section of the Board Members' Handbook.

Items for Approval or Noting

09:05 - 09:10 **4. Items proposed for Approval or Noting without further discussion**
5 min
Decision John Connaghan


4.1. Minutes of Previous Board Meeting - 05 February 2025


For Approval John Connaghan

 4.1 05-02-25 Public Board Minutes (Draft to meeting).pdf (9 pages)

4.2. Finance & Resources Committee Minutes - 18 December 2024 & 12 February 2025

For Noting Martin Connor

 4.2 (a) Finance and Resources Committee Minutes 18-12-24 (Final).pdf (6 pages)

 4.2 (b) Finance and Resources Committee Minutes 20-02-25 (Final).pdf (6 pages)

4.3. Healthcare Governance Committee Minutes - 28 January 2025

For Noting Andrew Cogan

 4.3 Healthcare Governance Committee Minutes - 28 January 2025 (Final).pdf (6 pages)

4.4. Staff Governance Committee Minutes - 11 December 2024

For Noting *Val de Souza*

 4.4 Staff Governance Minutes - 11.12.24 (Final).pdf (11 pages)

4.5. Audit and Risk Committee Minutes - 18 November 2024

For Noting *Jonathan Blazeby*

 4.5 Audit and Risk Committee Minute 18-11-2024 (Final).pdf (7 pages)


4.6. Midlothian Integration Joint Board Minutes - 19 December 2024

For Noting *Val de Souza*

 4.6 Midlothian IJB Minute - 19 December 2024.pdf (15 pages)

4.7. Edinburgh Integration Joint Board Minutes - 25 February 2025

For Noting *Katharina Kasper*

 4.7 Edinburgh IJB Minute - 25 February 2025.pdf (6 pages)

4.8. West Lothian Integration Joint Board Minutes - 11 February 2025

For Noting *Martin Connor*

 4.8 West Lothian IJB Minute 11 February 2025.pdf (5 pages)

4.9. East Lothian Integration Joint Board Minutes - 20 February 2025

For Noting *Andrew Cogan*

 4.9 East Lothian IJB Minutes 20 February 2025.pdf (12 pages)

4.10. Appointment of Internal Audit Function

For Approval *Craig Marriott & Jonathan Blazeby*

 4.10 Appointment of Internal Audit Function (Inc. Appendix).pdf (12 pages)

4.11. Health and Care (Staffing) (Scotland) Act 2019, Annual & Quarter 4 Report

For Noting *Alison Macdonald*

 4.11 Health and Care (Staffing) (Scotland) Act 2019, Annual & Quarter 4 Report (Inc. Appendix).pdf (22 pages)

4.12. Pharmacy Practices Committee Outcomes - Quarter 4 Annual Report

For Noting *Jenny Long*

 4.12 Pharmacy Practices Committee – Annual Report 2024-25.pdf (7 pages)

4.13. Pharmaceutical Services Hours of Service Scheme paper

For Approval *Jenny Long*

 4.13 Pharmaceutical Services Hours of Service Scheme - April 2025.pdf (9 pages)

4.14. National Whistleblowing Standards – Quarter 3 2024/25 Performance Report

For Noting *Tom Power*

 4.14 Whistleblowing Performance Report - Q3 2024-25 (Inc. Appendix).pdf (14 pages)

4.15. Appointment of Members to Integration Joint Boards & Pharmacy Practices Committee

For Approval *Darren Thompson*

 4.15 April 2025 - IJB & PPC Appointments Report.pdf (4 pages)

4.16. Review of NHS Lothian Board Operating Guidance

For Approval

Darren Thompson

 4.16 Review of NHS Lothian Board Operating Guidance (Inc. Appendices).pdf (137 pages)

Items for Discussion

09:10 - 09:20 **5. Board Chair's Report - April 2025**

10 min

Verbal

John Connaghan

09:20 - 09:30 **6. Chief Executive's Report - April 2025**

10 min

Discussion

Caroline Hiscox

 6. Board Chief Executive's Report April 2025 (Final).pdf (7 pages)

09:30 - 09:35 **7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness**

5 min

Verbal


John Connaghan

09:35 - 09:55 **8. NHS Lothian Board Performance Paper**

20 min

Discussion

Jim Crombie

 8. Performance Report (Inc. Appendix).pdf (24 pages)

09:55 - 10:05 **9. Corporate Risk Register**

10 min

Discussion

Tracey Gillies

 9. Corporate Risk Register - April 2025.pdf (30 pages)

10:05 - 10:15 **10. Capital Prioritisation Process**

10 min

Verbal Update

Craig Marriott

10:15 - 10:25 **11. NHS Lothian February 2025 Financial Position**

10 min

Discussion

Craig Marriott

 11. NHS Lothian February 2025 Financial Position (Inc. Appendices).pdf (8 pages)

10:25 - 10:35 **Break**

10 min

10:35 - 10:45 **12. 5 Year Financial Plan 2025/26 – 2029/30**

10 min

Discussion

Craig Marriott

 12. 5 Year Financial Plan 2025-26 – 2029-30.pdf (15 pages)

10:45 - 11:05

20 min

13. Corporate Objectives 2025/26

Discussion

Caroline Hiscox

 13. NHS Lothian Corporate Objectives 2025-26 (Inc. Appendix).pdf (8 pages)

11:05 - 11:30

25 min

14. Pharmaceutical Care Services Plan 2025-2028

Discussion

Jenny Long and Dona Milne

 14. Pharmaceutical Care Services Plan 2025-2028 (Inc. Appendices).pdf (87 pages)

11:30 - 11:45

15 min

15. NHS Board Leadership and Collaboration

Discussion

Caroline Hiscox

 15. Health Board Collaboration and Leadership (Inc. Appendices).pdf (11 pages)

11:45 - 11:47

2 min

16. Any Other Business

Verbal

John Connaghan

11:47 - 11:49

2 min

17. Reflections on the Meeting

Verbal

John Connaghan

11:49 - 11:50

1 min

18. 2025 Meeting Dates

For Noting

John Connaghan

- **25 June 2025 (10.30am start - Annual Accounts)**
- **13 August 2025**
- **08 October 2025**
- **03 December 2025 (10.30am start)**

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 05 February 2025 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Board Chair); Mr A. Fleming (Vice Chair); Mr P. Allenby; Cllr S. Akhtar; Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill (from 10am); Mr A. Cogan; Mr M. Connor; Ms V. de Souza; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Mrs K. Kasper (until 11.30am); Prof A. Khan; Mr P. Knight; Ms K. Macdonald; Prof. L. Marson (from 10.40am); Ms T. A. Miller and Cllr D. Milligan.

Executive Board Members: Prof. C. Hiscox (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms A. MacDonald (Executive Nurse Director) and Ms D. Milne (Director of Public Health and Health Policy).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Ms J. Butler (Director of Human Resources & Organisational Development); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care)(from 10.40am); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms M. Campbell (Director of Estates & Facilities); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Mr A. McCreddie (Deputy Director of Finance); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for Absence: Mr C. Marriott (Director of Finance) and Ms F. Wilson (Chief Officer, East Lothian IJB).

71. Welcome & Declaration of Interests

- 71.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 71.2 The Chair asked members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations of interest were made.

ITEMS FOR APPROVAL OR NOTING**72. Items proposed for Approval or Noting without further discussion**

- 72.1 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as “the consent agenda.” The Chair reminded members that they had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 72.2 Minutes of Previous Board Meeting held on 04 December 2024 – Minutes were approved.
- 72.3 Finance & Resources Committee Minutes – 23 October 2024 – Minutes were noted.
- 72.4 Healthcare Governance Committee Minutes – 19 November 2024 – Minutes were noted.
- 72.5 Staff Governance Committee Minutes – 30 October 2024 – Minutes were noted.

- 72.6 Midlothian Integration Joint Board Minutes – 19 September and 24 October 2024 – Minutes were noted.
- 72.7 Disposal of St Michael's Hospital, Linlithgow – The Board approved the St Michael's Hospital site being formally declared as surplus to requirements, based on the recommendation of the Finance and Resources Committee.
- 72.8 Health & Care (Staffing) (Scotland) Act 2019 – Quarter 3 Board Compliance Report – Report was noted. Ms de Souza confirmed that the report is also considered by Staff Governance Committee, but meeting timings had meant this report had not yet been reviewed. Ms de Souza and the Executive Nurse Director would consider how best to allow further Non-Executive Director discussion on the report. The Board agreed to accept Moderate Assurance on how NHS Lothian is meeting its legal duties under the 2019 Act, based on the Scottish Government's compliance scoring and its rating of "Reasonable Assurance" for NHS Lothian.
- 72.9 Pharmacy Practices Committee Outcomes – Quarter 3 2024/25 – Outcomes were noted.
- 72.10 Appointment of Members to Committees and Integration Joint Boards – The Board approved the reappointment of Martin Connor as co-chair to the Pharmacy Practices Committee until end of August 2025.

ITEMS FOR DISCUSSION

73. Board Chair's Report – December 2024

- 73.1 The Chair noted the passing of previous Board Chair, Mr Brian Houston. The Chair added that Mr Houston had been a trusted colleague and enormous source of good advice, always acting with integrity. The Board conveyed its condolences to Mr Houston's family.
- 73.2 The Chair highlighted the following:
- **Ms Janis Butler, Director of HR&OD** – The Board acknowledged that this would be Ms Butler's last Board meeting before retirement. The Chair wished Ms Butler all the best with her retirement and thanked her for being a sound source of advice to the Board over her long career. The Board congratulated Ms Butler on her retirement.
 - **Ms Kirsty Macdonald, Non-Executive Director** – The Board noted that Ms Macdonald would be standing down from the Board at the end of March. The Chair thanked Ms Macdonald for her contributions to the Board in her short time as a member.
 - **Board Recruitment** – The Chair updated the Board on the ongoing Non-Executive Director recruitment round. The process was currently halfway through and it was hoped to recruit two new members – one generalist and one with expertise in finance, audit and risk. The plan would be to announce the new appointments before the end of February but this was dependent on ministerial approval.
 - **First Minister Round Table Discussions 03/02/2025** – The Chair reported on discussions held with the First Minister that had focused on the immediate pressures facing the NHS, including de-pressuring hospitals and better system flow. There had also been discussion on the submission of Board's Annual Delivery Plans, the ambitions around elective waiting times, shifting to community based settings and embracing reform and digital innovation.

74. Chief Executive's Report – February 2025

74.1 The Chief Executive introduced her report, highlighting the key items within this and the following areas were discussed:

- **NHS Scotland Board Chief Executives / Executive Group** - The Chief Executive provided further insight to the group which was newly established on behalf of NHS Scotland to respond in relation to the current challenges being faced. The Group was co-chaired by a Board Chief Executive and the NHS Scotland Director General, there were 22 members sitting on the group.

The objective of the group was to influence in a collective way, work together as a country, recognising all Health Boards as their own legal entities and consider what things could be done collectively, providing services with parity. The group also discussed operational and system wide matters and was looking to tangibly change the understanding of the complexity of healthcare systems across Scotland. The Chief Executive was happy to share agendas and more detail with board members outside the meeting or bring more detail back to the next Board or SPCC if required. The intention of the Group was not to cut across existing governance arrangements but support these through greater collaboration.

- **Financial Planning for 2025/26** - The Board noted the positive financial planning session that had been held between the Corporate Management Team and members of the wider leadership team, to review and discuss the first stage proposals from each service intended to achieve the required level of financial savings in 2025/26. It was recognised that the output from the January session informed the development of the Board's Financial Plan and the Annual Delivery Plan for the next year, early drafts of which had now been provide to Scottish Government.
- **Developing our approach to transformation and innovation** - There was discussion on transformation, innovation and reform. The Chief Executive would arrange for the 'NHS Lothian Innovation & Transformation: Design and Implementation Approach' paper that had gone to Corporate Management Team on 28 January, to be part of future discussions at a Non-Executive Directors informal meeting.
- **Maternity Services** - The Chief Executive confirmed that the significant move of an additional 32 substantive posts into maternity services had been communicated back to the service. The Executive Nurse Director stated there were a number of midwives that were being invited to take up these new posts. The options around use of final year midwives were also being considered as had been done previously.
- **Veterans First Point Lothian (V1P)** - The Board noted the continued work with V1P users and providers. There was an ongoing focus on shaping the redesigned service and listening to feedback on what matters most to veterans and families.

There continued be meetings with Scottish Government to secure optimal funding for the future service. Feedback from service users and colleagues was being gathered and analysed to establish the key things that make a difference to veterans. This work would come through the appropriate governance route when ready.

- **Resilience Response – Storm Eowyn** - There was discussion around resilience processes and how the engagement had been with partners in dealing with the recent storm on Friday 24 January. The Chief Executive confirmed the level of communication from key partners had been appropriate. The Director of Public Health added that the

Lothian and Borders Resilience Partnership had been activated on Thursday 23 January and had met three times, this included a mop-up session on Saturday 25 January.

- **2025 New Year Honours for NHS Lothian Staff** - The Board welcomed the recognition in the 2025 New Year Honours List for Rakiya Sulieman, Equality & Diversity Adviser and for former NHS Lothian Chief Executive, Calum Campbell. Rakiya had been appointed an MBE for services to eliminating discrimination and advancing equality and good relations. Calum had been appointed an OBE for services to healthcare in Scotland.

74.2 The Board welcomed the format of the Chief Executive report and noted that there would be continued conversations on some of the topics discussed through the cycle of Board, SPCC and other governance committee meetings.

75. Opportunity for committee chairs or IJB leads to highlight material items for awareness

75.1 **Healthcare Governance Committee** – Mr Cogan highlighted the following items from discussions at the meeting held on 28 January:

- **Maternity** – A comprehensive report and update had been provided by Maternity Services with support from Executive Directors. The Committee had taken assurance from this work and a further update would come to the May 2025 meeting as part of the Women's Services Annual Report.
- **Mental Health REAS** – The annual assurance report had resulted in limited assurance and REAS colleagues had been asked to undertake additional work, in partnership with colleagues, and report back to the May 2025 meeting where the assurance level would be reviewed. The Committee would also review this in March as part of the annual reporting process.
- **Hospital Standardised Mortality Ratio (HSMR)** – The Committee had received a report that showed HSMR below 1 (0.98) for NHS Lothian for the period July 23 to June 24, reported in November 2024. The committee had thanked colleagues for the significant work undertaken over the past 12 months to review HSMR data & clinical processes following the identification of issues at RIE, which had been regularly reported. HSMR would return to routine reporting & review unless data showed otherwise.

76. Unscheduled Care Improvement Programme RIE

76.1 The Deputy Chief Executive introduced the report outlining the plans to improve Unscheduled Care (USC) performance, initially focused on the RIE, in partnership with Lothian IJBs, HSCPs and Local Authorities, after being successful in bidding for financial support from Scottish Government to support these initiatives.

76.2 The Deputy Chief Executive provided the context behind the improvement programme, noting factors such as population growth, demographics, demands on beds, increased need for care home beds, occupancy levels and delayed discharges.

76.3 The development of the improvement programme had been done through working as a whole system team, involving experts and clinicians. There had been a focus on infrastructure, and a shift of focus around change. It had been recognised that the brunt of pressures were around the maternity departments and wards with high occupancy levels, with a number of signals from the Emergency Department around the continued safety of the department. Reduction of overall hospital occupancy would enable the Emergency Department to function more optimally, increase the ability for patients treated there to be treated, normalised and discharged.

- 76.4 The Board noted the overall ambition of the improvement programme to roll out processes across the rest of the acute sites, Western General and St John's Hospitals, once positive outcomes had been demonstrated from phase one.
- 76.5 The Deputy Chief Executive confirmed that a Programme Board had been established to lead on this work. This was chaired by the Chief Officer for East Lothian and was meeting three times per week to develop a set of performance indicators, understand where impact had been demonstrated and allow agile movement as change develops.
- 76.7 There was discussion on the funding arrangements around the programme, noting the recurrent nature of the funding should improvement be demonstrated, the milestones involved, recognising the January 2025 milestone had been missed but it was hoped added resource would start to be seen by the end of February and trajectories would be recalibrated going into the 2025/26 financial year.
- 76.8 The Deputy Chief Executive added that this was not an isolated piece of work and was a key component of the Board's Lothian Strategic Development Framework (LSDF).
- 76.9 There was further discussion on the importance of staff, families, carers and third sector engagement, the change around use of beds, community and primary care involvement in the programme work, the sustainability of delivery for the programme, the short-life working group engagement between NHS, IJBs and other partners, the recognition that there were issues with some systems and the hope that demonstrating success of this work may encourage similar Scottish Government funding for other such initiatives.
- 76.10 The Employee Director made the point that whilst this work was the right thing to do and correct way forward, it did not immediately resolve issues with the Emergency Department. Staff there continued to deal with issues around overcrowding and stacking of ambulances and it was important to recognise the need for continued support of the staff until improvements are realised.
- 76.11 The Board also expanded discussion around the use of real-time data to drive work forward, lead time around modelling for Phase 2 of the improvement work and the measuring of system efficiency.
- 76.12 The Board acknowledged that there would be a lot of discussion on this work over the course of the next year and that it would be good to understand how previous improvement work would dovetail with this programme. There would be further updates to the Board, with more in-depth discussion through the Strategy, Planning and Performance Committee (SPPC).
- 76.13 The Chief Executive welcome the optimism around the improvement programme as presented and emphasised the importance of this Lothian wide system work and the provision of data with a continued focus on outcomes. This would be a transformation piece refocusing and rebalancing measures, which would allow the Board to make changes and test other work with colleagues, recognising this provides opportunity to step back and reflect when something may not work. The confidence of Scottish Government depends on the Board's ability to deliver this improvement programme and listening to partnership, colleagues and the patient experience was crucial. Colleagues were doing their absolute best to try and make the current system work, but the system was now not able to work in the way needed, so the system had to change.
- 76.14 The Board noted the successful bid for investment into the Lothian USC system and recognised the hard work of the Deputy Chief Executive and colleagues in achieving the financial support for the improvement programme. The Board noted the action plan developed in line with this investment and associated expected performance trajectories.

77. Director of Public Health Annual Report 2024

- 77.1 The Director of Public Health & Health Policy introduced the Annual Report for 2024, intended for future publication.
- 77.2 The Director of Public Health & Health Policy explained the move away from the traditional reporting of numbers and demographics towards a focus on activity. There was discussion on the report in particular improving of health outcomes and reducing inequalities, recognising the requirement for focus on prevention within the Lothian Health and Care System.
- 77.3 The Board considered that the Report built upon the previous reports received on Prevention activity in April 2024 and dovetailed well with recent discussions on innovation and transformation. There was further discussion on the public health realignment to focus on working in local partnership, early years work (pre-conception health) and priorities for action.
- 77.4 The Board discussed the importance of linking the work of Public Health with the decisions of Integration Joint Boards (IJBs) and to acknowledge the cost effectiveness and return on investment of prevention delivered through Primary Care. Demonstrating how this work connects to potential wider system reform and supporting the effective measurement of delivery and impact were critical.
- 77.5 The Chief Executive reminded the Board of the commitment made to reshape the overall integrated performance and governance framework, how to measure performance and focus on things the Board are held to account for. Prevention would be a key part of the Corporate Objectives for the year ahead. The Chair requested that, in any future iterations, population changes should be expressed in a similar form to the graph within the report and replicated out to 2040.
- 77.6 The Board welcomed the report and noted that the evidence relating to improving health outcomes and reducing inequalities requires a focus on prevention within the Lothian Health and Care System.

78. Princess Alexandra Eye Pavilion (PAEP) Update

- 78.1 The Deputy Chief Executive updated the Board on the current PAEP position. There were two elements to the update:
- Briefing on Capital Works - The Board noted that asbestos had been identified in unexpected areas and, following review by engineers, the programme had been extended by two weeks but it was still hoped to conclude the programme in April 2024.
 - Ongoing provision of Ophthalmology Services distributed across Lothian - The Board noted there had been some positive feedback from both patients and colleagues around the new locations of services, although there had naturally been disruption and impacts caused due to travel to both East and West Lothian to access services. There was evidence that disruption to patients had been minimised and the population within East Lothian had benefitted from not having to travel into the city, however there had been impact on activity in particular inpatient areas.
- 78.2 The Board welcomed the update and the Deputy Chief Executive confirmed that overall, the position remains positive and there was optimism around the April completion date and the migration of services back to PAEP. Further detail would come to the next SPPC meeting.

79. Mental Health Escalation

- 79.1 The Service Director for REAS updated the Board on the Child and Adolescent Mental Health Service (CAMHS) escalation position.
- 79.2 The Board noted that NHS Lothian had been informed in December 2024 that the Mental Health Director in Scottish Government had recommended that the Board should be escalated for CAMHS performance to Stage 3 of the NHS Scotland Support and Intervention Framework.
- 79.3 This position had been confirmed verbally on 28 January 2025 with the recommendation having been accepted by the National Planning and Performance Oversight Group, a sub-group of the Government's Health and Social Care Management Board. Formal written confirmation of this decision was currently awaited.
- 79.4 It was understood that the escalation decision had been based on NHS Lothian not meeting the national standard for CAMHS, which states that 90% of children & young people (CYP) should start treatment for their mental health within 18 weeks of referral.
- 79.5 The Board discussed the formal decision to escalate NHS Lothian, progressing to meeting the national standard, details of recent changes in the CAMHS workforce and financial resource, national benchmarking data on CAMHS performance and the immediate next steps agreed with Scottish Government officials on 28 January 2025. The Board noted the report detailed the recorded position at month end, December 2024.
- 79.6 The Chair stated that any escalation of this type was taken seriously and noted the development of a recovery plan in engagement with Scottish Government, that would be incorporated within the Board's Annual Delivery Plan for 2025/26.
- 79.7 The Chief Executive thanked the Service Director for REAS for the update and there was further discussion on referral rates, increasing activity and the alignment of data recording with other health boards. The Chief Executive assured the Board that this was one focus of the transformation work that would be taken forward, irrespective of escalation.
- 79.8 The Board noted the pending formal notification of this escalation decision and the background to current levels of CAMHS performance. The Board also noted that the relevant senior staff would continue to engage with Scottish Government officials on this matter to consider levels of support required to reduce waiting lists and to agree an appropriate recovery plan that would be reflected within the Board's 2025/26 Annual Delivery Plan (ADP).

80. NHS Lothian December 2024 Financial Position

- 80.1 The Deputy Director of Finance presented an update on NHS Lothian's financial position as at December 2024. He reminded members that the organisation had started the year with a 7% gap, equating to £140M.
- 80.2 The current financial position, at Month 9, reflected a £10M overspend, in line with expectations. The financial position was comprised of an operational overspend of £26.1m, offset by the release of corporate reserves flexibility of £16.1M.
- 80.3 Pressures remained within medical, dental, non-pay, GP prescribing and management of the reduced working week. However, the nurse agency position was improving. In relation to prescribing in general the Director of Finance highlighted that NHS Lothian was a relatively low-cost prescriber with a well-established efficiency programme. The Medical Director added that there was ongoing work with both Primary Care and Acute Services to monitor drugs of low clinical value and reduce or eliminate their prescribing as part of formulary compliance.

- 80.4 There was discussion of the Year End Forecast, which the Finance and Resources Committee had received an update on at its December meeting (based on Month 7 data). This had shown a projected overspend at the year-end of c.£23m.
- 80.5 The Committee had acknowledged this position and were content to receive limited assurance on delivering financial balance at that time. The Board noted that since then, further work had been progressed on the year end position following the Month 9 outturn and additional information subsequently received on in-year costs and allocations from the Scottish Government.
- 80.6 The Board noted the financial position to the end of December 2024, reporting a £10m overspend within NHS Lothian and noted that an updated financial forecast would be reported to Finance & Resources Committee on 12 February 2025.

81. Corporate Risk Register

- 81.1 The Board received NHS Lothian's Corporate Risk Register, reviewing the November and December 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.
- 81.2 The Executive Medical Director drew the Board's attention to the top five risks on the register which were all graded at the highest possible level of 25 (over the last three years). The challenge for individual executives and teams to consider was how to develop more nuanced plans around risk and mitigation, flexing the grading up and down as required. Otherwise, there was not the dynamism that was trying to be achieved within the risk register.
- 81.3 The Board noted the following:
- The Corporate Management Team (CMT) had approved the process for setting target risk scores.
 - Minor changes to risk descriptions #5186 - 4-hour emergency access target and #5185 - Access to treatment to remove references to Covid-19.
 - That CMT had reviewed the divisional High and Very High risks at their December meeting.
 - The overview of the changes in the CRR over the past two calendar years in Table 1.
 - That management actions agreed in the recent internal audit report of the Corporate Risk Register process had been implemented.

82. NHS Lothian Board Performance Report

- 82.1 The Deputy Chief Executive presented the Board Performance Report, noting a number of significant drivers that had been discussed earlier in the meeting, such as finance and workforce, and the impact these had on performance. The Board's attention was drawn to an error that had been presented within the Radiology figures in the December 2024 report and the appropriate corrections made.
- 82.2 The Board discussed the performance trajectories within scheduled care (outpatients and treatment time guarantee), the focus on reviewing and developing options for improvement in 2025/26, the Annual Delivery Plan (ADP) and the review of principles work being undertaken by the Chief Officer for Acute Services. The Board noted there was Scottish Government funding available to the Board for performance improvement to the March 2026 target. There would be further discussion on the ADP and revised principles at a future SPPC meeting.

82.3 Based on the recommendations in the paper, the Board noted both the implications of the performance matters described and NHS Lothian’s current levels of compliance against national performance standards and KPIs.

83. Any Other Business

83.1 None.

84. Reflections on the Meeting

84.1 The Chair asked members to contact colleagues offline if they wished to discuss any items further.

85. Date of Next Board Meeting

- Wednesday 23 April 2025

Chair’s Signature
Date

Prof. John Connaghan
Chair – Lothian NHS Board

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 18 December 2024 via Microsoft Teams.

Present: Mr M. Connor, Non-Executive Board Member (chair); Cllr S. Akhtar, Non-Executive Board Member; Mr P. Allenby, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member; Mr G. Gordon, Non-Executive Board Member.

In attendance: Mr B. Barron, Director of Capital Planning; Mr C. Briggs, Director of Strategic Planning (item 27.2); Ms M. Campbell, Director of Estates and Facilities; Mr J. Crombie, Deputy Chief Executive; Mr S. Davidson, Talent Management Programme (observing); Ms D. Ezakadan, Talent Management Programme (observing); Ms T. Gillies, Medical Director; Mr A. Hay, Procurement Planning Manager (item 27.4); Professor C. Hiscox, Chief Executive; Dr J. Hopton, Sustainability Programme Director, Facilities; Ms L. Jess, Talent Management Programme (observing); Mr C. Kerr, Programme Director, Capital Planning; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms F. MacKinnon, Talent Management Programme (observing); Mr K. McLeish, Talent Management Programme (observing); Ms G. MacNaught, Talent Management Programme (observing); Mr D. Mill, Senior Project Manager, Facilities; Ms R. Moss, Talent Management Programme (observing); Ms M. Odam, Talent Management Programme (observing); Ms B. Pillath, Committee Administrator (minutes); Mr D. Thomson, Board Secretary; Ms I. Tricker, Finance Manager; Ms S. Walter, Talent Management Programme (observing); Ms J. Webster, Talent Management Programme (observing); Ms C. Willox, Talent Management Programme (observing).

Apologies: Mr M. Cambridge, Associate Director of Procurement; Ms M. Carr, Acute Services Director; Ms A. MacDonald, Executive Nurse Director.

Chair's Welcome

The Chair welcomed members to the meeting.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

26. Committee Business

26.1 Minutes and Actions from Previous Meeting (23 October 2024)

- 26.1.1 Members accepted the minutes from the meeting held on 23 October 2024 as a correct record.
- 26.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

27. Capital

27.1 Property and Asset Management Investment Programme

- 27.1.1 Mr Kerr and Mr Barron presented the previously circulated paper. The date for the transfer of Liberton Hospital had been agreed as 31 March 2025, but this had been extended for three months. The team was working closely with Edinburgh Integration Joint Board to decommission the site and reaccommodate patients.
- 27.1.2 Negotiations were ongoing regarding the sale of the Edenhall hospital site and this would be progressed as soon as possible. The health and safety concerns due to the empty building were noted; there had been discussions with the purchaser about the possibility of them demolishing the building before the sale was completed.
- 27.1.3 The Scottish Government had increased capital funding for leases. This included GP practices when NHS Lothian owned the building, but not for practices leased by the GP from a different owner. This had been due to a change in the technical standard for accounting which meant that all leases should be accounted for with the Scottish Government.
- 27.1.4 It was noted that the Regional Infectious Diseases Unit was not in the capital prioritisation scoring. Ms Tricker advised that the maintenance costs for the Unit had been reviewed under emerging risks and would be included in the next prioritisation scoring which would be brought to the Committee. The prioritisation would not include projects that did not yet have an initial agreement.
- 27.1.5 The initial costs of the National Treatment Centre project had been written off as the project had been closed.
- 27.1.6 The alternative office accommodation at West Port, replacing Waverley Gate, would provide a £12 million saving over a period of time.
- 27.1.7 Mr Kerr advised that there had been regular meetings with community groups regarding the disposal of the St Michael's Hospital site. Once the site had been declared surplus, it would be offered to other NHS or public sector organisations, followed by community asset transfer applicants, followed by the open market. No community asset transfer requests were currently expected for the site. The Committee agreed to recommend to the Board that the St Michael's Hospital Site should be declared surplus. A paper would go to the February 2025 Board meeting.
- 27.1.8 Members accepted the recommendations laid out in the paper and accepted significant assurance from the project tracker.

27.2 Astley Ainslie Hospital Masterplan update

- 27.2.1 The chair welcomed Mr Briggs to the meeting and he presented the previously circulated paper. Apart from the SMART Centre and the inpatient facilities, most of the services at the site could be provided elsewhere. Some of the buildings were already vacant. It was expected that disposal in sections could be completed in between two and five years. At each stage when a section was being declared surplus to requirements, this would be brought to the Committee.

- 27.2.2 Members suggested that a similar assessment of all NHS Lothian's sites could be carried out against the development framework to identify any further land which may be surplus to requirements. Mr Briggs agreed to circulate a summary of the strategic approach taken regarding land owned by NHS Lothian and how the decision was reached. **CB**
- 27.2.3 Reprovision of the inpatient services would be in the four acute sites. The primary care services would be the responsibility of the Integration Joint Boards and the team would work with them on this.
- 27.2.4 Members accepted the recommendations laid out in the paper.
- 27.3 Hospital Sterilisation and Decontamination Unit (HSDU) Capacity Risk update
- 27.3.1 Ms Campbell presented the previously circulated paper. She noted that this had previously been classified as 'very high' risk, but that data showed that the revised shift pattern had improved performance. There was also a new management team in place. Performance continued to be monitored.
- 27.3.2 The Scottish Government had made it known that national HSDU capacity was a priority for a national solution but were still gathering information about the associated risks.
- 27.3.3 Members accepted the recommendations laid out in the paper.
- 27.4 Procurement Annual Report
- 27.4.1 The chair welcomed Mr Hay to the meeting and he presented the previously circulated paper. He advised that the community benefits portal was used to invite third sector organisations to put in their needs, and NHS Lothian would try to meet these with the opportunities provided through contractors. A matrix was used which showed the number of job opportunities that should be associated with any spend, for instance in construction. 'Meet the buyer' events were also held and more could be done in this area.
- 27.4.2 It was noted that efficiency could be improved by making more decisions at a national level rather than doubling resources by having clinicians' panels in each board. Ms Gillies advised that this needed to be considered carefully as clinicians in boards which already had efficient systems in place would not see the need to engage in regional or national panels and would therefore input important information from these boards which may result in unsatisfactory procurement options choices being made.
- 27.4.3 A workshop event had taken place in the East Region with planners and chief executives regarding the appetite for further regionalisation. Another meeting was planned to explore this further with the Directors of Finance.
- 27.4.4 Members accepted the recommendations laid out in the paper.

28. Revenue

28.1 Year to date Financial Position

- 28.1.1 Mr McCreadie presented the previously circulated paper. It was noted that the £14 million being provided by the Scottish Government to address performance in the Emergency Department was for the whole year and would be received for specific investment projects to improve performance.
- 28.1.2 The importance of making recurring efficiencies was recognised, but some of the improvements made were non recurrent. Data on recurrency of efficiencies would be included in the paper for the next meeting. **AMcC**
- 28.1.3 Transformation work with the Integration Joint Boards was being lead through the Strategic Planning Team and would continue in parallel to efficiency savings. The target for 2025/26 would be a 3% efficiency saving plus a 3% cost reduction.
- 28.1.4 Mr Crombie summarised some of the work ongoing to change pathways to reduce costs. These included moving pathways to primary care, regional working, unscheduled care improvement plan which moved towards better partnership working, strategic thinking around the bed model. A major challenge was availability of funding and revenue to invest in these transformation projects.
- 28.1.5 For the 2024/25 4% savings some of the main projects included 'pause and assess', workforce changes, and achieving benefits from service level agreements.
- 28.1.6 Members would like to see more information about the efficiency and transformation projects ongoing, including a clear summary of what was going to be done differently and an assessment of any implications of this. Mr Marriott advised that workshops on the efficiency planning for 2025/26 would be held after 15 January 2025 and then a paper would be brought for discussion to the Strategic Planning and Performance Committee. Members also requested more detailed assurance papers at the Finance and Resources Committee.
- 28.1.7 Members accepted the recommendations laid out in the paper and accepted limited assurance.

28.2 Draft Financial Plan

- 28.2.1 Mr McCreadie presented the previously circulated paper. Mr Marriott advised that if Integration Joint Boards had a deficit at the end of the year then NHS Lothian normally contributed to funding this for the health component. NHS Lothian was committed to working with the Council and the Integration Joint Boards to work through financial challenges and work collectively with the total resources available, particularly where services in one organisation affected services in the others.
- 28.2.2 The budget presented was currently in draft. The team would work with the Integration Joint Board chief financial officers to sign this off around February 2025. The formal agreement would be at the Board in May 2025.
- 28.2.3 Members accepted the recommendations laid out in the paper.

29. Scottish Hospitals Inquiry

29.1 Scottish Hospitals Inquiry update

- 29.1.1 Mr Marriott presented the previously circulated paper. Members accepted the recommendations laid out.

30. Sustainability

30.1 Climate Emergency and Sustainability update

- 30.1.1 The chair welcomed Mr Mill to the meeting and he presented the previously circulated paper. Mr Gordon noted the positive staff engagement at the recent webinar on waste.
- 30.1.2 Mr Mill advised that the implementation of the sustainability plan and the environmental management system would help to embed sustainability into the organisation through policies and procedures.
- 30.1.3 Under PIN, NHS Lothian was working as part of a region made up of NHS Lothian, NHS Fife and NHS Borders to meet sustainability goals. This was at an early stage of development gathering information on the market and available technical solutions. The responses so far provided models which could give short term gains including financial savings, but required investment and business cases would be required. This would be supported regionally through NHS Assure.
- 30.1.4 Members noted a recent IT development session which had highlighted opportunities still to be taken for improved efficiency through automation, for instance in electronic payslips, patient letters and patient notes. Improvements could be made through better use of systems already in place. Dr Hopton advised that staff networks were being developed which could work on smaller changes such as these which could have a larger cumulative impact, as well as encouraging staff engagement on sustainability.
- 30.1.5 Dr Hopton advised that the areas still in red on the risk rating were those which there have not been the resources to address as yet. Environmental sustainability was one of the parameters agreed on the Strategic Development Framework so there should be a focus on this.
- 30.1.6 It was expected that there would be opportunities for to improve sustainability in primary care, but the first stage would be to identify areas of biggest impact, and this would require engagement with primary care services.
- 30.1.7 Members accepted the recommendations laid out in the paper.

31. Reflections on the Meeting

- 31.1 No issues were raised to go to the Board at the Committee Chairs' updates section of the agenda.

32. Date of Next Meeting

32.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Wednesday 12 February 2025.**

25. Further Meeting Dates

25.1 Further meetings would take place on the following dates:

- 26 March 2025
- 11 June 2025
- 20 August 2025
- 22 October 2025
- 17 December 2025
- 11 February 2026
- 25 March 2026.

Signed by Chair
12 February 2025

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 12 February 2025 via Microsoft Teams.

Present: Mr M. Connor, Non-Executive Board Member (chair); Cllr S. Akhtar, Non-Executive Board Member; Mr P. Allenby, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member; Mr G. Gordon, Non-Executive Board Member.

In attendance: Ms E. Amor, Assistant Finance Manager; Mr B. Barron, Director of Capital Planning; Ms M. Campbell, Director of Estates and Facilities; Mr J. Crombie, Deputy Chief Executive; Mr M. Fairbairn, Non-Executive Board Member, NHS Forth Valley (observing); Ms T. Gillies, Medical Director; Dr J. Hopton, Sustainability Programme Director, Facilities; Mr C. Marriott, Director of Finance; Ms E. McClure, Talent Management Programme (observing); Mr A. McCreadie, Deputy Director of Finance; Ms A. Macdonald, Talent Management Programme (observing); Mr E. McLean, Talent Management Programme (observing); Mr D. Mill, Senior Project Manager, Facilities; Ms B. Pillath, Committee Administrator (minutes); Mr D. Thomson, Board Secretary; Ms C. Willox, Talent Management Programme (observing); Ms K. Wilson, Talent Management Programme (observing).

Apologies: Ms M. Carr, Acute Services Director; Professor C. Hiscox, Chief Executive; Ms A. MacDonald, Executive Nurse Director.

Chair's Welcome

The Chair welcomed members to the meeting.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

36. Committee Business

36.1 Minutes and Actions from Previous Meeting (18 December 2024)

- 36.1.1 Members accepted the minutes from the meeting held on 18 December 2024 as a correct record.
- 36.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

37. Matters Arising

37.1 National Treatment Centre

- 37.1.1 Mr Marriott advised that NHS Lothian would be funded for all written off costs for the National Treatment Centre provision.

37.2 West Port office move

- 37.2.1 Mr Marriott advised that the move of offices from Waverley Gate to West Port would bring a saving of £12 million over a period of five years.

37.3 Medicines procurement

- 37.3.1 Ms Gillies advised that medicines procurement was managed at a national level and there was a clear process for this including legislation. She noted that the price paid for medicines was not the overall spend, as reimbursement schemes were in place.

38. **Capital**

38.1 Property and Asset Management Investment Programme

- 38.1.1 Mr Barron presented the previously circulated paper. In response to a question about whether a clause could be added so that a new primary care facility could be included as part of every land transfer, Mr Barron advised that any restrictions would affect the value of the sale and some sites may be more suitable than others, so that it remained more efficient for each site to be considered individually, but this consideration could be made part of the process.
- 38.1.2 Mr Barron advised that the Hermitage Medical Practice would not be affected by the first phase of the Astley Ainslie Hospital site disposal plan. The location had been taken into account, but there was not yet any long-term resolution.
- 38.1.3 Mr Barron agreed to add more detail into the next report as to how the new accounting standard would affect lease costs, and about how the land value at the Belhaven Hospital site would be affected if part of the structure was retained. **BB**
- 38.1.4 The process for the sale of buildings began with identifying whether any public departments could make use of the land. The value of the land should still be paid to NHS Lothian if this was the case.
- 38.1.5 Members accepted the recommendations laid out in the paper.

38.2 Post Project Review Summary

- 38.2.1 Mr Barron presented the previously circulated paper. He advised that if the National Treatment Centre Project was restarted then the first stage would be to check the brief to see if this remained valid, which would mean covering some work already completed previously.
- 38.2.2 Mr Barron advised that the target for the Haematology investment was to improve the quality of the service. The fourth and fifth key lessons learned from the projects did not have remedial actions set out in the report. Mr Barron advised that the fourth lesson was around resourcing for the service and the service was following this up. The fifth lesson was on the space being taken back for clinical services before the works had been completed and had led to a number of defects.

- 38.2.3 Mr Crombie advised that work was ongoing on the aspirations for increasing the use of virtual appointments using digital solutions where this was suitable now that the Near Me technology had been implemented. The service team would follow up on the benefits realisation plan which was part of the Business Case. Mr Crombie agreed to lead a discussion at the Strategic Planning and Performance Committee on the current position, aspirations and plans for use of digital solutions in health. **JC**
- 38.2.4 Mr Barron advised that the post project review process included three stages where assurance was sought on design, development and procurement work. Members noted that benefits realisation was not clear in the review. If the benefits were operational or for service delivery, then how would this be reviewed and reported on to ensure benefits had been achieved?
- 38.2.5 Mr Gordon mentioned a plan for a GP practice to be included on the site of a new primary school at Granton. Mr Marriott followed this up with Ms Long after the meeting, and she advised that the funding had not been agreed with the City of Edinburgh Council so that the GP practice would not be included.
- 38.2.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 38.3 Royal Infirmary of Edinburgh Facilities Risk Mitigation Plan
- 38.3.1 Ms Campbell presented the previously circulated paper. She noted that members of the sustainability team were included in the longer-term discussions regarding a solution for the generator that met financial efficiency, sustainability and resilience needs.
- 38.3.2 Mr Crombie noted that the risk of a black start was recognised on the Corporate Risk Register as a high risk and a significant amount of work had been done on the plan to mitigate this including a six-week programme of work for a planned black start which could not be carried out. Work was ongoing with the PFI providers and the legal team on resolving this.
- 38.3.3 Mr Marriott also noted that the Board was now more proactive in putting resources in to help manage the PFI contract which put the team in a better position than previously. Long term the PFI contract would be completed, and a programme of investment could be started.
- 38.3.4 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 38.4 Royal Infirmary of Edinburgh Fire Safety Risk Mitigation
- 38.4.1 Ms Campbell presented the previously circulated paper. Informal feedback had been received from the Fire Services following a visit December 2024. They had noted some improvements and were confident that staff had the required fire safety knowledge, but noted a few problems regarding blocking of fire escape routes with bins etc. More work had been done through the teams to raise awareness. The formal report was awaited.

38.4.2 It was noted that timescales were not included in the table in the report for a number of the mitigating actions. Mr Marriott noted that interim measures had been put in place in response to the Enforcement notice and the Board was in contact with the Scottish Fire and Rescue Service on the effectiveness of these measures. The Fire Service were looking for a mechanistic solution, but the work to on the background information was needed before a decision could be made on the type of system to be implemented and this was the current stage of the process. The Fire Advisors were also working through short term issues to ensure these were resolved.

38.4.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

38.5 Business Continuity Plan

38.5.1 Mr Marriott presented the previously circulated paper which had already been discussed at the Strategic Planning and Performance Committee. The Business Continuity Plan to be submitted to the Scottish Government was an assessment of the amount of capital required to maintain the estate and ensure service continuity. This was the first time the Scottish Government had asked for this submission. It was noted that resources were required to carry out the work to make the submission, but that there was no guarantee that the Scottish Government would meet the capital requirements laid out.

38.5.2 Mr Crombie advised that there had been recent discussions with the Scottish Government on how the Health Directorate could better engage with Health Boards. This would include a meeting with the Director General with Board representatives before to understand the context before letters were issued.

38.5.3 Mr Marriott advised that the capital prioritisation process continued despite the current freeze on capital funding, so that if any capital became available the Board would be in a position to use it.

38.5.4 Members accepted the recommendations laid out in the paper and approved the Business Continuity Plan for submission to the Scottish Government.

39. **Revenue**

39.1 Year to Date Financial Position

39.1.1 Mr McCreadie presented the previously circulated paper. Mr McCreadie agreed that details of successful efficiency projects could be included in the report.

39.1.2 Mr Marriott advised that work was being done on communication with the wider organisation. Briefings had been held at the beginning of the financial year on how much saving was needed. Further briefings would now be held to show what had been achieved and the benefits this had brought, for instance the Princess Alexandra Eye Pavilion rep provision.

39.1.3 Mr McCreadie advised that a 3% uplift was expected for the next financial year. This would be applied to the whole organisation including pay uplift and the balance would be transferred to the Integration Joint Boards.

- 39.1.4 There was discussion about transformation work and doing things differently instead of providing the same service with less resource. It was noted that this was the ambition but that it would require large investment as well as leadership and culture change and would take a significant amount of time.
- 39.1.5 Members accepted the recommendations laid out in the paper.
- 39.2 Draft Financial Plan 2025/26
- 39.2.1 Mr McCreadie presented the previously circulated paper. Mr McCreadie advised that the Integration Joint Boards decided what the funds allocated to them would be spent on, within health.
- 39.2.2 £14.8 million had been allocated for Emergency Department improvement. This was an additional resource which must be invested within the year. The funding would only be recurring if improvement could be demonstrated. This could include payments to local authorities to develop their services.
- 39.2.3 It was noted that regarding financial efficiency savings the aim was to continue with the same service provision, so the reduced spend should not have any staff or clinical service implications. Any proposed change to service would have relevant impact assessments carried out and would be reviewed at the Healthcare Governance Committee and Strategic Planning and Performance Committee and other relevant governance forums.
- 39.2.4 The Scottish Government had advised that increased employer national insurance contributions for staff would be a possible cost but this should not be factored into the financial plan at this time as discussions were still ongoing. Any increase was likely to be fully funded.
- 39.2.5 Members accepted the recommendations laid out in the paper.

40. Sustainability

40.1 Climate Emergency and Sustainability

- 40.1.1 Dr Hopton presented the previously circulated paper. She advised that there was good engagement in clinical teams with local groups of people keen to reduce use of resources, reduce waste and improve sustainability in their services. The Sustainability Team was able to provide support to these groups by linking them to contacts, providing information about Board strategies and sharing information about projects ongoing in other clinical areas.
- 40.1.2 Some work had been started on orange stream clinical waste and on food waste where there were opportunities to reduce both waste and costs. It was now known what food waste was being produced, and improvement ideas could be trialed. A next step would be to start reviewing patterns of consumption in other areas, such as uniforms, rubber gloves and paper.

- 40.1.3 Dr Hopton advised that there were some markers in the Board Strategic Plan on greenspaces and adaptations and some investments had been made, but more discussions were needed. There was also national funding available to support some of the bigger improvements. The Team was using some time for researching these opportunities and applying for available funding according to the sustainability plan. Other funding methods were also available, for example working with public sector organisations.
- 40.1.4 It was noted that some of the actions in the sustainability plan required land acquisition, but that NHS Lothian was currently selling land. Dr Hopton advised that different ways of managing land were being discussed but currently Scottish Government policy on management on property was not recognising the value of land from the sustainability point of view.
- 40.1.5 Mr Mill advised that the Team was involved with discussions with the City of Edinburgh Council about the planned Granton energy hub and that NHS Lothian was nominated as a potential 'off taker'. This could be part of the solution for the Decarbonisation of the Western General Hospital but was in early stages in terms of details and timescales.
- 40.1.6 Members accepted the recommendations laid out in the paper.

41. Reflections on the meeting

- 41.1 No items were identified from the discussion to be highlighted at the Board or to other Board Committees.

42. Date of Next Meeting

- 42.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Wednesday 26 March 2025.**

43. Further Meeting Dates

- 43.1 Further meetings would take place on the following dates:
- 11 June 2025
 - 20 August 2025
 - 22 October 2025
 - 17 December 2025
 - 11 February 2026
 - 25 March 2026.

Signed by Chair
26 March 2025

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 28 January 2025 by video conference.

Present: Mr A. Cogan, Non-Executive Board Member (chair); Mr E. Balfour, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member; Professor A. Khan, Non Executive Board Member; Mr P. Knight, Non-Executive Board Member.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Dr L. Bream, Associate Medical Director for Quality and Safety; Ms H. Cameron, Director of Allied Health Professionals; Ms J. Carmichael, Talent Management Programme (observing); Ms M. Carr, Chief Officer, Acute Services; Ms K. Clubb, Talent Management Programme (observing); Ms S. Davidson, Talent Management Programme (observing); Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Graham, Talent Management Programme (observing); Ms L. Jess, Talent Management Programme (observing); Mr T. Logan, Talent Management Programme (observing); Ms L. Lynch, Talent Management Programme (observing); Ms G. McAuley, Associate Nurse Director, Acute Services; Ms E. McClure, Talent Management Programme (observing); Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Service Director, Royal Edinburgh Hospital and Associated Services (item 63); Ms G. MacNaught, Talent Management Programme (observing); Ms J. McNulty, Associate Nurse Director; Ms D. Milne, Director of Public Health; Ms J. Morrison, Head of Patient Experience; Ms W. Parkinson, Talent Management Programme (observing); Ms M. Perez Botella, Director of Midwifery (item 64.2); Ms B. Pillath, Committee Administrator (minutes); Ms K. Russell, Talent Management Programme (observing); Ms O. Prowse, Talent Management Programme (observing); Mr A. Short, Service Director, Women's and Children's Services (item 64.2); Ms T. Stewart, Talent Management Programme (observing); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute Services; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Ms M. Carr, Chief Officer, Acute Services; Ms J. Clark, Partnership Representative; Professor C. Hiscox, Chief Executive; Mr M. Massaro-Mallinson, Service Director, Edinburgh Health and Social Care Partnership.

Chair's Welcome and Introductions

Mr Cogan welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

60. Patient Story

- 60.1 A video was shown where a long term patient in the Craiglea Ward at the Royal Edinburgh Hospital talked about the activities and facilities available on the ward and the calm atmosphere and good staff support. Ms McKigen advised that refurbishment was needed in these areas where some patients would be resident

for the rest of their lives. There were some shared rooms and more shower facilities were needed. The Endowment fund had been used for some of these facilities in the past.

61. Committee Business

61.1 Minutes from Previous Meeting (19 November 2024)

61.1.1 The minutes from the meeting held on 19 November 2024 were approved as a correct record.

61.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

61.2 Revised Healthcare Governance Committee Terms of Reference

61.2.1 Ms J. Gillies presented the previously circulated paper. Members accepted the recommended change.

61.2.2 It was noted that it was standard that no business could be transacted if a meeting was not quorate.

61.2.3 The terms of reference required there to be an external member on the Committee. Several models to facilitate this had been previously tried, but there was not one currently in place. It was recognised that members of the public found it difficult to participate in discussions without background knowledge of the organisation and its services, and to add value to the Committee they must be able to contribute more than what was relevant to their own experiences as a patient. The most recent approach had been to have a small group of representatives who were supported to discuss specific papers and feed back at the meeting, but this had also had only variable success for both the representatives and the Committee. There had been feedback through the Communications Team and Patient Involvement Manager that a governance committee was not the best place to have meaningful patient and public input. It was agreed that this should be discussed further at the Healthcare Governance Committee workshop on 18 March 2025.

62. Emerging Issues

62.1 Ombudsman Report

62.1.1 Ms MacDonald advised that the Board had received an Ombudsman report following the death in October 2021 of a patient who had chronic illness and regular interventions both in hospital and in the community. A full report and action plan would be brought to the Committee following investigation. **AMcD**

63. Mental Health Assurance Report, including inpatient services, psychological therapies risk, specialist services

63.1 Ms McKigen presented the previously circulated paper. Mr Garden advised that in addition to what was included in the paper, work had been done over the past 18 months on improving governance of controlled drugs in prison including audits.

Actions from a safety and security review in 2023 were led by pharmacists including leadership walkrounds and improvements had been seen.

- 63.2 Ms McKigen advised that services run by the Royal Edinburgh Hospital and Associated Services directorate included delegated, non delegated and hosted services. All inpatient beds were delegated and provided on behalf of the Integration Joint Boards. These services were run by a Programme Board which included both Integration Joint Board and Royal Edinburgh Hospital representatives. The Child and Adolescent Mental Health Service was not delegated. Integration Joint Boards had oversight role over the Mental Health pathways.
- 63.3 High bed occupancy was driven by increasing numbers of admissions, issues with patient flow due to lack of sufficient services in the community, and a high acuity rate. Lothian had the second lowest bed base for the population and population increase meant an increase in admissions. Higher acuity and longer stays were being observed, but this was within the national average.
- 63.4 There was significant underspend in community health services. Work was now being undertaken modelling for community services and the cut off for going in and out of hospital. The Intensive Home Treatment Team could strengthen community provision and this team was being reviewed. Ms T. Gillies noted that that third sector mental health intervention could help with improving lifestyles to improve conditions, but enduring mental health conditions required medical and specialist support.
- 63.5 Ms McKigen advised that if a concern about safe staffing was raised, staff would be moved around to ensure all areas were safe. More long term work included improving care planning.
- 63.6 Ms McKigen advised that senior management teams were aware of problems in the Melville Unit prior to the Mental Welfare Commission report. This could perhaps have been shared more widely within the governance structure. The Mental Welfare Commission were content with the plans to split the Melville unit into two service areas in response to their recommendations. Ms T. Gillies also advised that the Corporate Management Team had discussed how the decision had initially been made to co-locate the Child and Adolescent Mental Health inpatient unit in the Children's Hospital and had found that this had been based on informal discussions but was not robust. An opportunity had been missed when the new Children's Hospital had opened to build up a unit that was better fit for purpose.
- 63.7 Moderate assurance was proposed in the paper, but members agreed to accept limited assurance overall because of the continuing risks in the Melville Unit and bed occupancy. There needed to be more steps shown with partners to reduce the bed occupancy rate. The improvement in the Melville Unit was recognised, but more work was needed on modelling and pathways. Ms McKigen advised that new systems and processes were in place which should lead to improvement in the near future. Ms McKigen was asked to present a further report within the next 3 months.

TMcK

63.8 Out of Area Placements Monitoring Team Annual Update

- 63.8.1 Ms McKigen presented the previously circulated paper. Significant assurance was proposed in the paper but although members noted that there was significant assurance on NHS Lothian's processes, moderate assurance was accepted on the basis that there could not be significant assurance of services run by external providers.

63.9 REAS Risk Assurance Reporting

- 63.9.1 Ms T. McKigen presented the previously circulated paper. The Scottish Government were now seeking a national solution for female high secure accommodation. Members accepted the recommendations laid out in the paper of limited for Royal Edinburgh Hospital bed occupancy, limited for female high secure accommodation, and moderate for low secure accommodation.

64. Safe Care

64.1 Gender Identity Services

- 64.1.1 Ms T. Gillies gave a verbal update. All clinical pathways in Children's Services for gender dysphoria had been reviewed and were in line with pathways in NHS England. There was also work to align these with other NHS Scotland Boards. This would be discussed at the Corporate Management Team meeting the following month.
- 64.1.2 Service delivery for under 18s at the Chalmer's Sexual Health Centre was stable. There had been good engagement with stakeholder groups on the clinical pathways. There were discussions in progress with the National Services Division regarding onward referral pathways for gender surgery.
- 64.1.3 It was believed that Chalmer's was the only clinic in the UK offering treatment to 17 year olds in the adult service; in other areas 17 year olds were treated in a children's service. Review of pathways showed that clinical governance was in place.
- 64.1.4 A further update would be provided at the next meeting. **TG**

64.2 Maternity Services update

- 64.2.1 Mr Short presented the previously circulated paper. It was noted that among other pieces of work LACAS was being set up in maternity as a way of ensuring that problems can be picked up sooner. All services, systems and processes available for clinical services were being used by maternity services, including training.
- 64.2.2 A review of the funded establishment workforce had been undertaken across all services as some establishment positions were no longer up to date due to changes in service. Maternity had been one of the areas where there was concern that what was now required by the service did not match the funded posts available. A proposal had been reviewed and agreed by the Corporate Management Team which would increase establishment and put the service in a better position.

- 64.2.3 Part of the safe staffing work being led by the Nurse Director for Acute Services included review of the lines of escalation where staff have concerns. Nurse directors meet daily, and no staffing concerns had been raised from Maternity, but it was noted that staff would become accustomed to the resources available and a proper review was needed to identify whether more was needed.
- 64.2.4 Ms Perez-Botella advised that staff are engaged and involved with the improvement work being done.
- 64.2.5 It was agreed that process issues for escalation of concerns for all services would be considered at the Healthcare Governance Committee workshop on 18 March 2025. A further update on Maternity services would be part of the Women's Services Annual Assurance Report in May 2025. **AS**

64.3 Patient Safety and Quality Annual Report

- 64.3.1 Ms Gillies presented the previously circulated paper. Ms J. Gillies advised that there was also information available on primary care improvement work, which would be included in the report next time.
- 64.3.2 It was requested that actions agreed at Non Executive Walk Rounds could be followed up and reported back as part of the Walk Round cycle.
- 64.3.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 64.4 Hospital Standardised Mortality Rate Review final report
- 64.4.1 Ms T. Gillies presented the previously circulated paper and members accepted the report and noted that Standardised Mortality Rate across NHS Lothian was now below 1.00

65. **Exception Reporting Only**

Members noted the following previously circulated reports for information:

- 65.1 Tobacco Control Annual Report;
- 65.2 Tissue Governance Annual Report;
- 65.3 Scottish Trauma Audit Group Annual Report;
- 65.4 Resilience Annual Report;
- 65.5 Health Protection Team Annual Report;
- 65.6 Tissue Viability Annual Report.

66. **Minutes of Management Meetings and Sub Committees**

Members noted the previously circulated minutes from the following meetings:

- 66.1 Health and Safety Committee, 28 August 2024;
- 66.2 Clinical Management Group, 8 October 2024, 12 November 2024;
- 66.3 Policy Approval Group, 10 September 2024.

67. Corporate Risk Register

- 67.1 Ms T. Gillies presented the previously circulated paper. It was noted that the concerns raised in Maternity Services were not on the risk register but that a plan was underway and additional staffing had been agreed. A review of whether this should be on the risk register could be done following the update from the service in May 2025.

68. Reflections on the meeting

- 68.1 It was agreed that the chair would highlight in the Chair's updates section of the Board agenda that there had been comprehensive discussion of the Maternity services concerns and improvement plan, and would highlight the good assurance work done on the Hospital Standardised Mortality Rate review.

69. Date of Next Meeting

- 69.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 18 March 2025 in Meeting Room 10, First Floor, 102 West Port**, Edinburgh, EH3 9DN.

70. Further Meeting Dates

- 70.1 Meetings would take place on the following dates:
- 20 May 2025
 - 22 July 2025
 - 23 September 2025
 - 21 October 2025
 - 18 November 2025
 - 27 January 2026
 - 17 March 2026.

Signed by Chair
18 March 2025

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 11 December 2024 via Microsoft Teams.

Present:

Ms V. de Souza, Non-Executive Board Member (Chair); **Ms E. Gordon** (Non-Executive Board Member); **Mr J. Innes** (Non-Executive Board Member) and **Ms K. Kasper** (Non-Executive Board Member).

In Attendance:

Mrs J. Butler, Director of Human Resources and Organisational Development; **Miss T. Gillies** (Executive Medical Director), **Mrs R. Kelly** (Deputy HR Director), **Ms M. Campbell** (Director of Facilities); **Ms A. Langsley** (Associate Director of OD & Learning); **Ms C. Affleck** (Head of Employee Relations); **Mr S. Haddow** (Head of Medical Workforce Planning – Item 2); **Ms L. Hutchison** (Equality, Diversity, Inclusion and Human Rights Lead- Item 5.2); **Mr N. McAlister** (Head of Workforce Planning – Item 6.2); **Ms F. Tynan** (Associate Nurse Director, Corporate Nursing – Item 7.1); **Mr D. Collins** (Head of Health & Safety- Item 7.2) **Dr S. Edgar** (Director of Medical Education & Associate Medical Director- Item 7.4) and **Mr G. Ormerod** (Corporate Governance Team- Minute).

Guests:

Ms T. Mckigen (Services Director, REAS); **Ms K. Morris** (Specialist Education Lead – item 2)

Apologies:

Ms T. Miller (Employee Director) and **Ms L. Cunningham** (Partnership Representative)

CHAIR'S WELCOME AND INTRODUCTIONS

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared. The Chair also welcomed as observers some of the participants in the Talent Management and Succession Planning programme.

42. Declaration of Conflicts of Interest

42.1 No interests were declared.

43. Presentation - iMatter Results 2024

43.1 The iMatter Lead presented the Board's iMatter results for 2024, providing data on the overall position and by each service area. The key messages conveyed were:

- Participation rates had slightly decreased compared to the previous year;
- Mixed results had been demonstrated against the five Staff Governance Standards; two standards are up, two are down, and one remained the same as the previous year.
- The proportion of action plans completed within eight weeks had increased by 4% from last year. Facilities recorded a 100% completion rate.
- The overall Employee Engagement Index (EEI) stayed the same as in 2023.
- Results against two new questions raised concerns that there was no change from the previous year. These questions were separate from the Board's KPIs. A decision will be made if they will be included in the iMatter for next year.

- In preparation for the 2025 iMatter survey, manager awareness and action plan refresher training would be delivered, alongside newly developed digital resources and a review of paper copies that often has a lower engagement compared to digital.
- iMatter stories will continue to be shared through Committees.

43.2 The iMatter Lead confirmed that Health and Social Care Partnerships (HSCP) did not participate in iMatter this year due to a parallel council survey, which affected the overall iMatter result. Edinburgh HSCP likewise saw a significant organisational change; teams completed iMatter, but their iMatter action plans were unfinished because several teams disbanded.

43.3 A Non-Executive Board Member enquired whether there was an understanding of what the action plans achieved. The iMatter lead stated that action plans are not disclosed without the permission of the teams. The program invites teams to share stories, which are then shared through a national system to demonstrate excellent work and to promote iMatter's success.

43.4 A Non-Executive Board Member stated that iMatter demonstrates value to the organisation. She enquired whether there would be integration for 2025 to minimise conflicts with other surveys. The iMatter lead indicated that survey dates are still to be issued by the Scottish Government, after which the board will cascade the iMatter deadlines.

43.5 The Chair stated that the action plan was positive and that she would write to the Facilities Director to congratulate the team on achieving 100% of their action plan target. **VdS**

43.6 Members discussed the significance of board confidence results. The Director of HR & OD acknowledged that the results for these two questions are problematic, as is the way the questions are structured, and that the results are consistent with other boards. She proposed that the survey be delayed to review the questionnaires, given prior years' responses were similar

43.7 The Chair confirmed that she would discuss the board's action plan with the Non-Executive Directors and the Chairman. **VdS**

43.8 The Chair thanked the iMatter lead for their work and help throughout the iMatter journey and wished him luck in his retirement.

44. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 30 October 2024

44.1 The minutes of the meeting held on 30 October were approved as an accurate record.

45. Matters Arising

45.1 No matters arising

STAFF EXPERIENCE

46. Advancing Equalities Action Plan 2024/26 (including an update on Coffee Roulette)

46.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2024/26.

46.1.1 The Deputy HR Director provided the following updates since the last committee:

- A discovery session with the disability confident board assessor, Microlinkpc, has taken place with a report and several recommendations to be considered.
- The Equally Safe at Work Accreditation programme was launched in November. Work is progressing on the actions, and the employee experience survey will be issued in January 2025
- The existing work on sexual misconduct in the workplace has now been included within a one-day EDI workshop that will run six times a year to share this work more widely.
- Career progression for BME nurses and midwives is ongoing with nursing and midwifery interview packs with sample questions for recruiting managers.
- A report will follow on education and training programmes led by Laura Hutchinson and Lesley Dicker.
- A wider communication strategy update will be presented at the March meeting to support communication of the work and associated resources.

46.1.2 Members were asked to support the reintroduction of Coffee Roulette for Non-Executive Directors and members of the staff networks as part of the Advancing Equalities Action Plan.

46.1.3 Members were supportive of reintroducing Coffee Roulette and were happy to be involved.

46.1.4 The Chair enquired as to whether there had been any further updates about sexual misconduct. The Deputy HR & OD indicated that this work is led by the medical profession and will be incorporated into NHS Lothian workshops. This work is a one-for-Scotland strategy that has advanced through EDI and is coming together in response to the publication of national reports.

46.2 Embedding Equality and Human Rights in Education Programmes – update on progress

46.2.1 The Equality, Diversity, Inclusion, and Human Rights Lead provided an update on the progress of the Embedding Equality and Human Rights in Education Programme. She confirmed that work is underway to implement the 5-year equality and human rights strategy agreed in April 2023.

46.2.2 The HR & OD team is developing and implementing a new approach to equality and human rights education and training that is accessible to staff, ensuring that they have the right skills to do their job. The OD team has adopted a different strategy than prior projects, and a steering group has been formed to determine what will be achieved through the project groups beginning in January 2025.

46.2.3 The projects cover:

- Equality and human rights capability framework (knowledge, skills and behaviours)

- Equality and human rights education and training standards and self-assessment tool
- Equality and human rights resources and support.

46.2.4 The Director of HR & OD commended the work to date, commenting that the equalities work had not been structured because of the small expert resource available, but the plan will provide strength in this area.

46.2.5 A Non-Executive Board Member enquired as to what personnel were being trained on. Who is behind the content, and how will its impact be measured? The Equality, Diversity, Inclusion, and Human Rights Lead indicated that this would include discussions about the law, legal requirements, and how the law applies to their job. This will also include culture, conduct, discrimination, human behaviours, human rights principles, and person-centred care as they relate to their job. She confirmed that the steering groups will provide expertise, and the impact will be monitored in relation to each project and the group's standards.

46.2.6 Members accepted the recommendations and the information detailed within the report.

46.3 Whistleblowing Report

46.3.1 The Committee received the Whistleblowing report, which contained an update on the case that has been with the INWO since August 2022, culminating in a published report in May 2024. Other parallel processes have not resulted in any substantial changes, and an update for Q1 2025 will be provided in March.

46.3.2 The Director of HR & OD provided an update on the second investigation with the INWO, which opened in June 2023. This report was published on the INWO website in October. She confirmed that appendix 3 shows the progress made against the INWO recommendations.

46.3.3 Members noted that there are two new stage 2 concerns from the INWO. The Director of HR & OD confirmed that Non-Executive Board Member Mr Andrew Cogan has been appointed as an investigator commissioner for the whistleblowing case 314 at East Lothian HCSP Chalmers Centre, as agreed by the Chief Executive and Chairman.

46.3.4 The Director of HR & OD provided an update on the Stage 2 whistleblowing report from the BBC news, as well as a link to an SAE maternal death. She confirmed that the focus has been on communication strategy and engaging with workers at maternity services. She confirmed NHS Lothian has contacted the family regarding the maternal death, and there is no connection between the two incidents, which is causing distress for the family, whistleblower, and staff.

46.3.5 The Director of HR & OD confirmed that there are a number of live actions and that there was a constructive discussion with the whistleblower yesterday, as well as a follow-up meeting this morning and the board also provided a very high briefing last night. She confirmed that staff are receiving support from the Director of Acute Services and the Women and Children's team and that contact has been made with shift workers.

46.4 Agenda for Change Reform – update

- 46.4.1 The Deputy HR Director provided an update on the Agenda for Change Reforms, which are part of the 2023/24 pay agreement. She indicated that work is progressing in all areas; reducing the working week for the first 30 minutes went into effect on 1 April 2024, with the majority of staff on e-rostering and not rostered completed by the end of November. Staff on the new roster would be moved across up to the period of 9 December. She indicated that for some services, a reduction in the working week is not possible without the approval of additional staffing resources to mitigate the risk to service delivery. The Corporate Management Team (CMT) approved business cases from a number of services where additional resources are required.
- 46.4.2 The Deputy Director of HR confirmed good progress has been made in the areas, and a progress update for the first 30 minutes would be presented at the March meeting; where there is a risk to service delivery, this is being reviewed.
- 46.4.3 Members noted that the Band 5 review is progressing, with panels being set up and applications progressing. There are c450 applications in progress, and 51 have been submitted and are in the matching panel stage. The job matching panels met in October, with 12 panels reviewing 19 applications, with some of the results coming within the next week. The project team is updating guidance and asking staff to review their applications before submitting, as there has been a lack of quality in previous submissions.
- 46.4.4 The Deputy Director of HR & OD indicated that there has been little progress since the last committee on protected learning time.
- 46.4.5 A Non-Executive Board Member enquired whether further effort was required to remove a full hour or two thirty-minutes. The Deputy Director of HR indicated that the organisation is awaiting further updates on this. A further 30 minutes would result in a significant number of business cases and a loss of service delivery time.
- 46.4.6 The Director of HR & OD confirmed that a one-hour reduction in nursing time would require the addition of 300 nurses. She noted that the Scottish Government has given £200m in non-recurring funding to NHS Scotland for the first 30-minute reduction and the Band 5 review. The recurring budget for 2025/26 is £150m, with £22m going to NHS Lothian. The additional staffing for the first 30 minutes cost £5m.
- 46.4.7 The Committee approved the recommendations in the report.

47. SUSTAINABLE WORKFORCE

47.1 Workforce Report

- 47.1.1 The Deputy Director of HR presented the Workforce Report for October 2024, which included data on short- and long-term absences, recruitment, Speak Up, and mandatory training across the organisation.
- 47.1.2 Absence levels increased slightly from September to 6.31%. The most common reasons for staff member absences were colds, flu, and coughs.
- 47.1.3 Mandatory training has decreased by 1%, to 71%, from the previous report. Manager appraisals have risen by 1%, reaching 63%.

- 47.1.4 Information on the Change Agenda Band 8/9 Overtime usage is now included in the report for the first time. This will be included following a recent internal audit that recommended routine reporting at this level.
- 47.1.5 The Deputy HR Director confirmed that there has been an increase in the number of employees completing staff exit questionnaires. This information will be provided quarterly, with data from July to September 2024 published in the next report in March.
- 47.1.6 The Chair highlighted that manager appraisal was increasing, which was a good sign, and that long-term absences were decreasing. She reported on the significant increase in bullying and harassment data in February; however, members stated that this was not unusual and was similar to the previous year, with no issues identified. The Chair noted that the increase in bullying and harassment figures is positive as this shows that Speak Up and Whistleblowing, as well as other systems in place are working.
- 47.1.7 The Director of HR & OD confirmed the organisation is not seeing large growth in the number of staff recruited, and this has to be more measured, but she welcomed discussing this at a future meeting.
- 47.1.8 A Non-Executive Board Member highlighted the need to understand how the organisation's culture is improving areas and how the impact is measured. The Director of HR & OD confirmed there will be movement on culture and the key issues from the Chief Executive and confirmed a report from the staff engagement programme board will be presented at the March meeting to demonstrate the challenges. **JB**

47.2 Workforce Plan 2022-2025: Evaluation of Year 2 Action Plans

- 47.2.1 The Head of Workforce Planning provided an update on the Workforce Plan 2022-2025: Evaluation of Year 2 Action Plans. Key highlights included:
- Nursing has recruited 620 WTE and measures are in place for supplementary staffing and recruiting final Band 4 students to one shift per week.
 - NHS Lothian has recruited from out with Lothian, which is a challenge for the next 2-3 years.
 - Staff turnover is down by 17% on pre-pandemic levels and 25% on the next year; retirements have also decreased over the last year.
 - National challenges with the medical workforce and a focus on doctors in training on how to influence decision-making nationally.
 - Public Health is looking at their workforce profile and focusing on protected characteristics, with learning to be shared in 2025.
 - Job planning is of significant interest, and a number of pilots, including AHPs, pharmacy, and healthcare services, are identifying the most effective means of moving forward for the short and medium term.
 - The Scottish Government's move to freeze all capital spending not already committed has impacted national treatment centres and cancer provisions.
 - As in previous years, plans are supported by the Work Well Strategy, the Employability and Careers Framework, the Advancing Workforce Equalities Plan, and the Leadership Framework.
 - Awaiting the outcome from the Scottish Government 3-year plan, but a lot of uncertainty around major capital programmes.

- 47.2.2 The Chair highlighted a comprehensive report and action plan that covers everything.

47.2.3 A Non-Executive Board Member enquired as to whether the progress in recruiting nurses and the reduction in recruitment time would be repeated next year and extended to other specialities. The Head of Workforce Planning confirmed that the programme has begun for next year and continues to progress against the KPIs; the emphasis on recruitment has contributed to this success. The Director of HR & OD confirmed recruitment for nursing staff does not easily translate to other areas.

47.2.4 The Committee approved the recommendations in the report.

48. ASSURANCE AND SCRUTINY

48.1 Corporate Risk Register

48.1.1 Corporate Risk 3455 – Management of Violence and Aggression

48.1.1.1 The Associate Nurse Director, Corporate Nursing provided an update on the Violence and Aggression (V&A) risk. She confirmed that the risk is being managed and that training is in place; however, some trainers have been seconded, and the service is using bank trainers who have been trained up.

48.1.2 Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels

48.1.2.1 The Associate Nurse Director of Corporate Nursing provided an update on the Corporate Risk Register, addressing the risk mitigation strategy for managing nursing and midwifery staffing risk. She confirmed that the Q2 Health and Care Staffing Scotland Quarterly Board Compliance Report was accepted by the board and that the Q3 report is currently being prepared as a legal obligation for health care legislation defined by the Scottish Government.

48.1.2.2 The Associate Nurse Director, Corporate Nursing, confirmed that the Health and Care Staffing Scotland Quarterly Board Compliance Report usually reported through the partnership meeting would be moved to the next board meeting due to conflicting reporting cycle dates.

48.1.3 Corporate Risk 5020 – Water Safety

48.1.3.1 The Director of Facilities provided an update on the water safety risk, noting that no changes were requested to the risk description or controls.

48.1.3.2 Members noted that the third-party premises hold responsibility for water safety risks, and any non-compliance is reported to a dedicated water safety assurance manager. Members noted an improvement in reporting, with 58 of the 62 (94%) third-party premises undergoing a water safety assessment.

48.1.3.3 The Director of Facilities confirmed that a proposal for transferring the risk from the corporate risk register to the facilities risk register had been discussed and agreed at the most recent Water Safety Group. A paper will now be submitted to the Corporate Management Team (CMT) in January, and afterwards to the Staff Governance Committee for approval in March 2025

48.1.3.4 The Chair emphasised the progress and structure in place, which has been a critical decision in reducing risk.

48.1.4 Corporate Risk 3328 – Traffic Management

48.1.4.1 The Director of Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance.

48.1.4.2 The Director of Facilities confirmed that funding has been provided for WGH's red risks, which are currently out to tender and are expected to be completed by the end of the financial year.

48.1.4.3 The Director of Facilities indicated that facilities colleagues are working together with Consort on two of the three risks at the RIE, which will be resolved within the financial year. She accepted that this will leave one red risk at the ED entrance and that further work is being done to find an appropriate solution, but it will reduce the four risks to one.

48.1.4.4 The committee approved the report's recommendations.

48.1.5 RIE Fire Safety

48.1.5.1 The Director of Facilities provided an update on the RIE Fire Safety risk, confirming that there have been no changes to the grading or controls for the associated risks.

48.1.5.2 The Director of Facilities confirmed the appeal process will continue with legal colleagues through December. Work has progressed on a number of projects on site, facilities are updating the fire strategy to identify gaps and priorities for improving building safety, working on improving hazard rooms and upgrading alarm systems and fire doors, and progressing with the non-negotiables with all actions consolidated into one area.

48.1.5.3 The Director of Facilities confirmed the Scottish Fire and Rescue Service (SFRS) was on site this week, and a call was received this morning with encouraging comments and an improved staff response to emergency queries. The Director of Facilities confirmed that some behavioural issues persist, including batteries being charged and fire doors being left open.

48.1.5.4 Members noted that information will continue to be provided to this Committee as actions and work progress.

48.1.5.5 Members were satisfied with the SFRS's response, which indicated an improvement and progress in the right direction.

48.1.5.6 The Committee accepted the recommendations in the report.

48.2 Health and Safety Assurance Report

48.2.1 The Head of Health and Safety provided an update on the Health and Safety Assurance Report, including local Health and Safety Committee reports, assurances, and meeting minutes.

48.2.2 The Head of Health and Safety focused on two significant risks, stating that the service carried out compliance sampling monitoring for nitrous oxide exposure and legal compliance with Control of Substances Hazardous to Health (COSHH). The service has identified 36 areas, with 16 surveys completed thus far, and work is continuing in all areas to reach the minimum compliance.

48.2.3 Following an assessment of the 12 key principle risks by each local health and safety committee, the Head of Health and Safety confirmed that medical gases were identified as a key risk, with noncompliance rates ranging from 25 to 50%. The Health and Safety Committee has proposed two recommendations to proceed with this work, including an external and internal training analysis of designated trained workers in the medical and nursing professions against the standards. An RFD tag system has been proposed to track Lifting Operations Lifting Equipment and resolve issues with equipment going missing. This would begin with a trial at SJH and then be implemented throughout Lothian with each asset registered.

48.2.4 The Head of Health and Safety confirmed he would provide a further update on the Lifting Operations Lifting Equipment Regulations (LOLER) and RFD tags. **DC**

48.2.5 The Committee noted the most recent update on the Health and Safety Assurance Report.

48.3 Remuneration Committee Annual Report

48.3.1 The Deputy Director of HR & OD provided an update on the Remuneration Committee Annual Report, noting that this is a subcommittee of the Staff Governance Committee. She confirmed the main role of the Committee is to oversee the performance management processes for Executive and Senior Managers.

48.3.2 The Deputy Director of HR & OD confirmed the committee has met four times in 2024 and accepted the terms of new appointments for the Chief Executive, Interim Director of DATCC, and Interim Director of Capital Planning. The Committee also reviewed progress reports for employment tribunals and approved pay-uplifts.

48.3.3 Members noted that the 2024/25 Corporate Management Team objectives were considered at the July meeting, and mid-year reviews will be presented in February 2025.

48.3.4 The Committee was also presented with results of the Executive and Senior Manager Choice Exercise, in which those remunerated on Executive/Senior Manager Grade E and below were given the opportunity to submit their job description for evaluation under Agenda for Change. The Deputy Director of HR & OD confirmed 10 managers had submitted their job descriptions, with three moving to agenda for change terms.

48.3.5 The Committee noted the Remuneration Committee Annual Report.

48.4 Director of Medical Education Annual Report

48.4.1 The Director of Medical Education provided an update on the Medical Education Annual Report. The report included an annual summary from the GMC of all Local Education Providers (LEPs) in the UK, the educational quality control activities currently taking place

within NHS Lothian, and responses to surveys and actions taken by the DME team and clinical team as part of the education governance process.

- 48.4.2 The Director of Medical Education confirmed the report provides three risk areas. The first risk is capacity for undergraduate (UG) education. He reported that with the intended increase of 500, the Scottish Government paused this at 300. To mitigate the risk, the service is focusing on trainers in the system, innovating the training and learning, simulation training, and collaborating with universities.
- 48.4.3 The second risk is the facilities for doctors in training. He reported facilities in hospitals, including rest places and food in out-of-hours, have been noticeable in the survey this year and brought up in previous years. There are a number of barriers to access rest and hydration, but this is something the site directors are aware of and have come up against policy challenges.
- 48.4.4 The third concern is trainer burnout; the GMC survey indicates that trainers are experiencing moderate or major burnout. This burnout affects all of Scotland and the rest of the UK. Trainers are split between training and the demands of clinical work. Tracy Gillies and Michelle Carr are now working on a number of projects to assess roles and development, as well as access to name training, to assist educational and clinical practice development.
- 48.4.5 The Director of Medical Education acknowledged the team's focus on education, sexual misconduct, racism, and workplace culture. The report outlines where things are going well, where they need to be improved, and where they need to mitigate and reduce risks.
- 48.4.6 A Non-Executive Board Member enquired whether doctors in training are over-represented in out-of-hours work, and if so, whether this is particular for these groups. She enquired about virtual clinics and how they operate in practice. The Director of Medical Education acknowledged that this impacts all staff, although doctors in training are not assigned to a specific location; instead, they are instructed to apply for jobs in the East of Scotland and subsequently travel between boards and sites. The problem is that they don't feel a feeling of belonging when it comes to food and drink, and they have no control over days, times, or shifts. Virtual clinics operate via NHS Near Me consultations with up to 10 medical students and one GP; this has been very positive and well received.
- 48.4.7 A Non-Executive Board Member enquired about the service's talent management strategy for developing qualified individuals in areas of concern. The Director of Medical Education confirmed that the service provides educational support at both the local and national levels, with the goal of encouraging clinical education among the medical workforce and developing local talent. NHS Scotland has a comprehensive workforce and medical education strategy, with a large number of trainees, but it performs well in terms of training and retraining.
- 48.4.8 The Director of HR & OD confirmed that the facilities risk involves commercial food outlets on the premises and a profit and loss account. The NHS Lothian charity has supported restrooms but it would not be appropriate to support food for staff.
- 48.4.9 The Executive Medical Director said that the organisation is doing well across the UK. To ensure transparency, the report is shared in its entirety. Any additional queries should be directed to the Executive Medical Director and the Director of Medical Education.

49. FOR INFORMATION AND NOTING

49.1 Staff Governance Statement of Assurance Need

49.1.1 The Committee noted the Staff Governance Statement of Assurance Need

49.2 Staff Governance Work Plan

49.2.1 The Committee noted the Staff Governance Work Plan

50. REFLECTIONS ON THE MEETING

50.1 Matters to be highlighted at the next Board meeting

50.1.1 There were no matters that required to be highlighted to the Board.

50.2 Matters to be highlighted to another Board Committee

50.2.1 There were no matters that required to be highlighted to another Board Committee.

51. Any Other Competent Business

51.1 There were no other business

52. Date of Next Meeting

52.1 The next Committee meeting would be held on Wednesday 12 March 2025 at 9.30am

Signed by Chair
12 March 2025

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 18 November 2024 via MS Teams.

Present: Mr J. Blazeby, (Chair) Non-Executive Board Member; Mr M. Connor, Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member (*from item 43.4.4*); Ms P. Cantley, Non-Executive Board Member; Ms E. Gordon, Non-Executive Board Member.

In Attendance: Mr J. Crombie, Interim Chief Executive; Ms J. Gillies Associate Director for Quality Improvement & Safety; Mr C. Marriott, Director of Finance; Ms E. Mayne, Grant Thornton; Mr A. McCreadie, Deputy Director of Finance; Ms H. McKellar, Grant Thornton; Mr S. Nugent, Audit Scotland; Mr J. Old, Financial Controller; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Talent Management Programme Attendees: Ms J. Carmichael, Talent Management Programme; Ms K. Clubb, Talent Management Programme; Mr S. Davidson, Talent Management Programme; Ms D. Ezakadan, Talent Management Programme; Ms L. Graham, Talent Management Programme; Ms L. Jess, Talent Management Programme; Ms F. McKinnon, Talent Management Programme; Mr E. McLean, Talent Management Programme; Mr K. McLeish, Talent Management Programme; Mr G. Mills, Talent Management; Ms M. Odam, Talent Management Programme; Mr G. Stark, Talent Management Programme; Ms J. Watters, Talent Management Programme; Ms J. Webster, Talent Management Programme.

Apologies: Councillor H. Cartmill, Non-Executive Board Member; Professor C. Hiscox, Chief Executive; Ms C. Grant, Audit Scotland; Ms O. Notman, Head of Financial Services.

The Chair reminded Members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

Welcomes and Introductions

The Chair welcomed Members to the November meeting of the Audit and Risk Committee. He extended specific welcome to Ms Gordon and Ms Cantley who were attending the meeting to ensure that the Committee achieved a quorum and would join as full members of the Committee in February 2025.

The Chair also welcomed those attending via the Talent Management Programme as observers.

The Committee noted that Councillor Jenkinson had left the Audit and Risk Committee as he is no longer a Non-Executive Director of NHS Lothian.

40. Minutes of the previous meeting held on 19 August 2024

- 40.1 The minutes of the meeting held on 19 August 2024 were accepted as an accurate record and approved subject to the inclusion of:

- Item 28.3 *'The Committee noted a range of management actions intended to strengthen assurance and reporting arrangements in this area. The detailed Workforce Report currently provided to the Staff Governance Committee will in future include data on Band 8 & 9 overtime expenditure. It was hoped that this would be in place by October 2024.'* to the running action note and the addition of **SMG/ CM** to the minute.

41. Running Action Note

- 41.1 The Committee noted the actions marked complete or items on the agenda for further discussion and those that were not due for consideration detailed within the report.
- 41.2 Overtime for Band 8 & 9 Agenda for Change Staff - Final Report – Mr Marriott agreed to confirm with the Chair of Staff Governance Committee whether data on Band 8 & 9 overtime expenditure had been included within the detail of the workforce report and report back to the Committee. **CM**
- 41.3 National Services Scotland (NSS) Audit Reports 2023/24 – It was noted that this had been raised with Derek Lindsay (Director of Finance at A&A) to discuss with NSS and an update on progress would be received at the next FAN meeting later in November.
- 41.4 The Committee accepted the running action note and the information therein.

42. Risk Management

- 42.1 Corporate Risk Register – The previously circulated report on the NHS Lothian's Corporate Risk Register (CRR) and associated processes was received.
- 42.2 The Committee reviewed the July/ August 2024 updates provided by the executive leads concerning risk mitigation. They noted that the relevant linked corporate objective has also been added to the table.
- 42.3 It was noted that an internal audit of the CRR process has been carried out and would be discussed under the Internal Audit section of the agenda.
- 42.4 It was noted that Corporate Management Team (CMT) have agreed to develop a standard methodology to set target risk gradings for all corporate risks.
- 42.5 It was noted that a minor revision to the description for risk 1076 – Healthcare Associated Infection (HAI) had been agreed by the October Board.
- 42.6 It was noted that the October Board agreed to the removal of Risk 3829 – Sustainability of Model of General Practice from the CRR.
- 42.7 Attention was drawn to the proposed changes to Board Assurance Framework, how they related to corporate risk register and the paper that would be presented to the Board. It was noted that proposed revisions would allow non-Executives to easily identify the links between the Boards strategic objectives and assurances against them.
- 42.8 The Chair questioned whether the historical data dated back to November 2020 was essential within the report. He requested that Ms Gillies consider deleting unnecessary information to ensure that the CRR is targeted and relevant without majorly redesigning the report. Miss Gillies agreed to review the existing template on the back of the

recommendations from the internal audit and identify what improvements could be made in advance of the February 2025 meeting. **JG**

42.9 The Committee accepted the report.

43. Internal Audit

43.1 Internal Audit Cash Donations – The Internal audit of cash donations had identified two medium, three low and one advisory finding and had been awarded an overall rating of moderate.

43.1.1 Attention was drawn to the differentiation between moderate and significant assurance reports. Internal Audit advised that the identification of two medium and three low findings had determined an overall rating of moderate in line with the Internal Audit Standards.

43.1.2 It was noted that significant work around the communication of the correct processes had been undertaken by the Charity to ensure that individual wards and those in the community setting were sighted on the correct policies and procedures for cash donations and had been provided with receipt books. To address the recommendations a further round of training that specifically focused on best practice and the implementation of two named individuals would be undertaken.

43.1.3 The Committee welcomed the timeliness of deadlines for the completion of actions and accepted the report.

43.2 Internal Audit Risk Management – The internal audit of risk management had identified three medium, three low and one advisory finding with an overall rating of moderate assurance. The review specifically considered the following identified corporate risks: Access to Treatment, Violence and Aggression and HSDU.

43.2.1 The Strategic Risk Report currently being developed would only address the major risks that could prevent the Board from achieving their key objectives and would not replace the Corporate Risk Register. The Corporate Risk Register would remain in place to manage lower level risk and push the operation risk back into the system.

43.2.2 Members welcomed the timeline for the completion of the management actions and plans to make changes to the templates and bring an updated report to the February 2025 meeting.

43.2.3 The Committee accepted the report.

43.3 Internal Audit Agency Review – The Internal Audit of Agency Review had identified one medium and two low findings with an overall rating of significant assurance.

43.3.1 Attention was drawn to the significant work undertaken and the commitment to reduce the reliance on agency staff. The challenges of recruiting and retaining nursing staff in the current financial climate and the financial constraints from the reduction of the working week over the three year period would bring were noted. The Board remained committed to developing innovative processes to address workforce issues.

43.3.3 Attention was drawn to quality planning that took place across acute and community settings. This work focused on using data sources include SAE and LACAS to identify key

areas of harm. Next steps would see a commission of a Pan-Lothian Collaborative by the Care Assurance Board (a Nursing and Midwifery Assurance Board). This would allow data sources to inform the Board around the use of improvement resources in the highest areas of concern around quality and patient safety.

- 43.3.4 There are different approaches to the use of agency staff across NHS Scotland. Members received assurance that in comparison to other Boards NHS Lothian had progressed e-rostering and other initiatives early and as a result was in a better position than some boards.
- 43.3.5 The Committee accepted the report.
- 43.4 Internal Audit Progress Report (November 2024) – the previously circulated report was received. Since the August meeting Internal Audit had delivered 365.5 days of 450 days which equates to 59% of the overall plan. Fieldwork for seven reports was underway, two reviews had been delayed, the audit of midwifery was moved to next year and a Board self-assessment was added to the plan.
- 43.4.1 It was noted that contingency was sitting currently at 49 days. The Committee agreed from a risk and governance perspective that it is important to try to use the full allocation of Internal Audit days. The Director of Finance would discuss the contingency with executives and propose how it could be used to investigate emerging issues. In the absence of emerging issues, the Director of Finance would discuss what could be pulled forward from the 2025/26 Internal Audit plan and bring a full report to the February meeting. **CM**
- 43.4.2 The Committee noted that the two Integration Joint Board (IJB) audits were in the process of being finalised and the planned reviews for Q4 had commenced.
- 43.4.3 It was noted that a number of reviews had been conducted this year on Midwifery Services, including Health Improvement Scotland (HIS). During 2025, HIS is expected to undertake a detailed review of Maternity Services, including a number of announced and unannounced visits. Due to the above, it was determined by CMT that it was not the right time to carry out the planned Internal Audit Midwifery Services in the 2024-25 review period.

Katharina Kasper joined the meeting.

- 43.4.4 There was a discussion on the timeline for the completion of the remaining Internal Audit reviews and how best to manage the finalisation and discussion of these in the remaining 2024/25 Audit & Risk Committee meetings. The Committee agreed that it was important that appropriate time was available in meetings to discuss all Internal Audit reports. It was agreed that some Internal Audit reports may have to be considered by the Committee after the year end, but no later than the June 2025 meeting.
- 43.4.5 The Committee accepted the report.
- 43.5 Internal Audit Recommendation Tracker Report (November 2024) – The previously circulated report was presented. The report outlined work that Internal Audit had done in respect of the long-standing actions that had not been implemented within their allotted deadlines.

- 43.5.1 It was noted that since August management had implemented 9 actions. Grant Thornton continued to track 23 open recommendations, of which 9 actions are currently overdue.
- 43.5.2 The Director of Finance explained that Ms Macdonald had confirmed that the high risk action relating to Medicines Management was complete. Ms McKellar would follow-up with Mr McIntosh out with the meeting and close it off if appropriate. **HMCK**
- 43.5.3 The Committee accepted the report.

44. Corporate Governance

- 44.1 Audit and Risk Committee Terms of Reference – The previously circulated report was received. The Committee reviewed the revised terms of reference and recommended that a proposal go to the April Board for approval as part of the review of the Scheme of Delegation and Standing Financial Instructions.
- 44.2 Update on Internal Audit Tender 25/26 – The Committee received a verbal update on the Internal Audit tender process for provision of service for 2025/26. This will be a joint contract between NHS Lothian and NHS Borders.
- 44.2.1 Attention was drawn to the current Internal Audit function which comprises 1 Internal Auditor employed by NHS Lothian and external resources provided by Grant Thornton. The current contract expires at the end of the financial year and NHS Lothian was now in a position to put the service out for tender.
- 44.2.2 Next steps include obtaining expressions of interest, before the tender process commences in January 2025, with bid evaluation and interviews to follow. The intention is that the entire process would be completed by the end of February 2025 and the new contract effective on 1 April 2025.
- 44.2.3 The Committee accepted the report and anticipated a further update at the February 2025 Audit & Risk Committee meeting.

The Talent Management representatives left the meeting. The Committee Administrator would send an email to the representatives to thank them for their attendance **LB**

- 44.3 Overpayment of Salary – The Committee received the previously circulated report. The report focused on changes to calculation of protected pay relating to the Best Start Programme and action taken by staff to address discrepancies identified.
- 44.3.1 The Committee accepted the report and requested that the Director of Finance approach the Scottish Government Health and Social Care Department for its approval to write off this loss.
- 44.3.2 Attention was drawn to the additional training that would be provided to the Clinical Management Team that would ensure that they had an accurate understanding of the process going forward.
- 44.3.3 There would also be a Good Housekeeping session next week. The session would focus on appropriate internal controls within the system and ensure that staff doing the right things at the right time. Specifically, staff should adhere to operational processes to ensure that management have access to the most up to date information. To date there had been 4

housekeeping workshops, all of which had focused on three categories (finance, bank agency and supplementary staff and human resources).

44.3.4 Attention was drawn to the limitations of the current payroll system. It was noted that NHS Lothian would need to continue to work as best as possible within the restraints of the current payroll system.

44.4.5 There was some discussion around whether overpayments should be included within the Internal Audit Plan for 2025/ 2026. The Committee agreed to discuss this again in early 2025 as part of the Internal Audit planning process. **ALL**

44.3.6 The Committee accepted the report.

45. Counter Fraud Activity

45.1 The previously circulated report on counter fraud activity was received.

45.1.1 Attention was drawn to NHS Lothian's participation in the National Fraud Initiative lead by Audit Scotland and overseen by the Public Sector Fraud Authority. The exercise would run over 2 years with a final report expected in June 2026.

45.1.2 The Committee noted that six intelligence alerts had been received from Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.

45.1.3 On fraud detection, the Committee noted the number of referrals and operations that were ongoing, and operations closed during the reporting period.

45.1.4 It was noted that that 2024 Fraud action plan was a working document and would be continuously updated when actions are completed throughout the year.

45.1.5 It was noted that there had been discussion around targeting and raising the profile of fraud across the organisation through training and team briefings.

45.1.6 It was noted that the meeting with NHS Education Scotland had been delayed due to staff holidays. Mr Old would continue to pursue an alternate date for this meeting so that work can progress, and the Audit and Risk Committee is provided with the necessary assurances. **JO**

45.1.7 It was noted that the most recent National Fraud Initiative Report had been published in August 2024 and the Audit Scotland Annual Report published in June 2024, which meant they had been unable to include this data in their report to the Board. Mr Nugent agreed to share a link to the national report published in August with the Committee Administrator to disseminate to the Members for their information. **SN/LB**

45.1.8 The Committee accepted the report as an update on the current status of counter fraud activity.

45.1.9 The Committee agreed that the report provides a moderate level of assurance that all cases of suspected fraud are accounted for, and appropriate action is taken.

46. Items for Information

- 46.1 Edinburgh Integrated Joint Board (IJB) Internal Audit Annual Report and Opinion 2023/24
– The Committee noted the Edinburgh IJB Internal Audit Annual Report and Opinion 2023/24 for information only.

47. Any Other Competent Business

- 47.1 There were no other items of competent business for consideration.

48. Reflections on the meeting

- 48.1 The Committee welcomed the detailed discussions held. There were no other matters to raise with the Board with the exception of the process of identifying and appointing the Internal Auditors and request that they confirm that they are content to delegate authority to the Audit and Risk Committee to oversee the process on their behalf.

49. Date of Next Meeting

- 49.1 The next meeting of the Audit and Risk Committee will be held on Monday 17 February 2025 at 9.30 a.m. via Microsoft Teams.

***Signed by Chair
17 February 2025***

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 19 December 2024	14:00	Council Chambers, Midlothian House and Virtual Meeting held using Microsoft Teams

Present (voting members):

Val de Souza (Vice Chair, NHS)	Dr Amjad Khan (NHS Lothian)	Councillor Winchester
Councillor Parry		

Present (non-voting members):

Morag Barrow (Chief Officer)	Dr Rebecca Green (Clinical Director)	Nick Clater (Head of Adult Services and Chief Social Work Officer)
Grace Chalmers (Partnership Representative)	Claire Ross (Chief AHP)	Keith Chapman (Lived Experience member)

In attendance:

Councillor McKenzie	Gill Main (Integration Manager)	Fiona Kennedy (Group Service Manager)
Grace Cowan (Head of Primary Care and	Andrew McCreadie (NHS Lothian, Deputy	Jim Sherval (Consultant in Public Health)

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Older Peoples Services)	Director of Finance) (virtual)	(virtual)
Elouise Johnstone (Performance Manager)	Ruth Nichols (Midlothian Council Senior Finance Business Partner (HSCP)	Tracy Anne Miller (Employee Director, NHS Lothian) (virtual)
Roxanne Watson (Executive Business Manager)	Hannah Forbes (Democratic Services Officer)	Louise Middleton (Democratic Services Officer)

Apologies:

Magda Clark (Third Sector member)	Dr Wendy Metcalfe (Medical Practitioner)	Councillor McManus
Kirsty MacDonald (NHS Lothian)	Tracy Baird	
David King (Interim Chief Finance Officer)	Councillor Milligan	

1. Welcome and Introductions

The Chair welcomed everyone to this meeting of the Midlothian Integration Joint Board (MIJB).

It was noted that Val De Souza will be acting as Chair instead of Councillor McManus for this meeting. The Chair noted the appointment of Dr Wendy Metcalfe to the MIJB and welcomed others joining for the first time. It was highlighted to the Board, in the absence of a current MIJB Chief Financial Officer (CFO) post holder, that Andrew McCreddie, the NHS Lothian Deputy Director of Finance and Ruth Nichols, Midlothian Council Senior Finance Business Partner (HSCP), would be presenting the Finance papers today.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

The Chair highlighted to the Board that the additional late paper by the Chief Officer will be heard after item 5.5 MIJB Membership Recommendations.

3. Declarations of Interest

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Keith Chapman noted a declaration of interest as the Co-Chair for Alzheimer Scotland.

4. Minute of Previous Meetings

- 4.1 The Minute of previous Midlothian IJB Board Meeting held on 19 September 2024 was approved as an accurate record.
- 4.2 The Minute of previous Midlothian IJB Board Meeting held on 24 October 2024 was approved as an accurate record.
- 4.3 The Minute of the meeting of the MIJB – Strategic Planning Group held on 29 August 2024 was approved as an accurate record.
- 4.4 The Minute of the meeting of the MIJB – Strategic Planning Group held on 26 September 2024 was approved as an accurate record.

5. Public Reports

	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update, presented by Val De Souza The Chair opened by reflecting on the year, noting a number of changes to Board membership and thanking Board members past and present, Officers of the Health and Social Care Partnership (HSCP), and operational services for their commitment and work in challenging times. The Chair highlighted the Scottish Government budget announcement on the 4 th of December and its significance for Health and Social Care. The Chair noted the next Board meeting is to be held on the 20 th of February 2025 following a Development Session on the 30 th of January 2025 to review the financial position and transformation plans.			
5.2 Chief Officer's Report – Presented by Morag Barrow, Chief Officer			

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	Decision	Action Owner	Date to be Completed/Comments
<p>The Chief Officer introduced the report setting out key updates for noting and comment.</p> <p>The Chief Officer noted the Scottish Government announcement to pause the progression of legislation relating to the National Care Service (NCS) to allow more time to address outstanding issues, a continued strong performance in reducing delayed discharges, and the publication of the Annual Progress Report. The Chief Officer also noted the formal public consultation on the MIJB Strategic Plan 2025-2035 has now closed.</p> <p>The Chair commented positively on the Speech and Language leaflets in the Adult Support and Protection Team update.</p>			
<p>5.3 Strategic Planning Group Update – Report presented by Gill Main, Integration Manager</p> <p>The Integration Manager provided an update on the work of the Strategic Planning Group (SPG). Key activity included the development of draft MIJB Directions for 2025/2026 and the MIJB Strategic Plan 2025-2035.</p> <p>The Integration Manager noted 2 issues raised by SPG for the Board's attention</p> <ul style="list-style-type: none"> • The timely publication of MIJB Strategic Plan 2025-2035 and the MIJB Equality Outcomes for 2025-2029 for discussion in item 5.7. • Consideration to publishing the Strategic Governance Outcome Framework Report annually for their consideration in item 5.8. <p>The Chair thanked the Integration Manager for the update.</p>			

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	Decision	Action Owner	Date to be Completed/Comments
5.4 Audit and Risk Committee Update – Report presented by Councillor Milligan The Chair noted that due to Councillor Milligan’s apologies submitted for today this update will be moved to the February 2025 Board meeting.	Moved to the next Board meeting in Feb 2025	Councillor Milligan	20 February 2025
For Decision 5.5 MIJB Membership Recommendations - Paper presented by Democratic Services, Louise Middleton Louise Middleton, Democratic Services Officer, presented the report. Members of the Board are asked to: <ul style="list-style-type: none"> • Review and endorse the nomination of Dr Wendy Metcalfe, Renal Clinical Director, as the Medical Practitioner Representative (non-voting member) of the MIJB. • Welcome Dr Metcalf to the MIJB. The Chair thanked Democratic Services for the report. The Board agreed to endorse the nomination of Dr Wendy Metcalfe.			
For Decision 5.6 Whole System Improvement Initiative: Improving Unscheduled Care Performance in Lothian - Paper presented by Grace Cowan, Head of Older People and Primary Care Services The Head of Older People and Primary Care Services presented the paper. This report sets out the actions taking place system-wide across NHS Lothian in partnership with the Integration Joint Boards	The Chair requested inclusion of an USC performance	Integration Manager	30/01/2025

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	Decision	Action Owner	Date to be Completed/Comments
<p>(IJBs). It sets out the funding received from the Scottish Government, specifically related to Midlothian HSCP and the expected outcomes for receipt of this funding linked into the system-wide focus on unscheduled care performance across NHS Lothian. For Midlothian the funding received is £1.65 million for Care at Home and £734k for enhanced Social Care Partnership services.</p> <p>The Head of Older People and Primary Care Services asked the Board to note the work underway and the timeline of delivery noted in section 7 of the report.</p> <p>Members are asked to note the contents of this report and specifically both appendices which relate to:</p> <ul style="list-style-type: none"> • The original proposal (12th November 2024) submitted jointly by NHS Lothian and Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities. • Scottish Government response (4th December 2024) which sets out confirmation of funding. <p>The Chief Officer highlighted a proposal had been submitted to Scottish Government, approved and mobilised at pace, with Chief Officers and Chief Executives having met to consider finance and delivery implications including continuing Social Care pressures on 16th December.</p> <p>Concerns were noted regarding the increasing capacity and demand pressures, in the content of delayed discharges and waiting lists continuing to increase.</p> <p>The Chief Officer noted the concerns and noted Midlothian is moving towards a target bed occupancy of 85%. The Chair asked the Head of Primary Care and Older Peoples Services to discuss and mitigate for any workforce risks at the Short Life Working Group leading this work.</p>	<p>update in a Development Session with the MIJB in the new year.</p>		

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	Decision	Action Owner	Date to be Completed/Comments
<p>The Clinical Director noted a share of the wider allocation from Scottish Government being directed to General Practice and Primary Care. The successful bid for this additional resource is partly in recognition of MIJB historic performance keeping people safe and well at home, and out of hospital.</p> <p>The Chair requested an update at a Development Session with the Board Members in the new year.</p> <p>The Board welcomed the additional resource to improve performance in Unscheduled Care and queried if GPs and Primary Care staff have the capacity to support this work given the rising numbers due to population increase. The Chief Officer advised that the Clinical Director is part of the Emergency Department Group to ensure Community Health and Social Care remains part of planning consideration.</p> <p>Following an invitation to meet with the Cabinet Secretary in the new year, Chair noted the intention to accept, and they will discuss with other MIJB members and the Chief Officer.</p> <p>The Chair thanked the Head of Older People and Primary Care Services for all the information in the report and the associated work. The recommendations were noted by the Board.</p>			
<p>For Discussion</p> <p>5.7 IJB Finance Update and Medium-Term Financial Strategy - Paper prepared by Andrew McCreadie, NHS Lothian Deputy Director of Finance, David Gladwin, Midlothian Council Chief Financial Officer/Section 95 Officer and Ruth Nichols, Midlothian Council Senior Finance Business Partner (HSCP)</p> <p>The NHS Lothian Deputy Director of Finance presented the report which sets out –</p> <ul style="list-style-type: none"> • An update on the IJB's 2024/25 projected out-turn. 			

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	Decision	Action Owner	Date to be Completed/Comments
<ul style="list-style-type: none"> • An update on the Scottish Government's 2025/26 draft budget. • An outline of the 2025/26 financial projection • Proposals for both short and medium terms recovery actions • Proposals for the development the transformation programme <p>The NHS Lothian Deputy Director of Finance highlighted the financial challenge of 2024/2025 and the key issues, such as prescribing, and advised that the MIJB is working closely with colleagues within Health and Social Care integration authorities and pharmacies across the NHS Lothian to manage this.</p> <p>The NHS Lothian Deputy Director of Finance noted a National Allocation Formula (NRAC) parity funding adjustment is made each year to ensure no Board is more than 0.6% away from their target share. No further NRAC parity will be allocated for NHS Lothian as the Board is under 0.6% parity. The Deputy Director of Finance advised the Board that it is reasonable to assume that the NHS Lothian projected position will not significantly change for 2025/2026.</p> <p>The Chair thanked the NHS Lothian Deputy Director of Finance for the report and opened it for questions.</p> <p>The Board discussed section 3.4 regarding the impact of the National Insurance increase and noted that the impact is currently unclear. The Chief Officer noted concerns raised at Council and the impact on MIJB partner providers.</p> <p>There were further questions around Primary Care prescribing and the accuracy of the prescribing cost pressure predictions as this is higher than expected each quarter. The NHS Lothian Deputy Director of Finance advised that the MIJB has a 10% value across all of Lothian over Acute Medicine and Primary Care Medicine. Overall price and volume growth has impacted the overall numbers and that has made the Board recalibrate the numbers for this year.</p>			

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	Decision	Action Owner	Date to be Completed/Comments
<p>The Midlothian Council Senior Finance Business Partner (HSCP) noted that the Scottish Government's budget proposals include the uplifts for the real living wage and increase of free Personal and Nursing Care rates. The Council's Chief Financial Officer/Section 95 Officer is currently working through the detail of the draft budget including the implications of the increase in the employers' National Insurance and the funding that will be available. An updated end of year position for Adult Social Care will be available mid-January 2025.</p> <p>The Chief Officer thanked both the NHS Lothian Deputy Director of Finance and the Midlothian Council Senior Finance Business Partner (HSCP) for the report and highlighted that the second part of the paper details the current gap for this financial year. The HSCP has a projected delivery of £6 million in saving this year and the Chief Officer acknowledged the team for their hard work. Two proposals were detailed to the Board for consideration, which highlighted that safety remains a priority. Key messages were detailed to the Board, including a greater focus on prevention, working closely with its 3rd sector partners, and investing in Primary Care and Community Care.</p> <p>The Chair thanked all for the report and the discussion and asked that these plans were reflected in the draft Strategic Plan, highlighting that a revised draft would be taken to the SPG in January 2025, then the Board in February 2025. It would then be shared with the Strategic Corporate Management Team NHS Lothian in March 2025 with the ambition that this will come back to the MIJB meeting in October 2025. It was further noted that previous recommendations in relation to Care Homes would not be taken forward at this time, noting that this was agreed by the Board.</p>			
<p>For Discussion</p> <p>5.8 IJB Performance Report - Paper presented by Elouise Johnstone, Performance Manager</p>	The Chief Internal Auditor to	Chief Internal Auditor	20/02/2025

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	Decision	Action Owner	Date to be Completed/Comments
<p>The Performance Manager introduced the report updating the Board on progress towards the IJB performance goals. Due to the processes required to validate this data, the full reporting year is almost complete for all indicators.</p> <p>As a result of this report, Members are asked to:</p> <ul style="list-style-type: none"> Note the performance against the IJB Improvement Goals for 2023/2024 (Appendix 1). Note the inclusion of the OutNav Strategic Governance Map (Appendix 2). <p>The Chief Officer thanked the HSCP Team for their work on improving performance reporting using outcomes mapping. The Chair noted it was their preference to see a comprehensive view.</p> <p>The MIJB Members self-improvement plan was highlighted as not having been reviewed or evaluated. The Chief Officer noted the challenge given the financial focus of the MIJB. It was noted to ask Duncan Stainbank, the Chief Internal Auditor, to provide an update on some revised time scales for evaluation of this plan and future planning.</p> <p>It was further highlighted that this has been a huge piece of work, and the Board thanked the team for all their hard work.</p>	provide an update on some revised time scales.		
<p>For Discussion</p> <p>5.9 Midlothian HSCP Public Health Practitioner Update - Paper by Ruth Flynn, Public Health Practitioner</p>	The Chair requested an update in relation to the early intervention.	The Public Health Practitioner	

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	Decision	Action Owner	Date to be Completed/Comments
<p>The Public Health Practitioner presented the report briefing the IJB on Drug Use and Alcohol Specific Deaths in Midlothian covering the period of 2020 to 2023. Actions were highlighted in the report and detailed to the board. IJB Members are being asked to note the content of this report.</p> <p>The Chair thanked the Public Health Practitioner for the report and opened for questions or comments.</p> <p>The Chief Officer noted that this report is aligned to the planned transformation model and provides a very helpful update.</p> <p>The Chair welcomed this report and highlighted the importance of early intervention. The Chair requested a future update in relation to the early intervention.</p>			
<p>For Discussion</p> <p>5.10 Integrated Assurance Report - Paper presented by Fiona Stratton, Chief Nurse and Claire Ross, Chief Allied Health Professional</p> <p>The Chief Nurse spoke to the report which details the Integrated Assurance report provided by the Midlothian HSCP to the Midlothian IJB. The report provides the IJB assurance around the processes in place to deliver Clinical and Care governance and risk and resilience management, describing the systems and processes in place including the governance and assurance framework. The report also highlights the joint undertaken by the Care Inspection and Health Improvement Scotland, and His Majesty's Inspectorate of Constabulary into Adult Support and Protection arrangements.</p> <p>Board members are asked to discuss and approve the content of this report.</p>			

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	Decision	Action Owner	Date to be Completed/Comments
<p>The Chair thanked the Chief Nurse for this report and asked the Chief Officer if they were confident the report covered all the areas, with all risks being considered brought to the IJB.</p> <p>The Chief Officer confirmed that the report is comprehensive across all areas and noted opportunities to include key information in the Performance Framework. The Board noted the report.</p>			
<p>For Noting</p> <p>5.11 Darzi Report - Paper prepared by Gill Main, Integration Manager</p> <p>The Integration Manager presented the report considering the recent Independent Investigation of the NHS in England and presenting key themes for discussion.</p> <p>Members are asked to;</p> <ul style="list-style-type: none"> • Review the Independent Investigation of the NHS in England (appendices 1 and 2). • Consider some of the key themes as they relate to Midlothian IJB. • Discuss and consider if the Board wishes to take any action in response. <p>The Chair thanked the Integration Manager for the report and asked if there was any cross reference from Darzi's recommendations relevant to the work planned, particularly in relation to the Unscheduled Care workstream.</p> <p>The Chief Officer advised that as part of the transformation model the HSCP will investigate options to develop trend analysis that can underpin predictive planning.</p> <p>The Integration Manager highlighted 3 aspects from the Darzi Report; culture and implementation, finding new and increasingly innovative way to use data to identify meaningful action that measure outcomes, not just outputs, and the role of prevention and early intervention.</p>			

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	Decision	Action Owner	Date to be Completed/Comments
<p>For Noting</p> <p>5.12 East Lothian and Midlothian Public Protection Team Annual Report - Paper prepared by Nick Clater, Head of Adult Services and Chief Social Work Officer</p> <p>The Head of Adult Services and Chief Social Work Officer presented the report which introduced the Public Protection Committee Annual Report, explaining the function of the Public Protection Committee for those less familiar with it, and highlighting its priorities detailed in section 3.3. Members are asked to note the contents of the report.</p> <p>The Chair thanked the Head of Adult Services and Chief Social Work Officer for the excellent report noting the values and the voice of children and adults, providing a range of learning opportunities. The Chair highlighted some key information throughout the report, noting the 25% increase in Adult Support and Protection referrals.</p> <p>The Head of Adult Services and Chief Social Work Officer advised that it has been raised at the Chief Officer's forum and noted the method of recording does not fault describe the challenge of increasing complexity in the high numbers, but work is ongoing to address this.</p> <p>The Group Service Manager added there is some discrepancy with the numbers from Midlothian to East Lothian, however the ongoing audits on the Midlothian cases are showing this is entirely appropriate with any exceptions being appropriately identified.</p>			

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	Decision	Action Owner	Date to be Completed/Comments
<p>For Noting</p> <p>5.13 Chief Social Work Officer Annual Report - Paper prepared by Nick Clater, Head of Adult Services and Chief Social Work Officer</p> <p>The Head of Adult Services and Chief Social Work Officer presented the report which provides Council and IJB with the annual report of the Chief Social Work Officer (CSWO) and offers a high-level overview of activity in each service area and identifies the great work, along with the challenges and changes that have occurred over the past year. The Head of Adult Services and Chief Social Work Officer added that this report was drafted and presented by Joan Tranent, the previous CSWO, to Midlothian Council in October 2024.</p> <p>Members are asked to:</p> <p>1.1 Note the report.</p> <p>1.2 Note the positive work undertaken by Social Work and Social Care staff across the many different sectors over the past year.</p> <p>The Chair thanked the Head and Adult Services and Chief Social Work Officer for the informative report. The Chair welcomed the learning and development piece on trauma and having a Development Worker and the significant group of trained staff. The Board noted the report.</p>			
<p>5.14 Chief Officer – Additional Item</p> <p>The Chief Officer announced that followed recent interviews Chris King had been successful in appointment to the Interim Chief Finance Officer role, starting in post on 20th December 2024. A paper recommending Chris King to the Board as Interim Chief Finance Officer will be presented at the February Board.</p>			

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	Decision	Action Owner	Date to be Completed/Comments
Sincere thanks were noted to David King for their hard work and dedication to the IJB.			

5 Private Reports

No items for discussion.

6 Any Other Business

No items for discussion.

7 Date of Next Meeting

The date of the next MIJB meeting will be the 20 February 2025. The Development Session will now be held on 30 January 2025.

The meeting terminated at 16:00.

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 25 February 2025

Hybrid Meeting – Dean of Guild Court Room, City Chambers / Microsoft Teams

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Philip Allenby, Councillor Alan Beal, Hannah Cairns, Dr Andrew Coull, Bruce Crawford, Elizabeth Gordon, George Gordon, Rose Howley, Matt Kennedy, Peter Knight, Jacqui Macrae (items 1 – 7 and 9 - 15), Allister McKillop, Councillor Max Mitchell, Eugene Mullen, Councillor Alys Mumford, Councillor Vicky Nicolson and Moira Pringle.

Officers

Angela Brydon	Operations Manager, EHSCP
Matthew Curl	Digital Programme Manager, EHSCP
Andrew Hall	Service Director Strategic Planning, EHSCP
Andrew Henderson (Clerk)	Committee Officer, City of Edinburgh Council
Paul Lawrence	Chief Executive, City of Edinburgh Council
Mike Massaro-Mallison	Strategic Programme Manager, EHSCP
Susan McMillan (Items 6–15)	Performance and Evaluation Manager, EHSCP
Joanna Pawlikowska	Assistant Committee Officer, City of Edinburgh Council
Hazel Stewart	Programme Manager, EHSCP

Apologies

Robin Balfour and Heather Gilfillan

1. Deputations

a) Circle

(in relation to item 7.1 – Financial Update)

A written submission was provided on behalf of Circle. The deputation expressed a concern about a lack of transparency regarding the currently contracted work and the ongoing lack of clear communication from both Education, Children and Justice and EIJB/HSCP. The deputation expressed concern in relation to the lack of information presented within the current EIJB Strategy and Implementation plan. The deputation expressed concern regarding the lack of communication from officers which has resulted in organisations being unable to advise our families as to what is happening to their service after June. The deputation also expressed concerns that board members had also not been made aware. The deputation provided reference to previous deputations submitted to the City of Edinburgh Council Education, Children and Families on the 29th January 2025 and the Finance and Resources Committee on the 4 February 2025.

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Tuesday 17 December 2024 as a correct record.

(Reference – minute of the Edinburgh Integration Joint Board of 17 December 2024, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to February 2025 was presented.

Decision:

- 1) To agree to close the following action:
 - Action 2 – Edinburgh Strategic Plan
- 2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log - February 2025, submitted)

4. Annual Cycle of Business

The updated Annual Cycle of Business was presented.

Decision

To agree the Annual Cycle of Business.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

5. Older People's Pathway

A summary of the findings of the feasibility study that was undertaken on the future use of the former Drumbrae care home was provided. The initial assessment of the feasibility study concluded that the optimum use of the Drumbrae facility would be to open it as a nursing home for older people aged over 65. It was highlighted that due to existing financial constraints, the Edinburgh Health and Social Care Partnership could not afford to open Drumbrae as a nursing home for older people as additional capacity. Opening Drumbrae and operating it internally by the Partnership would be only affordable by consolidating Jewel House and Ferrylee. A report highlighted that any other operating model would significantly add to the Edinburgh Integration Joint Board's financial deficit.

Decision

- 1) To acknowledge that the Partnership would only be able to open and operate Drumbrae, by closing Jewel House and Ferrylee which were no longer fit for purpose and did not meet existing standards of environmental design for care homes;
- 2) To approve in principle, the proposal to open Drumbrae as a 60-bed nursing home for older people, subject to officers developing detailed implementation proposal which would need to be agreed by the EIJB;
- 3) To approve in principle, the proposal to close Jewel House and Ferrylee residential care homes to enable the opening of Drumbrae as a nursing care home contingent on the re-opening of Drumbrae;
- 4) To agree that officers progress to the next stage of implementation planning, including exploration of the optimum operating model;
- 5) To note that capital investment proposals had been submitted for consideration in the Council's budget setting process. If approved, this would provide enough capital funding to complete the remedial work required to make Drumbrae operational as a care home for older people; and
- 6) To note that no direction was required at this stage but one would follow on completion of the detailed planning, should the proposal get approval to progress.

(Reference – Report by the Service Director – Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

6. Digital and Data Strategy

An overview of the Digital and Data Strategy for final approval and implementation from April 2025 was presented.

Decision

- 1) To note the content of the Digital and Data Strategy, the process taken in its development and the alignment with the wider work on the development of the new EIJB Strategic Plan;
- 2) To agree the governance arrangements to oversee and monitor progress of the Digital and Data Strategy through the associated Delivery Plans which would provide a greater level of detail;
- 3) To agree the Digital and Data Strategy to implemented from 1 April 2025 using a phased approach over a three-year period; and
- 4) To agree that the analogue to digital transition be brought to the board for discussion in the future.

(Reference – Report by the Service Director – Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

7. Financial Update

A summary of the latest financial monitoring information for 2024/25 was provided. Reference was made to an overspend of £20.2m by the end of the year, driven largely by slippage in delivery of savings schemes and the increasing cost of prescription drugs. It was highlighted that the baseline position continued to show an improvement from the medium-term financial strategy. Reference was also made in relation to the recovery plan actions agreed by the Integration Joint Board and additional delegated budget agreed by the City of Edinburgh Council and the commitment of NHS Lothian to further financial support. Thereafter the Chief Finance Officer provided moderate assurance of break-even position by the end of the financial year.

Decision

- 1) To note the forecast financial position for delegated services for 2024/25;
- 2) To note the moderate assurance provided by the Chief Finance Officer; and
- 3) To agree that officers provide a written briefing on prescribing costs.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

8. Update on progress with All Party Motion

An update on the work to address the points raised in the All-Party Motion which was agreed at the meeting of the City of Edinburgh Council on 2 November 2024 was provided.

Decision

- 1) To note progress to date on actions contained within the all-party motion; and
- 2) To agree the integration scheme would be discussed at a meeting of the budget working group.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

9. Appointments to the Edinburgh Integration Joint Board

Details of changes to the membership of the Edinburgh Integration Joint Board were presented.

Decision

- 1) To note the resignation of David Belfall from the EIJB as a non-voting member and Service User Representative;
- 2) To note the resignation of Paul Wilson from the EIJB as a non-voting member and Third Sector Representative;
- 3) To appoint Bruce Crawford to the EIJB as a non-voting member and Third Sector Representative;
- 4) To appoint Bruce Crawford to the EIJB Performance and Delivery Committee as a non-voting member;
- 5) To consider appointments for the vacancies of one non-voting member on the EIJB Strategic Planning Group and one non-voting member on the EIJB Performance and Delivery Committee;
- 6) To appoint Heather Gilfillan to the EIJB Strategic Planning Group as Staff side representative – NHS Lothian;
- 7) To note the boards thanks to Paul Wilson and David Belfall for their work on the EIJB; and
- 8) To refer this report to the Strategic Planning Group for noting in relation to its membership.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

10. Committee Update Report

An update regarding the Committees of the Edinburgh Integration Joint Board covering December – January 2025 was provided.

Decision

- 1) To note the work of the Committees;
- 2) To agree that roles of officers are included in all minutes and board members roles are included on agenda front sheets; and
- 3) To note the boards thanks for organisation of visitation programme.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

11. Minute of the Performance and Delivery Committee of 5 December 2024

Decision

Edinburgh Integration Joint Board – 25 February 2025

To note the Minute of the Performance and Delivery Committee of 5 December 2024.

(Reference – Minute of the Performance and Delivery Committee of 5 December 2024, submitted.)

12. Draft Minute of the Audit and Assurance Committee of 3 December 2024

Decision

To note the Draft minute of the Audit and Assurance Committee of 3 December 2024.

(Reference – Draft Minute of the Audit and Assurance Committee of 3 December 2024, submitted.)

13. Draft Minute of the Strategic Planning Group of 15 January 2025

Decision

To note the Draft minute of the Strategic Planning Group of 15 January 2025.

(Reference – Draft Minute of the Strategic Planning Group of 15 January 2025, submitted.)

14. Minute of the Performance and Delivery Committee of 11 February 2025

Decision

To note the Draft minute of the Performance and Delivery Committee of 11 February 2025.

(Reference – Draft Minute of the Performance and Delivery Committee of 11 February 2025, submitted.)

15. Date of the next meeting

Decision

To note Tuesday 25 March 2025 at 10am as the date of the next EIJB meeting.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 11 FEBRUARY 2025.

Present

Voting Members – Tom Conn (Chair), Martin Connor, Tony Boyle, Damian Doran-Timson, George Gordon, John Innes, Amjad Khan and Andrew McGuire

Non-Voting Members – Lesley Cunningham, Steven Dunn, Hamish Hamilton, David Huddlestone, Jo MacPherson, Alan McCloskey, Douglas McGown, Ann Pike, Alison White and Linda Yule

Apologies – Donald Noble

In attendance – Rob Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Yvonne Lawton (Head of Health), Karen Love (Senior Manager, Adult Services), Diane Stewart (NHS Health Improvement Lead) Kerry Taylor (Project Officer) and Jeanette Whiting (NHS Strategic Programme Manager); Alexander Kelly (NHS observer)

1 ORDER OF BUSINESS

The Chair advised that Alexander Kelly from the NHS was in attendance as observer.

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The IJB approved the minute of its meeting held on 26 November 2024 as a correct record.

4 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 12 September 2024.
- b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 24 October 2024.
- c The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 28 October 2024.

- d The IJB noted the minutes of the West Lothian Integration Joint Board ADP Executive held on 22 August 2024.

5 MEMBERSHIP & MEETING CHANGES

The IJB agreed to extend David Huddleston's appointment as non-voting member for a period of three years effective as of 29 January 2024.

6 CHIEF OFFICER REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updating members on emerging issues.

It was recommended that the IJB note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

Decision

To note the terms of the report.

7 2024/25 FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2024/25 forecast budget outturn for IJB.

It was recommended that the IJB:

1. Consider the forecast outturn for 2024/25 which took account of delivery of agreed savings;
2. Note the projected year end overspend of £7.341m;
3. Note the agreed IJB recovery plan – that the projected overspend would be funded by a combination of drawing down from the IJB reserves and an additional one-off payment from West Lothian Council; and
4. Note that the recurring budget gap was approximately £12m and that significant additional savings would need to be agreed as part of agreeing the 2025/26 Budget.

Decision

To note the terms of the report.

8 FINANCIAL REGULATIONS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing a review the Board's Financial Regulations.

It was recommended that the IJB:

1. Note that the Audit, Risk and Governance Committee had reviewed the IJB Financial Regulations on 19 December 2024 and had recommended the report be presented to the Board for approval;
2. Agree the updated Financial Regulations (Appendix 1 of the report); and
3. Agree the Financial Regulations should be reviewed again in three years.

Decision

To approve the terms of the report.

9 UPDATE ON IJB STRATEGIC PLAN DELIVERY PLANS - MONITORING AND PERFORMANCE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the monitoring approach and progress of the Delivery Plans which took forward the strategic intentions of the IJB Strategic Plan. Appendix 1 provided an overarching 6-monthly performance management framework which highlighted the progress and position of each project/area across all three delivery plans. Appendices 2 to 4 included the latest versions of the action plans for each Delivery Board.

It was recommended that the IJB:

1. Note the approach taken to the monitoring of the Delivery Plans;
2. Note the performance management framework (Appendix 1 of the report); and
3. Note the updated version of each Delivery Plan included in the report as Appendices 2–4.

During discussion, the need for a clear understanding of the impact of any areas of deficiency in performance was noted. It was also noted that a strategic approach to the IJB's finances would be useful for the full implementation of the delivery plans, taking into consideration the limitations of one-year budgets of the partner organisations.

Decision

To note the terms of the report.

10 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2023/24

The IJB considered a report (copies of which had been circulated) by the Chief Social Work Officer providing members with the opportunity to note the contents of the Chief Social Work Officer Annual Report for the period 2023/24, which highlighted key activities, developments and challenges.

It was recommended that the IJB:

1. Note the contents of the Chief Social Work Officer's annual report 2023/24;
2. Note that the report had been presented to West Lothian Council on 19 November 2024; and
3. Note that the report had been submitted to the Scottish Government Office of the Chief Social Work Advisor.

During discussion, it was noted that a more collective approach to the review of IJB plans would be beneficial to ensure balanced delivery of plans.

Decision

To note the terms of the report.

11 DELAYED TRANSFERS OF CARE UPDATE

The IJB considered a report (copies of which had been circulated) by the Head of Service providing an update on performance in relation to delayed transfers of care, referred to as delayed discharges. In addition, the report provided an update on action being taken to support the transfer of patients when they were medically fit to leave hospital and to reduce delays.

It was recommended that the IJB:

1. Note the ongoing pressures across the health and social care system in Scotland and the challenges in West Lothian related to delayed transfers of care;
2. Note the main reason for delayed discharges in West Lothian was inability to meet demand for care home beds; and
3. Note the actions being taken within the IJB's Home First Programme to address whole system flow and improve delayed discharges.

Decision

To note the terms of the report.

12 SELF-DIRECTED SUPPORT PROGRESS UPDATE

The IJB considered a report (copies of which had been circulated) by the Head of Social Policy informing members on progress made in relation to reviewing and enhancing local implementation of Self-Directed Support (SDS).

It was recommended that the IJB:

1. Note the contents of the report; and
2. Note the work progress of the Self-Directed Support Project Board.

Decision

To note the terms of the report.

13 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

14 DATES OF FUTURE MEETINGS

A list of dates of future meetings had been circulated for information.

Decision

To note the dates of future meetings.



**MINUTES OF THE MEETING OF THE
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 20 FEBRUARY 2025
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

Councillor S Akhtar (Chair)
Mr J Blazeby
Dr P Cantley
Mr A Cogan
Councillor J Findlay
Ms E Gordon
Councillor L Jardine
Councillor C McFarlane

Non-voting Members Present:

Mr D Binnie	Mr D Bradley
Ms L Byrne	Ms S Gossner
Mr D Hood	Ms C MacDonald
Dr C Mackintosh	Ms M McNeill
Mr T Miller/Mr L Kerr	Mr M Porteous
Ms F Wilson	Dr K Burke (*substitute)

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms C Goodwin	Ms J Jarvis
Ms L Kerr	Mr A Main
Mr N Munro	Ms C Rodgers
Mr G Whitehead	

Clerk:

Ms F Currie

Apologies:

Ms A Allan
Dr J Hardman
Dr K Kasengele*

Declarations of Interest:

None

The Chair welcomed everyone and advised that the meeting was being recorded and would be made available as a webcast in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were the data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council and Health Board's policies on record retention. The webcast of this meeting would be publicly available for up to six months.

The Clerk confirmed members' attendance by roll call.

1. MINUTES OF THE EAST LoTHIAN IJB MEETING ON 19 DECEMBER 2024 (FOR APPROVAL)

The minutes of the IJB meeting on 19 December 2024 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 19 DECEMBER 2024

The following matters arising from the minutes on 19 December 2024 were discussed:

Item 2 - The Chair asked is there had been any change to the national guidance on vaccinations for carers. David Hood reported that there had been no change to the position but that conversations were ongoing around the vaccination programme for the next financial year, and he would ask for this to be flagged up as part of the negotiations. The Chair said it was important to keep raising this matter with the national body.

Item 4 – The Chair asked for an update on progress with the Housing Partners Board. Laura Kerr confirmed that the Board was up and running with numerous meetings having taken place with housing colleagues. The joint meetings between housing and health colleagues would continue to help support partnership working and managing challenges going forward.

Item 8 – Jonathan Blazeby asked for an update on the unscheduled care actions approved by the IJB in December. He also asked whether it would be possible to include an action note as part of the IJB meeting minutes to keep track of progress on agreed actions. Fiona Wilson advised that it was still early in the process given the level of investment and recruitment that was being put in place but there were signs of progress in terms of front door performance. The key to improvements was sustainability and she intended to bring a further update to the IJB in due course.

The Chair said that it would be useful to see the impact that this work was having on people waiting for packages in the local community. Ms Wilson pointed out that the goal of the money was to improve front door performance and the access standard, and that each IJB had adopted a different approach. While it might be possible to provide details of the number of people helped the focus was on front door performance. The Chair suggested monitoring of any unintended consequences as a result of this work, so these might also be addressed.

Item 9 – Councillor Lyn Jardine asked if there had been any response to the action agreed to formally escalate concerns to partners. The Chair advised that she had received some feedback from the Council on budget development proposals following her letter to the partners. Ms Wilson said that she had not seen any response to the Chair's letter nor any information from the partners from a budget perspective.

3. CHAIR'S REPORT

A report was presented on the activities undertaken by the Chair of East Lothian IJB and any relevant updates.

The Chair reported that much of her time lately had been taken up in supporting Council colleagues in the budget process. She advised that the Council's budget offer to the IJB for 2025/26 was now in the public domain.

Councillor Jardine referred to paragraphs 3.2 to 3.5 in the report and asked if the Chair's engagement in the budget process had been as depute leader of the Council or as Chair of the IJB. The Chair said that she had been mindful of both roles and of the impact on the IJB as the Council worked through its budget process.

Councillor Jardine had concerns about this and said that she would discuss this further with the Chair. She emphasised the importance of members being clear that their role in IJB meetings was as members of the IJB, and that this should also be reflected in the Chair's report.

Mike Porteous said that the Council's budget offer was positive as it would enable the IJB to stand still and to address some longstanding pressures, while planning for the financial challenges ahead. He added that the IJB did not have any responsibility for capital funding so any investments that were made were based on Council decisions and not the IJB.

The Chair highlighted some aspects of the budget offer. Ms Wilson cautioned that the offer needed to be worked through by the IJB. While she recognised that this was an excellent offer, given pressures facing the Council, it would not necessarily give the IJB room for any additional investment. Mr Porteous agreed that while it would address some pressures and gaps in funding over the years, there would be no opportunity for wholesale investment.

Mr Blazeby asked for clarification of the IJB's budget-setting process. Mr Porteous explained that while the Council's was a confirmed offer, the figures from health colleagues were currently indicative and would not be confirmed until April. He would bring forward a report to the next meeting of the IJB on 20 March outlining both offers with a view to agreeing the IJB's budget for 2025/26. Ms Kerr added that, previously, the IJB's May meeting had been dedicated to finance and saw the finalisation of its budget following confirmed offers from both partners.

The Chair referred to a statement from the First Minister on 27 January regarding additional funding for 3 priority areas for action and said she had raised with health colleagues the question of what this money would mean for the IJB.

Councillor Jardine asked if this money was part of the Scottish Government's proposed budget and whether further detail was available. The Chair said it was her understanding that this was additional funding, and she had asked health colleagues to establish what this might mean for the IJB.

The Chair highlighted a number of other points from her report.

Decision

The IJB agreed to:

- i. Note the activities and updates that had taken place since the last meeting.
- ii. Note that the report was to help raise awareness of the wide range of work carried out across East Lothian that contributed to the strategic directions of the IJB.

4. APPOINTMENT TO THE IJB CHIEF FINANCE OFFICER POST

A report was submitted by the Chief Officer informing the Integration Joint Board (IJB) of the appointment to the Chief Finance Officer post on a substantive basis.

Paul Currie presented the report referring to the previous paper brought to the IJB outlining the process for appointment to the substantive post and the decision to increase it from part-time to full-time. He invited members to note the appointment of Mr Porteous on a substantive basis.

Councillor Jardine said that, as Chair of the Audit & Risk Committee, she looked forward to an early meeting with Mr Porteous.

The Chair congratulated Mr Porteous on his appointment and welcomed the increase in hours to raise the post from part-time to full-time.

Decision

The IJB agreed to:

- i. Note that following a competitive recruitment process, Mike Porteous had been appointed to the post of Chief Finance Officer, with effect from January 2025.
- ii. Note that in December 2024, it was agreed to increase the hours of the Chief Finance Officer from 0.5 WTE to 1.0 WTE, reflecting the importance of the post in securing a balanced budget for year end and in supporting the delivery of efficiencies across work programmes.

5. 2024/25 QUARTER 3 FINANCE REPORT

A report was submitted by the Chief Finance Officer updating the IJB on the outcome of the partner's Quarter 3 Financial Reviews and providing a revised forecast position on spend and an update on the delivery of efficiencies.

Mike Porteous presented the report which included the position for the IJB's budget as at 31 December, a comprehensive review of the efficiencies programme and the forecast year-end position. He outlined the detail of the forecast overspend, as set out in his report, and the key drivers and noted that the social care overspend had reduced slightly with the use of earmarked reserves. He said he was not expecting any material changes to the forecast positions. He confirmed that both partners had been advised of this and they understood the requirement which may fall to them at year end to fund gaps in their respective positions.

Mr Porteous provided an overview of the efficiencies programme noting that there had been some slippage in delivery timescales for 2024/25 but that these schemes were expected to deliver in full in 2025/26. Any schemes that did not deliver in full this year would be reviewed to maximise delivery in the coming year, and he would include updates on this work as part of future finance reporting to the IJB.

Councillor Jeremy Findlay asked about the use of earmarked reserves given their limited impact on the forecast overspend. Mr Porteous explained that earmarked reserves were for a specific purpose and could only be spent for that purpose. If the Council had qualifying expenditure it could draw down on these funds and the reserves would be released against that spend. If the funds were not spent, they would be carried forward. He was not sure whether these funds were received annually or had built up over time, but he could provide further details to members.

Replying to a question from Andrew Cogan, Mr Porteous advised that the final overspend position would not be known until the year end. At that point, the partners would be notified and, under the terms of the Integration Scheme, the IJB would seek additional funding from them to achieve a breakeven position for this financial year.

Mr Blazeby said it was important to learn lessons in setting the budget for next year and to build in cost savings plans at an early stage. He added that continuing discussions around mitigation and efficiencies throughout the year could be viewed as a distraction from the IJB's main strategic function.

Mr Porteous acknowledged the point saying that the process undertaken was to identify gaps and plan how best to address them. However, it was not always possible to start efficiency schemes on day one. He said that planning for next year had already begun with the intention to use efficiencies that had not been delivered in this year as basis for next year, along with the delivery of other savings plans.

Ms Wilson confirmed that discussions were taking place and, despite a positive offer from the Council and hopefully a similar offer from the health board, the IJB needed to continue to create efficiencies and be agile in delivering its Strategic Plan.

Mr Hood pointed out that there would be a report later in the agenda on the review of the Strategic Plan. The new Plan would link into the 5-year financial plan, future funding gaps and how these might be addressed. He hoped that the budget offers for 2025/26 would provide the IJB with some headroom to do the required financial planning.

Mr Blazeby acknowledged the point but noted that the review of the Strategic Plan was not due to conclude until December 2025.

Responding to a question from Councillor Jardine, Mr Porteous said that the IJB did have some influence over set aside budgets and was working with other IJBs and acute service colleagues to address key challenges, for example, through the improvements to unscheduled care. Ms Wilson agreed saying that there was more scrutiny than ever around how IJBs influenced this area and while progress had been made there was more work to do.

David Binnie asked for clarification of exactly what was meant by 'statutory responsibilities' when talking about efficiencies. He referred to a previous agreement to provide information and asked if this could be done in the form of a paper to the IJB. Ms Wilson said that this had been addressed previously within development sessions. She confirmed that a huge amount of the IJB's work sat within statutory responsibilities.

Ms Kerr said that the position was complex but if the IJB decided only to deliver its statutory responsibilities, for example in respect of social work services, it would not be able to function or meet its obligations in assessing care needs and providing support.

Lindsey Byrne said that the role of services was to protect and support people. She acknowledged that there was a need to consider what the statutory responsibilities were and what services were additional to that and could be stopped. However, she cautioned

that, as an IJB, they had reached the point where if they continued to cut services, they would not be able to deliver in line with the requirements of code of practices and legislation. She agreed it was a difficult balance and needed to be informed by the views of professional leads.

Mr Binnie asked if this included the third sector and whether there would be a degree of protection for those delivering statutory responsibilities. Ms Kerr said this should be a point for future discussion noting that third sector were not often viewed this way, although in many instances they were providing a statutory function.

Mr Blazeby agreed with Mr Binnie that this was an important area, and it would be useful if professional leads could be more specific when talking about statutory responsibilities.

Ms Byrne and Sarah Gossner both agreed that they needed to be clearer, and it was a challenge for them to translate this in a way that everyone understood. As professional leads, they would have to think about how information was presented, perhaps using examples to explain things more clearly.

The Chair mentioned the Chief Social Work Officer annual report's use of case studies as an example of what could be done. On wider financial matters, she emphasised the importance of monitoring the set aside budget and how this might impact community services and transformation work.

Decision

The IJB agreed to:

- i. Note the outcome of partners' Quarter 3 Financial Reviews for 2024/25
- ii. Note the planned release of Earmarked Reserves to offset relevant costs for 2024/25.
- iii. Note the updated level of efficiency delivery for partners for 2024/25, and the requirement to review schemes that did not deliver as planned.

6. PLANNING OLDER PEOPLE'S SERVICES FINAL REPORT AND RECOMMENDATIONS

A report was submitted by the Chief Officer presenting members with the Planning Older People's Services final report and recommendations for their approval.

Andrew Main presented the report setting out the context and background to the project. He said that there had been a real emphasis on providing care at the right time and place and getting people to remain as independent as possible within their own homes and communities. Throughout the project there had also been clear emphasis on co-production and engagement with stakeholders. He advised that from the initial work in 2021 they now had a clear set of priorities fully co-produced with stakeholders and partners across East Lothian. The extensive engagement work had provided the HSCP with a wealth of information and views which should be used to refresh its strategic priorities, and this feedback should be kept at the forefront of future planning work. He highlighted the formation of the Independent Community Panel and the level of support and involvement from all stakeholders. He concluded that the report and recommendations were fully supported by the Panel and the Strategic Planning Group.

Ms Gordon commended the report, and everyone involved in this work. She said that the report and level of feedback were impressive, and she fully supported the recommendations. She asked how the Panel would be expected to work going forward.

Mr Main said that the Panel would meet within the next couple of months to discuss where its future priorities and attention should be. The IJB and strategic planners would also have to consider where the Panel should sit within the Change Board structure. He advised that the new Equalities & Engagement Officer would work with the Panel on these issues and a progress report would be brought back to the IJB. He felt that there were numerous opportunities and areas of interest, and he hoped that the IJB would maintain regular contact with the Panel going forward as it determined how to make the best use of this resource.

Patricia Cantley also commended the report but said she was concerned about the disconnect between ongoing budget discussions and some of the issues highlighted in the recommendations. She said that there was a real risk that the IJB could miss out on a lot of good work by focussing solely on statutory responsibilities. It was important to keep some of these wider services in mind when having discussions around saving money in the longer term.

Mr Main acknowledged that by focussing too closely on front door and acute services there was a risk of losing track of interventions which could help to avoid the need for people to access statutory services.

Councillor Carol McFarlane asked about the potential benefits for older people as a result of retaining the Panel. Mr Main hoped that having appropriate representation across key stakeholders would ensure there was a voice around the table that could provide feedback at an earlier stage of key planning processes.

Councillor Jardine said that this was a truly remarkable piece of work which had included a phenomenal level of engagement. She asked about the opportunities within the co-production model to balance the challenges facing services.

Mr Main said he believed that the IJB had a duty to ensure staff and residents in East Lothian were involved, aware and contributing to discussions. At the forefront of any work there needed to be consideration of who should be around the table and who should be providing input to those discussions. He said that the IJB should be moving away from a culture of telling people what was happening rather than engaging with them, and the Panel was part of that change.

Councillor Jardine said this was a reassuring approach and added that the information gathered as part of this process had helped inform her own engagement with stakeholders.

Mr Blazeby asked about implementation and who would take ownership of this. He noted that this project had taken several years to reach this point, and he felt that people should not have to wait several more years to see the benefits.

Mr Main commented that the IJB Strategic Plan priorities had evolved throughout this process to weave this work in to the Plan. Going forward, he said that the focus would be on ensuring that people could remain in their own homes and enjoy life as independently as possible through investment in intermediate care. Referring to the challenges of eroding finances and a growing population, he said the key would be whether decisions were taken to inject funding into one service potentially at the expense of another service, knowing that this would make a real difference in the mid to longer term. He said he found it extremely encouraging knowing that many stakeholders and members of the public held the same priorities as the IJB.

Mr Blazeby asked if the IJB had contributed to the national consultations and strategies referred to in the report. He noted that some of the well-intentioned priorities were perhaps Lothian-wide or nationwide and he asked whether the IJB was of a sufficient size to drive some of this work.

Mr Main advised that palliative and intermediate care, and tech-based care featured heavily in the wider priorities of the programme board. The IJB's Strategic Plan was also currently being refreshed and there would be opportunities over the coming months to look at these questions. He agreed that intermediate care featured heavily at national and Lothian-wide level and there was a need to keep this under close review, as some decisions taken on a wider geographical basis could have potentially significant implications for services within East Lothian.

Claire Mackintosh said that she was interested in the concept of intermediate care. Although it could be difficult to define, particularly with overlaps into community-based or hospital-based care, it had huge potential.

Ms Gossner advised that palliative care was a priority, but they needed to consider how to link the work taking place locally into Lothian-wide and national perspectives and strategies.

The Chair thanked everyone who had contributed to the project. Referring to recommendation 6, she highlighted the need to consider how best to get data from voluntary and community sector partners and how to share and use this information when seeking support from other partners.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB:

- i. Agreed to note the content and approve the final report.
- ii. Agreed each of the report's recommendations (section 7.1):
 - 1) The East Lothian IJB should adopt the four suggested priorities (palliative and end of life care; polypharmacy; intermediate care; and technology) and embed them within the refreshed strategic plan and updated Programme Board structure. The findings and specific suggestions contained within this report should be progressed further by relevant Senior Managers and Officers as part of the revised Programme Board structure.
 - 2) The East Lothian IJB should retain and develop the Independent Community Panel as a key engagement and participation function. The Panel should form part of a strategic planning and decision-making feedback loop that ensures key stakeholders, particularly those with lived experience, are informed and consulted on key discussions and developments on an ongoing basis.
 - 3) ELHSCP Officers should update and refresh our existing engagement and communications strategies to reflect the role of the Independent Community Panel and take consideration of other key project findings such as: raising awareness of services; accessibility of information; use of technical language; and accessible information standards.

- 4) When considering further financial recovery actions for 2024/25 and working towards a balanced budget position for 2025/26 and beyond as part of the East Lothian IJB 5-year financial plan, officers should remain mindful of the findings of this report, with particular reference to building community capacity and exploring innovative and sustainable intermediate care services.
- 5) ELHSCP Officers to continue to collaborate with NHS Lothian Public Health, East Lothian Council Area Partnership Health and Wellbeing sub-groups, 3rd sector partners / interfaces and community groups to explore and develop early intervention and prevention approaches that support IJB strategic priorities and deliver intermediate care and support.
- 6) ELHSCP Officers to continue to work with NHS Lothian Public Health and East Lothian Council data analysts to improve our Joint Strategic Needs Assessment and use of data and analytics when it comes to informing strategic decision making and service development.

7. EAST LoTHIAN IJB EQUALITIES MAINSTREAMING REPORT 2023-24 AND EAST LoTHIAN IJB EQUALITIES OUTCOMES 2025-2029

A report was submitted by the Chief Officer offering the IJB an opportunity to consider and comment on the content included in the first draft of East Lothian IJB Equality Outcomes 2025-2029; and contribute examples of directions and decisions that contributed to the IJB fulfilling its requirements under the Public Sector Equality Duty in 2023 and 2024.

Mr Main presented the report outlining the recommendations which asked IJB members to read the first draft of the Equalities Outcomes and to read the Equalities Mainstreaming Report and provide appropriate comments or suggested additions. He said that the reports would be revised to incorporate any feedback and would be brought back to the IJB for approval in due course. He asked IJB members to e-mail any comments or suggestions to Kate Thornback by 28 February, however, he would also welcome feedback from members at this meeting.

Ms Gordon noted references within the reports to 'our premises' and 'our staff' and suggested that it might be more accurate to refer to 'our partners' premises or staff.

Mr Main acknowledged the point and he would pass on to Ms Thornback the need to carefully consider wording when talking about premises or staff in the context of the IJB and HSCP.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB agreed to:

- i. Read the first draft of the Equality Outcomes 2025-2029 and:
 - Comment on the suitability of the outcomes in relation to core IJB documents or functions.
 - Suggest any other equality themes and outcomes for consideration for inclusion in the Equality Outcomes 2025-2029.

- ii. Read 'IJB Directions and Equality Mainstreaming' and:
 - Highlight any work related to member areas of responsibility that they think has contributed positively to advancing equality or that has reduced discrimination/disadvantage in 2023 and 2024.
 - Suggest other staff members the Equalities and Engagement Officer could contact to collect these examples.
- iii. Refer an updated version of this paper to SPG and IJB meetings in March/April.

Sederunt: Councillor Findlay left the meeting.

8. REVIEW OF THE EAST LoTHIAN IJB STRATEGIC PLAN

A report was submitted by the Chief Officer informing the IJB of the planned approach to reviewing the current East Lothian IJB Strategic Plan and developing a new Strategic Plan to cover the period of 2025-2030.

Claire Goodwin presented the report which set out the planned approach for reviewing the current Strategic Plan with a view to producing a revised Plan for 2025-2030. This approach reflected the statutory guidance on developing strategic plans and had been presented to Strategic Planning Group who had a key role in this work. She drew attention to the outline of the IJB's involvement and to the planned approach to consultation and engagement as set out in the report. She said it was important to highlight that when planning the engagement approach there was already a wealth of information available from other engagement work which would provide a good starting point. She also pointed out that once the Strategic Plan was in place ongoing engagement, co-production and co-development would be an important part of the implementation of the Plan. She explained that the new Plan would be for 5 years and would be reviewed at the 3-year point. The 5-year term would be useful for a longer-term view and would link with the IJB's 5-year financial plan.

Councillor Jardine asked about the various consultation and engagement activities and if there was any indication of timescales for this work.

Ms Goodwin said that this was a complex landscape, and one example was the Community Planning Partnership's review of the local outcome improvement plan which would be happening alongside the Strategic Plan review. Meetings had already taken place with community planning colleagues to discuss cross referencing feedback from engagement work on both of these plans. There were similar timescales for both of these pieces of work and officers were keen to focus the engagement work to make it as effective as possible. She advised that there would also be the opportunity to feed in priorities from the work of the Area Partnership Health & Wellbeing groups.

Councillor Jardine said that this was reassuring and really helpful and reinforced in her mind the need for a longer-term strategic plan.

Mr Blazeby asked whether the new Plan should be 2026-30, rather than 2025-30 as it would not be finalised until December 2025. He also asked about the timing of the review and whether such an iterative process needed to take 12 months to complete.

Ms Goodwin said that 2025-30 was felt appropriate as the new Plan would be published within the 2025/26 financial year. However, she accepted that this could be looked at. She agreed that it was an iterative process and that the annual delivery plan evolved

year on year. She said that the annual delivery plan for 2025/26 would be reviewed at the same time as the Strategic Plan and that the timescale for development of the new Plan was quite tight when considered against those of neighbouring IJBs.

Ms Kerr added that to do this work any quicker would do it a disservice and would not allow for the completion of the necessary engagement and governance processes. She also felt that 2025/30 was more appropriate as it would directly follow the current Plan and was in line with the approach taken by other IJBs.

Mr Blazeby suggested that, from the public's point of view, it would make more sense for the Plan to be 2026/30 as it was unlikely to be published much before January 2026. He also disagreed with the timescale for reviewing the Strategic Plan.

The Chair thought it important to go through the due process for consultation and engagement so that the IJB could genuinely claim that the Plan was co-produced. She also said that she would be keen to ensure that the organisation, Equally Safe, was included in the engagement process. She encouraged IJB members to support the review and asked Ms Goodwin to advise members on how this could best be achieved.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB:

- i. Agreed the planned approach and timescales for carrying out a review of the current IJB Strategic Plan as outlined in the body of the report, noting the key points at which the IJB would be directly involved in the process.
- ii. Agreed the planned approach to consultation and engagement as described in the appended draft Consultation and Engagement Plan.
- iii. Approved the proposal that the Strategic Plan cover an extended period of five years from 2025 to 2030, with a review taking place in year three as required by the statutory guidance.

9. EAST LOTHIAN IJB AND AUDIT & RISK COMMITTEE MEETING DATES FOR 2025/26

A report was submitted by the Chief Officer setting the dates of East Lothian IJB business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2025/26.

The Clerk presented the report and invited members to approve the meeting dates as set out in the appendices. She also requested that members of the Audit & Risk Committee indicate a preference for one of the two proposed dates for the meeting in December 2025.

Ms Gordon indicated that due to a potential clash with other meetings on the 16th, she would prefer the Audit & Risk Committee meeting to take place on 2nd December. Councillor Jardine also expressed a preference for 2nd December.

The Chair moved to a roll call vote and the recommendations were approved unanimously, noting 2nd December as the preferred choice for the Audit & Risk Committee meeting.

Decision

The IJB:

- i. approve the dates for IJB business meetings during session 2025/26;
- ii. approve the dates for IJB development sessions during session 2025/26; and
- iii. approve the dates for the Audit & Risk Committee meetings during session 2025/26.

Signed

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

Meeting: NHS Lothian Board

Meeting date: 16th April 2025

Title: Appointment of Internal Audit Function

Responsible Executive: Craig Marriott, Director of Finance

Report Author: Andrew McCreadie, Deputy Director of Finance

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input checked="" type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other - Financial Reporting	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to provide the Board with an update on the process to appoint the new Internal Audit function from April 2025.

2.2 Background

NHS Lothian operates a co-sourced Internal Audit function, with the service currently provided by Grant Thornton (GT), with additional support provided through NHS Lothian resource. The appointment of the external supplier has been made in partnership with NHS Borders (NHSB).

The term of the current contract with GT runs to 31st March 2024. A process has concluded to re-let the contract for another 4 years, going through appropriate procurement processes to tender for this.

Both health boards worked with NHSL's procurement team to work through the contracting process. Fortunately, a national framework is in place for this service, simplifying the process.

Within NHS Lothian's Standing Orders it states under **Matters Reserved for the Board:** *The appointment of the Board's chief internal auditor. This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit & risk committee should advise the Board on the appointment, and the Board may delegate to the audit & risk committee oversight of the process which leads to a recommendation for appointment.*

NHS Lothian's **Standing Financial Instructions** also state:
A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, shall select and make a recommendation to the Board on whom to appoint as the Chief Internal Auditor.

This paper recognises the above requirements, and describes the process aligned to these arrangements.

2.3 Assessment

The process to appoint new Internal Auditors for NHSL and NHSB began formally on the 20th November 2024, when expressions of interest were invited from those providers on the Framework. This was intended to raise awareness for interested parties and to prepare them for what is a relatively quick appointment process.

Subsequently on the 13th of December, procurement colleagues informed parties on the framework that the mini competition for the Internal Audit Provision for NHS Lothian and Borders had been published on the Public Contracts Scotland portal. Timelines were as follows:

- Closing Date for Questions - 20th Dec
- Closing Date for Bids – 8th Jan
- Bids sent to panel for evaluation – 8th Jan

- Bidder Interviews – 14th Jan
- Evaluation forms to be returned to Procurement – By 5pm 14th Jan
- Evaluation Consensus Meeting – 16th Jan
- Award – by 29th Jan

The co-sourced Internal Audit Services specification schedule was issued to parties on the Framework (see Appendix 1) to provide additional information and assist with the bidding process. The schedule also included the evaluation criteria and scoring methodology, in order that providers had a clear understanding on the basis of measurement for the process.

Internal Audit plans for 24/25 financial year were also issued from both boards as additional information.

As well as valuable support from Procurement colleagues, representation from both health boards participated in the interview and evaluation process, including:

- Chair of ARC, NHSL
- Chair of ARC, NHSB
- Director of Finance, NHSB
- Deputy Director of Finance, NHSL

Overall, three bids were received, from KPMG, TIAA and BDO. Current providers Grant Thornton did not bid. As a result of the process described above, measured against the evaluation criteria, the contract has been awarded to BDO. For NHS Lothian, the bid is within available resources.

A paper was taken to the Audit and Risk Committee (ARC) to highlight the process, and to ask Committee members to support the request to appoint BDO to the Internal Audit function for NHSL, working with incumbent staff employed currently within the health board and continuing with the co-sourcing arrangements currently in place.

ARC was asked to note that the appointment of the external Internal Audit function is a matter reserved for the Board, with the expectation that this will be approved at its meeting in April. Whilst the current contract with Grant Thornton (GT) technically concludes on the 31st of March, colleagues at GT have agreed to continue to provide short term support until the formal appointment of the new Internal Audit function.

At its meeting of 17th of February ARC considered the recommendation to appoint BDO as the preferred supplier of Internal Audit Services from April 2025 over 4 years. ARC members were content to endorse this recommendation, which is now presented to the Board for agreement, in line with NHS Lothian Standing Orders.

2.3.1 Quality/ Patient Care

There are no new quality or patient care implications from this report.

2.3.2 Workforce

There are no new workforce implications from this report.

2.3.3 Financial

The Specification schedule sets out the resources available to NHSL for this contract. The successful bid is within available resource.

2.3.4 Risk Assessment/Management

The corporate risk register includes the following risk:

- Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

At this stage there is no further requirement to add to this risk.

Any output from this paper will give due consideration to the extant risks considered within the NHS Lothian Risk Register.

2.3.5 Equality and Diversity, including health inequalities

There is no impact on Equality and diversity, including health inequalities, arising from this paper.

2.3.6 Other impacts

There are no other impacts from this report.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate. The implementation of the Financial Plan and the delivery of a breakeven outturn may require service changes. Any future service changes that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty to encourage public involvement.

2.3.8 Route to the Meeting

This paper has been prepared for initial consideration by ARC. The process prior to the preparation of this paper is set out in the body of the update.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the process to appoint to a new Internal Audit function for 4 years from 1st April 2025, with short term arrangements agreed to bridge the time to formal appointment.
- **Approval** – For Members to agree the decision to appoint BDO as the preferred supplier, as endorsed by ARC at its February meeting.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Co-sourced Internal Audit specification, 2025.

1. Introduction & Overview

- 1.1 The procurement, pursuant to which this Mini-Competition is issued, seeks to appoint an external provider to provide staffing resources to lead and support the management and delivery of the Internal Audit functions for both Borders Health Board and Lothian Health Board.
- 1.2 The Specification and Operational Requirements are contained in Section 2 of this document.
- 1.3 This will be a 4 year contract implemented from 1 April 2025. The incumbent supplier and newly awarded supplier will both present at the June 2025 Audit Committee to conclude handover and ensure seamless service transition.
- 1.4 The objective of this contract is to support Borders and Lothian Health Boards in the delivery of their Internal Audit services.
- 1.5 The service shall be delivered under a co-source arrangement using both the contractor's staff and Lothian Health Board's own employee through an integrated operating model.
- 1.6 The contractor's staff will be located within Lothian Health Board's site at West Port, Edinburgh, or as otherwise directed by Borders and Lothian Health Boards from time to time.
- 1.7 Lothian Health Board is one of the largest and most complex health economies in the United Kingdom, with around 30,000 staff and a revenue budget of circa £2.5 billion, serving over 800,000 people in and around Edinburgh and the Lothian's, over an area of 700 square miles.
- 1.8 Borders Health Board provides healthcare services for the Scottish Borders, with around 3,700 staff and a revenue budget of circa £320m, serving a population of approximately 116,000 people dispersed across a large rural geography of 1800 square miles within the south east region of Scotland.
- 1.9 Budget

Borders Health Board currently have a budget of £50k p.a. for these services.
Lothian Health Board currently have a budget of £296k p.a. for these services (excluding incumbent staff).
- 1.10 Any proposal submitted will be required to operate within the resource envelope available.
- 1.11 NHS Lothian Internal Audit capacity

NHS Lothian has 1 WTE incumbent staff member (Principal Auditor), who has been involved in Internal Audit for over 20 years. The resource available for this staff member equates to c220 Internal Audit days activity per annum.

2. Specification and Operational Requirements

In delivering the services described in this document, the Contractor shall:

2.1 Appoint a Chief Internal Auditor to lead the service.

2.1.1 This person will fulfil the role of “chief audit executive” as referred to in the Public Sector Internal Audit Standards and deliver the service in a way that at least meets those Standards. The Chief Internal Auditor will, in line with relevant Health Board policies & procedures, be required to review the organisational structure of the Internal Audit services and confirm the structure for the future, taking due cognisance of the current blended model. Thereafter the Chief Internal Auditor take forward the process to populate that structure, again in line with the relevant Health Board policies & procedures.

2.1.2 The Chief Internal Auditor will be a suitably qualified, experienced and named individual to fulfil the role, indicating estimated WTE resource allocation. The individual shall report to the Director of Finance and shall be required to liaise with senior executives across the organisations.

2.1.3 The Chief Internal Auditor shall demonstrate the competencies set out in Appendix 1 and will be responsible for the following key outcomes:

- Lead and direct the Internal Audit team including staff development, management, and performance management.
- Delivery of Strategic Internal Audit Plans as approved by the NHS Lothian Audit & Risk Committee and NHS Borders Audit & Risk Committee, Appendices 2 and 3
- Oversee the development of the audit plans for 2025-26, 2026-27, 2027-28 and 2028-29.
- Present the output from the Internal Audit services to the Audit & Risk Committee/Audit Committee, highlighting issues and risks.

2.2 Appoint an Audit Manager, to work with the Chief Internal Auditor, in managing the internal team of the 1wte Principal Auditor.

2.2.1 The Audit Manager will be a suitably qualified, experienced, and named individual to fulfil the role, indicating estimated WTE resource allocation. The individual shall report to the Chief Internal Auditor.

2.2.2 The Audit Manager shall demonstrate the competencies set out in Appendix 1 and will be responsible for the following key outcomes:

- Manage the Internal Audit team ensuring effective use of resources to deliver the audit plan in line with target dates.
- Balance workloads across the team taking into account individual strengths and development needs.
- Work with the Principal Auditors to produce concise and comprehensive audit reports.
- Issue final reports to the Chief Executives, Executive Directors, Senior Managers and External Auditors, ensuring that directors and managers accept audit conclusions and provide appropriate management actions to address audit recommendations.
- Contribute to audit plans.

2.3 Ensure that there is an adequate level of staffing resource to deliver the services. The Boards would like the option to be able to increase the level of support provided by the contractor, in the event that there are changes for any reason, and the Board considers that additional support from the contractor is required.

2.4 Provide suitably qualified and experienced individuals to support the Internal Audit team, indicating estimated WTE resource allocation and in the event that changes for any reason deem additional support necessary (e.g. internal staff vacancies) at the request of Borders and Lothian Health Boards.

2.4 Conclude the delivery of the Internal Audit Plan for 2024-25.

2.5 Develop and carry out the Internal Audit Plans for future years covered by this contract.

2.6 Oversee the delivery of the Audit Plan and ensure target dates are achieved.

- 2.7 Consult Borders and Lothian Health Boards about any proposed changes to the Chief Internal Auditor or Audit Manager, providing CVs in advance. Borders and Lothian Health Boards shall retain the right to refuse proposed individuals if they do not have the specified skills or experience.
- 2.8 Ensure the Internal Audit Service is delivered in accordance with recognised standards and best practice guidelines, particularly the Public Sector Internal Audit Standards adopted by the Scottish Government from April 2013.
- 2.9 Shall comply with all relevant Health Board policies and guidance.
- 2.10 Performance Monitoring
 - 2.10.1 The Chief Internal Auditor shall monitor and review the quality of the service provided and will meet with the Directors of Finance for Borders and Lothian Health Boards on a monthly basis to undertake a Performance Review meeting.
 - 2.10.2 Additionally, the Chief Internal Auditor shall provide regular reports to the Audit & Risk Committee/Audit Committee on any such key performance indicators as the Committee may agree.
- 2.11 Audit Documentation Preparation and Retention
 - 2.11.1 The contractor shall prepare and maintain detailed working papers in accordance with the Public Sector Internal Audit Standards.
 - 2.11.2 Such documentation shall be the property of Borders and Lothian Health Boards and at the termination of any contract all such documentation and electronic data held by the supplier shall be returned to Borders and Lothian Health Boards.
 - 2.11.3 Full data ownership and protection is included in the terms and conditions.
- 2.12 Liaison with External Audit
 - 2.12.1 Liaison with Health Board's External Auditor will be ad hoc on an as and when required basis.
- 2.13 Use of Borders and Lothian Health Board Premises
 - 2.13.1 Borders and Lothian Health Boards will make every reasonable effort to ensure that appropriate working facilities are available for use by the Contractor's staff whilst they are working on the organisation's premises.
 - 2.13.2 For the avoidance of doubt, permission to enter and use the Board's premises is not the grant of a tenancy to any part of such premises.
 - 2.13.3 The contractor will be provided with any equipment as may at any time be necessary for the provision of the service to the contract standard and will maintain such equipment in a safe, serviceable and clean condition. The contractor will be responsible for the security of the equipment.

3. Scoring Methodology and Weighting

3.1 Evaluation Criteria

3.1.1 The following criteria will be applied:

Criteria	Weighting
Quality	50%
Cost	50%

3.1.2 The Bidder selected will be chosen based on the most economical and advantageous tender (MEAT). This means suitable quality, service(s), level of risk and response to customer. This is particularly pertinent for the use of any public money in the current economic climate.

3.2 Evaluation of Quality

The evaluation panel will score each bidder's response using the scoring matrix shown in the table below.

0 – Unacceptable	This score will be awarded where (i) The Contractor states that it is unwilling or unable to meet the Award Criterion, or (ii) the Contractor fails to address all elements of the Award Criterion and all headings or provides a wholly inadequate response, or (iii) the response is incomprehensible, or (iv) the response evidences a major lack of understanding of the requirement which gives NHS Lothian cause for major concern regarding the Contractor's ability to meet the requirement.
1 - Weak	This score will be awarded where the response (i) meets certain aspects of the Award Criterion at least to a minimum extent but fails to meet the Award Criterion in other aspects, or (ii) provides little evidence of ability to meet the requirements of the Award Criterion, or (iii) Some or all of the aspects which are not addressed by the tender are critical and/or will have a negative impact on the performance of the contract, or (iv) represents a high risk to NHS Lothian.
3 - Fair	This score will be awarded where the response (i) meets most aspects of the Award Criterion, and (ii) provides adequate and almost complete evidence of ability to meet the requirement described in the Award Criterion. Elements of the requirement for which evidence has not been provided are not critical and performance of the contract will not be greatly impinged, and (iii) does not represent a significant risk to NHS Lothian.
5 - Good	This score will be awarded where the response (i) is comprehensive, unambiguous and demonstrates a good understanding of the Award Criterion, and (ii) acceptable and complete evidence of ability to meet the requirements of the Award Criterion has been provided in the response where requested, and (iii) represents a low risk or no risk to NHS Lothian.

3.3 Evaluation of Cost

The scoring methodology for cost will be based on allocating full score to the lowest cost bidder, with scores for other bidders reduced in proportion to the difference between their costs and the lowest cost.

Costs provided should comprise of daily rates, based on a minimum working day consisting of 7.5 hours excluding breaks and a whole-time equivalent working week of 37 hours.

Expenses should be included in the daily rate, for example travel and related expenses to the base location.

The estimated number of days per post and daily rates for each financial year must be explicit in the proposal. The successful supplier will be required to complete the specified work within the estimated number of days.

4. Form of Response

4.1 Quality section response.

4.1.1 Bidders must structure their response based on the table and criteria below and is doing responding to the requirements set out in Section 2 Specification and Operational Requirements.

Quality (50% Weighting)			
Award Criteria		Score (0–5)	Weighting
1.0 Understanding of Health Boards Needs Explain how your services meet or exceed our Requirement. Describe how you measure quality in meeting or exceeding our Requirement.			30
2.0 Methodology/Approach and Capacity Describe your methodology/approach to deliver the Requirement and an effective audit process. Describe all significant risks and how you will respond to those risks.			35
3.0 Staff Qualifications & Experience Identify key personnel in delivering the audit services. List the relevant qualifications and experience of the named personnel to deliver the Requirement. Bidders should demonstrate that named personnel possess the skills to provide a quality service, the appropriate geographical coverage and training.			35
0 = Unacceptable		1 = Weak	3 = Fair
			5 = Good

4.1.2 Bidders responses should total no more than 5 (five) A4 pages and must be submitted by the closing date. Bidders must provide a response to all the award criteria in order to be scored.

4.2 Price section response.

Bidders must complete the table below. Bidders' attention is drawn to the budgetary figures presented at paragraph 1.9 of this document which should be considered when structuring the service.

Commercial/Whole Life Cost (50% Weighting)												
	FYs 2025/26			FY 2026/27			FY 2027/28			FY 2028/29		
	NHSB Days	NHSL Days	Daily Rate	NHSB Days	NHSL Days	Daily Rate	NHSB Days	NHSL Days	Daily Rate	NHSB Days	NHSL Days	Daily Rate
Chief Internal Auditor												
Audit Manager												
Field Staff												

5. Interview

Bidders will be required to attend (via Microsoft Teams) for interview in early 2025. They will be required to state who will be attending the interview and provide a presentation on their method statement. Panel members and presentations **must be emailed in advance** to jill.shearer@nhs.scot, to allow them to be uploaded on the system (due to encryption restrictions).

The following representatives from Borders and Lothian Health Boards will form membership of the evaluation panel.

Andrew Bone	Director of Finance (Borders)
Andrew McCreadie	Deputy Director of Finance (Lothian)
James Ayling	Chair, Audit & Risk Committee (Borders)
Jonathan Blazeby	Chair of Audit & Risk Committee (Lothian)
John Pittman	Procurement Manager (Lothian)

Interviews will comprise of a 20-minute presentation followed by a 30-minute question and answers session, which will inform and assist the evaluation panel in the scoring assessment of bidder responses.

6. Conditions of tender

- 6.1 Borders and Lothian Health Boards reserves the right to negotiate further with the successful Bidder.
- 6.2 Any Bidder who submits an incomplete response or who does not respond to this Mini Competition within the requested guidelines and formats may be eliminated from the bidding process.

Chief Internal Auditor - Knowledge, Training & Experience

- Hold a relevant professional qualification, i.e. Chartered Internal Auditor (CMIIA) or CCAB (eg fully qualified CA, ACCA or CIPFA).
- Extensive Internal Audit experience at Head of Internal Audit or Senior Manager level, covering topics such as corporate governance, business and service operations, financial auditing, IT operations and project auditing.
- NHS/Public Sector audit experience expected to be evidenced.
- Excellent interpersonal skills to work with people at differing levels of seniority including directors and senior managers covering a range of specialist functions and services.
- Team leadership skills with experience of managing the work of others and running an Internal Audit team. Also, track-record of delivering audits to target dates and within budgets.
- Excellent presentation, communication and writing skills. In particular, the ability to write clear and concise reports which are read at the most senior levels. Also, the ability to present complex and sensitive issues logically and persuasively to directors or senior managers who may not initially agree.

Audit Manager - Knowledge, Training & Experience

- Hold a relevant professional qualification, i.e. Chartered Internal Auditor (CMIIA) or CCAB (e.g. fully qualified CA, ACCA or CIPFA).
- Extensive Internal Audit experience at Audit Manager level, covering topics such as corporate governance, business and service operations, financial auditing, IT operations and project auditing.
- Excellent interpersonal skills to work with people at differing levels of seniority including directors and senior managers covering a range of specialist functions and services.
- Team leadership skills with experience of managing the work of others. Also, track-record of delivering audits to target dates and within budgets.
- Excellent presentation, communication and writing skills. In particular, the ability to write clear and concise reports which are read at the most senior levels. Also, the ability to present complex and sensitive issues logically and persuasively to directors or senior managers who may not initially agree.

Field Staff - Knowledge, Training & Experience

- Hold a relevant/or be working towards a professional qualification, i.e. Chartered Internal Auditor (CMIIA) or CCAB (e.g. fully qualified CA, ACCA or CIPFA).
- Audit experience, covering topics such as corporate governance, business and service operations, financial auditing, IT operations and project auditing.
- Excellent interpersonal skills to work with people at differing levels of seniority including directors and senior managers covering a range of specialist functions and services.
- The ability to write clear and concise reports which are read at the most senior levels. Also, the ability to present complex and sensitive issues logically and persuasively to managers.

Meeting: NHS Lothian Board

Meeting date: 16 April 2025

Title Health and Care (Staffing) (Scotland) Act 2019, Annual & Quarter 4 Report

Responsible Executive: Alison Macdonald, Executive Nurse Director

Report Author: Fiona Tynan, Associate Nurse Director, (Corporate Nursing)

1 Purpose

This report is presented for:

Assurance	<input checked="" type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

- 2.1.1 The Health and Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the “Act”) requires Health Boards to submit quarterly reports to their respective Boards and an annual report to the Scottish Government. These reports must detail compliance with the legislation across all relevant staff groups and settings covered by the Act.
- 2.1.2 The Board are presented with this paper for approval of NHS Lothian’s 2024/25 Annual Compliance Report (Appendix 1). This report also serves as the Quarter 4 (Q4) Board Compliance Report.
- 2.1.3 NHS Lothian’s 2024/25 Annual/Q4 Compliance Report will be submitted to Scottish Ministers on 30 April 2025, and subsequently published by NHS Lothian.
- 2.1.4 Using NHS Lothian’s Corporate Governance and Assurance system, the Board are asked to accept Moderate Assurance regarding NHS Lothian’s compliance with its legal duties. This assurance level is based on an overall “Reasonable Assurance” rating generated by the Scottish Government’s compliance scoring.

2.2 Background

- 2.2.1 The Act aims to ensure appropriate staffing is in place, to enable high quality care and outcomes by setting out a number of duties around staffing. These duties apply to all clinical staff and leaders/managers of clinical teams, requiring clearly defined systems and processes to be in place and utilised for transparent staffing decisions.
- 2.2.2 The Health and Care (Staffing) (Scotland) Act 2019 mandates Health Boards to produce both annual and quarterly compliance reports. To facilitate this, the Scottish Government provided an Excel template for the annual report. Due to legislative time constraints recognised by the Scottish Government, and the necessity for report approvals prior to submissions, the Q4 compliance report and the annual report must be produced and submitted together as one document in Q4. This single document, the Excel annual report template provided by the Scottish Government, also fulfils the quarterly reporting requirements outlined in the Act.
- 2.2.3 The report template was completed for NHS Lothian, utilising information from the 2024/25 quarterly compliance reports submitted to this Board, along with inputs from NHS Lothian’s Health and Care Staffing leads. The quarterly compliance reports were based on board-wide compliance and assurance audits to understand compliance with the legislation by gathering staff views.

2.2.4 Annual & Q4 Report

Annual and quarterly reports must cover all NHS functions and professional disciplines. The annual report covers the period 01 April – 31 March. The Q4 reporting period covers 01 January – 31 March.

The Scottish Government (SG) provided an assurance rating system for use within the annual report template:

Table 1: The Scottish Government Red, Amber, Yellow and Green (RAYG) assurance rating system

Substantial	Systems and processes are in place for, and used by, all NHS functions and all professional groups
Reasonable	Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Limited	Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
No	No systems are in place for any NHS functions or professional groups

This differs from the Corporate Governance and Assurance system employed within NHS Lothian's Board or the Staff Governance Committee.

2.2.5 Governance Process

Due to legislative time constraints, the attached Annual Report was submitted to the Staff Governance Committee outside the regular meeting schedule, at an extraordinary meeting on 03 April 2025. During this session, committee members exercised oversight of the report and endorsed the recommendations.

The annual report is legislated to be provided to the Scottish Government/ Scottish Ministers on 30th April 2025. This deadline is set in legislation and cannot be changed. The annual report must also be published by the Health Board.

2.3 Assessment

2.3.1 The 2024/25 annual report required 92 RAYG assurance ratings:

- Yellow (Reasonable Assurance): 70%
- Green (Substantial Assurance): 20%
- Amber (Limited Assurance): 10%
- Red (No Assurance): 0%

The majority of areas met reasonable assurance levels, with no areas receiving a 'No Assurance' rating.

2.3.2 Each subsection of each Duty in the Act required a RAYG rating. An assurance rating was also required **by** Duty. Most Duties received a Reasonable assurance level. The Duty to ensure appropriate staffing received a limited assurance level. Reasons for this are outlined in the report, which include the lack of validated staffing level and real-time staffing tools across many professions at a national level. Additionally, there is a need for further assessment and assurance that systems and processes, which consider the guiding

principles when carry out the duty imposed by section 12IA, are in place and used by all NHS functions and professional groups in NHS Lothian. This assessment is planned for 2025/26. It is important to note that, to meet the Duty to ensure appropriate staffing, substantial assurance on all other duties is required, as they collectively support it.

Table 2: 2024/25 Annual Report - Level of assurance across by Duty:

Duty	Appropriate staffing	Real-time staffing assessment	Risk escalation process	Address severe & recurrent risk	Seek clinical advice on staffing	Adequate time for clinical leaders	Training of staff	Follow the common staffing method
RAYG Rating	Limited	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable

A Reasonable Assurance level is also given with the Annual Report for across **all** Duties and professions

2.3.3 Quality/ Patient Care

There are no new quality or patient care implications from this paper.

2.3.4 Workforce

The internal quarterly and annual compliance reports require staff from across NHS Lothian to respond to the Compliance and Assurance Audit which informs the report. Senior Management, Health & Care Staffing leads and professional leads input into both reports. Senior Managers from Finance and Corporate Nursing also contribute to the data collection and analysis required for the quarterly High-Cost Agency Report.

2.3.5 Financial

This paper has no direct financial implications.

2.3.6 Risk Assessment/Management

It is not anticipated that there needs to be an entry on a risk register relating to any aspect of this paper.

The report assesses NHS Lothian's compliance with the duties mandated by the Health and Care (Staffing) (Scotland) Act 2019.

2.3.7 Equality and Diversity, including health inequalities

This paper/reporting plan does not have an impact on equality, socio-economic disadvantage or children's rights therefore no impact assessment is required.

2.3.8 Other impacts

None.

2.3.9 Communication, involvement, engagement and consultation

The Board has fulfilled its duties by gathering and considering the views of staff from various professions and settings regarding NHS Lothian's compliance with the Health & Care (Staffing) (Scotland) Act 2019. The attached annual and Q4 report is based on audits conducted across NHS Lothian during 2024/25 to gather staff views on compliance with the Act. Additionally, input has been obtained from professional leads across multiple professions and services.

2.3.10 Route to the Meeting

This has been previously 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 paper.

- Health and Care Staffing Programme Board, 17 March 2025.
- Staff Governance Committee on Thursday 3 April, members had oversight of the report and the recommendations were endorsed.

2.4 Recommendation

The Board are asked to:

- **Note** that the Health and Care (Staffing) (Scotland) Act 2019 mandates Health Boards to produce annual and quarterly compliance reports.
- **Note** that the **annual report** (submitted to the Scottish Government) must:
 - Cover all NHS functions and professional disciplines.
 - Use the **Scottish Government's RAYG assurance rating system** and Excel template.
- **Note** the annual report also serves as the Q4 Board Compliance Report.
- **Accept Moderate Assurance** regarding NHS Lothian's compliance with its legal duties under the 2019 Act, based on the Scottish Government's '**Reasonable Assurance**' rating.
- **Accept** that this report will be submitted to Scottish Ministers on 30 April 2025 and published by NHS Lothian.

3 List of appendices

The following appendices are included as a separate attachment with this report:

- Appendix 1: NHS Lothian Annual Compliance Report 2024/25 - Health and Care Staffing Scotland Act 2019

Name of organisation:

NHS Lothian

Report authorised by:

<i>Alison Macdonald</i>
<i>Executive Nurse Director</i>
<i>17/03/2025</i>

Location where report is published: [Board Papers – Lothian NHS Board](#)

Section 12IM of the National Health Service (Scotland) Act 1978 ("the 1978 Act") as inserted by section 4 of the Health and Care (Staffing) (Scotland) Act 2019 ("the 2019 Act") requires all Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS 24, the Scottish Ambulance Service Board, the State Hospitals Board for Scotland and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), to publish, and submit to Scottish Ministers, an annual report setting out how they have carried out their duties under sections 12IA (including how the relevant organisation has had regard to the guiding principles in section 2 of the Act), 12IC, 12D, 12E, 12F, 12IH, 12II, 12IJ and 12IL of the 1978 Act (all inserted by section 4 of the 2019 Act).

Section 2(1) of the 2019 Act requires Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS 24, the Scottish Ambulance Service Board, the State Hospitals Board for Scotland and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), when carrying out the section 12IA duty to ensure appropriate staffing, to have regard to the guiding principles for health and care staffing in section 1 of the Act. Section 2(3) of the 2019 Act requires relevant organisations to provide information to the Scottish Ministers on an annual basis on the steps they have taken to comply with this requirement. Section 2(4) of the 2019 Act requires this information to include how these steps have improved outcomes for service users.

Section 2(2) of the 2019 Act requires Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS 24, the Scottish Ambulance Service Board, the State Hospitals Board for Scotland and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), when planning or securing the provision of health care from a third party under the 1978 Act to consider both the guiding principles for health and care staffing in section 1 of the Act and the need for the third party to have appropriate staffing arrangements in place. Section 2(3) of the Act requires relevant organisations to provide information to the Scottish Ministers on an annual basis on the steps they have taken to comply with this requirement. Section 2(4) of the 2019 Act requires this information to include how these steps have improved outcomes for service users.

Reporting for section 12IB (duty to ensure appropriate staffing: agency workers) is within a separate quarterly report and not included in this template.

Guidance on completing the template can be found below. Completed reports must be returned to hcsa@gov.scot by 30 April 2025. If you require further assistance or have any queries, please contact hcsa@gov.scot.

Report approval

- This tab should be completed by the person signing off the report. An electronic signature is acceptable.
- The Act requires the annual reports to be published by relevant organisations. Please enter a hyperlink to the webpage where the report can be found.

Summary

This tab asks for an overall summary of how the relevant organisation has carried out all of the duties and requirements of the Act. This should include all NHS functions provided by all professional disciplines covered under the Act (see <https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/pages/roles-in-scope-of-the-act/> for more details of which staff groups are covered under the Act).

Following receipt of the reports from relevant organisations, the Scottish Ministers must collate these and lay a combined report before Parliament, along with an accompanying statement setting out how the information will be taken into account in policies for staffing of the health service. To enable this process, the information provided by relevant organisations must be comprehensive and pertinent to the staffing of the health service. Please complete these questions in detail, setting out the key achievements, outcomes, learning and risks and how this information has been used to inform workforce planning at the local level.

The tab then asks for an overall level of assurance of the relevant organisation's compliance with the Act, using the assurance categories as detailed below.

Individual duties / requirements

The next tabs look at specific elements within each of the individual duties / requirements of the Act, asking relevant organisations to provide an assessment of compliance against each statement, using the RAG classification below. Again, this should include all NHS functions, provided by all professional disciplines covered under the Act, with the exception of 12IJ and 12IL which only apply to certain types of health care, in certain locations using certain employees (more information is provided in these tabs). Next to the column for the RAG status is a column entitled 'Comment'. In this column, relevant organisations should provide detail to explain the RAG status, **detailing evidence of compliance where appropriate, or gaps and areas of ongoing focus**. For example, details of the organisational structures, **systems** and / or processes being used, such as **SafeCare or SOPs in place**. If the RAG status is not green then explanation should be provided **advising of any gaps or areas of ongoing work, and of** the NHS functions and / or professional groups that do not have systems and processes in place / are not using them.

Next, the relevant organisation is asked to provide details of areas of success, achievement and learning associated with the particular duty or requirement, along with indicating how this could be used in the future (for example, could learning in one area be applied to other areas). Again, in order to provide meaningful information that can inform health care staffing policy, relevant organisations are asked to complete this in some detail.





The relevant organisation is then asked to provide details of any areas of **risk** where they have been unable to achieve or maintain compliance with the particular duty or requirement, or where they have faced any challenges or risks in carrying out their duties or requirements. In this section, relevant organisations are also asked what actions have been or are being taken to address this - to show **the 'pathway to green'**. Again, in order to provide meaningful information that can inform health care staffing policy, relevant organisations are asked to complete this in some detail.

Finally, relevant organisations are asked to provide a declaration of the level of assurance they have regarding compliance with the specific section of the 1978 / 2019 Act, using the classification as below.

Two tabs, section 12IA and 'planning and securing services' ask additional questions **to enable appropriate feedback to evidence compliance with these duties or requirements**. Similar to above, these should be answer

RAG status

When asked to provide a RAG status, please use this key.

Green		Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow		Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber		Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red		No systems are in place for any NHS functions or professional groups

Declaration and level of assurance

When asked to provide declaration of the level of assurance, please use this key.

Level of assurance

Substantial assurance



System adequacy

A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

Controls

Controls are applied continuously or with only minor lapses.

Reasonable assurance



There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Controls are applied frequently but with evidence of non- compliance.

Limited assurance



Significant gaps, weaknesses or non- compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

Controls are applied but with some significant lapses.

No assurance



Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Significant breakdown in the application of controls.

Summary report

Please answer the questions below, to provide an overall assessment of how the organisation has carried out its duties under section 2 of the 2019 Act, and sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of the 1978 Act (inserted by section 4 of the 2019 Act).

1 Please advise how the information provided in this report has been used or will be used to inform workforce plans.

NHS Lothian's Workforce Plan (2022–2025) was developed with input from senior leaders across various sectors, including acute care, primary care, HSCPs, finance, strategic planning, professional leads, and partnership leads. The plan ensures that every job family participates in meaningful workforce planning and creates workforce enablers to support delivery, including patient and staff engagement. Services and professions have developed 12-month action plans, which are overseen by the Workforce Planning and Development Programme Board to ensure effective implementation.

The Health and Care Staffing Leads at NHS Lothian are working closely with the Workforce Planning Team to continue integrating compliance monitoring outputs into the workforce planning process. This collaboration supports Board and service-level workforce plans that are informed by compliance information contained within this report, including successes and challenges around compliance. There is a local agreement to include compliance information in a new Health and Care Staffing section in NHS Lothian's Board Workforce Plan and annual updates to the Scottish government.

Through the continued reporting of compliance monitoring outputs through profession-specific workforce and other governance groups, the compliance audits and the information contained in this report informs key stakeholders who contribute to strategic and service workforce plans. This provides staff views on compliance and ultimately informs targeted workforce planning actions. The insights gained are crucial for understanding the current state of compliance and identifying areas that require improvement.

This approach ensures a cohesive link between compliance monitoring outputs and workforce planning, informing both annual and three-year board workforce planning actions. By maintaining this connection, NHS Lothian can ensure that workforce planning is responsive to compliance issues and that strategic decisions are based on accurate and up-to-date information. This comprehensive approach supports the overall goal of delivering high-quality care and maintaining a well-supported and engaged workforce.

2 Please summarise any key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act.

The 2024/25 Compliance and Assurance Audits for NHS Lothian highlighted several key achievements and outcomes as a result of carrying out the duties and requirements in the Act. Encouraging staff views, effective real-time staffing assessments, and roster management were noted as significant successes. Other achievements included reviewing exit questionnaires and creating leadership capacity for clinical research. Workforce data was also utilised to support recruitment initiatives, including modern and graduate apprenticeships and career progression pathways.

NHS Lothian's Health and Care Staffing Programme Board sets direction and provides oversight on multi-professional work pan Lothian to ensure compliance with the duties within the Act. Membership reflects the range of professions covered by the legislation together with key stakeholders and each profession is working to create capacity to both lead and work on projects overseen by the Programme Board. The Programme Board also ensures work is aligned with local and national workstreams such as Excellence in Care and the Healthcare Staffing Programme at Healthcare Improvement Scotland.

A significant programme of improvement work in Maternity Services in Lothian is underway to enhance patient safety, quality of care, and the working environment for staff. This programme, initiated in August 2024, is being closely monitored by the Executive Team. Additionally, staffing levels across the organisation are being reviewed in line with the new Health and Care Staffing legislation. The review of Maternity Services, completed in mid-December, has led to the creation of numerous new posts to address the rising complexity of cases. Recruitment for these permanent positions is ongoing, with interim staffing support from the Staff Bank. The Healthcheck work following the Common Staffing Method has also resulted in significant staffing increases for both CAMHS and Maternity services.

Senior leaders from various sectors collaborated to establish NHS Lothian's Workforce Plan (2022–2025), ensuring inclusive workforce planning and the development of workforce enablers. The plan includes 12-month action plans and integrates compliance monitoring outputs into workforce planning processes. The NHS Lothian Staff Engagement and Experience Framework aims to improve staff wellbeing and learn from patient experiences via Care Opinion.

The "SafeCare" system has been effectively used in Nursing for almost 10 years, allowing for real-time staffing assessments and risk mitigation. Additionally, Pharmacy piloted the use of SafeCare with significant support from NHS Lothian stakeholders and SafeCare will be implemented across all Pharmacy services. The Clinical Research Nursing Leadership Team developed a 'Safe to Start' matrix and a Clinical Research Prioritisation Matrix to support decision-making in research activities. Psychology is trialling a profession-specific real-time staffing tool.

Successful systems for escalating and mitigating staffing risks over 24 hours involve clear communication and documentation. Senior clinical staff oversee staffing and can redeploy staff to ensure safety. Some services have specified staffing leads who coordinate staffing across sites. Other services have clear lines of escalation and well-documented plans help staff manage risks effectively. Tools like Datix are used for reporting and addressing risks, and a "Health Check" template consolidates staffing data to support data-driven decision-making and continuous improvement.

3 Please summarise any key learning and risks identified as a consequence of carrying out the duties and requirements in the Act.

Key learnings and risks identified in NHS Lothian's 2024/25 Compliance and Assurance Audits include challenges with access to the SafeCare system, particularly for Allied Health Professionals (AHPs). Small speciality teams and services face difficulties when staffing is assessed as at risk, as there are limited options for supplementary staffing or redeployment across services. The Psychology service has challenges with flexibility in staff movement, impacting their ability to respond to short-term absences. Ensuring a system to escalate and mitigate staffing risks over 24 hours is challenging due to workforce capacity constraints and the complexity of standardising risk escalation processes, especially in non-bedded areas.

There is a high degree of confidence among staff in knowing who to escalate staffing risks to, but training and development are needed for those who can mitigate these risks. Unplanned absences and general staffing issues can mean that staff capable of escalating or mitigating risks are not always available. Robust processes and clear communication are essential for effective risk management, but challenges remain in specialist services and where no formal processes are in place. The lack of training and clarity around roles and responsibilities also hinders compliance with the duty to address severe and recurrent risks.

Barriers to addressing severe and recurrent risks include fixed budgets, difficulty filling vacant posts, changing service demands, and restrictions on bank and agency staff. Obtaining specific clinical advice on staffing can be challenging, especially during out-of-hours periods. Training on who should give clinical advice and ensuring oversight of this process is necessary. Time constraints, availability of suitable training courses, and funding are additional barriers to ensuring appropriate staffing through training. Further work is needed to support teams in managing clinical areas whilst maintaining high standards of care, including establishing continuous review processes. Some nursing and midwifery specialities lack nationally validated staffing level tools, complicating the training and application of the Common Staffing Method. Existing tools can be time-consuming and challenging to use, highlighting the need for further improvements in processes and recording arrangements to comply with the legislation.

4 Please indicate the overall level of assurance of the organisation's compliance with the Act, reflecting the report submitted.

Reasonable Assurance

1 Guiding principles for health and care staffing
2 Guiding principles etc. in health and care staffing and planning
12IA Duty to ensure appropriate staffing

Section	Item	Status	Comment
12IA(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary (see guidance for details of professional disciplines included within the Act) are working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care; and in so far as it affects either of those matters, the wellbeing of staff.	Amber	All staff groups are represented at The Health & Care Staffing Programme Board which leads multi-professional efforts to establish a consistent, systematic approach applicable across all services. This will ensure compliance with the overarching duty, providing assurance that staffing levels are appropriate and that patients are not exposed to unnecessary risk due to workforce challenges. The Programme Board reports to the Staff Governance Committee, ensuring alignment with staff governance frameworks and well-being priorities in accordance with legislative requirements.
12IA(2)(a)	These systems and processes include having regard to the nature of the particular kind of health care provision	Green	NHS Lothian is assured, that the nature of the particular kind of healthcare is a priority in staffing decisions and workforce planning. Leaders, managers, and decision-makers are expected to incorporate healthcare provision as a key consideration when determining staffing levels. For nursing and midwifery in in-patient settings, NHS Lothian has implemented a successful annual scheduling of Staffing Level Tools, ensuring systematic workforce assessments. Individual Boxi reports are distributed to area managers, accompanied by guidance on interpreting results and applying the Common Staffing Method utilising a reporting template. Staff then use professional judgement to assess if staffing is sufficient or needs adjustment due to changes in healthcare provision. For other professions, a robust workforce planning process is followed. When mapping the service change, health care provision is always one goal/ benefit of change. The workforce planning process also includes the continued reporting of compliance monitoring outputs through profession-specific workforce groups; the board compliance audits provide staff views on appropriate staffing and healthcare provision for understanding the required workforce as part of the workforce planning cycle. Professional leads, clinical teams, and managers continuously review and adjust staffing based on healthcare provision changes. Systems and processes support future workforce planning and address immediate or medium-term changes impacting staffing needs, ensuring appropriate staffing.
12IA(2)(b)	These systems and processes include having regard to the local context in which it is being provided	Yellow	Board Compliance and Assurance Audits conducted in 2024/25 confirmed that staffing decisions and workforce planning take into account local context, including geography and service structures that influence staffing needs. However, further assessment is planned for 2025/26 to ensure that systems and processes for this are consistently implemented across all NHS functions and professional groups within NHS Lothian.
12IA(2)(c)	These systems and processes include having regard to the number of patients being provided it	Amber	Patient demand analysis informs staffing decisions and workforce planning across services. However, real-time staffing processes and systems vary across professional groups. Many professions lack validated workload tools that enable the robust consideration of patient numbers. To ensure consistency and compliance with this Duty, a further assessment is planned for 2025/26 to confirm that these systems are effectively implemented and utilised across all NHS functions and professional groups within NHS Lothian.
12IA(2)(d)	These systems and processes include having regard to the needs of patients being provided it	Amber	Evidence from the Board Compliance and Assurance Audits showed that the analysis of the needs of patients requiring service provision is considered in staffing decisions and workforce planning. However, this subsection of the Duty depends on real-time staffing processes and systems, which vary across professions. Furthermore, many professions lack validated workload tools that enable the robust consideration of patient acuity/ needs .Therefore, further assessment and assurance that these systems and processes are in place and used by all NHS functions and professional groups in NHS Lothian is planned for 2025/26. This aims to achieve consistency across the Board and improve compliance with this Duty.
12IA(2)(e)	These systems and processes include having regard to appropriate clinical advice	Yellow	NHS Lothian is assured, that in all staffing decisions that appropriate clinical advice is sought. NHS Lothian's professional leads provide guidance on seeking clinical advice and its interaction with other legislative duties, though detailed information on clinical advice is often not recorded. The Q1 board compliance audit highlighted the need for more guidance on this process, and the Q3 report recommends education, communications, and board-wide SOPs to support compliance. During 2024/25, NHS Lothians Corporate Management Team supported that each profession should identify and resource a Professional Lead to ensure compliance with the Act and support teams in compliance with the legislation.
2(1)	These systems and processes include having regard to the guiding principles when carrying out the duty imposed by section 12IA	Amber	Further assessment and assurance that systems and processes having regard to the guiding principles are in place and used by all NHS functions and professional groups in NHS Lothian is planned for 2025/26. This aims to achieve consistency across the Board and improve compliance with this Duty.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	Compliance with this duty will be monitored through the Health & Care Staffing Programme Board with escalation via professional Workforce Governance Groups/Senior Management Teams as required. During 2024/25, NHS Lothian conducted two compliance and assurance audits to assess adherence to this Health Duty and other regulations. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements (detailed below). The governance route for compliance reports based on these audits includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Please provide information on the steps taken to comply with section 12IA.

These are steps taken to comply with 12IA in general. Examples could include information about workforce planning, national and international recruitment, retention, retire and return, service redesign, innovation, staff wellbeing, policies around supplementary staffing.

NHS Lothian has adopted a comprehensive approach to comply with the 12IA, focusing on workforce planning, recruitment, retention, service redesign, innovation, staff wellbeing, and policies around supplementary staffing.

The Workforce Plan (2022–2025) is central to NHS Lothian’s compliance with this Duty. This plan ensures that each profession is included in meaningful workforce planning. It involves developing workforce enablers to support the plan’s implementation, such as staff engagement and patient experience. Services and professions have created 12-month action plans to support year-round delivery. The Health and Care Staffing Leads engage with the Workforce Planning Team to integrate compliance monitoring outputs into the workforce planning process. This helps identify successes and challenges around compliance, informing Board and service-level workforce plans.

To support the recruitment pipeline, NHS Lothian has implemented modern and graduate apprenticeships and career progression pathways. These initiatives aim to attract new talent and ensure a steady flow of qualified professionals. National and international recruitment efforts are also part of this strategy, ensuring that the organisation can meet its staffing needs.

Retention strategies are crucial for maintaining a stable workforce. NHS Lothian reviews exit questionnaire information to understand why staff leave and to address any underlying issues. The retire and return scheme is another key initiative, encouraging experienced professionals to return to work, thereby retaining valuable expertise within the organisation.

Creating additional leadership and management capacity for clinical research is an example of service redesign. This initiative aims to enhance the quality of care and support innovation within the organisation. By fostering a culture of continuous improvement, NHS Lothian ensures that best practices are shared and effectively implemented.

The NHS Lothian Staff Engagement and Experience Framework focuses on improving staff wellbeing. This framework includes listening to and learning from patient experiences via Care Opinion, which can influence simple changes in practice and procedures. By prioritising staff wellbeing, NHS Lothian aims to create a supportive and positive work environment.

The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices. They will analyse audit results by profession and area, report key findings, and address profession-specific gaps. This collaborative approach ensures that all staff members are well-equipped to meet their obligations under this Duty. By nurturing a culture of continuous improvement and support, NHS Lothian aims to create an environment where best practices are not only shared but also effectively implemented.

Please provide information on how these systems and processes, and their application, have improved outcomes for service users

This should include - but not be limited to - data in relation to patient safety and quality of care measures and outcomes, patient feedback and adverse event reporting; what this data has shown and any trends; and any actions taken as a result.

NHS Lothian provides regular Board-level reports on various quality performance indicators and outcome measures. Additionally, the Annual Review serves as the formal process for the Scottish Government to assess each Health Board’s performance over a 12-month period. Patient experience measures are detailed in the NHS Lothian Patient Experience Strategic Plan Report. All three report types are accessible online.

Recognising the need to include patient outcome data and assess the impact of staffing in Health & Care Staffing reporting, the Health & Care Staffing Programme Board has tasked the Patient Outcomes Programme Board with reviewing its aim and function. This review aims to agree on a suite of patient outcome measures that align with legislation and incorporate staffing and the Guiding Principles. The findings will be shared with all professional groups via the Health & Care Staffing Programme Board.

For Nursing and Midwifery, the LACAS framework ensures consistent delivery of quality person-centred care across NHS Lothian services. This framework promotes quality assurance activities to inform and drive improvement in line with the Board's objectives, quality strategy, and quality management approach. It builds on the national Excellence in Care (EIC) work by identifying quality standards that incorporate EIC measures and align with the EIC Framework, focusing on person-centredness, compassion, fundamentals of care, and communication. Local teams are supported to use quality data and resources to identify and plan improvements, promoting a culture of continuous improvement using a quality management system approach.

The AHP dashboard reports on the AHP Governance and Assurance Framework, including operational and professional RAG levels of evidence in categories like safe, effective, person-centred, and regulatory. Pharmacy has an assurance framework but seeks clarity on outcome measures and is willing to collaborate with national stakeholders.

The Quality Improvement Support Team aims to enhance care quality, safety, and effectiveness, and improve patient and staff experiences through service change and data management. This team provides local and strategic support to achieve sustainable improvements. Adverse events are reported and reviewed to improve care, with staff receiving training on adverse event management and the duty of candour.

NHS Lothian values patient, carer, and service user feedback, using methods like Care Opinion to influence practice changes. Over the last 12 months 80% of respondents to the Care Opinion site survey would recommend NHS Lothian. Annual complaints and feedback reports are submitted to the Scottish Government and published online.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, application of eRostering has allowed senior personnel to be able to see staffing in real-time across all areas, allowing staff to be reallocated as required to reduce level of risk.	This should describe how the success, achievement or learning could be used in the future. For example, continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.
Multiple professions and services	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits listed encouraging staff views, effective local real-time staffing assessments and effective roster management as related to successes with this Duty. Other examples shared by the other professions include reviewing exit questionnaire information, the retire and return scheme, creating additional leadership and management capacity for clinical research and utilising workforce predictor data (age/retirement/undergraduate trainee numbers and vacancies). Other ongoing initiatives to support the recruitment pipeline reported included modern and graduate apprenticeships and career progression pathways.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices. For example, they will share best practices from services that successfully encouraged staff views, had effective local real-time staffing assessments, and managed rosters efficiently. They will also highlight areas that utilised exit questionnaire information, benefited from retire and return schemes, or created additional leadership and management capacity for clinical research. Additionally, they will share successes in supporting graduate apprenticeships and implementing career progression pathways. By nurturing a culture of continuous improvement and support, the Health and Care Staffing Professional Leads aim to create an environment where best practices are not only shared but also effectively implemented, ensuring all staff members are well-equipped to meet their obligations under the Act.
Multiple professions and services	Senior leader representatives from Acute Care, Primary Care, HSCPs, Finance, Strategic Planning, Professional Leads, and Partnership Leads collaborated to establish NHS Lothian's Workforce Plan (2022–2025). The plan stipulates that significant measures must be taken to ensure that each job family is included in workforce planning that is meaningful and that workforce enablers are developed for each to support and underpin the plan's implementation, including staff engagement and patient experience. Services and professions have created 12-month action plans to support the year-round delivery and the Health and Care Staffing Leads are engaging with the Workforce Planning Team to ensure that that outputs of compliance monitoring efforts are integrated into the workforce planning process - to identify any successes and challenges around compliance and use this to inform Board and service level workforce plans. Other examples include The NHS Lothian Staff Engagement and Experience Framework aimed at improving and encouraging staff wellbeing and listening and learning from the experience of patients via Care Opinion which can then be used to influence simple changes in practice and /or procedures.	The Health and Care Staffing Professional Leads will further analyse the results by profession and area from the board-wide compliance and assurance audits. They will report locally through governance groups on key findings, identifying any profession-specific gaps and actions required to address them. This will include the continued reporting of compliance monitoring outputs through profession-specific workforce groups. This work will inform senior leaders, who contribute to NHS Lothian's Board and service Workforce Plans, thereby informing both annual and three-year board workforce planning actions. This approach ensures a cohesive link between compliance monitoring efforts and strategic workforce planning.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance, or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / challenge / risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with recruiting a particular staff speciality or recruitment in a remote / rural location.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in recruiting in a particular speciality or remote / rural location, the relevant organisation may have investigated retire and return schemes or upskilling and career development for existing staff. It may also have looked at how the service could be redesigned.
Multiple professions and services	All audit Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits mentioned recruitment challenges, financial pressures and increasing demand as challenges in ensuring appropriate staffing at all times. Many professions also noted that few services have funding models to support 52 weeks/year service - yet patient demand is whole year and that this routinely compromises appropriate staffing levels. Audit respondents highlighted ensuring suitable supplies of competent individuals in small specialist teams, while managing vacancies and leave as particularly challenging, exacerbated by an aging workforce and financial constraints. Healthcare Scientists, Psychology and AHP all reported that articulating the required workforce is hampered by a lack of workforce benchmarking across NHS Scotland or tools to understanding workforce demand.	Staffing professionals and clinical leads from across NHS Lothian will continue to address workforce challenges at a local and national level. This work includes understanding current workforce capacity, forecasting future workforce needs, and identifying gaps. It also involves developing strategies to address workforce gaps, implementing local and service workforce plans, and continuously monitoring and evaluating their effectiveness to ensure appropriate staffing. The Health and Care Staffing Professional Leads will continue to collaborate, share successes and develop guidance to support this work.
Multiple professions and services	With regards to the Guiding Principles in Healthcare Staffing and Planning, it is recognised by NHS Lothian's Health & Care Staffing Programme Board that more work is required to understand compliance around the requirements for when planning or securing the provision of health care from another person, it has regard to the guiding principles and there is a need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place. A challenge is understanding how to capture the contracting processes across NHS Lothian and whether these processes are robust enough to meet the legislative requirements. Further guidance is being produced by Scottish Government to support understanding this requirement.	The board-wide communication and education planning group will continue to support services and work towards consistency across the Board, improving overall compliance. This group will review current processes related to securing healthcare from other providers to ensure they adhere to the guiding principles and confirm that appropriate staffing arrangements are in place. This information will inform board-wide policy and guidance, provide targeted support, and be supplemented by future guidance from the Scottish Government to enhance understanding and compliance with these requirements. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Limited assurance

12IC Duty to have real-time staffing assessment in place		Section	Item	Status	Comment
12IC(1)	Clearly defined systems and processes are in place, and utilised, for the real-time assessment of compliance with the duty to ensure appropriate staffing in all NHS functions and professional groups.	Yellow			<p>The system or process in place and utilised for the real-time assessment of compliance with the duty to ensure appropriate staffing varies between services and professions depending on whether SafeCare is used or another type of real-time staffing assessment. All staff can identify risks from staffing levels, and the team leader will assess and address these risks locally based on demand, activity, and professional judgement.</p> <p>All staff can report staffing level risks or concerns to their team leader or line manager. All staff can raise a staffing level risk by completing an NHS Lothian adverse event reporting form and providing a text description of the risk or concern. This information is then entered into the Datix system prior to escalation to senior leadership for mitigation where possible.</p> <p>The real-time staffing assessment system 'SafeCare' has been in use within Nursing for almost 10 years with high levels of compliance in the completion of census data, and the system is also used effectively to mitigate risk. Respondents to the Q1 Compliance and Assurance audit 2024/25 within Nursing noted real-time staffing successes including a well-planned use of SafeCare, effective communication to staff, good support for staff regarding SafeCare, as well as continued compliance with SafeCare census entry, allowing for data-based decision making.</p> <p>Across NHS Lothian, daily staffing huddles and, in community nursing, local huddles reporting into Health & Social Care Partnership Resilience Meetings if required, provide an opportunity to mitigate and escalate any staffing level risks identified through a real-time staffing assessment. Non-nursing areas are testing the use of SafeCare, some using SafeCare differently without the patient acuity function. There are SOPs for non-nursing use of SafeCare available on the intranet that will enable real-time staffing assessments for professions where patient acuity is not an effective measure of service demand. In addition to nursing SOPs for SafeCare, the use of SafeCare is monitored across nursing for compliance with a report distributed to managers weekly. Real-time staffing compliance with SafeCare is a prerequisite before agency usage can be considered, thus increasing compliance in this area. Ongoing work includes more professions utilising SafeCare. This requires the onboarding of largely non-nursing professions onto the HealthRoster/ Allocate system where the SafeCare application is hosted.</p>
					<p>The rollout of SafeCare within Nursing & Midwifery adult inpatient areas began in May 2015 and has been mandated for use as a means for identifying risk caused by staffing levels in all adult inpatient areas since February 2022. SafeCare Red Flags are utilised within SafeCare for review, mitigation or escalation of risks at Safety Huddles inclusive of any risk raised by the team without direct access to SafeCare. The system or process for identifying any risk also varies between services and professions depending where SafeCare is used or another and type real-time staffing assessment. However, staff can identify risks from staffing levels, and the team leader will assess and address these risks locally based on demand, activity and professional judgement.</p> <p>The Pharmacy profession has completed a SafeCare (real-time staffing assessment) pilot, and SafeCare can enable the Pharmacy service to identify recurrent risks using novel methods, through the aggregation and reporting of staffing level risks that are not currently captured within Pharmacy.</p> <p>Further work is required to enable more professions to utilise SafeCare. The rollout of the reduced working week has further complicated this, as the internal HealthRoster Team has delayed centrally due to risk escalation process in place. Work has begun within the health and care staffing programme board to understand the escalation landscape; however, there are challenges with non-nursing professions that have less clear escalation routes. For many areas the first notification of risk will involve Datix systems.</p>
12IC(2)(a)	These systems and processes include the means for any member of staff to identify any risk caused by staffing levels to the health, well-being and safety of patients; the provision of safe and high-quality health care; or, in so far as it affects either of those matters, the wellbeing of staff.	Yellow			<p>All staff can report staffing level risks or concerns to their team leader or line manager. All staff can also raise a staffing level risk through completing an NHS Lothian adverse event reporting form and providing a text description of the risk or concern. This information is then entered into the Datix system prior to escalation to senior leadership. In nursing and midwifery, all Datix reports that include nursing and midwifery staffing levels as a factor are annotated with staffing data and escalated to the Executive Nurse Director with quarterly summary reports produced at Nursing and Midwifery Workforce Governance Groups. AHP respondents Datix entries form a daily report that is sent to Senior Management, identifying and recording plans to deal with staffing.</p> <p>SafeCare also has the facility to raise red flags to provide the initial notification of a staffing level risks. Work is ongoing to ensure that flags can be raised to individuals beyond the ward level. However not all professions have access to SafeCare. The Pharmacy profession is involved in a SafeCare (real-time staffing assessment) pilot, and SafeCare can enable the Pharmacy service to notify and report risks using the Red Flags function. An NHS Lothian Psychology specific real-time staffing tool is available for use and integrates with clear line management structures that allow queries on staffing to be raised.</p> <p>Further work is required to enable more professions to utilise SafeCare. This work will require the onboarding of largely non-nursing professions on HealthRoster. A non-nursing and nursing SOP on SafeCare has been produced and is available on the staff intranet. Which supports staff to notify where a staffing level risk has been identified on SafeCare. A clear Pharmacy structure is also available to all staff on the staff intranet, which supports the application of this section of the Duty, including a who's who document introducing key leaders across the service.</p>
					<p>Board wide guidance is required to articulate the next steps once a risk has been flagged, and this is reflected in the Board recommendation to produce board wide guidance to ensure clarity around having a risk escalation process in place. Work has begun within the health and care staffing programme board to understand the escalation landscape; however, there are challenges with non-nursing professions that have less clear escalation routes. For many areas the first notification of risk will involve Datix systems.</p>
12IC(2)(b)	These systems and processes include the means for the initial notification / reporting of that risk to the relevant individual with lead professional responsibility.	Yellow			<p>As with identifying risk, the means for mitigating risk will vary between services and professions depending on whether SafeCare is used or another type of real-time staffing assessment. However, all staff can mitigate staffing level risks, and the team leaders will mitigate these risks locally based on demand, activity, and professional judgement.</p> <p>Once NHS Lothian has been updated to the latest version of HealthRoster, staffing levels in SafeCare can be escalated and mitigated by staff beyond the team roster in which the risk was raised. Currently, this is not possible within the current version. As mentioned previously, there are resource constraints that inhibit the immediate rollout of SafeCare across all professions, and this also restricts the means by which those professionals not on SafeCare can mitigate staffing level risks.</p> <p>Some services that do not use SafeCare plan to implement senior management team logs for legislative obligations around risk mitigation and time to lead. Risk registers are currently used within these areas, and standardisation to mitigate short term situations where team leaders are unable to take time to lead. SafeCare Huddles, Safety Pauses, Excel spreadsheets, and Teams channel check-ins are all used as a means to mitigate risk. Further work around creating board-wide guidance and education and communication efforts recommended by the board will support areas to ensure consistency across professions and that these processes and systems are robust enough to meet legislative requirements</p>
					<p>Raising awareness among all staff of the methods for identifying risk will involve centrally available resources. NHS Lothian's Health & Care Staffing Communication and Education Group which consists of professional leads from across NHS Lothian has created a centrally available resource on the staff intranet, which includes links to all national Health & Care Staffing resources, as well as local information per professional group. A quarterly review process has been set up to ensure improve these resources and remain remains relevant</p> <p>All staff receives an induction into their role which will include these systems and processes and all staff are aware of the process through local site / service / team meetings. All staff have a responsibility to raise concerns regarding staffing levels.</p> <p>NHS Lothian's Health and Care Staffing Professional Leads also attend shared learning events run by Healthcare Improvement Scotland (HIS). Such events decrease uncertainty by providing information and guidance on the legislation, which is dispersed across NHS Lothian, raising awareness among all levels of staff. This Dissemination has taken place within various professional groups and through Health and Care Staffing learning events provided by the Health and Care Staffing Team. Some professions utilise monthly articles in newsletters to raise awareness in addition to local channels such as groups or meetings.</p> <p>Users of the NHS Lothian Health and Care Staffing Compliance and Assurance Audit explained that the survey served as an educational tool. Respondents gained knowledge of the Act through broken down into separate Duties with descriptions of legislative obligations. The reflections that are required to complete the Audit for a service, helped areas to consider.</p> <p>More work is required to raise awareness amongst staff on the methods for identifying risk. 56% of respondents to NHS Lothian's 2024/25 Quarter 1 Compliance and Assurance Audit answered no or partially when asked if staffing assessment and risk escalation arrangements documented and readily available to all clinical staff. This is reflected in the approved board recommendation to produce board wide policy and guidance, laying out definitions and requirements to comply with the Act, which will ensure all staff understand their roles and responsibilities with regards to the Act. The audit breaks down by area and profession support targeted actions.</p>
12IC(2)(c)	These systems and processes include means for raising awareness among all staff of the methods for identifying risk, reporting to the individual with lead professional responsibility, mitigation, and seeking and having regard to clinical advice.	Yellow			<p>Encouraging and enabling all staff to use the systems and processes available has taken place within various professional groups and through Health and Care Staffing events provided by the Health and Care Staffing Team or nursing training days for example.</p> <p>Such events include the Corporate Induction for new starts within NHS Lothian. The Health and Care Staffing Team now has a recurring agenda item to present within the induction week schedule. This proactive approach to communication and education on various aspects of the Act provides an opportunity to encourage and enable among all levels of staff at a formative juncture.</p> <p>The Health and Care Staffing Team has raised awareness of legislation through profession-specific training days and promoted the TURAS Skilled level learning resource. Healthcare Improvement Scotland TURAS learning resource uptake reports are analysed and shared with professional leads to encourage resource use within professions.</p> <p>TURAS resource completion has declined post enactment (to-date). The Health and Care Staffing Leads Group for NHS Lothian will create new objectives to increase compliance with national resources and meet the recommendations of the Board. This group is to be re-formed with a new Chair to proceed recommendations through 2025/26. One challenge for professional leads in this area is that data provided by HIS on resource completions cannot be broken down by board then profession to produce targeted actions for improvements.</p> <p>Respondents within Nursing to the Q1 2024/25 compliance and assurance noted encouraging and enabling staff to use real-time staffing systems including a well-planned use of SafeCare, effective communication to staff, good support for staff regarding SafeCare as well as continued compliance with SafeCare census entry, allowing for data-based decision making.</p>
					<p>The Health & Care Staffing Team continues to provide regular professional-specific training one-to-one and at team or service level. Two SOPs have been created and made available centrally on the intranet to provide guidance for both Nursing and non-nursing professionals on the use of SafeCare, the real-time staffing resource. There is an array of general and profession-specific health and care staffing training materials and information on the staff intranet that staff groups are regularly directed to in training sessions. Frameworks are in place with appropriate supervisors, mentors, and peer support. Also, group education sessions, peer reviews, induction plans, and training days are available to enable training.</p> <p>Efforts to encourage and enable all staff to use available systems and processes have been integrated into various professional groups and Health and Care Staffing events, with the Health and Care Staffing Team now regularly presenting at the Corporate Induction for new NHS Lothian staff.</p> <p>The 2024/25 Compliance and Assurance Audit helped identify training needs that enable the identification of focused profession-specific training needs. The Health and Care Staffing Compliance and Assurance Audit also served as a training tool, helping respondents understand the Act by breaking down its duties. Reflections required for the Audit encouraged areas to consider legislative implications and compliance actions. The audit has an option to print results upon conclusion for use by service leads to ensure that those with lead professional responsibility understand their duties and how to implement any arrangements.</p> <p>Further work is required to ensure full compliance with this section of the Act, and a new governance and reporting structure has been set up to include a communications and education operational subgroup, which will be chaired by professional leads and include staff. This will continue the work of the communications and education workgroup previously set up.</p> <p>Including how to remove barriers to complying with various legislative requirements within the Act, such as supporting the attendance of non-core service requirements. With limited time for training, other than what is essential to perform a role, absences of staff can have a negative impact on the time set aside for training. Availability of suitable training courses and money to attend training courses was also noted as a barrier to ensuring appropriate staffing through the training of staff.</p>
12IC(2)(d)	These systems and processes include means for ensuring that individuals with lead professional responsibility receive adequate time and resources to implement those systems and processes.	Yellow			<p>Within the 2024/25 compliance and assurance audits, all professions reported not having access to SafeCare yet as a challenge in meeting this duty, some because the system is not yet available to them, or due to the testing, or because the calculators are not accurately reflecting their area. Healthcare Scientists, Nursing, and AHP all mentioned small specialty teams/services and services being impacted when staffing is assessed as at risk as there are no options to mitigate by utilising supplementary staffing or redeploying from other areas.</p> <p>Within the Psychology service, there is limited or no flexibility to move staff quickly as a response to short-term or unexpected absence. This creates a challenge for the Psychology profession, as redeploying staff is integral to pre-avoiding real-time staffing assessment tools such as SafeCare. And redeploying staff is the main way to mitigate staffing level risks. Therefore, a profession-specific real-time staffing tool was designed for use within Psychology. An audit process across the psychology service is being refined to ensure that escalations and safe staffing patterns are being identified and worked through onto risk registers by the Senior Management Team.</p> <p>The Board recommendation of raising awareness among all levels of staff is an additional task for administration and lead staffing groups within Psychology. For example, training on staff capacity and a real-time staffing tool has added additional recording practices into any absence. The Psychology Service is undergoing an administration review as well as a review of staffing in light of reduced Scottish Government funding for Psychology posts, and this additional administrative task is being factored into decision-making.</p> <p>The adoption of SafeCare can reduce the time and resources required to comply with the duty to have a real-time staffing assessment; those areas where SafeCare is mandated often find that completing SafeCare twice a day can be a small demand on time and resources once confident in using the system and inputting patient data. In this way, NHS Lothian has been successful in supporting services by providing one-to-one training and site visit drop-in sessions where staff can attend at their convenience throughout the day.</p>

There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	<div>During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAYG) system.</div> <div>YellowThe governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.</div>
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Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to	This should describe the situation: what is the success, achievement or learning? For example, areas that have implemented and are using SafeCare are finding it easy to be able to record risks that are identified and the mitigation measures implemented and clinical advice received. Reports extracted from the system are demonstrating an auditable trail of decision-making.	This should describe how the success, achievement or learning could be used in the future. For example, this success is being used to demonstrate to other areas the benefits of using SafeCare and supporting its implementation.
Adult in-patient Nursing	The real-time staffing assessment system "SafeCare" has been in use within Nursing almost 10 years with high levels of compliance in completion of census data, and the system is also used effectively to mitigate risk. Nursing Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits to NHS Lothian's 2024/25 Compliance and Assurance Audits noted real-time staffing successes including a well-planned use of SafeCare, effective communication to staff, good support for staff regarding SafeCare as well as continued compliance with SafeCare census entry, allowing for data-based decision making.	The successes within Adult in-patient Nursing and SafeCare will be used to inform Board wide policy and guidance, that lays out definitions and requirements to comply with the Act which will ensure all staff understand their roles and responsibilities with regards to the Act. The Statutory Guidance will also help inform this.
Clinical Research Nursing	The Clinical Research Nursing Leadership Team developed a 'Safe to Start' matrix in 2023, based on the Acute Safe to Start model. This informs the Team Huddles assessment of the staffing situation in real time in each of the individual clinical research teams. In addition, there is an agreed Clinical Research Prioritisation Matrix, which supports decision making regarding research activity if staffing is not at an optimal level. These assessments are not formally recorded in any system; however, each team would be aware of the actions to take if staffing were not optimal.	The Health and Care Staffing Professional Leads will continue to work together. This will include sharing successes and good practices of the real-time staffing system developed and implemented within Clinical Research Nursing, which is of particular relevance to other areas that may not directly assess workforce demand based on patient acuity. The aim is to work towards consistency across the Board and overall improve compliance with this duty.
Psychology	After collaboration with colleagues across Scotland and with Public Health Scotland, Psychology are trialling a profession specific real-time staffing tool which will enable teams to meet with requirements of the Act and facilitate operational management.	The board-wide communication and education planning group will continue to work to raise awareness among all levels of staff, utilising national educational resources. This work can support services with utilising the Psychology-specific real-time staffing tool, ensuring that legislative requirements are met throughout.
Pharmacy	Pharmacy ran a pilot of SafeCare for 8 weeks across 7 different rosters. This included a clinical pharmacy team, a dispensary, a distribution team, a medicines management team and a primary care team (which included Hub). This success is equally applicable to duties 12IE and 12ID. Following a presentation of results to the pharmacy senior leadership team it was agreed in principle that pharmacy will adopt SafeCare across the whole service.	Currently undergoing a process of information sharing with key stakeholders across NHS Lothian. The development of a robust plan is required for full implementation and to determine what resources are needed. There is also a need to determine what resources are available within the pharmacy and medicines service and NHS Lothian's eRoster team. The 7 rosters of the pilot have decided to continue using SafeCare and the pharmacy leadership team have endorsed this.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance, or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with encouraging and enabling certain professional groups to use the systems and processes.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in engaging certain professional groups, what measures have been put in place with regard to increasing this such as using professional networks, staff representatives etc.
Non-Nursing Professions	All professional groups reported challenges in meeting this Duty due to the lack of access to SafeCare, with some unable to use the system as it is not yet available to them. Additionally, the impact of the Reduced Working Week on the Healthrostering Team has caused delays in onboarding professions onto the system. Additional resources are needed to support both the implementation and the sustained successful use of the system. Healthcare Scientists, Nursing and AHP all mentioned small speciality teams/services and services being impacted when staffing is assessed as at risk as there are no options to mitigate by utilising supplementary staffing or redeploying from other areas.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices. This includes successful tool runs and valuable insights gained from positive staff engagement and the availability of comprehensive training and support. These insights will be used to support those areas that do not have access to SafeCare yet with the onboarding, help with the impact on small speciality teams/services, and with testing issues with SafeCare calculators. For example, the successful engagement with the staffing level tools across NHS Lothian and the success with training availability will be especially useful learning for replication when rolling out SafeCare across non-nursing services in the future. By nurturing a culture of continuous improvement and support, the Health & Care Staffing Professional Leads aim to create an environment where best practices are not only shared but also effectively implemented, ensuring all staff members are well-equipped to meet their obligations under the Act.
Psychology	Within the Psychology service there is limited or no flexibility to move staff quickly as a response to short-term or unexpected absence. This creates a challenge for the Psychology profession, as redeploying is integral to pre-available real-time staffing assessment tools such as SafeCare.	The board-wide communication and education planning group will continue to work to raise awareness among all levels of staff, utilising national educational resources. This work will support services utilising NHS Lothian's Psychology-specific real-time staffing tool that will consider the limited or no flexibility to move staff quickly in response to short-term or unexpected absences within the psychology service. The flexibility to redesign and innovate is purposefully built into the Act, supporting profession-specific approaches to complying with the legislation, ensuring that legislative requirements are met throughout.
Psychology	Within the Psychology service, an audit process is being refined to ensure that escalations and safe staffing patterns are being identified and worked through onto risk registers by the Senior Management Team. Board recommendation of raising awareness among all levels of staff is an additional task for administration and lead staffing groups within Psychology. For example, training on staff has used staff capacity and a real-time staffing tool has added additional recording practices into any absence. The Psychology Service is undergoing an administration review as well as a review of staffing in light of reduced Scottish Government funding for Psychology posts and this additional administrative task is being factored into decision-making.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices. This includes successful tool runs and valuable insights gained from positive staff engagement and the availability of comprehensive training and support. These insights will be shared to help support services with administrative staff capacity challenges and aid in training. Services can also learn from the SafeCare implementation in NHS Lothian, including a well-planned use of SafeCare, effective communication to staff, good support for staff regarding SafeCare, and continued compliance with SafeCare census entry, allowing for data-based decision making.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provide

Reasonable Assurance

12ID Duty to have risk escalation process in place			
Section	Item	Status	Comment
12ID(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the escalation of any risk identified through the real-time staffing assessment processes which has not been possible to mitigate.	Yellow	<p>Services with effective staffing risk escalation systems report having simple, streamlined processes without unnecessary complexity. These systems focused on clear communication between senior and experienced staff, ensuring that staffing risks were promptly escalated to a senior decision-maker.</p> <p>Successful escalation processes were closely linked to service retraction plans, with clearly defined minimum staffing levels and explicit thresholds for initiating retraction. Well-communicated and documented escalation points, where concerns could be raised, discussed, and action plans agreed upon, proved particularly effective.</p> <p>A key strength of the most resilient systems was their ability to operate seamlessly across 24 hours, allowing all staff to take appropriate action when needed. These systems also incorporated wider site-wide escalation mechanisms, with thorough documentation tracking actions and activities. This tracking helped maintain continuity over 24 hours, particularly for tasks such as redeploying staff or raising red flags. The SafeCare system was notably effective in supporting these efforts.</p> <p>Optimal escalation processes were those integrated into existing workflows, in line with legislative recommendations. For example, they were reinforced through regular team meetings, daily huddles, one-on-one discussions, and various communication methods (emails, newsletters)—all supported by an open and transparent workplace culture.</p> <p>Despite strong confidence among respondents that a 24-hour escalation system was in place, findings from the Boards Q2 compliance and assurance audit revealed a significant gap in documented escalation processes. A lack of written procedures often correlated with poor understanding and compliance regarding the need to involve professional leaders, rather than defaulting to local managers or attempting to manage issues locally.</p> <p>To address this gap, improvements will be made in line with Board-wide recommendations on communication, education, and the development of Standard Operation Procedures (SOPs).</p>
		Yellow	<p>The analysis from NHS Lothian's compliance reports highlights that 95% of respondents reported being "confident" or "very confident" that staff within their service know who to escalate staffing risks to. Effective systems are established, including structured escalation frameworks where senior clinical staff are accessible during all service hours to oversee staffing levels. Additionally, designated staffing leads exist in some services to coordinate risk mitigation and redeployment efforts.</p> <p>Despite the high level of confidence reported, challenges persist, including the need for further training and development for individuals responsible for assessing and mitigating risks. There are also issues with staffing availability due to unplanned absences at short-notice. Addressing these gaps through structured training programs and ensuring contingency plans for short notice absences will strengthen risk escalation mechanisms.</p>
		Yellow	<p>NHS Lothian has integrated a structured process for senior decision-makers to seek and consider clinical advice when addressing staffing risks. Successful systems for escalating and mitigating staffing risks over 24 hours feature simple processes centred around communication between senior and experienced staff. These systems are linked with service retraction plans, defining minimum staffing levels and critical points for escalation. Effective documentation and communication ensure all staff can act accordingly, with tools like SafeCare proving useful. Clear lines of escalation ensure services know who to contact for staffing risks, with senior clinical staff available to oversee and redeploy staff as needed.</p>
12ID(2)(a)	These systems and processes include the means for the lead with professional responsibility to report the risk to a more senior decision-maker.	Yellow	
12ID(2)(b)	These systems and processes include the means for that senior decision-maker to seek, and have regard to, appropriate clinical advice, as necessary, when reaching a decision on a risk, including on how to mitigate it.	Green	
12ID(2)(c)	These systems and processes include the means for the onward reporting of a risk to a more senior decision-maker in turn, and for that decision-maker to seek, and have regard to, appropriate clinical advice as necessary, when reaching a decision on a risk, including on how to mitigate it.	Yellow	<p>As above, NHS Lothian has integrated a structured process for senior decision-makers to seek and consider clinical advice when addressing staffing risks. The SafeCare system, utilised within Nursing for over nine years, enables real-time staffing assessments and data-driven risk mitigation decisions. Additionally, established practices such as twice-daily staffing huddles ensure that staffing concerns are proactively addressed, and escalation points are clearly communicated to staff. In Clinical Research settings, a Safe to Start matrix further supports staffing risk assessments however challenges remain where SafeCare is not yet fully available to all professional groups.</p>
12ID(2)(d)	These systems and processes include means for this onward reporting in (c) to escalate further, as necessary, in order to reach a final decision on a risk, including, as appropriate, reporting to members of the board of the relevant organisation.	Green	<p>All services have established Business Continuity Plans, service-level risk registers, and a structured risk escalation process through governance groups to strategic risk registers as required. All professional groups are represented on The Board Workforce Planning Committee. Escalation of staffing risks are taken through Corporate Management Team risk registers which capture medium- and long-term staffing risks. Additionally, mechanisms are in place to facilitate the escalation of urgent concerns through appropriate professional and managerial channels, ensuring informed decision-making at the senior and executive levels with necessary clinical input.</p>
12ID(2)(e)	These systems and processes include means for notification of every decision made following the initial report, and the reasons for that decision, to anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice.	Yellow	<p>The compliance audits indicate that most services have established structured communication pathways to ensure staff involved in identifying, mitigating, and escalating staffing risks are informed of decisions and their rationale. However, improvements are needed across all professional groups to enhance the notification process, particularly for those identifying risks. While this communication is primarily verbal, stronger assurance is required to establish robust and consistent notification processes.</p> <p>In some services, dedicated staffing leads oversee coordination across sites, ensuring consistency in reporting decisions back to relevant teams. While staffing decisions are discussed in huddles and team meetings, there is no standardised system for formally recording and tracking these decisions across all professional groups. Compliance reports highlight that during high-demand periods (e.g., triage situations), decision-makers often face competing priorities, which can delay communication to those who initially reported the risk. Additionally, professions without access to SafeCare face greater challenges in consistently documenting staffing decisions.</p> <p>To address these issues, the Board has approved a recommendation to introduce standardised SOPs across all disciplines, ensuring that the decision notification process is consistent, transparent, and aligned with legislative requirements. Furthermore, developing the necessary infrastructure to document decision-making processes and outcomes remains a priority.</p>
12ID(2)(f)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to record any disagreement with any decision made following the initial identification of a risk.	Amber	<p>All staff have the ability to escalate concerns regarding staffing decisions by following the processes outlined in 12ID(1). For services using SafeCare, this is done through the red flag functionality which also provides reporting, while other staff follow local operational procedures. While these systems and processes exist within operational and professional lines not all processes are documented or recorded. However, Pharmacy have developed a formal process for staff to be able to record disagreement and/or request a review of a staffing decision.</p> <p>The implementation of SafeCare to other professions along with its upgrade to its red flag functionality will enhance the detection of severe and recurring risks through reporting. Improvements are needed in the process of recording and communicating staffing decisions across all professional groups. This includes ensuring that decisions are properly documented, providing feedback to the clinical advisor, and establishing a mechanism for them to dispute decisions that conflict with their clinical advice. The Health and Care Staffing Programme Board will oversee the work required to make these improvements.</p>
12ID(2)(g)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to request a review of the final decision made on an identified risk (except where that decision is made by members of the board of the relevant organisation).	Amber	<p>As above</p>
12ID(2)(h)	These systems and processes include means for raising awareness amongst all staff of the arrangements stated in (a) to (g) above.	Yellow	<p>Raising staff awareness of risk identification methods will be supported by centrally available resources. NHS Lothian's Health & Care Staffing Communication and Education Group has developed an intranet resource linking national Health & Care Staffing materials with local information for each professional group. A quarterly review process ensures ongoing improvements and relevance.</p> <p>All staff receive role-specific induction covering these systems and processes and are informed through local meetings. They are also responsible for raising staffing concerns. Professional leads attend Healthcare Improvement Scotland (HIS) shared learning events, which provide guidance on legislation and support awareness at all levels. These insights are disseminated across professional groups and through Health & Care Staffing learning events. In addition, Pharmacy utilise a monthly newsletter to raise awareness of legislative requirements and developments.</p> <p>The NHS Lothian Health & Care Staffing Compliance and Assurance Audit has served as an educational tool, helping respondents understand the Act by breaking it down into legislative duties and obligations. Completing the audit has encouraged reflection on staffing processes.</p> <p>However, further awareness is needed. In the 2024/25 Q1 Compliance and Assurance Audit, 56% of respondents answered "no" or "partially" when asked if staffing assessment and risk escalation arrangements were documented and accessible to all clinical staff. In response, the Board has approved a policy and guidance initiative to clarify definitions, requirements, and staff responsibilities under the Act. The audit's area- and profession-specific breakdown will help drive targeted actions.</p>
12ID(2)(i)	These systems and processes include the means to provide training to relevant individuals with lead professional responsibility and other senior decision-makers on how to implement the arrangements in place to comply with this duty.	Yellow	<p>As above, a range of general and professional-specific health and care staffing training materials and information is available on the staff intranet, which staff groups are regularly directed to during training sessions. Efforts to encourage staff to engage with available systems and processes are integrated into professional groups and Health and Care Staffing events. The Health and Care Staffing Team now presents regularly at NHS Lothian's Corporate Induction for new staff.</p> <p>The 2024/25 Compliance and Assurance Audit identified training needs and highlighted profession-specific training gaps. It also served as a learning tool, helping staff understand the Act by breaking down its duties. Audit reflections encouraged services to assess legislative implications and compliance actions. Service leads can print audit results for reference and implementation of professional responsibilities.</p> <p>Further work is needed for full compliance, leading to the establishment of a new governance and reporting structure, including a communications and education operational subgroup, chaired by professional leads with staff representation. This continues the work of the previous communications and education workgroup.</p> <p>Key barriers to compliance include limited training time due to service demands, staffing shortages impacting training availability, and funding constraints for courses. Addressing these challenges will help ensure appropriate staffing through improved access to and participation in training programs.</p>
12ID(2)(j)	These systems and processes include means for ensuring that individuals with lead professional responsibility and other senior decision-makers receive adequate time and resources to implement the arrangements.	Yellow	<p>Professions highlight job planning, demand and capacity planning, and job description reviews as valuable for compliance with this subsection of the duty. Regular 1:1 meetings between senior leaders and team leads, and time allocated during annual Personal Development Plans with six-monthly reviews, are widely used and monitored processes that ensure clinical leaders have the time and resources to implement arrangements under this duty.</p> <p>Professions are exploring what 'time to lead' means. In 2025/26, a newly established professional lead group will operationalise and deliver the strategic objectives of the Health and Care Staffing Programme Board, setting direction on multi-professional subgroup work across Lothian to ensure compliance with this duty. This includes establishing operational policies, guidelines, and communication & education. Key considerations will be the time and resources required to implement arrangements under this duty, supported by professions reporting locally through governance groups on key findings and identifying gaps and actions needed to mitigate them.</p> <p>Overall, professions recognise the need to set aside time for these arrangements, though staff shortages can make this challenging.</p>

		During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAYG) system.
There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	The governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, senior decision-makers in paediatric nursing were identified and chain of escalation communicated to all personnel. Individuals are now much better aware of who to contact during any particular shift in the event that a risk needs to be escalated.	This should describe how the success, achievement or learning could be used in the future. The procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.
Multiple professions with services over 24 hours (including on-call services)	Those services that had a successful system in place to ensure that staffing risks can be escalated and mitigated over 24-hours (including on-call services) often had a simple escalation system without unnecessary additional layers. A system that was centred around the communication of risk between senior and experienced staff. Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits explained that successful systems and processes in place over 24 hours were often closely intertwined with service retraction plans and where it was clearly articulated what the minimum staffing number was and when this retraction would happen. Furthermore, well communicated and documented critical points at which to escalate concerns and have discussions and agree a plan of action was particularly effective. All staff across 24 hours were able to action these plans and the most resilient systems and processes in place involved wider escalation across site, with documentation tracking actions and activity. Tracking of activity and actions was useful to maintain continuity over 24 hours with such activities as redeploying of staff or raising red flag where using the SafeCare system was a particularly effective tool.	The Health and Care Staffing Professional Leads will further analyse the results per profession and per area from the board wide compliance and assurance audits. They will report locally through governance groups on key findings, identifying any profession-specific gaps and actions required to mitigate them. The success of simple and effective escalation systems, integration with service retraction plans and well documented and communicated critical points will inform any action plans where mitigations are required.
Multiple Professions in services where staff are redeployed	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits noted that having clear lines of escalation was a successful strategy for ensuring their service was aware of who to escalate staffing level risks to. Examples included senior clinical staff who were available throughout service hours who had oversight of all relevant areas and could redeploy staff to ensure patient and staff safety. This also aligns with the 12H duty to ensure time given to clinical leaders, that clinical leaders should have the time and resource to ensure appropriate staffing. Some services have specified staffing leads who oversee and coordinate staffing across sites. This role was communicated to staff clearly and Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits explained that in some cases this was a stand-alone role. Escalating and mitigating staffing level risk was particularly effective when considerate of other disciplines and when employing a pan Lothian approach.	The Health and Care Staffing Professional Leads will continue to work together. This will include sharing learnings on the importance of clear lines of escalation, the successful use of dedicated staffing leads, and an effective interdisciplinary and pan-regional approach to risk escalation. The aim is to work towards consistency across the Board and overall improve compliance with this duty
Multiple professions with services over 24 hours (including on-call services)	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits explained that staff knew how to escalate staffing level risks over a 24-hour period (including on-call services) best when plans were documented and readily available at any time throughout service hours. This information was often accessible on safe staffing sheets, SharePoint, Microsoft Teams channels or through scheduled email communications, shared inboxes and resilience plans. Staff knew how to escalate successfully over 24 hours when risk escalation and mitigation were integrated into daily practice and became second nature. Furthermore, when roles and responsibilities were shared, the continuity of mitigation and escalation arrangements was maintained, even if certain key stakeholders were unexpectedly unavailable. Similarly, knowing how to successfully escalate and mitigate over 24 hours included considering planned leave; how to escalate when those that mitigate are on leave but also how to react when staff are off leave and staffing level risks have been identified.	The success and insights gained regarding the importance of risk escalation and mitigation documentation, accessibility, integration into daily practice, shared roles and responsibilities, and planning for staff leave will be used to inform board-wide policy and guidance. This policy will define and outline the requirements to comply with the Act, ensuring all staff understand their roles and responsibilities. The statutory guidance will also help shape this policy.
Pharmacy	Pharmacy ran a pilot of SafeCare for 8 weeks across 7 different rosters. This included a clinical pharmacy team, a dispensary, a distribution team, a medicines management team and a primary care team (which included Hub). This success is equally applicable to duties 12IC and 12IE. Following a presentation of results to the pharmacy senior leadership team it was agreed in principle that pharmacy will adopt SafeCare across the whole service.	Currently undergoing a process of information sharing with key stakeholders across NHS Lothian. We need to develop a robust plan for full implementation and determine what resources we need. We also need to determine what resources we have within the pharmacy and medicines service and our eRoster team. The 7 rosters of the pilot have decided to continue using SafeCare and the pharmacy leadership team have endorsed this.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance, or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with ensuring relevant individuals involved in reporting, mitigating, escalating or giving clinical advice on a risk are notified of decisions made and the reasons for them.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in notifying relevant individuals about decisions made and the reasons for them, what measures have been put in place to ensure this happens, such as providing training, increasing awareness and auditing to identify root causes.
Multiple professions with services over 24 hours (including on-call services)	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits explained that ensuring a system is in place to escalate and mitigate staffing risks over 24 hours (including on-call services) is challenging due to workforce capacity constraints and the time required to develop risk escalation procedures. Frequent fluctuations in workforce demand make standardising a risk escalation process difficult, especially in non-bedded areas. This complexity increases with unpredictable demands, such as infectious outbreaks. Additionally, having a system that meets the needs of all key stakeholders and considers the risk variance over geographical areas risk adds further complexity.	The board-wide communication and education planning group will continue to work to raise awareness among all levels of staff, utilising national educational resources. The national educational resources will support services in complying with this Duty, addressing challenges such as workforce capacity and time constraints, fluctuations and unpredictable demands, and meeting stakeholder needs and geographical variances in risk. This work will run alongside continued efforts to increase compliance rates with TURAS Learning Resources.
Multiple professions and services	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits displayed a high degree of confidence when asked if they knew who to escalate staffing level risks to. Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits recognised that individuals who can potentially mitigate staffing level risks often require training and development and to possess a specific skill set. Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits also noted that unplanned absence given at short notice, staff not reporting for duty and general staffing issues can mean staff that can escalate or mitigate staffing level risks are not always available during a shift.	The challenge or risk will continue to be used to inform board-wide policy and guidance, outlining definitions and requirements to comply with the Act, ensuring all staff understand their roles and responsibilities. Notably, the success in Healthcare Science and the creation of a comprehensive education and skills competency framework with NES and the Scottish Government. Board-wide policy and guidance can direct services to similar frameworks that provide flexibility, support career progression at all practice levels, and are backed by robust education and training programs. This will support compliance with the duty by addressing training and skills development gaps and the availability of key staff. Board-wide guidance will also support services with mitigating the effects of unplanned absences that impact the application of this duty.
Multiple professions and services	Robust processes, practices and procedures that are embedded in culture are required to ensure a service knows how to escalate staffing level risks over a 24-hour period (including on-call services). Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits noted challenges around ensuring a robust communication, escalation and cascade processes. Community services explained that although there was process in place to fully assess risk and to ensure risk is assessed at all times, this can be challenging in specialist services. Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits also noted that where there is no clearly written process in place for staffing level risk escalations; this can result in a poor understanding of, and compliance with, involving professional leaders.	The challenges and risks will continue to inform board-wide policy and guidance, outlining definitions and requirements to comply with the Act, ensuring all staff understand their roles and responsibilities. Notably, the issues with communication and escalation processes, risk assessment in specialist services, and the lack of clearly written processes will be addressed in board-wide policy and guidance. With the aim is to achieve consistency across the Board and improve compliance with staffing duties.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IE Duty to have arrangements to address severe and recurrent risks			
Section	Item	Status	Comment
12IE(1)(a)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate.	Yellow	As per 12ID, professional groups utilise different systems and processes to escalate staffing risks. However, all groups maintain risk registers and have escalation procedures in place for reporting severe and recurrent risks at service level and escalate to the Corporate Management Team if required. Datix has been widely recognised as an effective reporting tool for identifying and escalating severe and recurrent risks. Staffing levels contributing to incidents can be annotated with staffing data and escalated to senior staff for appropriate action. Summary reports generated from Datix provide valuable insights that are reviewed in monthly workforce meetings. Despite the presence of these systems, gaps remain in formalised processes, particularly in smaller teams or specialised services. Several services lack a structured SOP for addressing recurrent staffing gaps, leading to inconsistencies in how risks are recorded and mitigated. The absence of formal documentation processes inhibits the ability to track trends in severity and duration of risk over time. Standardised templates to be produced will be beneficial in recording, monitoring, and escalating severe and recurrent risks Ongoing work aims to assess and refine staffing escalation procedures, ensuring alignment with clinical governance and professional team structures.
		Yellow	NHS Lothian has established systems and processes to identify and mitigate severe and recurrent staffing risks, but definitions and consistency in implementation vary across services, which may hinder system-wide consistency in escalation and response strategies. Even where robust risk management processes exist, services face budgetary constraints, recruitment challenges, and increasing workforce pressures. Unfilled vacancies and lack of supplementary staffing supply can make it difficult to mitigate recurrent risks effectively. Within multi-disciplinary teams, managing risks can also be complex when cross-professional collaboration is required to assess and mitigate risks across different staff groups.
12IE(1)(b)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to identify and address risks that are considered severe and / or liable to materialise frequently.	Yellow	
12IE(2)(a)	These systems and processes include the means for recording risks that are considered severe and / or liable to materialise frequently.	Green	As above, Datix is recognised as an effective reporting tool for identifying and escalating severe and recurrent risks.
12IE(2)(b)	These systems and processes include the means for reporting of a risk considered severe and / or liable to materialise frequently, as necessary, to a more senior decision-maker, including to members of the board of the relevant organisation as appropriate	Green	As per 12ID(2)(d) All services have service-level risk registers, and a structured risk escalation process through governance groups to corporate risk registers as required. Escalation of staffing risks are taken through Corporate Management Team risk registers which capture medium- and long-term staffing risks. Additionally, mechanisms are in place to facilitate the escalation of urgent concerns through appropriate professional and managerial channels, ensuring informed decision-making at the senior and executive levels with necessary clinical input.
12IE(2)(c)	These systems and processes include means for mitigation of any risk considered severe and / or liable to materialise frequently, so far as possible, along with a requirement to seek and have regard to appropriate clinical advice in carrying out such mitigation.	Green	NHS Lothian are assured, that all staffing decisions made to mitigate severe staffing risks are informed by appropriate clinical advice.
12IE(2)(d)	These systems and processes include means for identification of actions to prevent the future materialisation of such risks, so far as possible.	Yellow	Services that successfully prevent risks integrate staffing risk data into workforce planning strategies, ensuring timely recruitment and mitigation of vacancies. Escalation frameworks have been implemented in some areas, consolidating risk management tools and providing structured governance for decision-making. Waiting list data and staffing risks are reviewed together, allowing proactive service adjustments to minimise disruptions caused by workforce shortages. Plans are being made through The Health and Care Staffing Programme Board to enhance training and awareness to ensure managers and clinical leaders understand their roles in preventing recurrent staffing risks.
There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)		Yellow	During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAYG) system. The governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, a recurrent risk was identified in the capacity of one laboratory, leading to a delay in testing samples and communication sample results. Following investigation, the process for booking in samples was streamlined and an admin coordinator was appointed. This has improved performance and the lab is now meeting its targets.	This should describe how the success, achievement or learning could be used in the future. For example, the organisation is now looking at whether the changes implemented in the one lab could be applied to other labs, to improve performance across the division.
Multiple professions and services	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits to NHS Lothian's 2024/25 Compliance and Assurance Audits noted that daily analysis and monthly reporting supported forward planning to put in place measures to mitigate risks arising such as the safe movement of staff. Datix was a particularly successful reporting tool for addressing severe and recurrent risks. Services noted that staffing levels reported as a factor in incidents can be annotated with staffing data and escalated to senior staff. Quarterly summary reports can be produced from Datix and reviewed at the monthly workforce meetings. Areas that were successful had administration support, or utilised newer roles introduced to fill gaps left by harder to fill more traditional posts. Utilising the information gained from analysing the recurrent risk identified to inform recruitment campaigns was particularly successful, and timely recruitment was highlighted by Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits to ensure no lag time between posts falling vacant and being filled.	The successes will be used to inform Board wide policy and guidance, that lays out definitions and requirements to comply with the Act which will ensure all staff understand their roles and responsibilities with regards to the Act. Particularly the success of daily analysis and monthly reporting in mitigating risks, especially with the use of Datix for addressing severe and recurrent issues and that staffing data can be annotated and escalated to senior staff, with quarterly summary reports reviewed at monthly workforce meetings. The Statutory Guidance will also help inform this.
Multiple professions and services	The Act can be thought of as operationalising workforce planning. Effective workforce planning includes service workforce plans and strategic workforce plans that are mutually dependent. Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits to NHS Lothian's 2024/25 Compliance and Assurance Audits note that addressing severe and recurrent risks worked well when the process was integrated into service workforce plans. In Health and Social Care Partnership areas for example, defining and prioritising severe and recurrent risks involves considering strategic directions. Thus, defining severe and recurrent risk is often done within a strategic and operational context.	The Health and Care Staffing Professional Leads will analyse compliance audit results by profession and area. They will report key findings and identify profession-specific gaps through local governance groups, along with actions needed to address these gaps. When addressing severe and recurrent risks is identified as a profession-specific compliance gap, defining recurrent risk works well when approached as part of service workforce plan development, considering strategic directions - within Health and Social Care Partnership areas. The learning can inform profession specific action plans.
Multiple professions and services	Professions that have created an escalation framework to facilitate addressing severe and recurrent risks were partially successful. For example, a framework which combined tools into a single document and was available on the intranet. Successful frameworks also gave multiple potential responses and explained the governance being applied in various scenarios. This supported managers to make decisions on how to best operate a system based on assessments that take into account factors like patient acuity measures, staffing availability, system-wide pressures, and other variables like skills and availability of clinical leaders.	The Health and Care Staffing Professional Leads will work towards consistency across the Board and overall improve compliance with this duty. Through continuing to work together and share the following successes and good practices: successful professions created escalation frameworks that combined multiple tools into a single document, accessible via the intranet. These frameworks supported managers in making informed decisions by considering factors such as patient acuity, staffing availability, system-wide pressures, and the skills and availability of clinical leaders.
Pharmacy	Pharmacy ran a pilot of SafeCare for 8 weeks across 7 different rosters. This included a clinical pharmacy team, a dispensary, a distribution team, a medicines management team and a primary care team (which included Hub). This success is equally applicable to duties 12IC and 12ID. Following a presentation of results to the pharmacy senior leadership team it was agreed in principle that pharmacy will adopt SafeCare across the whole service.	Currently undergoing a process of information sharing with key stakeholders across NHS Lothian. We need to develop a robust plan for full implementation and determine what resources we need. We also need to determine what resources we have within the pharmacy and medicines service and our eRoster team. The 7 rosters of the pilot have decided to continue using SafeCare and the pharmacy leadership team have endorsed this.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, collation of data in particular NHS function has identified a risk that materialises frequently, however identification of actions to prevent future materialisation has not improved the situation.	This should describe what actions have been / are being / will be taken to address the situation. For example, identification of actions to prevent a frequent risk has not improved the situation, measures to address could have included establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.
Multiple professions and services	Multiple Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits noted that lacking a formal process inhibited services from meeting the 12IE duty to have arrangements to address severe and recurrent risks. Other services, particularly smaller teams with individual clinical workloads had no Standard Operating Procedure (SOP) in place on what actions were to be taken if recurrent critical gaps were identified and no cover could be provided. Other services noted that there was no formal process for recording staffing gaps that could be used to monitor trends in severity and duration of risk. Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits noted that templates would be helpful in this regard.	The challenges and risks will continue to inform board-wide policy and guidance, outlining definitions and requirements to comply with the Act, ensuring all staff understand their roles and responsibilities. Notably, the identification of actions to prevent a frequent risk has not improved the situation, measures to address could have included establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc. The challenges and risks will continue to inform board-wide policy and guidance, outlining definitions and requirements to comply with the Act, ensuring all staff understand their roles and responsibilities. Notably, the identification of actions to prevent a frequent risk has not improved the situation, measures to address could have included establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc. The challenges and risks will continue to inform board-wide policy and guidance, outlining definitions and requirements to comply with the Act, ensuring all staff understand their roles and responsibilities. Notably, the identification of actions to prevent a frequent risk has not improved the situation, measures to address could have included establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.

Multiple professions and services	Within the Act, complying with the 12IE duty to have arrangements to address severe and recurrent risks includes agreeing and defining what severe and recurrent staffing risks looks like, as well as reviewing and agreeing processes to monitor and manage such risks. In some areas, a lack of training and a lack of clarity around roles and responsibilities was a barrier to services complying with these requirements.	The Health and Care Staffing Professional Leads will continue to analyse compliance audit results by profession and area. They will report key findings and identify profession-specific gaps through local governance groups, along with actions needed to address these gaps, particularly where defining and agreeing on risks, monitoring and managing processes, and training and role clarity are identified as profession-specific compliance gaps. Defining recurrent risk works well when approached as part of service workforce plan development, considering strategic directions and making escalation frameworks easily accessible. The learning can inform profession-specific action plans.
Multiple professions and services	Services overwhelmingly reported that there were barriers to addressing severe and recurrent risks, even when robust processes were in place. For example, when budgets were fixed, vacant posts were difficult to fill, service demands were changing, there were restrictions on bank and agency as well as statutory, mandatory, and clinical demands on an aging workforce.	The Health and Care Staffing Professional Leads will continue to analyse compliance audit results by profession and area. They will report key findings and identify profession-specific gaps through local governance groups, along with actions needed to address these gaps. When fixed budgets and staffing issues, changing service demands, and workforce constraints are identified as profession or service-specific compliance gaps, SMART goals and targeted action plans can be created and implemented.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IH Duty to ensure adequate time given to clinical leaders			
Section	Item	Status	Comment
12IH	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility and their other professional duties.	Yellow	Leadership responsibilities are incorporated into job descriptions, and tools such as Healthroster and SafeCare help identify clinical leaders working clinically to mitigate risk. Annual appraisals offer indicative measures for leadership activities, enabling tracking of Personal Professional Development progress recorded on TURAS.
12IH	These systems and processes include time and resources for these individuals to supervise the meeting of the clinical needs of patients in their care; to manage, and support the development of, the staff for whom they are responsible; and to lead the delivery of safe, high-quality and person-centred health care.	Yellow	Professions reported that job planning, demand and capacity assessments, and job description reviews have helped structure and formalise leadership time and regular 1:1 meetings between senior leaders and team leads ensure that time for leadership responsibilities is prioritised, including meeting the clinical needs of patients in their care and supporting the development of their staff. Annual PDPs and appraisals include discussions on time allocation for leadership roles, with six-monthly reviews to ensure alignment with service needs.
12IH	These systems and processes include the means to identify all roles, and therefore individuals, with lead clinical professional responsibility for a team of staff.	Yellow	Leadership responsibilities within NHS Lothian are integrated into job descriptions, with tools like Healthroster and SafeCare enabling the identification of clinical leaders to manage risk. Annual appraisals track leadership activities and personal development progress on TURAS. Job planning, demand and capacity assessments and job description reviews help structure leadership time. Regular 1:1 meetings between senior leaders and team leads ensure leadership responsibilities are prioritised, including patient care and staff development. Despite agreement on the need for sufficient leadership time, staffing shortages make it challenging to balance clinical and managerial duties. Formalising leadership time and addressing staffing gaps can enhance compliance.
12IH	These systems and processes include the means to determine what constitutes sufficient time and resources for any particular individual.	Yellow	Across all professions, there is agreement on the need to set aside sufficient time for leadership. However, staffing shortages remain a significant barrier, making it difficult for leaders to balance clinical, managerial, and leadership responsibilities. By continuing to formalise leadership time, improving planning frameworks, and addressing staffing gaps, NHS Lothian can enhance compliance with this duty, ensuring clinical leaders have the necessary time and resources to fulfil both their professional and leadership responsibilities effectively.
12IH	These systems and processes include the means for ensuring this duty has been reviewed and considered within the context of job descriptions, job planning and work plans, as appropriate.	Yellow	In Acute areas of Nursing, plans to formalise the time given to clinical leaders and reducing the nursing vacancy gap to provide supernumerary status for Senior Charge Nurses was reported by respondents to the 2024/25 Compliance and Assurance Audits as a success that will see compliance with this duty improve each quarter. And will be reviewed and considered within the context of job descriptions, job planning and work plans, as appropriate. Psychology services cited work completed on Job Planning, demand and capacity planning and job description reviews as valuable in preparing their services to comply with this subsection of the duty. Other areas of compliance with this Duty from multiple professions included regular 1:1 meetings between senior leaders and team leads, and agreeing time during annual Personal Development Plan/ appraisal process with 6 monthly reviews.
12IH	These systems and processes include the means to consider outputs from activities carried out to meet this duty in order to inform future workforce planning and protect the leadership time required for clinical leaders.	Yellow	As mentioned above, there are many ways in which the obligations within this duty are reviewed and considered. Additionally, systems are employed across professions to capture clinical leadership activity, such as SafeCare, profession-specific workload tools, or the trial application of activity management and job planning within non-nursing professions. However, there is variability across professions in the tools available and the personal development processes adhered to, with the exceptions of personal development plans (AFC staff) and job plans (e.g., Medical Staff) where there is less variability. The output of these various systems and processes is discussed at local workforce and governance groups across NHS Lothian. However, further work is required to understand the extent to which these outputs inform service workforce plans. The 2024/25 audits considered the time to lead, and this will feed into local workforce groups, which will feed into strategic workforce plans. In 2025, there are plans to integrate compliance findings around this subsection and others into future Board Workforce Plans.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAYG) system. The governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, senior physiotherapists and team leaders convened a working group to determine what sufficient time and resources would look like for individuals with lead clinical professional responsibility for a team of staff. The outcome of the project was a determination of time and resources for different team leaders, and feedback so far has been positive.	This should describe how the success, achievement or learning could be used in the future. This has now been extended to other AHP areas and trialled to see applicability.
Acute Nursing	In Acute areas of Nursing, plans to formalise the time given to clinical leaders and reducing the nursing vacancy gap to provide supernumerary status for Senior Charge Nurses was reported by respondent to 2024/25 Compliance and Assurance Audits as a success that will see compliance with this duty improve each quarter.	The Health and Care Staffing Professional Leads will analyse compliance audit results by profession and area. They will report key findings and identify profession-specific gaps through local governance groups, along with actions needed to address these gaps. Plans to formalise the time allocated to clinical leaders, efforts to reduce the nursing vacancy gap, and providing supernumerary status for Senior Charge Nurses are ways to increase compliance with the duty to ensure time given to clinical leaders. This learning can inform profession-specific action plans.
Psychology	Psychology services cited work completed on Job Planning, demand and capacity planning and job description reviews as valuable in preparing their services to comply with this duty.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices to ensure adequate time given to clinical leaders. This includes utilising existing systems and processes, such as Job Planning, demand and capacity planning and job description reviews within Psychology services. The goal is to achieve consistency across the Board and improve compliance with staffing duties.
Multiple Professions	Other areas of success from other professions included regular 1:1 meetings between senior leaders and team leads, and agreeing time during annual Personal Development Plan/appraisal process with 6 monthly reviews. In addition, a job planning pilot within Pharmacy continues to make progress.	The board-wide communication and education planning group will continue to raise awareness among all levels of staff, utilising national educational resources. This work will support services with effective time management and contingency plans to ensure training and non-core service requirements are met. Good practices already employed within the Board to comply with Duty 12IH include using existing system and processes, such as appraisal and development mechanisms, and TURAS with its annual PDP and appraisal processes. These examples are described in the HES Statutory Guidance Quick Guide Series: Staff Training and Consultation. Directing services to these resources will increase good practices and build on successes.

Areas of escalation, challenges or risks

Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge of risk identified? For example, the process is in place to identify the roles, and therefore individuals, with lead clinical professional responsibility for a team of staff does not consistently identify who these individuals are, and therefore sufficient time and resources. There is a need for further work to support teams in determining the necessary time and resources required for clinical area management and maintaining high standards of care. This includes establishing process to keep these factors under continuous review.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the process in place to identify the roles, and therefore individuals, does not consistently identify who these individuals are, what measures have been taken to address this? e.g. working with all relevant groups to ensure clarity of roles and responsibilities. The challenges and risks will continue to inform board-wide policy and guidance, outlining definitions and requirements to comply with the Act, ensuring all staff understand their roles and responsibilities, particularly around clear role definitions. This work will be supported by NHS Lothian's communications and education subgroup to support services with determining the necessary time and resources required for clinical area management and maintaining high standards of care. The Health & Care Staffing Professional Lead Group will also support and enable oversight mechanisms to keep these factors under continuous review. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring that all services are aligned with the requirements of the Act
Multiple professions and services	All professionals acknowledged the importance of setting aside time for leadership. However, this is challenging in the context of staff shortages, which can impact the ability to lead effectively.	The Health and Care Staffing Professional Leads will continue to collaborate and share learnings through local professional governance groups. For example, professions or services that have successfully addressed workforce challenges through flexible working practices, skill mix reviews, and recruitment drives. Such initiatives can support appropriate staffing that enables the time to lead. Additionally, reviewing and updating policies that exacerbate staffing level challenges and impact the ability to lead effectively is pertinent. The aim is to achieve consistency across the Board and improve compliance across professions and services.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12Ii Duty to ensure appropriate staffing: training of staff		
Section Item	Status	Comment
12Ii Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all employees receive such training as considered appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b) and such time and resources as considered adequate to undertake this training	Yellow	NHS Lothian has structured training frameworks and professional development pathways to ensure staff receive appropriate and relevant training, in line with section 12IA. NHS Lothian has a well-established Education Governance Board, bringing together leaders from various service areas involved in education and professional development across multiple disciplines. This includes medical education, clinical education, and e-health training. The board promotes best practices and consistency in key areas such as training documentation, evaluation, and support for learners with inclusive learning needs.
12Ii These systems and processes include means to determine the level of training required, and time and resource to support this, for all relevant employees.	Yellow	Professions highlight job planning, effective workforce planning, demand and capacity planning, job description reviews, and career development frameworks as valuable methods for determining the level of training required to ensure appropriate staffing. Regular 1:1 meetings between senior leaders and team leads, and time allocated during annual Personal Development Plans with six-monthly reviews, are widely used and monitored processes that ensure mandatory and induction training levels comply with arrangements under this Duty. Respondents to the Q1 compliance and assurance audit also highlight the importance of profession-specific training frameworks for understanding training needs and determining the time and resources required to support this. Further work is required across professions to address barriers to attending non-core service requirements. For example, there is often limited time for training beyond what is essential to perform a role. Absences of other staff can negatively impact the time set aside for training, so enabling the time and resources will go hand in hand with addressing sickness absence rates. The availability of suitable training courses and funding to attend them was also noted as a barrier to ensuring appropriate staffing through staff training.
12Ii These systems and processes include the means to deliver the agreed level of training to all relevant employees.	Green	Collaborative working between higher education organisations, NES and Clinical and Corporate Education is ongoing and ensures access to and the delivery of training and educational frameworks to support career development and progression. This includes working with Practice Development Facilitators and Clinical Educators, who provide specialised support to ensure effective training and development.
12Ii These systems and processes include the means to ensure all relevant employees receive both time and resources to undertake the training.	Yellow	While structured training frameworks exist, securing adequate time and resources for training remains a challenge, particularly due to staff shortages and service demands. Key Challenges Identified from the compliance and assurance audit responses include staff shortages often limiting opportunities for training, as absences impact service delivery. Training having to be prioritised for essential role requirements, limiting access to broader professional development and lack of funding and availability of courses remain barriers, restricting access to specialised training opportunities.
There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAYG) system. The governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Areas of success, achievement or learning		
Please provide details of areas of success, achievement or learning associated with carrying out the requirements.		
Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, the psychology division, in conjunction with HR, has just completed a project to promote more accurate capturing of information relating to continued professional development for psychology colleagues. Feedback from employees is that they have found the new system much easier to use and are now recording relevant CPD.	This should describe how the success, achievement or learning could be used in the future. AHP colleagues have now expressed interest in the new system and are undertaking a project to see if they could implement something similar.
Pharmacy	Successful robust processes in place within Pharmacy include Lothian Pharmacy Services Training Framework and Royal Pharmaceutical Society frameworks being in place with appropriate supervisors, mentors and peer support. Also, group education sessions, peer reviews, induction plans and ensuring sufficient training day attendances. A job planning pilot has made significant progress within the Pharmacy profession. Focusing on training the trainers was also cited as a successful strategy within Pharmacy.	The Health and Care Staffing Professional Leads will continue to work towards consistency across the Board and overall improve compliance with this duty. Through continuing to work together and share the following successes and good practices: the Pharmacy profession has successes implementing robust training frameworks with appropriate supervision, mentorship, and peer support. Group education sessions, peer reviews, induction plans, and sufficient training day attendances further strengthened the service. Additionally, a job planning pilot and a focus on training the trainers have significantly advanced the Pharmacy professions compliance with this duty.
Healthcare Science	In Healthcare Science, an Education Subgroup has been formed with a primary aim to explore the development of a comprehensive education and skills competency framework in collaboration with National Education for Scotland (NES) and Scottish Government. This will ensure the Healthcare Science workforce in Scotland has access to an educational framework that provides flexibility, supports career progression across all levels of practice and is underpinned by robust education and training programmes in a Once for Scotland approach.	The successes will be used to inform Board wide policy and guidance, that lay out definitions and requirements to comply with the Act which will ensure all staff understand their roles and responsibilities with regards to the Act. Particularly the success in Healthcare Science, and the creation of a comprehensive education and skills competency framework with NES and the Scottish Government. Board wide policy and guidance can direct services to similar frameworks which aims to provide flexibility, support career progression at all practice levels, and is backed by robust education and training programs. Supporting compliance with this duty.
Medical & Dental	All professions mentioned training requirements for staff forming part of the annual PDP and appraisal processes documented on TURAS. Medical Staff and Dentists in training have a curriculum approved by the General Medical Council with delivery overseen by NES. Career grade Doctors have an annual appraisal with a personal development plan produced and an allocation of time and budget for study leave as well as time for supporting professional activities.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices to ensure appropriate staffing training of staff. This includes utilising existing systems and processes, such as approved curricula, appraisal and development mechanisms, and TURAS with its annual PDP and appraisal processes. The goal is to achieve consistency across the Board and improve compliance with staffing duties.

Areas of escalation, challenges or risks		
Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.		
Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, clearly defined processes and procedures exist for some groups of staff, e.g. nursing and midwifery, but don't exist for other groups of staff, e.g. healthcare scientists.	This should describe what actions have been / are being / will be taken to address the situation. For example, if procedures and processes are not in place for healthcare scientists, what measures need to be put in place to ensure this?; such as working with HR and healthcare scientist representatives to define an appropriate training programme, assess training needs of employees and plan for required training to be undertaken.
Multiple professions and services	Across all professions, staffing level challenges are often cited in responses to NHS Lothian's 2024/25 Compliance and Assurance Audits as barriers to complying with various legislative requirements of the duty.	The Health and Care Staffing Professional Leads will continue to collaborate and share learnings through local professional governance groups. For example, professions or services that have successfully addressed workforce challenges through flexible working practices, skill mix reviews, and recruitment drives. Such initiatives can support appropriate staffing that enables training. Additionally, reviewing and updating policies that exacerbate staffing level challenges and restrict services' ability to meet training requirements is pertinent.
Multiple professions and services	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits explained that time was a barrier to attending to non-core service requirements. With limited time for training, other than what is essential to perform a role. Absences of other staff can have a negative impact on the time set aside for others in training.	The board-wide communication and education planning group will continue to raise awareness among all levels of staff, utilising national educational resources. This work will support services with effective time management and contingency plans to ensure training and non-core service requirements are met. Good practices already employed within the Board to comply with Duty 12Ii include using existing systems and processes, such as approved curricula, appraisal and development mechanisms, and TURAS with its annual PDP and appraisal processes. These examples are described in the HIS Statutory Guidance Quick Guide Series: Staff Training and Consultation. Directing services to these resources may increase good practices and address identified risks.
Multiple professions and services	Availability of suitable training courses and funding to attend training courses was also noted by respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits as a barrier to ensuring appropriate staffing through training of staff.	The board-wide communication and education planning group will continue to support services and work towards consistency across the Board, improving overall compliance with this duty. This group will continue to consider the availability and funding of training courses. This involves factoring in existing systems and processes, as described above and mandatory and non-mandatory training options. In some cases business training functions are already in place and there is inter professional variability. Additionally, the group will consider these challenges in an environment of financial constraints, with the goal of doing more with less.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12J Duty to follow the common staffing method (*The relevant organisation must only report on the types of health care, location and employees as detailed in section 12I)			
Section	Item	Status	Comment
12J(1)	Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12K, to follow the common staffing method no less often than the frequency prescribed in Regulations (see https://www.legislation.gov.uk/ssi/2024/43)	Yellow	NHS Lothian has implemented a successful annual scheduling of Staffing Tools, ensuring systematic workforce assessments. Individual Board reports are distributed to area managers, accompanied by guidance on interpreting results and applying the Common Staffing Method utilising a reporting template. Workforce Governance Groups for Community Nursing, Mental Health, and Acute Nursing oversee compliance with this duty, ensuring the implementation of staffing establishment reviews based on the Common Staffing Method. Escalation pathways are available to the Health and Care Staffing Programme Board and the Nursing & Midwifery Workforce Programme Board, ensuring governance and strategic oversight.
12J(2)(a)	These systems and processes include use of the relevant speciality specific staffing level tool and professional judgement tool as prescribed in Regulations (see https://www.legislation.gov.uk/ssi/2024/43), and taking into account results from those tools.	Yellow	Speciality specific staffing level tools have been run in NHS Lothian in 2024/25, this has included the professional judgment and quality assessment tools. The Health and Care Staffing Leads work closely with Healthcare Improvement Scotland to ensure timely integration of updates and developments and participate in testing of new developments.
12J(2)(b)	These systems and processes include taking into account relevant measures for monitoring and improving the quality of health care which are published as standards and outcomes under section 10H(1) of the 1978 Act by the Scottish Ministers (including any measures developed as part of a national care assurance framework).	Green	NHS Lothian's Lothian Accreditation & Care Assurance Standards (LACAS) framework, implemented through monthly and bi-annual local assurance programmes, provides organisational oversight to ensure consistent delivery of high-quality, person-centred care across all services. The framework is designed to drive quality assurance and continuous improvement in alignment with the Board's objectives, quality strategy, and quality management approach. It builds upon the national Excellence in Care (EIC) programme by: Defining quality standards that incorporate EIC measures, aligning with the EIC Framework to enhance person-centred care, compassion, fundamentals of care, and communication. Empowering local teams to use quality data and resources to identify, implement, and sustain service improvements. Embedding a culture of continuous improvement, utilising a quality management system approach to ensure sustained excellence in care delivery.
12J(2)(c)(i)	These systems and processes include taking into account current staffing levels and any vacancies	Yellow	A Common Staffing Method Assessment Template and Staffing Tools Results Guide has been developed to use as part of the Common Staffing Method which incorporates all of the elements of the CSM and therefore requires the Senior Charge Nurse/Midwife and managers to review quality data along with the workforce data available on the Tableau dashboard.
12J(2)(c)(i)	These systems and processes include taking into account the different skills and levels of experience of employees	Yellow	The skill mix within each area's establishment is included to be reviewed as part of the CSM reporting template.
12J(2)(c)(iii)	These systems and processes include taking into account the role and professional duties of individuals with lead clinical professional responsibility for the particular type of health care.	Green	Lead professionals responsible for staffing tool runs, establishment reviews following the common staffing method, and reporting receive comprehensive pre-tool run training tailored to their specific roles and responsibilities. Post tool run, a Health and Care Staffing Lead is available to support analysis of results and the application of the common staffing method if required. A standardised reporting template ensures that essential details are consistently captured in common staffing method reports collated for local Workforce Governance Groups
12J(2)(c)(iv)	These systems and processes include taking into account the effect that decisions about staffing and the use of resources taken for the particular type of health care may have on the provision of other types of health care (particularly those to which the common staffing method does not apply).	Green	Multi professional teams are advised to consider the affect any changes to nursing establishment may have on staffing requirements in the other professions workloads and all teams consider the potential benefits of a skill mix review for the service. Decision-making is conducted with comprehensive oversight of all professional groups and service needs through multi-disciplinary workforce planning teams.
12J(2)(c)(v)	These systems and processes include taking into account the local context in which health care is provided.	Yellow	The CSM Reporting Template has a section for considering/detailing local context issues are explored fully to ensure they inform decisions relating to staffing requirements. Examples of local context considerations include, but are not limited to: •Specialism •Demographics (of staff and service users) •Geography (urban/ rural/ remote) •Bed occupancy •Service capacity and demand •Skill mix •Multi-disciplinary teams •Staff turnover.
12J(2)(c)(vi)	These systems and processes include taking into account patient needs.	Yellow	The CSM Reporting Template has a section for considering/detailing current patient provision and any unmet needs and prompts for a review of complaints, feedback and shifts in acuity and demand levels.
12J(2)(c)(vii)	These systems and processes include taking into account appropriate clinical advice.	Yellow	The reporting template includes a section for recording clinical advice and a section for recording any disagreement with that clinical advice.
12J(2)(c)(viii)	These systems and processes include taking into account any assessment by HIS, and any relevant assessment by any other person, of the quality of health care provided.	Yellow	The template prompts for review of local quality data, e.g.: • LACAS outcomes (tool runs are scheduled in between LACAS cycles to ensure this quality data is available) • Number of Adverse Events/SAEs • Patient Experience (complaints/compliments) • Patient activity data, e.g. waiting times • Staff Experience - Matter Report • Outcome of HIS inspections
12J(2)(c)(ix)	These systems and processes include taking into account experience gained from using the real-time staffing and risk escalation arrangements under 12IC, 12ID and 12IE.	Green	The Health & Care Staffing team, who provide training on SafeCare and its real-time risk escalation and recurrent risk functions, designed a contributed to the CSM systems and processes employed within NHS Lothian. Through one-to-one contact with users of SafeCare, they gather staff feedback to identify patterns and areas for improvement in real-time staffing and risk escalation processes. This feedback is then incorporated into systems and processes such as the CSM Reporting Template. Furthermore, the Health and Care Staffing leads provide ongoing training on CSM systems and processes and continuously refine these systems based on past experiences to enhance effectiveness. They also maintain documentation on the CSM systems and processes and encourage feedback to share best practices and lessons learned.
12J(2)(c)(x)	These systems and processes include taking into account comments by patients and individuals who have a personal interest in their health care, which relate to the duty imposed by section 12IA.	Amber	The lack of a formal, documented process has been identified as a barrier to fully demonstrating compliance with this statutory duty. This gap may result in missed critical insights necessary for aligning workforce planning with service user needs and experiences. Efforts are underway to implement a structured consultation process to ensure service user input is fully integrated into staffing decisions and compliance requirements are met.
12J(2)(c)(xi)	These systems and processes include taking into account comments by employees relating to the duty imposed by section 12IA.	Green	During pre-tool run training, managers are advised that all staff should have the opportunity to participate in staffing tool runs, raise real-time risks, and receive feedback on decisions. To foster open, honest, and transparent discussions, managers are encouraged to share tool run outcomes with their teams and actively gather staff feedback. The reporting template requires documented evidence demonstrating how decisions were discussed within the team and made with their input in mind, ensuring a collaborative and inclusive approach to workforce planning.
12J(2)(d)	These systems and processes include means to identify and take all reasonable steps to mitigate any risks.	Yellow	The reporting template includes a section to consider the method of real time staffing assessment and escalation used (SafeCare compliance/Safety Huddles etc) and document any recurrent risks considering, if they are being escalated appropriately and recorded, whether they were adequately mitigated, whether actions can be identified to prevent recurrence and/or longer term mitigation plans.
12J(2)(e)	These systems and processes include means to decide what changes (if any) are needed to the staffing establishment and the way in which health care is provided as a result of following the common staffing method.	Green	Most services follow the triumvirate leadership model, incorporating nursing/midwifery, medical leadership, and general/service management, to ensure professional input in staffing decisions. To uphold this approach, the Community, Mental Health, and Acute Nursing/Midwifery Workforce Governance Groups will oversee the implementation of systems and processes required for staffing establishment reviews under the Common Staffing Method with final sign off by the Nursing and Midwifery Workforce Programme Board.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q4 Audit, with 62 questions, yielded professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAYG) system. The governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, application of the common staffing method in adult inpatient provision identified some areas where the staffing establishment needed to be changed, and some areas with potential for service redesign. The changes are now in progression and will be trialled to monitor the outcomes.	This should describe how the success, achievement or learning could be used in the future. For example, following completion of the trials regarding changes in staffing establishment and service redesign, decisions will be taken as the changes made. These could then be used as case studies to inform training for staff about the use of the common staffing method.
Nursing, Midwifery & Medical Professions	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits noted positive engagement of staff across NHS Lothian with tool runs and the available training for staff and support from the NHS Lothian Health & Care Staffing Team as areas of success with complying with this duty. Additionally, they highlighted the importance of continuous feedback and the proactive approach taken by the Health & Care Staffing Team to address any challenges. This collaborative effort has fostered a culture of learning and improvement, ensuring that staff feel supported and well-prepared to meet their responsibilities effectively.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices. This includes the successful tool runs and the valuable insights that can be gained from the positive staff engagement and the availability of comprehensive training and support. Such insights can be used to increase compliance with other staffing duties and ultimately achieve consistency across the Board. By nurturing a culture of continuous improvement and support, the Professional Leads aim to create an environment where best practices are not only shared but also effectively implemented, ensuring all staff members are well-equipped to meet their obligations in the Act.
Nursing, Midwifery & Medical Professions	Successful work is ongoing across Nursing to develop a "Health Check" template that pulls together the staffing level tools results and other metrics as required by the duty to follow the common staffing method, as part of a triangulated approach to decisions around staffing. This initiative aims to provide a comprehensive overview of staffing needs, ensuring that decisions are data-driven and evidence-based. By integrating various metrics, the template will help identify trends and areas for improvement, with the aim of ultimately enhancing the quality of care provided.	The Health and Care Staffing Professional Leads will analyse compliance audit results by profession and area. They will report key findings and identify profession specific gaps through local governance groups, along with actions needed to address these gaps. Such gaps may include areas that lack the means to make staffing decisions that are data-driven and evidence-based and may benefit from instituting the "Health Check" aggregative model where appropriate. Although such non-nursing areas are not required to follow the Common Staffing Method, a consistent, transparent, evidence-based approach to decisions around staffing should factor into professional action plans.

Nursing, Midwifery & Medical Professions	NHS Lothian successfully ran Staffing Level Tools in 2024 – 25. Areas have used Professional Judgement where there is no SLT available to them such as Theatres and Outpatients. Data from the tool runs have been key to Corporate Nursing's Thematic Work which involves Health checks on all Nurse fundings, establishments and skill mix. Using data from a recent Community Nursing Staffing Level Tool run along with Professional Judgement and Quality Tool provided robust information that was part of a District Nursing review in Midlothian. This had 100% compliance and helped make informed changes within the service. A Common Staffing Method template was tested in this process to ensure all aspects of the duty were being met.	The successes will be used to inform board-wide policy and guidance, laying out definitions and requirements to comply with the Act. This will ensure all staff understand their roles and responsibilities regarding the Act. For example, NHS Lothian has created bespoke staffing level tool guidance, and the success in those areas where staffing level tools have been used will help improve this guidance. Additionally, the successful use of staffing level tools to inform staffing reviews highlights the effectiveness of this approach. It will continue to be used as a means to understand the required workforce and workforce availability as part of the service and strategic workforce planning cycle.
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Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, the common staffing method was followed at the required frequency in all areas except emergency care provision with an explanation of why this was not completed, e.g. lack of knowledge / training of personnel.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the common staffing method was not followed in emergency care provision and this was due to lack of knowledge / training, what measures were put in place to address this, e.g. identifying key personnel, provision of training, assistance from experienced personnel in other areas etc.
Nursing & Midwifery	Presently, some nursing and midwifery specialties do not have nationally validated staffing level tools. For example, Community Mental Health Nursing and Research Nursing. Although staff suggest a drive to utilise such tools if available. As such, some areas are running a Professional Judgment Tool only, that typically runs alongside the speciality specific staffing level tools.	The Health & Care Staffing Team and Health & Care Staffing Professional Leads will continue to work collaboratively with Healthcare Improvement Scotland in the development and improvement of validated staffing level tools. This will include supporting HIS with their efforts to engage local services in testing tools where required. For those nursing areas that do not have specially-specific staffing level tools available, the Health & Care Staffing Team will continue to make professional judgment tools available to support those areas with ensuring appropriate staffing levels.
Nursing, Midwifery & Medical Professions	It was also raised in Audit responses that the tools can be challenging and time consuming to use on SSTs and involve manually typing lots of data. This frustration is confounded by what many have viewed as archaic staffing level tools and calculators that often do not capture the modern nursing role	The Health & Care Staffing Team and Health & Care Staffing Professional Leads will continue to work collaboratively with Healthcare Improvement Scotland in the development and improvement of validated staffing level tools. This will include supporting HIS with their efforts to engage local services in testing tools where required. The Health & Care Staffing Team will continue to encourage staff engagement and provide comprehensive training and support, especially in those areas that do not have the additional human resource to support tool data entry or where tools have not been updated recently.
Nursing & Midwifery	The primary challenge identified is the delay in implementing a staffing level tool. A coordinated effort to run the tool and complementary studies in the near future to ensure comprehensive data collection required. Ongoing engagement with HIS and the development of tools for specific nursing areas reflected a broader commitment to gather comprehensive data to understand workload and workforce requirements.	A 2024/25 Royal Infirmary of Edinburgh (RIE) Emergency Care Provision Tool run has been delayed. There is an agreement to run the Emergency Care Provision Tool (ECPT) in early 2025. At the RIE Emergency Department, robust observation studies are planned to run concurrently with the ECPT, enabling the triangulation of data once the observation methodology is finalised and observer training is complete. There is a strong commitment to gather comprehensive data to understand workload and workforce requirements. The ECPT was successfully used in the St John's Hospital (SJH) Emergency Department (ED), SJH Emergency Medical Assessment (EMA), and Western General Hospital (WGH) Medical Assessment Unit (MAU) Trolleys. Engagement with Healthcare Improvement Scotland (HIS) is ongoing to explore opportunities for support. NHS Lothian's Community Workforce Governance group agreed that the Profession Judgement (PJ) tool should be completed only in community nursing areas, as the tool is being developed by HIS to produce a required Whole Time Equivalent (WTE). District Nursing (DN) was an exception and conducted a full tool run as part of a DN review. Work is ongoing to engage and support areas with implementing the Clinical Nurse Specialists (CNS) tool, which is under development with HIS to create a recommended WTE.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provide

Reasonable Assurance

12IL Training and consultation of staff (*The Health Board and Agency must only report on the types of healthcare, location and employees as detailed in section 12IK)		Status	Comment
Section	Item		
12IL	Clearly defined systems and processes are in place, and utilised, in all the types of health care, locations and employees listed in section 12IK, for the training and consultation of staff.	Yellow	Training in the Common Staffing Method (CSM) is recognised as a priority, with ongoing efforts to ensure consistent understanding and application across the organisation. A key initiative supporting this is the development of a Senior Charge Nurse/Midwife (SCNM) Development Programme, designed to provide a comprehensive understanding of SCNM roles and responsibilities, including legislation, common staffing method implementation, and alignment with the Excellence in Care (EIC) Framework. This programme will also integrate the recently launched Leading EIC Programme on TURAS. Until the SCNM Development Programme is fully developed, launched, and demonstrates measurable learning outcomes, the RAG status remains yellow. However, a robust ongoing training programme is already in place for the Staffing and Professional Judgement Tools, ensuring preparatory training, real-time support during tool runs, and post-run review sessions to effectively analyse results.
12IL(a)	These systems and processes include means to encourage and support employees to give views on staffing arrangements for the types of health care described in section 12IK.	Yellow	The Health & Care Staffing Team designed and contributed to the CSM systems and processes used within NHS Lothian. Through one-to-one contact with users of the CSM, they encourage and gather staff feedback to identify patterns and areas for improvement. This feedback was then incorporated into systems and processes, such as the CSM Reporting Template. The Health and Care Staffing Team also attend Nursing workforce groups to present on the CSM systems and process in place and gather views. Furthermore, the Health and Care Staffing leads provide ongoing one-to-one training on CSM systems and processes and continuously refine these systems based on past experiences to enhance effectiveness. They also maintain documentation on the CSM systems and processes and encourage feedback to share best practices and lessons learned. This all fosters a culture of continuous improvement based on staff views on staffing arrangements for the types of health care described in section 12IK.
12IL(b)	These systems and processes include means for taking into account and using views received to identify best practice and areas for improvement in relation to staffing arrangements.	Yellow	Local Nursing and Midwifery Workforce Governance Groups, responsible for overseeing the application of the Common Staffing Method , play a key role in identifying best practices in staffing arrangements and addressing challenges. However, further work is needed to establish a structured process for systematically sharing best practices across the organisation. This will be facilitated through the Nursing and Midwifery Workforce Programme Board, ensuring consistent learning, collaboration, and continuous improvement in workforce planning and staffing arrangements.
12IL(c)	These systems and processes include training employees (in particular those employees of a type mentioned in section 12IK) who use the common staffing method on how to use it.	Green	A comprehensive four-week preparation period ensures that all key elements for a successful staffing tool run are in place. Training is available in both face-to-face sessions and via MS Teams, providing flexible learning options. Additionally, HIS resource packs are distributed to all teams in advance and remain readily accessible on the Health & Care Staffing intranet pages, ensuring ongoing support and reference materials are available.
12IL(d)	These systems and processes include ensuring that employees who use the common staffing method receive adequate time to use it.	Green	All employees involved in staffing level and professional judgment tool runs are notified during the four-week preparatory period about the time required for completion, ensuring that adequate time is allocated and rostered as needed.
12IL(e)	These systems and processes include providing information to employees engaged in the types of health care mentioned in section 12IK about the use of the common staffing method, including the results from the staffing level tool and professional judgement tool; the steps taken under 12U(2)(b), (c) and (d) and the results of the decisions taken under 12U(2)(e).	Green	During pre-tool run training, managers are advised that all staff should have the opportunity to participate in staffing tool runs, raise real-time risks and receive feedback on decisions. To foster open, honest, and transparent discussions, managers are encouraged to share tool run outcomes with their teams and actively gather staff feedback. The reporting template requires documented evidence demonstrating how decisions were discussed within the team and made with their input in mind, ensuring a collaborative and inclusive approach to workforce planning.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	During 2024/25, NHS Lothian conducted two compliance and assurance audits to monitor adherence to this Health Duty and other legislative requirements. The Q1 Audit, with 62 questions, involved professional leads and produced extensive feedback. This audit identified robust processes and highlighted challenges in meeting this Duty's requirements. The audit results were used to rate compliance by Board and profession in the Board Quarterly Compliance Reports, using a Red, Amber, Yellow, and Green (RAGV) system. The governance route for these reports includes the Health & Care Staffing Programme Board, Staff Governance Committee, Lothian Partnership Forum, and the Board, with escalation as needed. In addition, each profession has governance arrangements to ensure the leadership team is aware of gaps and compliance. SafeCare compliance is monitored weekly and is mandatory for Nursing inpatient areas. This system supports self-monitoring and has improved compliance. Efforts are underway to expand the audit and compliance report to include roles like Registered Chaplains and Public Health. The aim is to achieve consistency across the Board and improve compliance with staffing duties, ensuring all services align with the requirements of the Act.

Areas of success, achievement or learning		
Please provide details of areas of success, achievement or learning associated with carrying out the requirements.		
Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, key personnel who were very experienced in using the common staffing method were engaged to train and mentor other personnel involved in the process.	This should describe how the success, achievement or learning could be used in the future. For example, those key personnel have now decided to meet regularly in a forum to discuss shared learning and to ensure the common staffing method is used consistently across all relevant areas in the organisation.
Nursing, Midwifery & Medical Professions	Respondents to NHS Lothian's 2024/25 Compliance and Assurance Audits noted positive engagement of staff across NHS Lothian with tool runs and the available training for staff and support from the NHS Lothian Health & Care Staffing Team as areas of success with complying with this duty. Additionally, they highlighted the importance of continuous feedback and the proactive approach taken by the Health & Care Staffing Team to address any challenges. This collaborative effort has fostered a culture of learning and improvement, ensuring that staff feel supported and well-prepared to meet their responsibilities effectively.	The Health and Care Staffing Professional Leads will continue to collaborate, sharing successes and good practices. This includes successful tool runs and valuable insights gained from positive staff engagement and the availability of comprehensive training and support. These insights can be used to increase compliance with other staffing duties and achieve consistency across the Board. For example, the successful engagement with the staffing level tools across NHS Lothian and the success with training availability will be especially useful learning for replication when rolling out SafeCare across non-nursing services in the future. By nurturing a culture of continuous improvement and support, the Health & Care Staffing Professional Leads aim to create an environment where best practices are not only shared but also effectively implemented, ensuring all staff members are well-equipped to meet their obligations under the Act.
Nursing, Midwifery & Medical Professions	Successful work is ongoing across Nursing to develop a "Health Check" template that consolidates staffing level tools results and other metrics, as required by the Duty to follow common staffing method. The template therefore helps areas understand how to follow the Common Staffing Method by providing an operational framework which considers the different elements of the triangulated approach. This template is part of a triangulated approach to staffing decisions, integrating various metrics to help staff identify trends and areas for improvement, ultimately aiming to enhance the quality of care provided.	The Health and Care Staffing Professional Leads will analyse compliance audit results by profession and area. They will report key findings and identify profession-specific gaps through local governance groups, along with the actions needed to address these gaps. Such gaps may include areas that lack the means to make data-driven and evidence-based staffing decisions, which could benefit from adopting the "Health Check" aggregative model where appropriate. Although most non-nursing areas are not required to follow the Common Staffing Method, a consistent, transparent, and evidence-based approach to staffing decisions should be incorporated into professional action plans.
Nursing, Midwifery & Medical Professions	Service leads receive the results of staffing level tool runs a Health Check CSM template, and are encouraged by the Health and Care Staffing Team to discuss the staffing level tool results with their teams. This provides an opportunity to inform the team about the ongoing processes within their area and the tool results for their area. Associate Nurse Directors can work with Clinical Nurse Managers to review the completed health check templates. At this stage, the Clinical Nurse Manager also can gather staff feedback. This approach was implemented at an acute site in NHS Lothian as part as part of a ward skill mix review.	The successes will continue be used to inform Board wide policy and guidance, defining the requirements to comply with the Act. For example, the successful collaborative review and feedback process used as part of the duty to follow common staffing method will inform best practices captured in the guidance for this duty and others. This will support all staff with understanding their roles and responsibilities regarding the Act.

Areas of escalation, challenges or risks		
Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenge or risks associated with carrying out the requirements, and the actions in place to address these.		
Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, issues were identified with the lack of training and adequate time for personnel in emergency care provision.	This should describe what actions have been / are being / will be taken to address the situation. For example, arranging and delivering training, provision of mentoring from experienced personnel, job planning to ensure adequate time is available for designated personnel to follow the common staffing method.
Nursing & Midwifery Professions	Some nursing and midwifery specialties, such as Community Mental Health Nursing, do not have nationally validated staffing level tools. There is a drive to utilise such tools if they become available. This gap affects the systems and processes used for training employees on how to use the common staffing method. Not all elements of the triangulation approach are available, making it challenging for areas to fully learn the common staffing method through practical application	The Health & Care Staffing Team and Health & Care Staffing Professional Leads will continue to work collaboratively with Healthcare Improvement Scotland in the development and improvement of validated staffing level tools. This will include supporting HIS with their efforts to engage local services in testing tools where required. For those nursing areas that do not have specialty-specific staffing level tools available, the Health & Care Staffing Team will continue to make professional judgment tools available to support those areas with ensuring appropriate staffing levels.
Nursing, Midwifery & Medical Professions	Audit responses highlighted that existing tools can be challenging and time-consuming to use, particularly on SSTS, requiring manual data entry. This complexity exacerbates training challenges on how to use the common staffing method. For example, the adult in-patient tool, which covers the largest staff group of any staffing level tool, requires filling out 11 fields per patient manually, consulting 27 patient acuity levels. The process is repeated every shift for two weeks, with manual average calculations every day. This complexity also affects the effectiveness of the systems and processes that ensure employees who use the common staffing method receive adequate time to use it.	The positive engagement of staff across NHS Lothian with tool runs and the available training for staff and support from the NHS Lothian Health & Care Staffing Team places NHS Lothian in a positive position to support key stakeholders with meeting the requirements of this duty. The Health & Care Staffing Team and Health & Care Staffing Professional Leads will continue to work collaboratively with Healthcare Improvement Scotland in the development and improvement of validated staffing level tools. This will include supporting HIS with their efforts to engage local services in testing tools where required. For those nursing areas that do not have specialty-specific staffing level tools available, the Health & Care Staffing Team will continue to make professional judgment tools available to support services with ensuring appropriate staffing levels.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

1 Guiding principles for health and care staffing

2 Guiding principles etc. in health and care staffing and planning

Section	Item	Status	Comment
2(2)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that when the relevant organisation is planning or securing the provision of health care from a third party, it has regard to the guiding principles for health and care staffing and the need for that third party from whom the provision is being secured to have appropriate staffing arrangements in place.	Yellow	Work to ensure that guiding principles and appropriate staffing arrangements are fully integrated into service planning and procurement processes has been temporarily paused. This delay is due to the need for further guidance and instruction regarding the lack of authority under the NHS General Dental Services (Scotland) Regulations 2010 for Health Boards to require staffing information (see Risks section below). Collaboration with procurement colleagues will resume once clarity on this issue is provided, ensuring these factors are properly incorporated and evidenced for annual reporting

Please provide information on the steps taken to comply with section 2(2)

These are steps taken to comply with 2(2) in general. Examples could include information about procurement and commissioning processes, how the guiding principles are taking into account and what procedures are in place for obtaining information about staffing arrang

NHS Lothian recognises the need to review legislative requirements to ensure compliance with the Guiding Principles and appropriate staffing arrangements when planning or securing healthcare services from external providers. A comprehensive review of current contracting and agreement procedures is required to assess compliance and establish clear evidence of adherence to these statutory obligations and work will continue with procurement colleagues once clarity on the identified issue is received as highlighted above.

Please provide information on how these systems and processes, and their application, have improved outcomes for service users

This should include, but not be limited to data in relation to patient safety and quality of care measures and outcomes, patient feedback and adverse event reporting; what this data has shown and any trends; and any actions taken as :

As mentioned above, NHS Lothian recognises the need to review legislative requirements to ensure compliance with the Guiding Principles and appropriate staffing arrangements when planning or securing healthcare services from external providers.

Professions across NHS Lothian carry out their own inspections of services which they commission. Regular inspections and evaluations ensure that services meet required standards, ensuring transparency and accountability, leading to high-quality care. This proactive approach helps identify areas for improvement and implement necessary changes, which also enhances patient safety and outcomes. By fostering a culture of continuous improvement, these processes support the implementation of best practices and fair competition.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, when procuring from private hospitals, the organisation has incorporated the requirements of the Act into the tender process.	This should describe how the success, achievement or learning could be used in the future. For example, the learning from tendering with private hospitals is now being used to implement arrangements in other types of procurement.
Multiple professions and services	Professions across NHS Lothian carry out their own inspections of services which they commission. These inspections ensure that the services meet the required standards and provide high-quality care for patients. By conducting regular evaluations, they can identify areas for improvement, implement necessary changes and maintain accountability. This proactive approach helps to enhance patient safety and outcomes, while also promoting continuous development and excellence in care.	The successes will be used to inform board-wide policy and guidance, defining the requirements to comply with the Act. For example, regular inspections can lead to significant improvements in patient care and safety, ensuring services consistently meet high standards and mitigate potential risks. Additionally, feedback from inspections can drive ongoing improvements in service delivery and inform staff training, ensuring staff are equipped with the latest knowledge and best practices. Finally, recognising where safe, high-quality care is being provided and sharing best practices across the organisation promotes a culture of excellence.
Multiple professions and services	Across NHS Lothian and professions, pre-Act systems and processes are in place to ensure compliance with commissioning and procurement rules, and governance. These mechanisms are designed to uphold transparency, accountability and efficiency. This ensures that resources are allocated effectively, conflicts of interest are avoided and high standards of care are maintained. Additionally, these processes support fair competition and the implementation of best practices.	The successes will be used to inform board-wide policy and guidance, defining the requirements to comply with the Act. With the knowledge that pre-Act systems and processes are in place, guidance and policy can support services with identifying and utilising existing processes and systems that meet the requirements of this Duty. For example, the implementation of these systems has led to improved resource allocation and high standards of care, demonstrating the effectiveness of the governance mechanisms that have regard to the guiding principles and provides assurance that appropriate staffing arrangements are in place.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may have been difficulties in planning or securing services from a particular speciality in relation to having regard to the need for that service to have appropriate staffing arrangements in place.	This should describe what actions have been / are being / will be taken to address the situation. For example, engaging with service providers to ensure that they understand what information is required, seeking alternative service providers etc.
General Dental Services	The NHS General Dental Services (Scotland) Regulations 2010 do not grant Health Boards the authority to require dental practitioners to provide staffing information when applying to be listed. Due to this regulatory limitation, Health Boards cannot provide the necessary evidence or assurance for planning and securing services as outlined in the Act's Guiding Principles for independent contractors/practitioners. NHSGGG has sought counsel from the CLO regarding three points: (i) whether the NHS (General Dental Services) (Scotland) Regulations 2010 ('the 2010 Regulations') give a Health Board the power to require dental practitioners to provide staffing information when they apply to be listed; (ii) whether there are any other powers available to a Board to impose such a requirement; and (iii) whether it is practical to engage with applicants to dental lists about staffing matters given the nature of dental practices. In response, the CLO's view is that the Act and its associated guidance cannot readily be implemented for independent dental practitioners. They have referred this concern to the Scottish Government for further guidance, which has been done. NHSGGG is awaiting a response from the Scottish Government.	The board-wide communication and education planning group will support services and work towards consistency across the Board, improving overall compliance with this duty. Once a response has been received by the Scottish Government, current processes will be reviewed relating to the securing of healthcare from other providers to ensure this has regard to the guiding principles and provides assurance that appropriate staffing arrangements are in place. This information will also be used inform board-wide policy and guidance and to provide targeted support.
Multiple professions and services	Further work is required to identify gaps and opportunities to strengthen existing recording arrangements with regards to planning and securing services to enable annual reporting of compliance with the legislation.	The board-wide communication and education planning group will support services and work towards consistency across the Board, improving overall compliance with this duty. This group will continue to review current recording arrangements relating to the securing of healthcare from other providers to enable annual reporting of compliance with the legislation. This information will also be used inform board-wide policy and guidance and to provide targeted support.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

Meeting:

NHS Lothian Board

Meeting date:

16 April 2025

Title:

Pharmacy Practices Committee – Annual Report 2024/25

Responsible Director:

Jenny Long, Director of Primary Care

Report Author:

Aleisha Hunter, Primary Care Contracts Manager

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

Any member wishing additional information should contact the Responsible Director (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to provide an annual report for the Board on the Pharmacy Practices Committee activity in 2024/25 and to outline plans for 2025/26.

2.2 Background

The Pharmacy Practices Committee (PPC) is a Committee of the Health Board, with delegated responsibility for considering applications received to join the Board's Pharmaceutical List. The Committee is constituted under Schedule 4 of the General Pharmaceutical Services (Scotland) Regulations 2009 as amended.

PPC Outcomes from 2024/25

The following outcomes have been notified to the Board since April 2024:

- The Burdiehouse hearing took place on 29 February 2024, it had to be adjourned for legal guidance and reconvened on 2 May 2024 (application rejected). The applicant lodged an appeal. The National Appeal Panel (NAP) dismissed the appeal in July 2024, the process is now at an end.
- The Granton hearing took place on 6 May 2024 (application rejected). Following three appeals by the applicant, the NAP dismissed the appeal in June 2024. The process is now at an end.
- The Gilmerton hearing took place on 29 May 2024 (application rejected). No appeal was submitted. The process is now at an end.
- The Linlithgow application was originally granted on 26 September 2023. Following three appeals by interested parties, the NAP dismissed the appeal in September 2024. The process was therefore at an end and the applicant was added to the provisional pharmaceutical list. Subsequently, one of the interested parties has lodged a Judicial Review of the NAP Decision. We await the outcome.
- The Pumpherston hearing took place on 17 July 2024 (application rejected). The applicant submitted an appeal. The NAP dismissed the appeal in September 2024, the process is now at an end.
- The Calderwood hearing took place on 16 December 2024 (application rejected). No appeal was submitted. The process is now at an end.

The full minutes from all Pharmacy Practices Committee hearings are published on the pharmacy application section of the NHS Lothian website: [Previous Decisions – Pharmacy Application Process](#)

Outstanding Appeal Outcomes notified to the Board in 2024/25

The annual report for 2023/24 detailed the appeals that were still with the NAP for consideration. The outcomes were as follows:

- The Haddington hearing took place on 20 April 2023 (application rejected). The applicant lodged an appeal. The NAP dismissed the appeal in May 2024; the process is now at an end.
- The Winchburgh hearing took place on 18 May 2023 (application rejected). The applicant lodged an appeal. The appeal was upheld on a procedural error; however, the Board were able to evidence that the alleged procedural error did not occur. NAP then confirmed in June 2024 that the appeal was at an end with no further action required. The process is now at an end.
- The Bathgate hearing took place on 24 August 2023 (application rejected). The applicant lodged an appeal. The NAP dismissed the appeal in May 2024; the process is now at an end.
- The Penicuik hearing took place on 28th November 2023 (application rejected). The applicant lodged an appeal. The NAP dismissed the appeal in June 2024; the process is now at an end.

The full National Appeal Panel Decisions are published on the pharmacy application section of the NHS Lothian website: [NAP Decisions – Pharmacy Application Process](#)

Summary of current position and plans for 25/26

- Significant progress has been made following successful completion of a recovery plan that was put in place to address the backlog of applications in the system. We are now up to date with applications / hearings and therefore able to operate in a more 'business as usual' way. The way the workload is planned is felt to be achievable and realistic and the project plan and timeline is regularly updated and published on our website for full transparency with applicants; [Current Position – Pharmacy Application Process](#).
- We are scheduling 8 – 10 PPC hearing dates per year to meet the anticipated demand, and will allocate applications as they come in.
- At present, we have one application to be heard with a provisional June 2025 date for the hearing. There are also 60 expressions of interest on the live list. To meet the requirements of the regulations we process applications in the order that expressions of interest are recorded. Our projected timeline reflects that it will take a significant period to process these to conclusion (up to 2031). This timeline does not account for NAP remitting applications back to the Board for reconsideration. If this happens, the timeline will be extended. As well as the 'live list' we keep a waiting list of expressions of interest where there is already interest noted for the area on the live list, we currently have 106 expressions of interest on the waiting list.
- In recent months, several potential applicants have withdrawn their interest either during, or at the end of, the pre-application stage. This is why no applications have been submitted for a PPC hearing for some time. We continue to work with potential applicants to try and get a flow of applications through the system, but this is challenging due to the lengthy timescales involved and the unpredictability of whether applicants will proceed.

- We continue to learn from this process and update our local procedures, and a recent case has highlighted a need to provide more clarity for potential applicants at the very early stage of the pre-application process, particularly in areas of new development. We now have clearer guidance / requirements for areas of new development where the details (e.g. full postcode) are not yet known. We have updated the Flowchart which outlines the NHS Lothian agreed process for management of expressions of interest (see Appendix 1) which was previously agreed by the NHS Lothian Board. This change has been approved by Primary Care Joint Management Group on 13 March 2025 and is included here for awareness.

2.3 Assessment

2.3.1 Quality/ Patient Care

Many pharmacy applications are not granted by the PPC. This aligns with our Pharmaceutical Care Services Plan which outlines we have good core provision of pharmaceutical services for our population. Those applications that are granted should improve access to pharmaceutical services for that neighbourhood, including access to unscheduled care services such as Pharmacy First.

However, the process itself of managing unsolicited applications is not effective, efficient or person-centred; we cannot commission core services based on population need as we must work within the current framework as set out in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

This report should be read in conjunction with the updated Pharmaceutical Care Services Plan which will be discussed at the April 2025 Board meeting which outlines the areas we will continue to develop to improve patient access and care.

2.3.2 Workforce

The key resources are PPC members' time and the time of the primary care contracts team to administer the process which are managed within existing resources.

2.3.3 Financial

The key resources are workforce to administer the process as detailed above. There is also a financial risk relating to legal challenges to this process. We are mitigating this by following the procedures as agreed by the NHS Lothian Board and updating these based on learning from new scenarios as outlined in this paper.

2.3.4 Risk Assessment/Management

Risks relating to the pharmacy application process are held on local risk registers, these include; the financial risk outlined above, that PPC hearings cannot be held due to the challenges in providing quorate panels which is mitigated by continual committee engagement and recruitment; and that the current regulations lead to an unsatisfactory process for both applicants and health boards, which is tolerated while continuing to influence policy colleagues to reform the regulations.

2.3.5 Equality and Diversity, including health inequalities

Each PPC hearing considers the impact on inequality as part of their discussion and decision-making.

2.3.6 Other impacts

No other known impacts.

2.3.7 Communication, involvement, engagement and consultation

As part of every pharmacy application there is a consultation exercise with the public.

2.3.8 Route to the Meeting

This report provides a summary of the PPC hearings throughout 24/25 for noting.

2.4 Recommendation

Awareness - The Board is invited to note the annual report and plans for 2025/26.

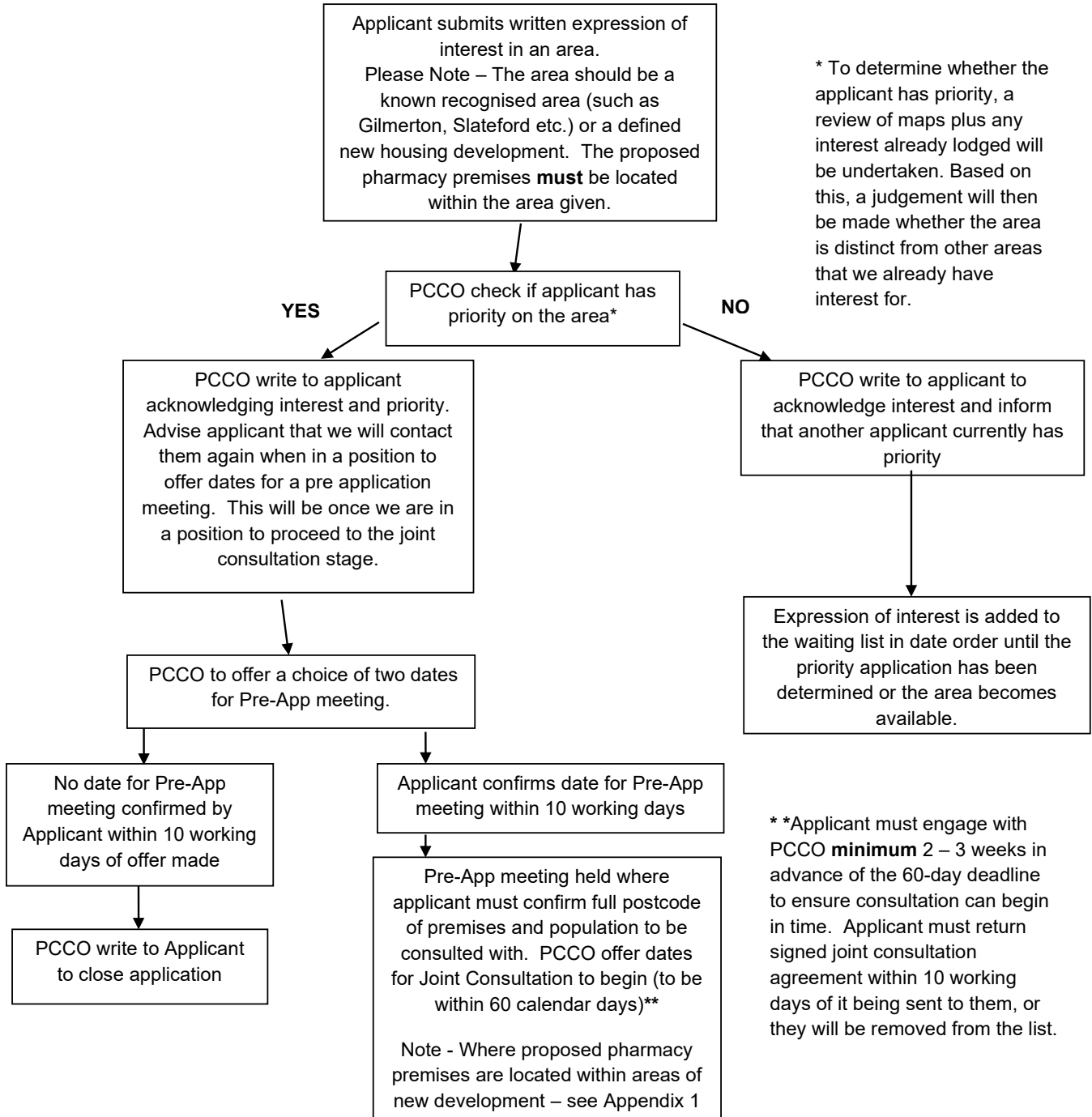
3 List of appendices

Appendix 1 – NHS Lothian Agreed Process for Management of Expression of Interest

Applications for admission to the pharmaceutical list

NHS Lothian local agreed process for management of Expressions of Interest

In order to promote good quality practice NHS Lothian have introduced the following to the Pre-Application process:



Updated process agreed by Primary Care Joint Management Group on 13th March 2025

Areas of new development

Where proposed pharmacy premises will be located within new developments which are not yet built / complete, in order to have a meaningful joint consultation, the applicant must:

- be able to clearly define the area to which their interest relates.
- intend to have proposed pharmacy premises located within that area.
- Be able to illustrate on a map where the proposed premises will be located.

If the applicant is unable to meet these requirements, either at the pre application meeting or by the 60-day deadline to begin the joint consultation, they will be moved to the bottom of the list to be progressed at a later date.

Meeting:

NHS Lothian Board

Meeting date:

16 April 2025

Title:

Pharmaceutical Services Hours of Service Scheme

Responsible Director:

Jenny Long, Director of Primary Care

Report Author:

Aleisha Hunter, Primary Care Contracts Manager

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input checked="" type="checkbox"/>	Awareness	<input type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

Any member wishing additional information should contact the Responsible Director (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to seek Board approval on the proposed revised Hours of Service Scheme for community pharmacy.

2.2 Background

As per The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (as amended) the Board is required to have an Hours-of-Service Scheme specifying the core opening hours for community pharmacy contractors. The Scheme requires approval from Scottish Ministers.

2.3 Assessment

The current NHS Lothian Pharmaceutical Services Hours of Service Scheme was approved by Scottish Ministers in February 2011. Over 2024 we have worked with our pharmacy contractor colleagues to review the Scheme, from the perspectives of both improving patient access and supporting contractors with the challenges around recruitment and retention of staff. A modern and fit for purpose Scheme is required, enabling contractors and the Board to work together to ensure the needs of our patients are met now and in the future.

Following successful partnership working with Community Pharmacy Lothian colleagues we now have an agreed proposed Scheme to put forward for consideration. This provides more flexibility for contractors, which will help to resolve some of the staffing challenges they face. It also provides more stability for patients by reducing short notice unplanned pharmacy closures plus an opportunity for pharmacies to vary their opening hours over the weekend which should result in greater patient access at the weekend.

The main changes relate to the normal core hours of service (note pharmacies can choose to open for extended hours but must be open during these core hours), which now give pharmacies the option of opening:

- 9am to 5.30pm (unless the pharmacy is co-located with a GP practice and then they must be open until 6pm) - during which time the pharmacy may close for up to 30 minutes in the middle of the day; or
- 9am to 6pm - during which time the pharmacy may close for up to one hour in the middle of the day. *(For info - The previous Scheme stipulated 9am to 6pm with a lunchtime closure only)*

(b) On one half day or four hours at the weekend:

- 4 hours provision (flexible) between the hours of 9am to 6pm
(For info - The previous Scheme stipulated 9am – 1pm on Saturday)

At any other time when a pharmacist's place of business is open for the purpose of supplying drugs or appliances they shall supply drugs or prescribed appliances which are ordered under the Regulations.

Consequently, each contracted pharmacy must be open every week day (less any public holidays) and for four hours at the weekend. Each contracted pharmacy will agree with the Board when the four hours is provided at the weekend between the hours of 9am to 6pm. The chosen four hours must be the same each week and forms part of contracted hours.

2.3.1 Quality/ Patient Care

Increased flexibility around opening hours at the weekend should improve patient access and choice. This will also be beneficial for pharmacy contractors in the recruitment and retention of staff and business viability, thereby reducing short notice temporary unplanned closures which will ensure more stability for patients.

This revised hours of service scheme gives us the flexibility to assess local needs and better manage service provision at the weekend. The aim is to review need on a geographic basis during both core and extended hours, and work with Community Pharmacy Lothian to deliver services that meet that patient need, and this will be developed through pilot work over 2025.

2.3.2 Workforce

The primary care contracts team process pharmacy short notice closure information plus requests for changes to contracted opening hours. Adoption of the revised Hours of Service Scheme may reduce the workload generated by issues around current requirements. It will also support our community pharmacy contractor colleagues to attract the workforce they need to ensure that patients have stable access to pharmaceutical services.

2.3.3 Financial

There is no financial impact for this proposal – it is cost neutral.

2.3.4 Risk Assessment/Management

If the current Hours of Service Scheme is not revised, there is a risk that provision of pharmaceutical services deteriorates as contractors may not be able to recruit and retain staff.

2.3.5 Equality and Diversity, including health inequalities

Having stable and consistent pharmaceutical services available in communities is invaluable for patient care.

2.3.6 Other impacts

No other known impacts.

2.3.7 Communication, involvement, engagement and consultation

The revised Hours of Service Scheme has been developed through a small working group including representatives from Community Pharmacy Lothian, Community Pharmacy Development Team, PCCO, HSCP Lead Pharmacists and LUCS. The revisions have been approved by Pharmacy Core Group on 7 January 2025, Primary Care Joint Management Group on 16 January 2025, CMT on 28 January 2025 and LAPC on 6 February 2025. If Board approval is given, it will be submitted to Scottish ministers for consideration.

2.3.8 Route to the Meeting

This information is for noting and will be provided to the Board on a quarterly basis.

2.4 Recommendation

- **Decision** – For approval.

3 List of appendices

1. Revised Hours of Service Scheme



Pharmaceutical Services
Hours of Service Scheme
Revised: December 2024

Lothian Health Board
Pharmaceutical Services Hours of Service Scheme (the “Scheme”)

This Scheme has been prepared by Lothian Health Board (the “Board”) after consultation with the Area Pharmaceutical Committee under Regulation 11(1) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (as amended) (“the Regulations”).

The Scheme has been approved by the Scottish Ministers for securing that one or more places of business on the Board pharmaceutical list shall be open at all reasonable times and specifying the arrangements for the dispensing of medicines required urgently at other times.

Normal Hours of Service

2. Except as provided in paragraph 3 below, all places of business on the Board pharmaceutical list shall be open for the supply of drugs and prescribed appliances (as the case may be):
 - (a) On five week days in the week (less any public holidays in the week):
 - 9am to 5.30pm (unless the pharmacy is co-located with a GP practice and then they must be open until 6pm) - during which time the pharmacy may close for up to 30 minutes in the middle of the day; or
 - 9am to 6pm - during which time the pharmacy may close for up to one hour in the middle of the day.
 - (b) On one half day or four hours at the weekend:
 - 4 hours provision (flexible) between the hours of 9am to 6pm

At any other time when a pharmacist’s place of business is open for the purpose of supplying drugs or appliances they shall supply drugs or prescribed appliances which are ordered under the Regulations.

Consequently, each contracted pharmacy must be open every weekday (less any public holidays) and for four hours at the weekend. Each contracted pharmacy will agree with the Board when the four hours is provided at the weekend between the hours of 9am to 6pm. The chosen four hours must be the same each week and forms part of contracted hours.

Additional Hours of Service

3. Where the Board, after consultation with the Area Pharmaceutical Committee, consider it necessary for the purpose of securing of an adequate pharmaceutical service in any part of the area that one or more contracted pharmacies should be open for a period:
 - At the weekend;
 - on public holidays; or
 - after the normal closing hour on other days

the Board shall decide for the relevant part of the area suitable hours of opening on the set days, and the number of places of business to be open.

The Board shall determine the places of business which are to be open by means of Rotas prepared in accordance with the provisions in the Appendix. Any place of business specified in a Rota shall be open on such days and at such hours as the Rota requires.

Every pharmacy shall, if required by the Board, participate in the Rota.

Variations

4. If a pharmacist or pharmacy owner applies to the Board for permission to vary, or to open for less than the normal hours of service set out in paragraph 1, or for the relief from duties under paragraph 2, the Board shall have the power to consent to the application subject to such conditions (if any) as they think necessary to ensure adequate pharmaceutical service. Before exercising such power, the Board shall consult the Area Pharmaceutical Committee and the Area Medical Committee.

Alternative Arrangements

5. If for a temporary period a pharmacist is prevented by illness or other cause from complying with the requirements of the Scheme, the pharmacist shall make alternative arrangements to the satisfaction of the Board that one or more pharmacists, whose premises are on the Pharmaceutical List and are situated in the locality, shall comply on their behalf with the requirements of the Scheme.

The pharmacist shall display a notice at their place of business visible from outside when the premises are closed, indicating that the place or places of business with which such alternative arrangements have been made.

Urgent Prescriptions

6. As provided in paragraph 6(2) of Schedule 1 of the Regulations, there shall be exhibited at each place of business of a registered pharmacist at times when that place of business is not open, and in such a manner as to be visible at such times, a notice in a form approved by the Board indicating the facilities available for securing the dispensing of medicines urgently required.

Notification to Pharmacists, Doctors and Dentists

7.
 - (a) The Board shall send a copy of the Scheme to each pharmacist at each place at which they provide pharmaceutical services and to each medical and dental practitioner giving service under the National Health Service (Scotland) Act 1947 and the National Health Service (Scotland) Act 1978.
 - (b) The Board shall send to each pharmacist with a place of business in a locality in which Rota arrangements are in operation, and to each medical and dental practitioner practising in that locality, a note of the places of business which are to be open under these arrangements, and the days and hours each place of business is to be open.

Interpretation

8. The words and expressions in this Scheme have the same meaning as in the Regulations.
9. "Rota" means an arrangement whereby two or more pharmacies are required by the Board to open in turn at stated hours beyond the normal hours set out in paragraph 1 of this Scheme, for the purpose of ensuring a pharmaceutical service at all reasonable times. This arrangement will only be necessary where extended trading pharmacies are not available within existing localities.

10. The provisions of the Scheme shall be incorporated into and form part of the terms of service for pharmacists.

This Scheme was made and adopted by Lothian Health Board and is executed for and on behalf of the Board by:

.....
JENNY LONG
Director of Primary Care
Lothian Health Board

.....
SCOTT GARDEN
Director of Pharmacy
Lothian Health Board

APPENDIX

1.
 - (a) The Rota giving the order in which additional duties are to fall upon each pharmacy shall be prepared by the Board or an authorised Committee of the Board as required by Scottish Ministers.
 - (b) The Rota for additional duties to be carried out at the weekend shall commence only in the absence of an extended trading pharmacy and with effect from a date to be determined by the Board.
 - (c) The Rota for additional duties to be carried out on public holidays shall commence only in the absence of an extended trading pharmacy and with effect from a date to be determined by the Board.
 - (d) The order in which these additional duties will fall upon each pharmacist in respect of each place of business at which he provides pharmaceutical services will be determined by lot: such duties will recur in the order so established.
 - (e) The lots to establish the order in which additional duties will be allocated in respect of the weekend will be drawn from a record of each place of business at which pharmaceutical services are provided by pharmacists within the locality to which the Rota applies.
 - (f) The lots to establish the order in which additional duties will be allocated in respect of public holidays will be drawn from a record of each place of business at which pharmaceutical services are provided by pharmacists within the locality to which the Rota applies.
2. Each pharmacy when it's place of business is not open, exhibit, so that it may be visible at all times, a copy of the appropriate Rota indicating where facilities are available for the supply of drugs, medicines and prescribed appliances.

.....
JENNY LONG
Director of Primary Care
Lothian Health Board

.....
SCOTT GARDEN
Director of Pharmacy
Lothian Health Board

Meeting:	NHS Lothian Board
Meeting date:	16 April 2025
Title:	Q3 2024/25 Whistleblowing Performance Report
Responsible Executive:	Tom Power, Director of People & Culture
Report Author:	Ruth Kelly, Deputy Director of People & Culture

1 Purpose

This report is presented for:

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The National Whistleblowing Standards for the NHS in Scotland (the Standards) require all Boards to produce and publish on a quarterly basis a Whistleblowing Performance report, which covers the key performance indicators on which all Boards are required to report to the Independent National Whistleblowing Officer/Scottish Public Services Ombudsman.

2.2 Background

- 2.2.1** The National Whistleblowing Standards for the NHS in Scotland (the Standards) were introduced in April 2021. NHS Boards are required to report on their performance in handling whistleblowing concerns, against the key performance indicators as set out in the Standards. The Quarter 3 2024/25 Whistleblowing Performance report is included at Appendix 1. In line with the Standards the Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link [Whistleblowing Performance Reports](#) and are shared with the Independent National Whistleblowing Officer/Scottish Public Services Ombudsman.
- 2.2.2** During Quarter 3 two new stage 2 concerns were recorded, and two stage 2 concerns were closed, one of which is from Q2 and the other from the previous reporting year.
- 2.2.3** There are currently four ongoing whistleblowing investigations, two in relation to concerns received in Quarter 3 this reporting year, one in relation to concerns that were received in Quarter 2 this reporting year, and one that was received in the previous reporting year.
- 2.2.4** Timescales for undertaking an investigation continue to be challenging. As reflected in the attached performance timescales this quarter (on average 119 working days) are consistent with same quarter last year (on average 119 working days) to conclude an investigation.
- 2.2.5** No new cases have been accepted by the INWO for investigation in Q3.
- 2.2.6** A series of national discussions have continued with the INWO, Scottish Government Workforce colleagues and representatives from the HR Director network to improve understanding and application of the standards and specifically to address the complexity of the standards, and their alignment with HR processes. NHS Lothian Director of HR & OD has been included in the discussions which have been constructive, focussed on improvement and working collaboratively.

In relation to cases currently with the INWO

May 2024 INWO Published Report

The actions and recommendations from this report have been progressed and the INWO are satisfied with the actions that have been taken to date. There are a couple of follow up meetings to take place and thereafter, the actions and recommendations from this report will be viewed as complete.

October 2024 INWO published Report

The actions and recommendations from this report are being progressed with some of the actions already complete. The remaining actions will be progressed and a final update on the action plan will be included in the next Board report.

2.3 Assessment

2.3.1 Quality/ Patient Care

Accessing and using the Whistleblowing Standards does not in itself address patient care and quality issues. However, it is recognised that poor staff experience has a direct impact on patient care/experience.

2.3.2 Workforce

The aim of the Standards is to offer support and protection to all who raise a concern or who are directly involved in a concern at all stages of the process.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

There is no requirement for anything to be added to the Risk Register at this stage.

2.3.5 Equality and Diversity, including health inequalities

As this is an update paper on performance against the national whistleblowing standards there are no implications for health inequalities or general equality and diversity issues arising from this paper.

2.3.6 Other impacts

Not applicable

2.3.7 Communication, involvement, engagement and consultation

Not applicable

2.3.8 Route to the Meeting

The content of the attached Quarter 3 2024/25 Whistleblowing Performance report was approved by the Staff Governance Committee at its meeting on 12 March 2025.

2.4 Recommendation

This paper is presented to the Committee for:

- **Awareness** – The Board is asked to note the content of the attached Quarter 3 2024/25 Whistleblowing Performance report which is in line with the requirements of the Standards and will be available on the NHS Lothian Staff pages of the Internet.
- **Assurance** – The Board is asked to agree and accept moderate assurance based on the evidence presented that systems and process are in place to help create a culture in NHS Lothian which ensure staff have confidence in the fairness and objectivity of the procedure through which their concerns are raised and acted upon and take significant assurance that the performance report meets the requirements of the Standards based on the evidence presented.

3 List of Appendices

The following appendices are included with this report:

Appendix 1 – Quarter 3 2024/25 Whistleblowing Performance Report.



Whistleblowing Performance Report

Quarter 3 – October to December 2024

Kerran Reeder
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns – Quarter 3 (October - December) 2024

Context

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:

‘open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.’

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Lothian to deliver, and the INWO can act as a final, independent review stage, if required.

- Stage 1: Early resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- Stage 2: Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

The Standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns

- The experience of all those involved in the whistleblowing procedure
- Staff perceptions, awareness, and training

Areas covered by the report.

Processes are in place to gather the details of and outcomes from whistleblowing concerns raised across all NHS services to which the Standards apply. Within NHS Lothian across the four Health and Social Care Partnerships (HSCPs) any concerns raised about the delivery of a health service by the HSCPs are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Lothian.

The Director for Primary Care has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contracted suppliers, not contracted through National Procurement.

Q3 Performance Information October - December 2024

Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

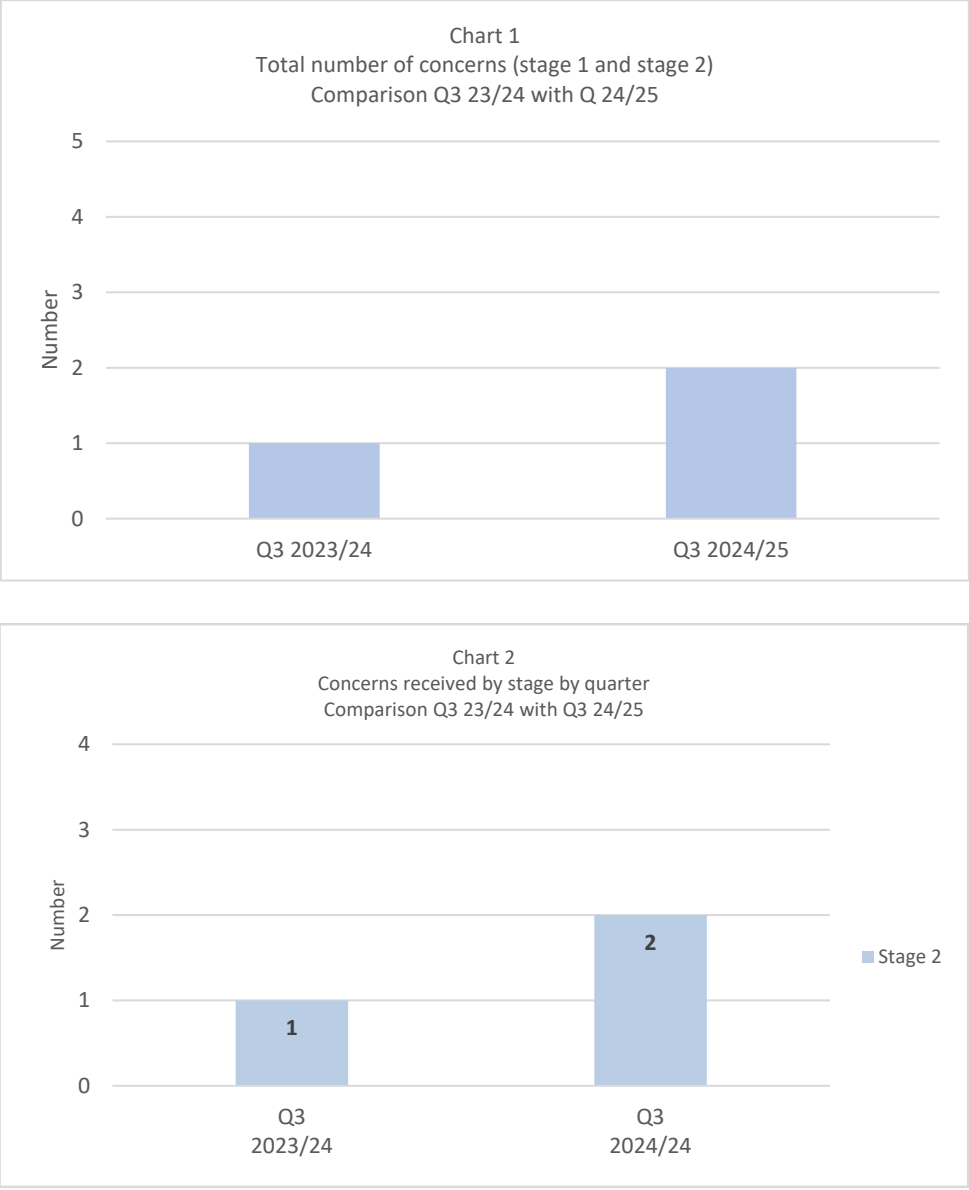
1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

Number of concerns, and concerns by Stage

During Q3 2024/25 two stage 2 whistleblowing concerns were received, in comparison one whistleblowing concern was received in the same quarter during previous reporting year.

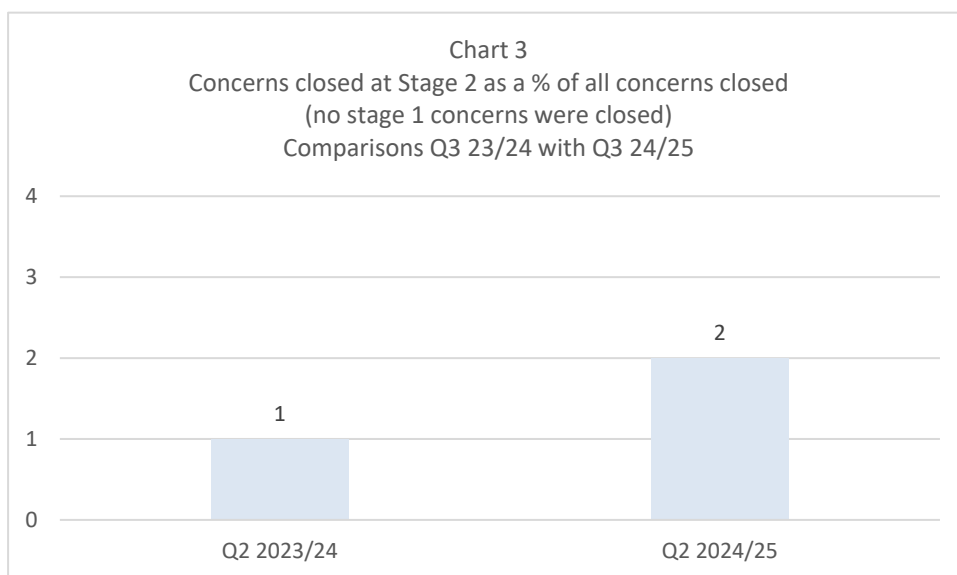
Chart 1 shows the total number of concerns received in Q3 2024/25 compared with Q3 2023/24.

Chart 2 provides a break down of the number of concerns received at each stage of the whistleblowing process over the same period.



Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed.

During Q3, two stage 2 concerns were closed (100%), of which one concern was received in the previous reporting year. One stage 2 concern was closed (100%) in the same period of the previous year. Chart 3 shows the quarterly comparisons. No stage 1 concerns were closed out during Q3, nor in the same period of the previous year.



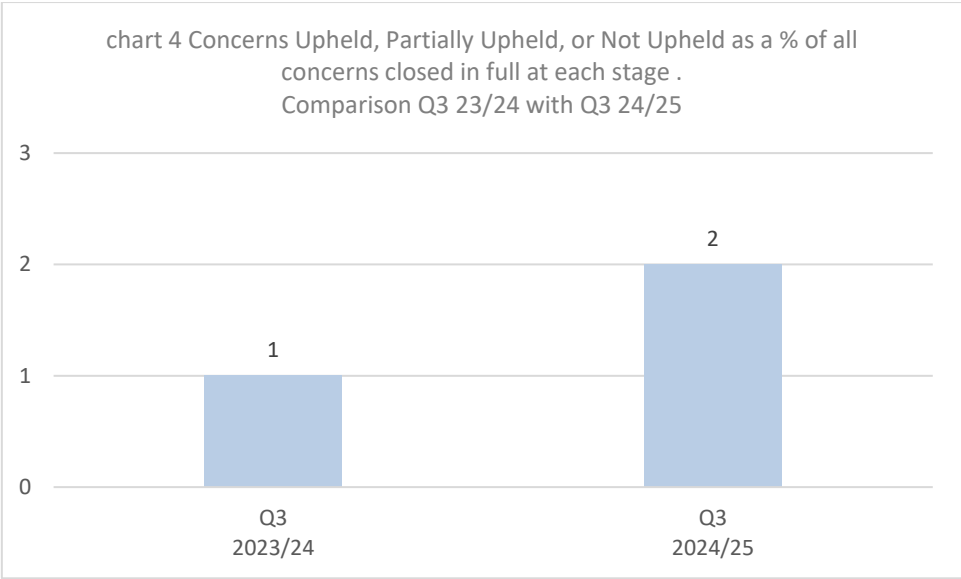
Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

No stage 1 concerns were received in Q3 either this or last year.

The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

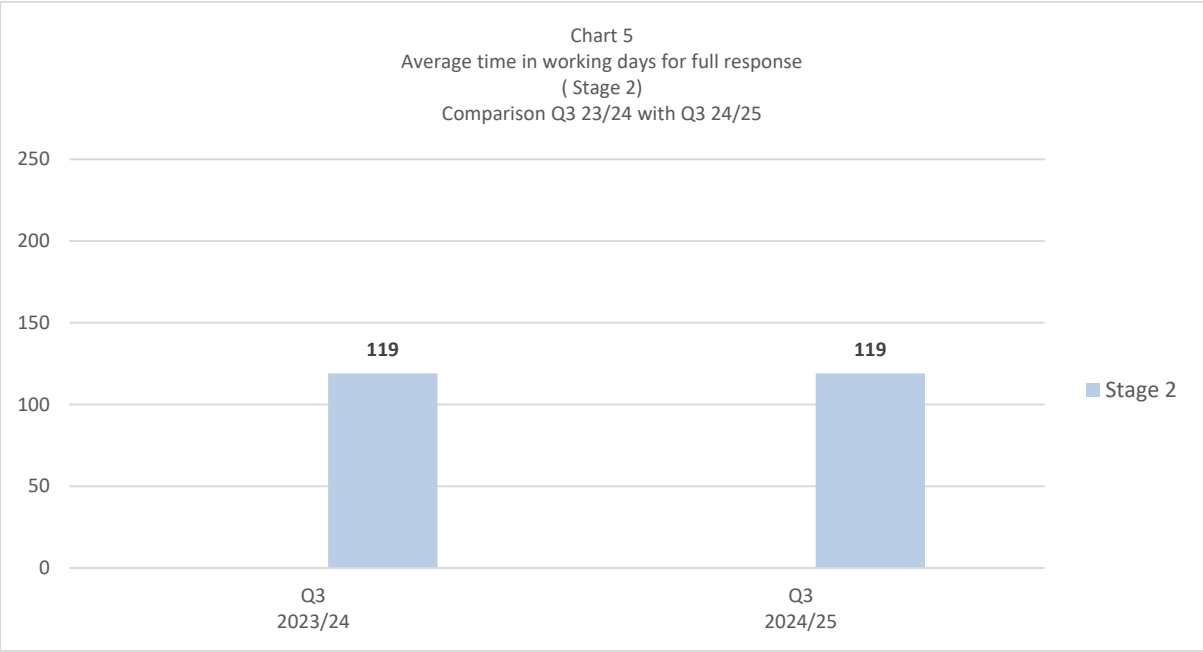
Chart 4 below details the outcome of the stage 2 concerns that were closed during quarter 3, which were all partially upheld (100%). In comparison in the same quarter last year one concern was closed (100%), which was partially upheld.



Indicator 4 - The average time in working days for a full response.

During this quarter two stage 2 concerns were closed, this compares with one stage 2 concerns being closed over the same period of the last reporting year. No stage 1 concerns were closed during quarter 3 this reporting year.

Chart 5 below details the average number of working days to respond in full to concerns.



As can be seen the average number of days to close concerns is consistent between Q3 23/24 and Q3 24/25.

Indicator 5 - Number and percentage of concerns closed in full within set timescales.

No concerns were closed in this quarter or across the reporting year within the set timescales of 5 or 20 working days. This has been attributed to the complexity of the cases being raised under the whistleblowing policy and which are currently being investigated. Other factors out with the control of the investigators, for example periods of annual leave or more people coming forward and wishing to speak to them during their investigation, are also seen as contributing to the time taken to complete investigations.

Concerns where an extension was authorised.

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must be provided with an update on the progress of any investigation every 20 working days. Extensions to all concerns received this quarter were authorised. In all instances the whistleblowers were advised of the need to extend the timescales and continue to be kept up to date with the progress of the investigation throughout the process.

Primary Care Contractors

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In total, 121 returns were received for Q3, details are outlined below, this compares to a total of 84 returns over the same quarter last year.

Quarter 3 2024/25						Quarter 3 2023/24			
	No	%*	Stage 1	Stage 2	Outcome	No	%	Stage 1	Stage 2
GP Practices	62	53%	0	1	Upheld	53	46%	0	0
Dental Practices	36	21%	0	0		11	9%	0	0
Optometry Practices	22	21%	0	0		12	10%	0	0
Community Pharmacies	1	1%	0	0		11	6%	0	0

* based on the current primary care contractor cohort as detailed below

- 116 GP practices including the challenging behaviour practice
- 175 general dental practices
- 107 optometry practices including domiciliary only
- 180 community pharmacies

Other Contracted Services – Not part of the wider National Procurement Framework

Under the terms of the Standards', contracted services are only required to submit annually concern data to the board, even if to report that there were no concerns raised. On a quarterly basis the requirement is only to report to the board if concerns were raised in that quarter, if no concerns have been raised there is no need to report, although it is good practice to let the Board know.

As at the end of Q3 there were 18 locally contracted suppliers who are not contracted through National Procurement. The number of local suppliers varies throughout the year, as contracts end, and new contracts commence. Where relevant the tender document for new contracts includes information on locally contracted suppliers' responsibilities in relation to whistleblowing and the process for raising concerns. No concerns have been recorded for Q3.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable.

No anonymous concerns were received in Q3, or year to date, or in the reporting year 2024/25.

Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers.

For each concern that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the Standards, this is principally the Executive Medical or Nurse Directors.

Action plans continue to be monitored by the Executive Director, whilst actions transition from the whistleblowing process to business-as-usual action/improvement plans.

In relation to local and system-wide learning, processes are in place to capture, and through the Executive Director commissioning the investigation, will be shared at the appropriate forums.

Experience of individuals raising concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing process in order that we can learn and make any improvements. As noted previously due to the time taken to investigate concerns, questionnaires are issued on an annual basis in June each year.

Those raising concerns at stage 2 are also offered a follow up conversation with the Non-executive Whistleblowing Champion, should they wish to discuss their experience of the process.

Level of staff perception, awareness and training

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been delivered. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required.

Communications continue to promote raising concerns in NHS Lothian and how this can be done.

Lunch and Learn sessions continue twice yearly, one session focusing on an Introduction to the Standards, which will be relevant to new managers and exiting managers wishing to refresh their learning. The second session focusing on Learning from Concerns in terms of process and outcomes.

Whistleblowing and Speak Up

The stage 2 concerns received this quarter were raised with a Speak Up Ambassador.

Work continues with the Speak Up Ambassadors to more fully understand the barriers which staff perceive to raising concerns through the line management structure.

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 3 2023/24 and quarter 3 2024/25.

Theme*1	Q3 23/24	Q3 24/25
Patient Care/Patient Safety	1	1
Poor Practice	1	1
Unsafe working conditions	1	1

Fraud	0	0
Changing or falsifying information about performance	0	0
Breaking legal obligations	0	0
Abusing Authority	0	0

*¹ more than one theme may be applicable to a single Whistleblowing concern

Concerns raised by Division

Division	Number
Health and Social Care Partnerships	*
Acute Hospitals	*
Corporate Services	*
REAS	*
Facilities	*

*to maintain anonymity where case numbers are lower than 5 actual case numbers have not been included.

Meeting: NHS Lothian Board

Meeting date: 16 April 2025

Title: Appointment of Members to Integration Joint Boards & Pharmacy Practices Committee

Responsible Executive: Board Chair

Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other – Committees / IJB Membership	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

Integration Joint Boards

In Line with [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) the following Non-Executive nominations to Integration Joint Board memberships are being presented for the Board's approval:

- Extend (retrospectively) the current IJB terms for the following non-executives, reflecting their reappointments to the Board:
 - Elizabeth Gordon (East Lothian and Edinburgh) until 24 June 2025
 - Peter Knight (Edinburgh) until 30 April 2025
 - Val De Souza (Midlothian) until 31 July 2025
- Reappointment of Elizabeth Gordon as a Voting Member of the East Lothian IJB, from 25 June 2025 (for a further 3-year term)
- Reappointment of Peter Knight as a Voting Member of the Edinburgh IJB, from 1 May 2025 (for a further 3-year term)
- Reappointment of Val De Souza to as the Lead Voting Member of the Midlothian IJB, from 1 August 2025 (for a further 3-year term)
- Reappointment of George Gordon as a Voting Member of the Edinburgh and West Lothian IJBs, from 15 May 2025 to 31 December 2026

Pharmacy Practices Committee

- Appointment of Rebecca Grieve (Primary Care Pharmacist, NE EHSCP) and Rocio Toribio (Primary Care Pharmacist, NW EHSCP) as Non-Contractor Pharmacists, to the Pharmacy Practices Committee, for three-year terms from 16th April 2025 to 15th April 2027.

2.2 Background

Integration Joint Boards

Nominations to Lothian's four Integration Joint Boards are recommended by the Board Chairman, following discussions with the recommended appointees. Considerations include the collective skills and experience required by each Committee, as well as the resource capacity and time commitments of individual non-executives.

[The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) determines the membership of integration joint boards. Section 3.-(1b) states that the Health Board is required to nominate the number of persons as determined in accordance with paragraph (3).

The number of persons to be nominated under paragraph (1b) is outlines as —

- (a) three;
- (b) such number as the constituent authorities agree; or

- (c) such number as may be specified by the local authority which does not exceed 10 per cent of the number of members of the local authority, whichever is the greatest.

The Order provides that the term of office for members of integration joint boards is not to exceed three years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

Pharmacy Practices Committee

There are specific Regulations which prescribe the membership and operation of the Pharmacy Practices Committee (PPC). It has seven members, being one NHS Non-Executive Board member, three pharmacists, and three lay members. A Non-Executive Board member convenes the PPC each time it meets. The Regulations allow deputies to be used, provided that when the PPC meets the prescribed membership categories are appropriately filled. For practical reasons the NHS Board has appointed several individuals to fill the required positions, as this facilitates convening the PPC each time a hearing is required and also allows a fresh panel to consider any appeals.

The Lothian Area Pharmaceutical Committee has identified the individuals above to be appointed as a non-contractor pharmacist members of the PPC and ratified electronically on 21 March 2025.

2.3 Assessment

2.3.1 Quality/ Patient Care

- Not Applicable.

2.3.2 Workforce

- Not Applicable.

2.3.3 Financial

- Not Applicable.

2.3.4 Risk Assessment/Management

This report attends to actual or anticipated gaps in the membership of Integration Joint Boards and Pharmacy Practices Committee, and it is not considered that there needs to be an entry on a risk register.

Key Risks

- An IJB or PPC does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.
- The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

2.3.5 Equality and Diversity, including health inequalities

- The statutory duties **do not apply** to the recommended decision, this report does not relate to a specific proposal which has an impact on an identifiable group of people.

2.3.6 Other impacts

- Resource Implications - This report contains proposals on the membership of IJBs and PPC. Where members are new to IJBs or PPC, it is probable that they may require further training and development to support them in their roles. This will be addressed as part of normal business within existing resources.

2.3.7 Communication, involvement, engagement, and consultation

- This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Public involvement is not required.

2.3.8 Route to the Meeting

- There are no prior committee approvals required.

2.4 Recommendation

Decision – The Board is asked to approve the following:

- Extend (retrospectively) the current IJB terms for the following non-executives, reflecting their reappointments to the Board:
 - Elizabeth Gordon (East Lothian and Edinburgh) until 24 June 2025
 - Peter Knight (Edinburgh) until 30 April 2025
 - Val De Souza (Midlothian) until 31 July 2025
- Reappointment of Elizabeth Gordon as a Voting Member of the East Lothian IJB, from 25 June 2025 (for a further 3-year term)
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3 List of appendices

- None.



Meeting: NHS Lothian Board

Meeting date: 16 April 2025

Title: Review of NHS Lothian Board Operating Guidance

Responsible Executive: Board Chair

Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other – Board Operating Guidance	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The Board is required to review and approve its Operating Guidance annually.

The NHS Scotland Blueprint for Good Governance, Second Edition (December 2022), requires that *“with the exception of the Integration Scheme(s), the documents that make up the Operating Guidance should be reviewed annually by the Boards to coincide with the preparation of governance statement that forms part of the Annual Report.”* (Paragraph 4.181).

2.2 Background

In line with the requirement above, the Board's Operating Guidance is submitted for annual review. Various documents have been reviewed and updated, with appropriate scrutiny undertaken by the relevant Board committees. The NHS Lothian Operating Guidance includes:

- Standing Orders
- Standing Financial Instructions
- Scheme of Delegation
- Terms of Reference for each of the Board's Standing Committees (Audit & Risk; Healthcare Governance; Staff Governance; Strategy, Planning & Performance; and Remuneration)
- Board Annual Cycle of Business

Collectively, the Operating Guidance supports good governance and provides important direction to the Board, executive leaders and other senior managers within the organisation. Its contents are developed, maintained and communicated by the Corporate Governance Team. The Principles of Good Governance, which underpin the design of the Blueprint for Good Governance, state that good governance requires Operating Guidance that is agreed, documented, widely communicated and reviewed by the Board on a regular basis.

This submission brings the cycle of review for the key parts of the Board's Operating Guidance into alignment, and it is anticipated that the Board will be invited to review the contents annually hereafter, in advance of the beginning of each new financial year.

2.3 Assessment

2.3.1 Standing Orders (Appendix A)

The Board's Standing Orders remain aligned to the model Standing Orders issued by the Scottish Government on 13 December 2019, via [DL \(2019\) 24](#). They were last updated and reviewed by the Board on 5 April 2023, where several amendments were made to accurately reference the Board's Code of Conduct for Members and the revised Blueprint for Good Governance (December 2022).

The model NHS Scotland Standing Orders have not changed and therefore no changes are proposed to the NHS Lothian Board's Standing Orders at this time. The Board is invited to accept the current Standing Orders as aligned with the nationally agreed model document and appropriate for continued use.

2.3.2 Standing Financial Instructions (Appendix B)

The Standing Financial Instructions (SFIs) are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provision) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters.

The authority to approve the SFIs, and any subsequent revisions to them, is reserved to the Board, via the Standing Orders. The current SFIs were reviewed and approved by the Board in June 2023.

The Audit & Risk Committee holds responsibility, under its terms of reference, to recommend to the Board any changes required to the SFIs. The revised SFIs presented at Appendix B were considered and endorsed by the Corporate Management Team on 11 February 2025 and the Audit & Risk Committee on 17 February 2025.

The primary changes to the SFIs are summarised in the table below and reflected as tracked changes in the document at Appendix B.

Standing Financial Instructions – main changes:
<ul style="list-style-type: none">• Throughout the document – the title of the Director of Human Resources & Organisational Development has been changed to the Director of People and Culture• Paragraph 8.4 – text added to clarify authority to commit spend or proceed to tender for approved business bases, linking this to levels of delegation established under the Scheme of Delegation.• Paragraph 8.9- added a reference to NHSScotland Property Transactions Handbook and the requirement to comply with its procedures.• Paragraph 9.2.2 – reduce frequency of physical check of assets from annual to periodic, with the requirement that all assets are subject to a physical check at least once every five years. This acknowledges that it is not practicable to undertake a physical review annually of around 6,000 assets.• Paragraph 9.5 – clarifies that the Senior Information Risk Owner (SIRO) is responsible for an Information Asset Register, not the Caldicott Guardian.• Paragraphs 15.1-15.12 – references to “eHealth” have been updated to “Digital”, reflecting current terminology for the directorate.• Paragraphs 16.1-16.5 – Responsibilities for records management and retention have been updated, along with references to the current Code of Practice.

2.3.3 Scheme of Delegation (Appendix C)

The Scheme of Delegation (SOD), operating in conjunction with the SFIs and other policies and procedures, sets out how the Board delegates authority to committees, individual Board members or Board employees, to act on its behalf in financial matters.

The authority to approve the SOD, and any subsequent revisions to it, is reserved to the Board, via the Standing Orders. The current SOD was reviewed and approved by the Board in June 2023.

The Audit & Risk Committee holds responsibility, under its terms of reference, to recommend to the Board any changes required to the SOD. The revised SOD presented at Appendix C was considered and endorsed by the Corporate Management Team on 11 February 2025 and the Audit & Risk Committee on 17 February 2025.

The primary changes to the SOD are summarised in the table below and reflected as tracked changes in the document at Appendix C.

Scheme of Delegation – main changes:
<ul style="list-style-type: none">• Throughout the document – the title of the Director of Human Resources & Organisational Development has been changed to the Director of People and Culture• “Category A” Approvers (page 2) - New Category A approvers added:<ul style="list-style-type: none">○ Director of Capital Planning & Projects○ Chief Allied Health Professionals Acute• Approval of Items to be included in the NHS Lothian Capital Programmes – Business Cases (section 2, pages 8-11):<ul style="list-style-type: none">○ Wording updated to ensure appropriate reference to all current business case stages○ Removal of redundant references to the Board’s standing committees in the approval of business cases under £1M in value. Clarifies that all capital expenditure should be aligned with Board approved plans and strategies. The specific Board committee approvals currently required for IAs and Business Cases (i.e. those over £1M in value) remain unchanged.• Revenue Expenditure (section 8, pages 22-23): Various updates and additions in regard to delegations for revenue expenditure, reflecting revised job titles or new roles.• Asset Transactions (section 15, page 37):<ul style="list-style-type: none">○ Explicit inclusion of vehicles within the definition of Land & Property and Equipment Leases.○ The description of lease and rental agreements has been updated to align with current accounting standards.• Financial Services (section 16, pages 39-42):<ul style="list-style-type: none">○ Chief Finance Officers included as Level 2 Cheque Signatories.○ Clarity added that Level 3 Cheque Signatories are specifically “Finance” Business Partners.○ Additions to lists of administrative roles granted Administrator profiles for the management of various electronic banking arrangements.

2.3.4 Committee Terms of Reference (Appendix D)

During the course of 2024/25, each of the Board’s committees has kept its own Terms of Reference under review and considered revisions, where necessary and appropriate. The date of each formal review and a summary of any changes adopted are set out below.

Audit & Risk Committee (reviewed 18 November 2024):

- *Minor changes to the wording around the remit and quorum*
- *Removed unnecessary duplication of references to the Committee not exercising executive authority.*
- *Included reference to the Audit and Risk Committee's responsibility for reviewing the Board's overall framework of assurance.*
- *Clarified that the Chair of Audit and Risk Committee should not be Chair of any other Board Governance Committee, to avoid conflicts of interest.*
- *Removal of reference to the Board approving the Terms of Reference each time a non-executive member attends to cover another's absence. This is already permitted by the Board's Standing Orders.*
- *Clarified reporting arrangements, mirroring other committee's terms of reference.*
- *Updated terms to refer to the NHS Lothian Charity, previously known as "Edinburgh & Lothians Health Foundation".*

Healthcare Governance Committee (reviewed 22 October 2024):

- *No changes proposed and existing Terms of Reference accepted as appropriate.*

Finance & Resources Committee (reviewed 5 June 2024):

- *Minor amendment to the Committee's core functions, to clarify that assurance on the ability of the organisation to deliver its functions and services is sought relative to and determined by the Board-approved strategies and plans.*

Staff Governance Committee (reviewed 30 October 2024):

- *Updated to include diversity and inclusion as an element of advancing workforce equalities, on which the Committee seeks assurance.*
- *Removed the requirement to appoint a Vice Chair of the Committee.*
- *Amendment of senior staff job titles to reflect recent changes (i.e., "Director and Deputy Director of Human Resources and Organisational Development" changed to "People & Culture").*

Strategy, Planning & Performance Committee (reviewed 13 November 2024):

- *No changes proposed, although the following areas were discussed:*
 - *Proportion of membership required for a quorum. It is considered that requiring one third of members for a quorum is appropriate, as per the current Terms of Reference. This is less than half, reflecting the sizable committee membership of 22 non-executives.*
 - *The capacity for SPPC to receive updates on key emerging issues. This is already reflected in the Terms of Reference (core functions) and forward agenda planning meetings diarised with the Chief Executive will assist in informing this.*

Remuneration Committee (reviewed 24 February 2025):

- *Reformatted to match other committee terms of reference documents*
- *Explicitly confirmed that the Committee provides an annual assurance report to the Staff Governance Committee*
- *Confirmation of the Committee's advisory function in relation to proposed Employment Tribunal settlements.*

2.3.5 Board Annual Cycle of Business (Appendix E)

The Blueprint for Good Governance recommends that the Board and each of its committees prepares an annual cycle of business, setting out the regular strategic and business items that each expects to consider over the course of the financial year. This is not intended to be a fully comprehensive list of all agenda items but rather the regular items that form part of the established cycle of assurance information. It is expected that agendas will develop to accommodate discussion and scrutiny of various additional and *ad hoc* items, such as external reports and regulatory reviews published during the year.

A draft Board Cycle of Business for 2025/26 has been provided at Annex E, to give all Board members sight of the range of regular strategic and business items expected to be considered by the Board during the year ahead. Similar cycles are being prepared for each of the Board's Committees and will be finalised following discussion with Committee Chairs and Executive Leads.

2.3.2 Quality/ Patient Care

This is an administrative issue which has no specific impact on quality or patient care.

2.3.3 Workforce

This is an administrative issue which has no specific impact on workforce. However, maintaining clear guidance and policies through a process of regular review aids staff in understanding their roles and responsibilities.

2.3.4 Financial

This is an administrative issue which has no direct financial impact. However, updating and renewing the Boards Operating Guidance (particularly the SFIs and SOD) contributes positively to financial compliance and helps to mitigate financial risk (e.g., from fraud).

2.3.5 Risk Assessment/Management

Standing Orders - The Board has an incomplete or incorrect set of Standing Orders, which if followed, leads to poor governance or perhaps a failure to apply the law correctly.

Standing Financial Instructions & Scheme of Delegation - Failure to maintain clarity and effectiveness in guidance on the appropriate use of the Board's financial resources increases the risk of inefficiency, financial loss or fraud.

Committee Terms of Reference – Failure to undertake a regular review of each Committee's Terms of Reference risks divergence from new statutory duties, good practice or updated guidance from Scottish Government and external regulatory bodies.

Establishing the Board's annual review of its Operating Guidance provides appropriate mitigation of these and other risks.

Risk Register

Robust and effective regulation of financial management (through the review of the SFIs and SOD) within the Board supports further mitigation of the Finance Risk (3600) currently on the Corporate Risk Register.

2.3.6 Equality and Diversity, including health inequalities

Statutory duties do not apply, this paper relates to an annual review of the Board's internal "Operating Guidance" and is not expected to impact specifically on any particular groups or communities.

2.3.7 Other impacts

The proposed revised Operating Guidance will not introduce a significant change in current working practices. Any implementation issues will be delivered within current resources.

2.3.8 Communication, involvement, engagement and consultation

The relatively minor changes proposed are not expected to impact on any particular groups, there has been internal engagement with relevant managers, executives and non-executive board committees.

2.3.9 Route to the Meeting

This has been previously 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.

- Corporate Management Team, 11 February 2025 (SFIs and SOD)
- Audit & Risk Committee, 17 February 2025 (SFIs and SOD)
- Board Standing Committees, throughout 2024/25 (Terms of Reference)

2.4 Recommendation

- **Assurance** – The Board is asked to review and note its suite of Operating Guidance, accepting significant assurance that this meets the requirements of the Blueprint for Good Governance.
- **Approval** – The Board is asked to formally approve revisions proposed to the Standing Financial Instructions and Scheme of Delegation, on the recommendation of the Audit & Risk Committee.
- **Approval** – The Board is asked to formally approve the Terms of Reference for each of its standing committees, noting that each committee has reviewed its Terms of Reference during the year and adopted changes where necessary.

3 List of appendices

The following appendices are included with this report:

- Appendix A, Lothian NHS Board Standing Orders
- Appendix B, Lothian NHS Board Standing Financial Instructions
- Appendix C, Lothian NHS Board Scheme of Delegation
- Appendix D, Lothian NHS Board Governance Committees Terms of Reference
- Appendix E, Board Annual Cycle of Business 2025/26 (Draft)

Appendix A, Standing Orders

Lothian NHS Board Standing Orders



Lothian NHS Board Standing Orders			
Date effective from:	16 April 2025	Review date:	April 2026
Approved by:	Lothian NHS Board		
Approval Date:	16 April 2025		
Author/s:	Board Secretary		
Policy Owner:	Board Secretary		
Executive Lead:	Director of Finance		
Target Audience:	Board members		
Supersedes:	Version last approved by Board, 5 April 2023		
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Version Control

Date	Author	Version	Reason for change
04/03/2020	Alan Payne, Board Secretary	1.0	N/A
05/04/2023	Darren Thompson, Board Secretary	2.0	Periodic Review and Blueprint for Good Governance update
02/04/2025	Darren Thompson, Board Secretary	2.0	Annual Review (no changes)

Executive Summary

The Standing Orders form part of the Board’s Operating Guidance and specifically regulate the conduct and proceedings of the Board.

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF LOTHIAN NHS BOARD

1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Lothian NHS Board, the common name for Lothian Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance, Second Edition (issued through DL (2022) 38) has informed these Standing Orders. The Blueprint describes the five primary functions of good Board governance as:

- **Setting the direction**, including clarifying priorities and defining change and transformational expectations
- **Holding the Executive Leadership Team to account** by seeking assurance that the organisation is being effectively managed and change is being successfully delivered
- **Managing risks** to the quality, delivery and sustainability of services
- **Engaging with key stakeholders**, as and when appropriate
- **Influencing** the Board's and the wider organisational culture.

Further information on the role of the Board, Board members, the Chair, Vice- Chair, and the Chief Executive is available on:

- <https://www.nhs.scot/>
- <https://learn.nes.nhs.scot/17367/board-development>

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition, or amendment. The Board will annually review its Standing Orders.

- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the [Code of Conduct for Members of Lothian NHS Board](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board Secretary is the Board's appointed Standards Officer and shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 In relation to gifts and hospitality, members must observe and act in accordance with paragraphs 3.13-3.21 of the [Code of Conduct for Members of Lothian NHS Board](#). Therefore, members shall refuse any offer or promise of any gift or hospitality, unless it is:
- A minor item or token of modest intrinsic value offered on an infrequent basis;
 - A gift being offered to Lothian NHS Board, as a public body;
 - Hospitality which would reasonably be associated with the duties of a Board Member; or
 - Hospitality which has been approved in advance by Lothian NHS Board.

- 1.11 Where a gift is accepted by a member on behalf of the Board (e.g., because not doing so may cause embarrassment), the gift should be passed to the Board's Standards Officer at the earliest opportunity, to be registered.
- 1.12 Members shall notify the Board's Standards Officer if they are offered (but refuse) any gift or hospitality of any significant value, so that such occurrences may be monitored.
- 1.13 The Board Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website within the [Board Members' Handbook](#).

2 Chair

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice- Chair.

4 Calling and Notice of Board Meetings

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business; however, this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally, only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.21, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However, members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The

Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section or remove it from the agenda altogether.
- 5.15 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

- 5.16 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.17 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then

the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

- 5.18 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.19 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.20 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

- 5.23 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
 - The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation.
 - The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
 - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

- 5.24 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

- 5.25 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.26 The Board Secretary (or their authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Standing Orders
 - b) The establishment and terms of reference of all its committees, and appointment of committee members
 - c) Organisational Values
 - d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
 - e) The Annual Operational Plan for submission to the Scottish Government for its approval. (**Note:** The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
 - f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
 - g) Risk Management Policy.
 - h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
 - i) Standing Financial Instructions and a Scheme of Delegation.
 - j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts, or any information drawn from it before

- the accounts are laid before the Scottish Parliament. Similarly, the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
 - l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
 - m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit & risk committee should advise the Board on the appointment, and the Board may delegate to the audit & risk committee oversight of the process which leads to a recommendation for appointment.)
 - n) Health & Safety Policy
 - o) The contribution to Community Planning Partnerships through the associated improvement plans.
 - p) Arrangements for the approval of all other policies.
 - q) The system for responding to any civil actions raised against the Board.
 - r) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

Regarding points o) – r), the Board may delegate some decision making to one or more executive Board members.

- 6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g., the integration schemes for a local authority area.
- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

7 Delegation of Authority by the Board

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation (which can be found on the Board's website [here](#)).
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.

- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board, or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document, the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management, and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. The Blueprint for Good Governance in NHS Scotland (Second Edition November 2022) describes the framework of standing committees which the Board must include.
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required and shall review the terms within two years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consists of or include all the Board members. Where the committee's membership includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills, and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Lothian NHS Board and is not to be counted when determining the committee's quorum.

Appendix B, Standing Financial Instructions

**Lothian NHS Board
Standing Financial Instructions**



Lothian NHS Board Standing Financial Instructions			
Date effective from:	16 April 2025	Review date:	April 2026
Approved by:	Lothian NHS Board		
Approval Date:	16 April 2025		
Author/s:	Board Secretary		
Policy Owner:	Director of Finance		
Executive Lead:	Director of Finance		
Target Audience:	All board employees and budget holders (including local authority employees carrying out a Directed Function under an Integration Scheme)		
Supersedes:	Version last approved by Board, 21 June 2023		
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Version Control

Date	Author	Version	Reason for change
07/04/2021	Alan Payne, Board Secretary	8.0	N/A
21/06/2023	Darren Thompson, Board Secretary	9.0	Periodic Review
02/04/2025	Darren Thompson, Board Secretary	10.0	Annual Review

Executive Summary

The Standing Financial Instructions (SFIs), operating in conjunction with Board Standing Orders, the Scheme of Delegation and other policies and procedures, explain the financial responsibilities and duties to be observed by the Board and its employees. They apply to all activities, including when the Board is carrying out functions as directed by the Integration Joint Boards that it is a constituent authority of.

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1 INTRODUCTION

General

- 1.1 These Standing Financial Instructions ('SFIs') form part of the NHS Lothian Standing Orders.
- 1.2 The SFIs explain the financial responsibilities to be observed by Lothian NHS Board ("the Board") and its employees. They cover all activities, including when the Board is carrying out functions as directed by the Integration Joint Boards that it is a constituent authority of. The SFIs should be used with the Board's Standing Orders and the Board's Scheme of Delegation.
- 1.3 The principles underlying this document are:-
 - 1.3.1 The Board shall carry out its functions in line with relevant law and shall also comply with any directions or guidance issued by the Scottish Ministers and comply with integration joint board directions.
 - 1.3.2 The Board shall conduct its activities in an open and accountable manner. Its activities and performance will be auditable.
 - 1.3.3 The Board shall perform its activities within the available financial resources.
 - 1.3.4 The Board shall conduct its activities in a manner that is cost effective and demonstrably secures value-for-money.
- 1.4 To achieve the above, **all** employees must observe these SFIs and the above principles.
- 1.5 For Budget Holders and their staff, this will mean:-
 - 1.5.1 Agreeing their Budget and performing their duties strictly within that Budget.
 - 1.5.2 Following all of the Board's approved policies and procedures.
 - 1.5.3 Acting within their levels of delegated authority.
- 1.6 Failure to comply with these SFIs is a disciplinary matter, which could result in dismissal.
- 1.7 The Director of Finance shall:-
 - 1.7.1 Approve all financial procedures and working practices.
 - 1.7.2 Provide advice and support where there are any difficulties regarding the interpretation or application of the SFIs.

Terminology

- 1.7.3 "NHS Lothian" means all elements of the NHS under the auspices of Lothian NHS Board.
- 1.7.4 "Board" and "Health Board" mean Lothian NHS Board, the common name of Lothian Health Board.
- 1.7.5 "Budget" means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Health Board.
- 1.7.6 "Budget Holder" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.
- 1.7.7 "Employee" means an employee of the Board. Additionally, wherever the term "employee" is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.
- 1.7.8 "Local Authority Employee" means an employee of a local authority which is a party to an Integration Scheme with Lothian NHS Board, in circumstances where that employee carries out Directed Functions.
- 1.7.9 "Directed Functions" means a function which an Integration Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.7.10 "Chief Executive" means the chief officer of the Health Board.
- 1.7.11 "Director of Finance" means the chief financial officer of the Health Board.
- 1.7.12 "Legal Adviser" means the properly qualified person appointed by the Health Board to provide legal advice.
- 1.7.13 "Integration Joint Board" means a public body created under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014, which the Board has delegated some functions to through an Integration Scheme.
- 1.7.14 "Integration Functions" mean the functions that the Health Board has delegated to an Integration Joint Board through the relevant Integration Scheme.
- 1.7.15 "Integration Scheme" means the scheme prepared by the Health Board and the local authority, and approved by the Scottish Ministers, for the local authority area under Section 1(2) of the Public Bodies (Joint Working) (Scotland) Act 2014.

- 1.7.16 “NHS Lothian Charity” (*previously Lothian Health Board Endowment Fund*) is a charity registered with the Office of the Scottish Charity Regulator under number SC007342. The Board is the corporate trustee of NHS Lothian Charity and all members of the Board act as trustees of the charity. NHS Lothian Charity is administered under the relevant sections of the National Health Service (Scotland) Act 1978 and in line with the Charities and Trustee Investment (Scotland) Act 2005. The trustees are responsible for the general control and management of the charity, and they do so at arms-length from the conduct of the business of the Board.
- 1.7.17 “Accountable Officer” is the individual who is appointed to this role for the Board under the terms of Section 15 of the Public Finance and Accountability (Scotland) Act 2000 and the Accountability section of the Scottish Public Finance Manual.
- 1.8 Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include anyone who has been authorised to represent them.
- 1.9 All Budget Holders shall be provided with a summary of these SFIs with instructions as to where the full version can be located. Budget Holders are expected to comply with the SFIs whilst discharging their responsibilities and to ensure that employees in their area of responsibility are aware of the SFIs, and how the SFIs affect the conduct of their duties.
- 1.10 The Board shall review these SFIs annually, in line with the requirements of the NHS Scotland Blueprint for Governance second edition (December 2022).
- 1.11 Local Authority Employees will remain employees of the relevant Local Authority and will not become employees of the Board unless expressly agreed otherwise. Nonetheless, it is anticipated that for the limited purpose of delivering the relevant Directed Functions, such Local Authority Employees will require to comply with certain relevant Board policies, including these SFIs. Local management will identify such policies.

2 KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board & The Audit & Risk Committee

- 2.1 The Board shall approve these SFIs and the Scheme of Delegation.
- 2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.
- 2.3 The Board shall agree the terms of reference for the Board's Audit & Risk Committee which, amongst other things, shall include:-
 - 2.3.1 Overall assurance on corporate governance, internal control and risk management, including regularly reviewing these SFIs and the Scheme of Delegation, and make a recommendation to the Board for their approval.
 - 2.3.2 Financial reporting.
 - 2.3.3 The internal audit and external audit functions.
- 2.4 The Audit & Risk Committee's terms of reference shall conform with extant Scottish Government instructions and other guidance on good practice.
- 2.5 The Board shall perform its functions within the total funds allocated by the Cabinet Secretary (within the Scottish Government).

The Chief Executive (Accountable Officer)

- 2.6 The Chief Executive is the Accountable Officer for the organisation. As such, the Chief Executive is responsible and accountable for funds entrusted to the Board and is accountable, through NHS Scotland's Principal Accountable Officer, to the Scottish Parliament. This responsibility is detailed in the Accountable Officer memorandum.
- 2.7 The Chief Executive has overall executive responsibility for the Board's activities and shall ensure that the Board's meets its financial targets.
- 2.8 The Chief Executive shall ensure that an integration joint board shall have such information as it may reasonably require for the purposes of:
 - a) Preparing its Strategic Plan or a replacement Strategic Plan
 - b) Carrying out a review of the effectiveness of its Strategic Plan
 - c) Preparing its Performance Report
 - d) Determining whether to give a direction to the Board, and what the content of that direction should be.
 - e) To provide information as may be required by the content of a particular direction.

- 2.9 The Chief Executive shall ensure that all directors and relevant employees and relevant Local Authority Employees are notified of and understand their responsibilities within these SFIs.

The Director of Finance

- 2.10 The Director of Finance shall:-

- 2.10.1 implement the Board's financial policies and co-ordinate any action necessary to further those policies;
- 2.10.2 maintain an adequate and effective system of internal financial control. This shall include developing and implementing financial procedures that are consistent with the principles of internal control;
- 2.10.3 ensure that sufficient records are kept to show and explain the Board's transactions, and carry out its statutory duties;
- 2.10.4 be able to present the financial position of the Board, with reasonable accuracy, at any time;
- 2.10.5 provide financial advice to the Board and its directors and employees and relevant Local Authority Employees; and
- 2.10.6 propose accounting policies consistent with Scottish Government and Treasury guidance, financial reporting standards, and generally accepted accounting practice.

- 2.11 On behalf of the Chief Executive, the Director of Finance is also responsible for:-

- 2.11.1 ensuring arrangements are adequate to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function (in accordance with the internal audit standards applicable to NHS bodies and the Scottish Government's Audit Committee Handbook); and
- 2.11.2 designating an officer as the Fraud Liaison Officer to work with NHS Scotland Counter Fraud Services and co-ordinate the reporting of frauds and thefts.

- 2.12 The Director of Finance is entitled without necessarily giving prior notice to require and receive:-

- 2.12.1 access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- 2.12.2 access at all reasonable times to any land, premises or employee of the health board or relevant Local Authority Employee;
- 2.12.3 the production of any cash, stores or other property of the health board under an employee's control or the control of a Local Authority Employee; and

2.12.4 explanations concerning any matter under investigation.

All Directors and Employees and Local Authority Employees

2.13 All directors and employees and Local Authority Employees, individually and working together, are responsible for:

2.13.1 Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:-

- a. ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 9 of these SFIs);
- b. ensuring that asset records/registers are kept up-to-date;
- c. performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
- d. following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.

2.13.2 avoiding loss;

2.13.3 implementing the Duty of Best Value in Public Services (see the [Scottish Public Finance Manual](#)); and

2.13.4 following these SFIs and any other policy or procedure that the Board may approve.

2.14 All Budget Holders shall ensure that:-

2.14.1 the Director of Finance receives all information that is required to prepare Budgets;

2.14.2 Budgets are only used for their stated purpose; and

2.14.3 Budgets are never exceeded.

2.15 When a Budget Holder expects their expenditure will exceed their delegated budget, they must secure an increased Budget, or seek explicit approval to overspend before doing so.

2.16 All NHS Lothian staff and Local Authority Employees who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees and Local Authority Employees must remain beyond suspicion.

2.17 All NHS Lothian employees and Local Authority Employees shall observe the requirements of MEL (1994) 48, which sets out the Standards of Business Conduct for

all NHS staff. There are 3 crucial public service values which underpin the work of the health service:-

2.17.1 Conduct

There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

2.17.2 Accountability

Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

2.17.3 Openness

The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Lothian, other health organisations and its staff, patients and the public.

2.18 All employees and Local Authority Employees shall:-

2.18.1 ensure that the interest of patients remain paramount at all times;

2.18.2 be impartial and honest in the conduct of their official business;

2.18.3 use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and

2.18.4 demonstrate appropriate ethical standards of personal conduct.

2.19 Furthermore all employees and Local Authority Employees shall not:-

2.19.1 abuse their official position for the personal gain or to the benefit of their family or friends;

2.19.2 undertake outside employment that could compromise their NHS duties; or

2.19.3 seek to advantage or further their private business or interest in the course of their official duties.

2.20 The Director of Finance shall publish supplementary guidance and procedures to ensure that the above principles are understood and applied in practice.

2.21 The Board shall approve a Code of Conduct for Board members, in accordance with the Ethical Standards in Public Life Act (2000). An Integration Joint Board will also have its own Code of Conduct made under that Act, and any Board members or employees appointed to an Integration Joint Board shall be required to observe that Code.

- 2.22 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.
- 2.23 All employees and Local Authority Employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.

3 INTERNAL AUDIT

- 3.1 Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve the Board's operations. It helps the Board accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
- 3.2 A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, shall select and make a recommendation to the Board on whom to appoint as the Chief Internal Auditor. The Chair of the Audit & Risk Committee shall approve the composition of the panel. The Chief Internal Auditor shall lead the Board's internal audit function and be responsible for appointments to the internal audit team.
- 3.3 The Chief Internal Auditor shall ensure that the internal audit function operates in accordance with the Public Sector Internal Audit Standards (PSIAS), and shall provide assurance, at least annually, to the Audit & Risk Committee that this is being achieved.
- 3.4 While maintaining independence, the Chief Internal Auditor shall be accountable to the Director of Finance and, through them, to the Audit and Risk Committee. Every year, the Chief Executive, Director of Finance and Chief Internal Auditor will review the lines of accountability to assess whether the independence of the internal audit function remains intact. The Chief Internal Auditor shall report the results of this review to the Audit & Risk Committee. If necessary, the Chief Executive shall revise the Chief Internal Auditor's line of accountability to ensure independence is maintained.
- 3.5 All employees and Local Authority Employees shall, at the request from the Chief Internal Auditor or another member of the internal audit function:-
 - 3.5.1 provide access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature;
 - 3.5.2 provide access at all reasonable times to any land, premises or employee of the health board or Local Authority Employees;
 - 3.5.3 produce any cash, stores or other property of the health board under an employee's or Local Authority Employee's control; and
 - 3.5.4 provide explanations concerning any matter under review or investigation.
- 3.6 The Audit & Risk Committee shall normally invite the Chief Internal Auditor to attend Audit & Risk Committee meetings and any of its sub-committees. The Chief Internal Auditor shall have direct right of access to all Audit & Risk Committee members, the NHS Board Chair and the Chief Executive. The Chief Internal Auditor has the right to meet in private with any of these individuals.
- 3.7 The Chief Internal Auditor shall prepare a risk-based Strategic Internal Audit Plan and an Internal Audit Charter for consideration and approval by the Audit & Risk Committee before the start of the audit year.

- 3.8 The Chief Internal Auditor shall issue a draft terms of reference for consideration by the lead executive (Audit Sponsor) and the relevant operational staff for the area under review (key contacts) before each audit. These shall set out the scope, objectives, resources and timescales for the audit. The Chief Internal Auditor shall give the sponsor and key contacts adequate time to consider and respond to the draft terms of reference before it is finalised. After that time, the Chief Internal Auditor may elect to finalise the terms of reference. The Chief Internal Auditor shall issue the final terms of reference before the start of the audit fieldwork.
- 3.9 The Chief Internal Auditor shall issue the draft report for an audit to the audit sponsor, and the audit sponsor shall have two weeks to provide a response. The sponsor, or their representative, should respond either in writing or during a close-out meeting with Internal Audit. If an appropriate response is not received, the Chief Internal Auditor may elect to present the report without a response to the Audit & Risk Committee. The Chief Internal Auditor shall develop an operational procedure for the distribution of all final reports, which will ensure that the Board's external auditor receives a copy of every report.
- 3.10 Management are responsible for ensuring that appropriate internal control systems exist within their own area (or parts thereof), and for deciding whether or not to accept and implement internal audit findings and recommendations. Where internal audit recommendations are not accepted, the audit sponsor should provide a comprehensive explanation to the Audit & Risk Committee, normally as part of the management response within the associated internal audit report.
- 3.11 Management must address issues raised in audit reports by the agreed target dates. The Chief Internal Auditor shall follow-up on the completion of management actions, and provide the Audit & Risk Committee with a progress report at each meeting setting out completion rates. The Audit & Risk Committee may invite the audit sponsor to attend meetings to respond to queries relating to outstanding internal audit recommendations for their area.
- 3.12 The Chief Internal Auditor shall prepare an Annual Internal Audit Report, in line with Public Sector Internal Audit Standards and any relevant Scottish Government directions and present it to the Audit & Risk Committee to inform its review of the draft Governance Statement.

4 EXTERNAL AUDIT

- 4.1 The Auditor General for Scotland appoints the external auditor to the Board.
- 4.2 The appointed external auditor shall conduct their duties in line with what is required by law and Audit Scotland's Code of Audit Practice.
- 4.3 All employees and Local Authority Employees are to provide the external auditor:
- ❖ Access at all reasonable times to any documents or information that the Board holds; and
 - ❖ Any assistance, explanation, or information as the external auditor considers necessary
- 4.4 The Director of Finance shall prepare accounts and make arrangements to provide any information that the external auditor may require, so as to support the efficient conduct of the external audit.
- 4.5 It is important that the Board's external auditors are independent and seen to be independent in the work that they undertake. It is therefore not appropriate for them to undertake any non-audit work that might be perceived to create a conflict of interest with their role as external auditors.
- 4.6 The Board's external auditors may be engaged to undertake additional services only if Audit Scotland has previously confirmed that it would be appropriate for them to do so. These additional services include the external audit of patients' funds accounts. The NHS Lothian Charity trustees appoint the external auditor of the endowment fund accounts, and consequently that appointment is not regarded as additional services by the Board's external auditor. The Director of Finance shall notify the Audit & Risk Committee of any such engagement at its next available meeting.
- 4.7 The Audit & Risk Committee shall:
- ❖ Approve the remuneration of the external auditors within the range that Audit Scotland has set
 - ❖ Examine any reason for the resignation or dismissal of the external auditor
 - ❖ Review and confirm the external auditor's strategy and plans
 - ❖ Receive and review the outputs from the work of the external auditor.
 - ❖ Ensure that the external auditor has direct access to the Board's Chair and the Chair of the Audit & Risk Committee.
 - ❖ Meet the external auditor once a year without the presence of management
 - ❖ Determine the process to monitor the performance of the external auditor and reflect any such results from that process in the Audit & Risk Committee's annual report.
 - ❖ Receive assurance that the external auditor has arrangements in place to maintain their independence and objectivity. This should include consideration as to whether any of the audit staff have any business interest with Lothian Health Board, or personal relationships with any of the Board employees or Local Authority Employees, which could compromise independence and objectivity.
 - ❖ Set out in its annual report whether the external auditor has provided any additional services during the year.

- 4.8 In the event that there is a problematic working relationship between the external auditor and the Board, the Chair of the Audit & Risk Committee shall advise the Board of the circumstances.

5 FINANCIAL MANAGEMENT

This section applies to both revenue and capital Budgets.

Planning

- 5.1 The Scottish Government has set the following financial targets for all boards:-
 - 5.1.1 To operate within the revenue resource limit.
 - 5.1.2 To operate within the capital resource limit.
 - 5.1.3 To operate within the cash requirement.
- 5.2 The Chief Executive shall produce an operational plan in the form and for the period which the Scottish Government may prescribe. The Chief Executive shall submit an operational plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The operational plan shall contain:-
 - 5.2.1 a statement of the significant assumptions within the operational plan; and
 - 5.2.2 details of major changes in workload, delivery of services or resources required to achieve the operational plan.
- 5.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:-
 - 5.3.1 show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
 - 5.3.2 be consistent with the operational plan;
 - 5.3.3 be consistent with the Board's financial targets;
 - 5.3.4 identify potential risks;
 - 5.3.5 identify funding and expenditure that is of a recurring nature; and
 - 5.3.6 identify funding and expenditure that is of a non-recurring nature.
 - 5.3.7 identify the proposed payments to each Integration Joint Board for its Integration Functions; and
 - 5.3.8 identify the proposed amounts which are to be set aside for each Integration Joint Board for the Integration Functions carried out in large hospitals
- 5.4 The Director of Finance shall calculate the payments and set-aside for each Integration Joint Board in line with the process described in the relevant Integration Scheme.
- 5.5 The Health Board shall approve the financial plan for the forthcoming financial year.

- 5.6 The Health Board shall approve the payments and set-aside for each Integration Joint Board and the associated schedule of payments for the forthcoming financial year, in line with its financial plan.
- 5.7 Upon receipt of directions from the Integration Joint Boards, the Director of Finance shall assess whether the effect of those directions requires a change to the financial plan.
- 5.8 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 5.9 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 5.10 The Director of Finance shall monitor the expenditure incurred in carrying out integration joint board directions against the funding given with each direction. The Director of Finance shall follow the processes described in the finance section of each Integration Scheme for any issues that may arise, and the results will inform the financial planning process for the following year.
- 5.11 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used. The approval of business cases shall be as described in the Scheme of Delegation.
- 5.12 The Director of Finance shall release capital funds allowing for project start dates and phasing.

Budgetary Control

- 5.13 The Board shall approve the opening Budgets for each financial year on an annual basis. The Director of Finance shall review the directions of the Integration Joint Boards. In the event that this review identifies a need to revise the opening Budgets, then the Director of Finance shall present the revised opening Budgets to the Board for approval.
- 5.14 The Chief Executive shall delegate the responsibility for budgetary control to designated Budget Holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts. To support this process the Director of Finance shall administer a process to obtain evidence of their acceptance of the opening Budgets from the following Budget Holders:
 - The Chief Executive and their direct reports.
 - The direct reports to the Chief Officer (Acute Services).
- 5.15 Where one of the above officers wishes to delegate the role of "Budget Holder" to one of their team, then the officer should ensure that the prospective Budget Holder confirms their acceptance of the Budget, and confirms to observe the Board's policies and procedures which are relevant to discharge of their duties and to use whatever financial systems may be in place.

- 5.16 Where a Local Authority Employee is to be either a Budget Holder or is to be delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.
- 5.17 Employees and Local Authority Employees shall only act on their delegated authority when there is an approved Budget in place to fund the decisions they make.
- 5.18 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:-
- 5.18.1 the amount of the Budget ;
 - 5.18.2 the purpose(s) of each Budget heading;
 - 5.18.3 what is expected to be delivered with the Budget in terms of organisational performance; and
 - 5.18.4 how the Budget Holder will report and account for their budgetary performance.
- 5.19 The Chief Executive may agree a virement procedure that would allow Budget Holders to transfer resources from one Budget heading to another.
- 5.20 If the Budget Holder does not require the full amount of the Budget delegated to them for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.
- 5.21 The Director of Finance shall devise and maintain systems of budgetary control. These will include:-
- 5.21.1 financial reports to each meeting of the Board in a form approved by the Board containing:-
 - a. net expenditure of the Board during the previous period and for the financial year-to-date; and
on a quarterly basis, a forecast of the Board's expected net expenditure for the remainder of the year.
 - b. movements in working capital;
 - c. capital project spend and projected outturn against plan;
 - d. explanations of any material variances from plan;
 - e. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;

- 5.21.2 the issue of timely, accurate and comprehensible advice and financial reports to each holder of a Budget, including those responsible for capital schemes, covering the areas for which they are responsible;
- 5.21.3 investigation and reporting of variances from agreed Budgets;
- 5.21.4 monitoring of management action to correct variances; and
- 5.21.5 ensuring that adequate training is delivered on an on-going basis to Budget Holders.

Monitoring

- 5.22 The Chief Executive shall submit any required monitoring forms to the Scottish Government.
- 5.23 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limit on the last day of each month.

6 PAY EXPENDITURE

Funded Establishment

- 6.1 The workforce plans incorporated within the annual Budget will form the funded establishment.
- 6.2 The funded establishment of any department may not be varied without the approval of the Chief Executive, or without the application of any control procedure that the Board may put in place.
- 6.3 Only the Remuneration Committee can vary the establishment for posts directly accountable to the Chief Executive.
- 6.4 The Board shall follow national policy, procedures and guidance for the determination of commencing pay rates, conditions of service, etc, for employees.

Staff Appointments

- 6.5 The term “staff appointment” can mean to engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or agree to changes in any aspect of remuneration. The engagement of agency staff shall only occur in accordance with procedures established by the Board.
- 6.6 A director or employee or a Local Authority Employee may make a staff appointment if:-
 - 6.6.1 the organisation’s approved procedures permit the person to do so; or
 - 6.6.2 the Remuneration Committee has approved the appointment (for posts directly accountable to the Chief Executive)

and

 - 6.6.3 the appointment is within the limit of their approved Budget and funded establishment.

Processing of Payroll

- 6.7 The Director of Finance is responsible for:-
 - 6.7.1 specifying timetables for submission of properly authorised time records and other notifications;
 - 6.7.2 the final determination of pay;
 - 6.7.3 making payment on agreed dates; and
 - 6.7.4 agreeing method of payment.
- 6.8 The Director of Finance shall issue instructions regarding:-

- 6.8.1 verification and documentation of data;
 - 6.8.2 the timetable for receipt and preparation of payroll data and the payment of employees;
 - 6.8.3 maintenance of subsidiary records for superannuation, income tax, national insurance and other authorised deductions from pay;
 - 6.8.4 security and confidentiality of payroll information;
 - 6.8.5 checks to be applied to completed payroll before and after payment;
 - 6.8.6 authority to release payroll data under the provisions of the law relating to data protection, records management and information security;
 - 6.8.7 methods of payment available to various categories of employee;
 - 6.8.8 procedures for payment by cheque, bank credit, or cash to employees;
 - 6.8.9 procedures for the recall of cheques and bank credits;
 - 6.8.10 pay advances and their recovery;
 - 6.8.11 verification, authorisation and payment of expenses;
 - 6.8.12 maintenance of regular and independent reconciliation of pay control accounts; and
 - 6.8.13 a system to ensure the recovery from leavers of sums of money and property due by them to the Health Board.
- 6.9 Nominated employees and local authority employees shall have delegated responsibility for:-
- 6.9.1 completing and submitting payroll documentation, and other notifications in accordance with agreed timetables and any instructions from the Director of Finance; and
 - 6.9.2 completing and submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee or Local Authority Employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Finance, or relevant counterpart in the Local Authority which employs the Local Authority Employee, must be informed immediately.
- 6.10 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

Contracts of Employment

6.11 The Board shall delegate responsibility to the Director of ~~Human Resources and Organisational Development~~People and Culture for:-

6.11.1 ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant national NHS policies; and

6.11.2 dealing with variations to, or termination of, contracts of employment.

7 NON-PAY EXPENDITURE

7.1 This section shall apply to both revenue and capital expenditure.

Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

7.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

7.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of all NHS boards, and the Board shall implement these nationally negotiated contracts in line with CEL 2012 (05).

7.4 The Board shall operate within the processes established for the procurement of publicly funded construction work, utilising national and local contracts, including framework contracts.

7.5 The Board shall comply with The Public Contracts (Scotland) Regulations 2015 (and any subsequent relevant legislation) and the Procurement Reform (Scotland) Act 2014 (and any subsequent relevant legislation) for any procurement it undertakes directly.

7.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

7.7 All other aspects of procurement activity must follow the requirements of these Standing Orders and these SFIs. The Board must approve any decision to depart from the requirements of this section 7.

7.8 The lead senior officer for procurement shall:-

7.8.1 Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations (and any subsequent relevant legislation).

7.8.2 Prepare comprehensive procedures for all aspects of procurement activity.

7.9 The following basic principles shall be generally applied:-

7.9.1 procurement activity satisfies all legal requirements;

7.9.2 adequate contracts are in place with approved suppliers for the supply of approved products and services;

7.9.3 Segregation of duties is applied throughout the process;

7.9.4 Adequate approval mechanisms are in place before orders are raised;

- 7.9.5 All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
- 7.9.6 All payments made are in accordance with previously agreed terms, and what the Board has actually received.
- 7.10 All procurement on behalf of the Board must be made on an official order. Official Orders must:-
 - 7.10.1 be consecutively numbered;
 - 7.10.2 be in a form approved by the lead senior officer for procurement;
 - 7.10.3 state the Board's terms and conditions of trade; and
 - 7.10.4 only be issued following the authorisation of the relevant officer or officers described in the Scheme of Delegation, or officers with the necessary delegated authority on the Authorised Signatory Database.
- 7.11 The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement. Examples of such instances are:-
 - 7.11.1 Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking, or where the use of the corporate purchasing card is deemed necessary.
 - 7.11.2 Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
 - 7.11.3 Where payment in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- 7.12 The Director of Finance shall issue procedures on the use of petty cash which all employees and Local Authority Employees shall follow.

Tendering and Contracting

- 7.13 Competitive Regulated Procurements for the supply and disposal of all goods and services shall be invited unless:-
 - 7.13.1 The Scheme of Delegation (Annex 4 of Standing Orders) permits otherwise.
 - 7.13.2 The supply or disposal has been arranged by the National Services Scotland – National Procurement, Scottish Government, Crown Commercial Service, Hubco, or any other agreed collaborative procurement which NHS Lothian is entitled to call off from.
 - 7.13.3 The supply has been arranged under a framework agreement such as those noted in 7.13.2 above.

- 7.13.4 The supply has been arranged under existing NHS Lothian Contract/Framework arrangements.
 - 7.13.5 The method of supply or disposal is subject to existing contractual obligations, and the Board is not free to put the matter out to tender.
 - 7.13.6 The supply value (excluding VAT) is not greater than £50,000, and paragraph 7.15 below applies.
 - 7.13.7 The supply value (excluding VAT) is greater than £50,000, and the Director of Finance has approved a decision to waive the requirement to tender (see paragraphs 7.16-7.19 below).
- 7.14 Tenders shall be issued when required in accordance with the Scheme of Delegation. The evaluation criteria and basis of scoring will be established prior to the issue of the tender. Normally, the Most Economically Advantageous Tender will be accepted. If it is proposed to accept a tender other than the lowest (or for disposals the highest) in the interests of Best Value, a formal record shall be retained of the reasons for doing so.

Supply of Value up to £50,000

- 7.15 Where the estimated expenditure is not greater than £50,000 (excluding VAT), then the following alternative arrangements should be followed by the Budget Holder:

<i>Value of Supply</i>	<i>Process to Follow</i>
£30,000 - £50,000	Competitive Quotation – at least three written quotations should be considered.
£15,000 - £30,000	Competitive Quotation – at least two written quotations should be considered.
£3,000 - £15,000	One written quotation should be considered.
Under £3,000	There is no requirement to get quotations.

In the event that it is not possible to satisfy the above requirements (e.g. it is not possible or practical to get two quotations), the lead senior officer (procurement) may waive the requirements. The lead senior officer (procurement) may waive the requirements, always having due regard to the circumstances used for the waiver of competitive tendering

Supply of Value greater than £50,000 - Waiver of Tender Requirements

This section must be read in conjunction with the Board's Scheme of Delegation, in particular *Section 4 – Requirements for Market Testing and Tendering (Capital and Revenue)*.

- 7.16 Budget Holders are expected to anticipate their procurement requirements in advance of when the supply is to be delivered, and routinely work with the Procurement Department to undertake the appropriate tendering and contracting as is required by

the law and 7.13 above. However, the Director of Finance may waive the requirement to undertake tendering in the following circumstances:-

- 7.16.1 The timescale (from identification of need to the time of required delivery) genuinely precludes the appropriate form of market testing. This provision cannot be used if the limited timescale is due to a failure to anticipate the need for the supply.
 - 7.16.2 The supply or disposal is for goods and services of a special nature or character in respect of which it is not possible or desirable to obtain competitive tenders.
 - 7.16.3 Specialist expertise is required and is available from only one source.
 - 7.16.4 The supply concerns a task that is essential to complete a piece of work and arises as a consequence of a recently completed assignment, and engaging different suppliers for the new task would be inappropriate.
 - 7.16.5 There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.
- 7.17 The lead senior officer for procurement shall prepare a standard form to be used on every occasion to set out the reasons for a proposal to waive Regulated Procurement procedures, and which of the above clauses at 7.16 is being used.
- 7.18 The lead senior officer for procurement must confirm within that form whether the proposed waiver taken together with other associated procurement actions will breach The Public Contracts (Scotland) Regulations 2015 (and any subsequent relevant legislation) or the Procurement Reform (Scotland) Act 2014 (and any subsequent relevant legislation). If the waiver would constitute a breach, then the waiver cannot proceed. (N.B. Para 1.3 of these SFIs requires the Board to follow the law.)
- 7.19 The Director of Finance must review the completed form before approving the waiver. The Director of Finance shall forward all waiver approvals to the lead senior officer for procurement. The lead senior officer for procurement shall maintain a waiver of tender register.

8 ADDITIONAL MATTERS FOR CAPITAL EXPENDITURE

Overall Arrangements for the Approval of the Capital Plan

- 8.1 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual (SCIM). The authorisation process is described in the Scheme of Delegation.
- 8.2 The Chief Executive shall ensure that:-
- 8.2.1 the Board's Asset Management Strategy is informed by the contents of the integration joint boards' strategic plans and the Board's strategic plan;
 - 8.2.2 to implement the Asset Management Strategy there is an adequate appraisal and approval process in place for determining capital expenditure priorities, which also considers the impact on revenue expenditure within the service arising from each proposal;
 - 8.2.3 all stages of capital schemes are managed, and are delivered on time and to cost;
 - 8.2.4 capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
 - 8.2.5 all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

Implementing the Capital Programme

- 8.3 For every capital expenditure proposal the Chief Executive shall ensure:-
- 8.3.1 that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced, setting out:-
 - a. an option appraisal of potential benefits and risks compared with known costs to determine the deliverable option with the highest ratio of benefits to costs in light of the risks; and
 - b. appropriate project management and control arrangements; and
 - c. that the Director of Finance has assessed the costs and revenue consequences detailed in the business case;
 - 8.3.2 The above conditions shall apply unless the requirement for a business case is waived by the Board (and where applicable, with agreement from Scottish Government) as detailed in the Scheme of Delegation.
- 8.4 The approval of a business case, when required, and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. Authority to commit capital expenditure or to proceed to tender will be determined by the limits and specific delegations set out within the NHS Lothian

~~Scheme of Delegation. Authority to proceed to tender will be issued by the Director of Finance, following the approval of any business case. The Chief Executive~~Director of Finance shall issue to the manager responsible for any scheme:-

~~8.4.1 specific authority to commit expenditure; and~~

~~8.4.2 following the required approval of the business case, authority to proceed to tender.~~

8.5 The Scheme of Delegation shall stipulate where authority lies for:-

8.5.1 approval to accept a successful tender; and

8.5.2 where a national framework/ procurement process applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.

8.6 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

Public Private Partnerships and other Non-Exchequer Funding

8.7 When the Scottish Government or Scottish Futures Trust directs the Board to use finance which is to be provided other than through its allocations, the following procedures shall apply:-

8.7.1 The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and implements the risk transfer to the private sector as laid out in Scottish Government or Scottish Futures Trust documentation.

8.7.2 Where the sum involved exceeds the Board's delegated limits (as detailed in the Scheme of Delegation – see **section 2** of the Scheme of Delegation), the business case must be referred to the Scottish Government for approval or treated as per current guidelines.

8.7.3 The Board shall specifically agree the proposal and specify which officers are authorised to agree and sign the relevant contractual documentation.

8.7.4 The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Disposals of Assets

8.8 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL (1996)7: Sale of surplus and obsolete goods and equipment.

8.9 All transactions involving property will be conducted in accordance with the procedures set out in the NHSScotland Property Transactions Handbook.

8.109 There is a requirement to implement the Duty of Best Value (see 2.13.3) when disposing of assets belonging to the Health Board. Competitive tendering should normally be undertaken.

8.110 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

8.124 All unserviceable articles shall be:-

8.124.1 Condemned or otherwise disposed of by an employee or Local Authority Employee authorised for that purpose by the Director of Finance.

8.124.2 Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

Capital Accounting

8.132 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

8.143 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

8.154 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Scottish Government.

9 ASSET REGISTERS AND SECURITY OF ASSETS

- 9.1 The Chief Executive is responsible for the control of all assets. The Chief Executive shall establish a fixed asset register. The register shall hold the minimum data set required by the Scottish Government.
- 9.2 The Director of Finance shall:-
- 9.2.1 devise the format of the fixed asset register and the methods for maintaining it; and
 - 9.2.2 arrange for a periodic physical check of assets against the asset register to be conducted ~~at least once a year~~ and ensure that any discrepancies are reported – ensuring that all assets are subject to a physical check at least once every five years.
- 9.3 Additions to the fixed asset register must be clearly identified to an appropriate Budget Holder and be validated by reference to:-
- 9.3.1 authorised agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - 9.3.2 stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - 9.3.3 lease agreements in respect of assets held under a finance lease and capitalised.
- 9.4 The Director of Finance shall approve the systems of control and procedures for the general security of assets. These shall include:-
- 9.4.1 recording managerial responsibility for each asset;
 - 9.4.2 identification of additions and disposals;
 - 9.4.3 identification of all repairs and maintenance expenses;
 - 9.4.4 physical security of assets. Where practical, assets should be marked as Health Board property;
 - 9.4.5 periodic verification of the existence of, condition of, and title to, assets recorded; and
 - 9.4.6 identification and reporting of all costs associated with the retention of an asset.
- 9.5 The Chief Executive shall designate a senior officer as the ~~Caldicott Guardian~~Senior Information Risk Owner (SIRO). The ~~Caldicott Guardian~~SIRO shall ensure that an Information Asset Register entry for all Information Assets is compiled and maintained. The SIRO will ensure that all information assets are assigned to an identified Information Asset Owner (IAO) and that all IAOs understand their responsibilities.

~~establish the systems for the maintenance of an Information Asset Register, as part of the Board's system of Information Governance.~~

10 BANKING AND CASH HANDLING

- 10.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/directions issued from time to time by the Scottish Government. The Director of Finance shall appoint a 'Project Bank Account' champion for project bank accounts on behalf of the Board who will facilitate the alignment and maintenance of organisational PBA processes involving a range of disciplines.
- 10.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the UK Government Banking Service (GBS), the Scottish Government Banking Services Framework (Commercial) and the Scottish Public Finance Manual.
- 10.3 The Board shall approve the banking arrangements. No employee or Local Authority Employee may open a bank account for the Board's activities or in the Board's name, unless the Board or a committee of the Board (which the Board has delegated authority to open bank accounts) has given explicit approval.
- 10.4 The Director of Finance shall:-
- 10.4.1 establish separate bank accounts for non-exchequer funds;
 - 10.4.2 ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;
 - 10.4.3 ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
 - 10.4.4 promptly bank all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under arrangements approved by the Director of Finance; and
 - 10.4.5 report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 10.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-
- 10.5.1 the conditions under which each bank and GBS account is to be operated;
 - 10.5.2 ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).

- 10.5.3 the limit to be applied to any overdraft;
 - 10.5.4 those authorised to sign cheques or other orders drawn on the Board's accounts; and
 - 10.5.5 the required controls for any system of electronic payment.
- 10.6 The Director of Finance shall:-
- 10.6.1 approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
 - 10.6.2 provide adequate facilities and systems for employees or Local Authority Employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
 - 10.6.3 approve procedures for handling cash and negotiable securities on behalf of the Board.
- 10.7 Money in the custody of the Board shall not, under any circumstances, be used for the encashment of private cheques.
- 10.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

11 STORES

- 11.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
 - 11.1.1 kept to a minimum;
 - 11.1.2 subject to annual stocktake; and
 - 11.1.3 valued at the lower of cost and net realisable value.
- 11.2 The Chief Executive shall delegate the responsibility for the control of stores to officers throughout the Health Board. For pharmaceutical stocks, the delegation of the responsibility must legally always sit with the Director of Pharmacy or a named deputy.
- 11.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 11.4 The Director of Finance shall approve procedures for stocktaking, and there shall be a physical check covering all items in stock at least once a year.
- 11.5 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager/Director of Pharmacy or named deputy.
- 11.6 Where a complete system of stock control is not justified, alternative arrangements shall require the approval of the Director of Finance or the Director of Pharmacy or named deputy.
- 11.7 The designated Manager/Director of Pharmacy or named deputy shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.
- 11.8 For goods supplied via central NHS warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall be satisfied that the goods have been received, before accepting the recharge.

12 INCOME, FEES AND CHARGES

General

- 12.1 The Director of Finance shall design and implement systems for the recording and collection of all monies due.

Fees and Charges

- 12.2 The Board shall follow the Scottish Government's guidance in setting prices for services.
- 12.3 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by statute.
- 12.4 All employees and Local Authority Employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
- 12.5 The Director of Finance shall approve the level of rentals for newly acquired property and shall regularly review rental and other charges.
- 12.6 The Director of Finance shall be consulted about the pricing of goods and services offered for sale and nationally negotiated rates shall be observed.
- 12.7 Independent professional advice on matters of valuation may be taken as necessary.

Debt Recovery

- 12.8 The Director of Finance shall take appropriate recovery action on all outstanding debts, including write-off action after all reasonable steps have been taken to secure payments.
- 12.9 Income not received shall be dealt with in accordance with losses procedures.
- 12.10 Overpayments should be detected (or preferably prevented) by the Board's system of control and recovery initiated and taken to resolution.

13 SERVICE AGREEMENTS FOR PATIENT SERVICES

General

- 13.1 The role of the Board is to achieve long-term health gain for the resident population of Lothian. It pursues this through its strategic planning, public health and health promoting functions.
- 13.2 The Chief Executive shall negotiate service agreements for the provision of services to patients in accordance with any agreed plans, and for any non-contracted and unplanned activity.
- 13.3 The Director of Finance shall ensure all systems associated with service agreements operate in such a way as to maintain patient confidentiality, as agreed with the Board's Caldicott Guardian.
- 13.4 The Director of Finance shall ensure that all agreements satisfy the requirements of budgetary control and the Board's financial targets.

Where Lothian Health Board is the Provider

- 13.5 The Chief Executive shall ensure that service agreements for provision of services recover the costs borne by the Board and minimise any risks to the Board.
- 13.6 The Director of Finance shall advise the Chief Executive regarding:-
 - 13.6.1 costing and pricing of services;
 - 13.6.2 payment terms and conditions; and
 - 13.6.3 amendments to agreements.
- 13.7 The Director of Finance shall set charges for services, including non-contracted activity (cross-border) and unplanned activity ('UNPACS') (cross-Health Board boundary), in accordance with national guidelines.
- 13.8 The Director of Finance shall produce regular reports to the Board detailing actual and forecast income, linked to activity, with a detailed assessment of the impact of the variable elements of income.

Where the Service Provider is any other Organisation

- 13.9 The Director of Finance shall ensure that:-
 - 13.9.1 service agreements placed are within the resources available to the organisation; and
 - 13.9.2 providers are paid in accordance with the terms of the service agreement, and any relevant national guidance.

- 13.10 The Director of Finance shall review service concession agreements with third parties for elements containing leases. This is to ensure that the expenditure arising from these is properly accounted for under the requirements of the extant accounting standards.

14 RISK MANAGEMENT & INSURANCE

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management which will be approved and monitored by the Board and which complies with the standards issued by NHS Healthcare Improvement Scotland.
- 14.2 The programme of risk management shall include:-
 - 14.2.1 a process for identifying and quantifying risks and potential liabilities;
 - 14.2.2 engendering among all levels of staff a positive attitude towards the control of risk;
 - 14.2.3 management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
 - 14.2.4 contingency plans to offset the impact of adverse events;
 - 14.2.5 audit arrangements including: internal audit, clinical audit, health and safety review; and
 - 14.2.6 arrangements to review the risk management programme.
- 14.3 An annual risk management report shall be prepared confirming whether adequate and effective risk management systems were in place throughout the year, and will highlight any areas of material risk. This shall be used as a source of assurance and will inform the content of the Governance Statement.
- 14.4 The Director of Finance shall ensure that insurance arrangements exist in accordance with the risk management programme.
- 14.5 The NHS Lothian Charity is responsible for establishing its own risk management arrangements.

15 INFORMATION TECHNOLOGY

- 15.1 The Chief Executive shall designate a senior officer as the lead senior officer for eHealth-Digital. ~~eHealth-Digital functions support~~is the use of information, computers and telecommunications in ~~support of~~ meeting the needs of patients and health of citizens. The lead senior officer for eHealth-Digital is only responsible for those systems that are supported by the eHealth-Digital Directorate.
- 15.2 The lead senior officer for eHealth-Digital shall ensure that ~~eHealth's the Directorate's~~ contributions and priorities are fully and appropriately reflected within NHS Lothian's organisational strategies. The lead senior officer for eHealth-Digital shall also ensure that effective operational plans are in place to support the delivery of any relevant strategic priorities determined by the Board and that there is effective engagement with healthcare professionals to inform the development and implementation of eHealth-Digital priorities.
- 15.3 Executive directors shall ensure that the eHealth-Digital Directorate has planning input to all new/refurbishment build projects to ensure that they incorporate the latest technologies to design and deliver the required services, but also ensure their compatibility with the existing NHS Lothian infrastructure.
- 15.4 The lead senior officer for eHealth-Digital shall ensure that on the acquisition of any new computer hardware, ~~—or—~~software or systems Health Board procurement guidelines have been adhered to and adequate option appraisals undertaken.
- 15.5 In the case of computer systems which are proposed general applications (i.e., normally those applications which the majority of NHS organisations wish to sponsor jointly) all responsible directors and employees and Local Authority Employees will send to the lead senior officer for eHealth-Digital:-
- 15.5.1 details of the outline design of the system;
 - 15.5.2 contract details and/or standard contract conditions; and
 - 15.5.3 in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.
- 15.6 The lead senior officer for eHealth-Digital shall draw up an IT Security Policy and Standards document and ensure that it is effectively communicated to all members of staff of the Health Board. This will require to be approved by the Board's Caldicott Guardian and the Senior Information Risk Owner.
- 15.7 The lead senior officer for eHealth-Digital shall draw up business continuity plans to ensure minimal disruption to business operations in the event of an interruption in the operation of Health Board IT/IS systems that are supported by the eHealth-Digital Directorate.
- 15.8 The Director of Finance shall be responsible for the accuracy and security of the financial data of the Board and shall:-

- 15.8.1 devise and implement any necessary procedures to ensure adequate protection of the Board's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for law relating to data protection, records management and information security;
 - 15.8.2 ensure that adequate controls exist over financial data entry, processing, storage, transmission and output to ensure the security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - 15.8.3 ensure that, in the appropriate environments, adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
 - 15.8.4 ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.
- 15.9 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested before implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them before implementation.
- 15.10 The Director of Finance shall ensure that for contracts for computer services for financial applications with another body, the Health Board shall periodically seek assurances that adequate controls are in operation.
- 15.11 Where computer systems have an impact on corporate financial systems the Director of Finance shall ensure that:-
- 15.11.1 systems acquisition, development and maintenance are in line with corporate policies such as an [eHealth-Digital](#) Strategy;
 - 15.11.2 data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - 15.11.3 Finance staff have access to such data; and
 - 15.11.4 such computer audit reviews as are considered necessary are being carried out.
- 15.12 For all other IT systems not currently supported by [eHealth-Digital](#) or the responsibility of the Director of Finance (as defined above), the executive director with lead responsibility for the system shall ensure that the requirements of this section 15 of these SFIs are applied to that system.

16 RETENTION OF RECORDS

- 16.1 The Chief Executive, as the Accountable Officer, shall be responsible, overall, for records management within NHS Lothian. Oversight of this area is further delegated to NHS Lothian's Senior Information Risk Owner (SIRO) who is the senior manager with named responsibility for records management under Element 1 of the NHS Lothian Records Management Plan. The SIRO will therefore provide assurance to the Accountable Officer and the Board that information risk is managed and that appropriate records management policies and protocols are maintained and implemented. ~~for maintaining archives for all documents required to be retained under the Scottish Government Records Management Health and Social Care Code of Practice (2020) and the Board's Records Management Policy.~~ This applies to both health records and corporate records held by the Board.
- 16.2 The ~~documents~~ records held in archives shall be capable of retrieval by authorised persons.
- 16.3 ~~Documents-Records~~ held shall be managed and disposed of in line with the Scottish Government's Records Management Code of Practice for Health and Social Care (2024). Records shall only be destroyed at the express instigation of the Chief Executive in line with agreed disposal procedures, and accurate records shall be maintained of ~~documents~~ any records so destroyed.
- 16.4 A detailed description of the ~~minimum required~~ retention periods for records, including finance records, is provided by the Records Retention Schedule contained within the Scottish Government's Records Management Code of Practice for Health and Social Care (2024). This may be supplemented with internal retention instructions relevant to specific records held by the Board and not fully addressed within the national schedule ~~Retention and Destruction of Records Procedure, contained within the Board's Records Management Policy.~~
- 16.5 Financial records shall be managed in accordance with the Board's Records Management ~~Plan~~ Policy and any associated policies, protocols or guidance issued by the Board, ~~submitted and maintained under the requirements of the Public Records (Scotland) Act 2011.~~

17 PRIMARY CARE CONTRACTORS

- 17.1 In these SFIs and all other Board documentation, Primary Care contractor means:-
- 17.1.1 an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
 - 17.1.2 an employee of a National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.
- 17.2 The lead senior officer for primary care contracting shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Lothian. Systems shall include criteria for entry to and deletions from the registers.
- 17.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-
- 17.3.1 the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of Primary Care Contractors; and
 - 17.3.2 the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of Primary Care Contractors.
- 17.4 The agreements at paragraph 17.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with Primary Care Contractors.
- 17.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of Primary Care Contractors by the Board shall be subject to these SFIs.

18 LOSSES AND SPECIAL PAYMENTS

- 18.1 The Director of Finance shall issue procedures on the recording of and accounting for losses and special payments, to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 18.2 The Scheme of Delegation describes the process for the approval of the write-off of losses and making of special payments.
- 18.3 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interests in bankruptcies and company liquidations.
- 18.4 For any loss, the Director of Finance should consider whether any insurance claim can be made.
- 18.5 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

19 FRAUD, BRIBERY AND CORRUPTION

- 19.1 This section should be read in conjunction with the NHS Lothian's Applying the Principles of Good Business Conduct, the Board Members' Code of Conduct, the Bribery Act 2010 and the national whistleblowing policy.
- 19.2 For practical purposes, fraud may be defined as the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party. This includes bribery and theft where deception is involved. NHS Lothian operates a zero-tolerance approach to bribery committed by any person working for or providing services to NHS Lothian. Any allegation of bribery will be investigated in accordance with relevant processes and procedures and may be reported to the authorities, as appropriate.
- 19.3 The Director of Finance shall, through staff briefings, intranet links and other methods of communication, ensure there is clear information available to employees on what to do if they suspect fraud.
- 19.4 Where any employee has grounds to suspect that fraud has occurred, they should notify their line manager without delay. If the employee feels unable to notify their line manager, they should contact the Fraud Liaison Officer (FLO) directly or contact Counter Fraud Services (CFS) directly on 0800 151 628 (www.cfs.scot.nhs.uk).
- 19.5 Any line manager receiving an allegation of fraud should immediately notify the FLO. The FLO will carry out such preliminary investigations as deemed necessary to establish whether or not there is a *prima facie* case of fraud. Where this is the case, the FLO will inform CFS.
- 19.6 CFS is a central resource for carrying out all fraud investigations, and a centre of expertise for investigations into potential frauds. The operations of CFS are outlined in the Partnership Agreement between NHS Lothian and CFS.
- 19.7 The partnership agreement includes the adoption of the Counter Fraud Standard across NHS Scotland from 1st April 2022, which further defines the roles of FLO, the Counter Fraud Champion (CFC) and the Director of Finance in managing the risk of fraud in each Health Board.
- 19.8 NHS Lothian will seek to adopt, as far as possible, the components of the [NHS Scotland Counter Fraud Standard](#).
- 19.9 All employees and Local Authority Employees shall, at the request of the CFS Head of Service, or a delegated, identified and authorised CFS member of staff, and only for the express purposes of the investigation, detection and prevention of fraud or other irregularities against the Scottish Health Service, provide:
- i. access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature.
 - ii. access at all reasonable times to any land, premises or employee of the health board or Local Authority Employees.
 - iii. the production of any cash, stores or other property of the health board under an employee's or Local Authority Employee's control.

- iv. explanations concerning any matter under review or investigation.
- 19.10 Where there is sufficient evidence, CFS will refer a case to the Crown Office and Procurator Fiscal Service (COPFS) as to whether a criminal investigation of the case will proceed.
- 19.11 Whether or not the COPFS determines that there are sufficient grounds on which to institute criminal proceedings, it remains open to NHS Lothian to consider pursuing disciplinary and other relevant proceedings.
- 19.12 Whether or not criminal proceedings are taken, or a criminal conviction is obtained, the public debt is not eliminated, and recovery of the debt should be pursued by any means available, subject to both financial viability and the likelihood of success. Internal management action must not, of course, prejudice any criminal proceedings but should continue with reference to any relevant employee conduct policies. The systems of control should subsequently be evaluated to prevent recurrence.
- 19.13 The FLO shall prepare a report for the Audit and Risk Committee, setting out the circumstances of the incident and any implications for management including changes to internal control systems which may require to be made.
- 19.14 All employees, local authority employees or an employee or volunteer of third parties contracted to NHS Lothian, when acting on behalf of the Board, must complete the Procurement Fraud Awareness module on TURAS.

20 ANNUAL ACCOUNTS AND REPORTS

- 20.1 The Director of Finance shall prepare and submit financial returns and reports to the Cabinet Secretary. This will be consistent with any guidance issued by the Scottish Government and the Treasury, the Board's accounting policies, and generally accepted accounting practice.
- 20.2 The Audit & Risk Committee shall review the annual accounts prior to them being submitted to the Board for approval (in private session).
- 20.3 The Chief Executive shall ensure that there is a formal record of the presentation of the annual accounts to the Board. Once the annual accounts have been laid before the Scottish Parliament, the Board will publish the annual accounts on its website.
- 20.4 The Chief Executive shall arrange for the production and presentation of an Annual Report for NHS Lothian, in such format and via such channels as may be determined by the Scottish Government.

21 PATIENTS' PROPERTY

- 21.1 The Board has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 21.2 The Chief Executive shall ensure that patients or their guardians, as appropriate, are informed before or at admission, by:-
 - 21.2.1 notices and information booklets;
 - 21.2.2 hospitals admission documentation and property records; and
 - 21.2.3 the oral advice of administrative and nursing staff responsible for admissions,that the Board will not accept responsibility or liability for patients' property brought into Health Board premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 21.3 The Director of Finance shall issue procedures on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's property in order to maximise the benefits to the patient.
- 21.4 Where patients' property is received for specific purposes and held for safekeeping the property shall be used only for that purpose unless any variation is approved by the donor or patient in writing.
- 21.5 The Director of Finance shall prepare an abstract of receipts and payments of patients' property in the form laid down by the Scottish Government. This abstract shall be audited independently and presented to the Audit & Risk Committee annually, with the auditor in attendance at the meeting. The Committee is delegated the responsibility to review and recommend the approval of the abstract and draft management representation letter, to the Board. The abstract, the management representation letter, and the associated audit report must be received and approved by the Board.

22 FUNDS HELD ON TRUST (ENDOWMENTS)

- 22.1 Members of the Health Board become trustees of NHS Lothian Charity ex officio by reason of their Board appointment. The appointment as trustee is legally distinct from the appointment as a Board member. The trustees of NHS Lothian Charity, collectively, are an unincorporated body distinct from Lothian NHS Board.
- 22.2 The responsibilities of the trustees shall be discharged separately from the responsibilities of members of Lothian NHS Board and its employees. The trustees shall be accountable to the Office of the Scottish Charity Regulator for all charitable funds held on trust.
- 22.3 The overriding principle is that the integrity of each trust must be maintained and statutory and trust obligations met. Materiality must be assessed separately from Exchequer activities and funds. The Trustees shall separately approve a Charter and other policies and procedures as required to discharge their responsibilities as trustees.
- 22.4 These SFIs shall apply to the management of funds held on trust. However the trustees may adapt the provisions of the SFIs in order to best serve the requirements of the charity. The trustees may, in accordance with the NHS Lothian Charity Charter, issue instructions, procedures or internal control measures to support the discharge of the trustees' responsibilities. This includes the delegation of authority to individuals and committees.
- 22.5 The Director of Finance shall prepare annual accounts for funds held in trust, to be audited independently and presented annually to the Trustees.
- 22.6 The Chair of the trustees of the NHS Lothian Charity shall ensure that the trustees have a programme of risk management which will be approved and monitored by the trustees, and which complies with the standards set out by the Office of the Scottish Charity Regulator and the Charities SORP.

Appendix C, Scheme of Delegation

Lothian NHS Board Scheme of Delegation



Lothian NHS Board Scheme of Delegation			
Date effective from:	TBC	Review date:	TBC
Approved by:	Lothian NHS Board		
Approval Date:	TBC		
Author/s:	Board Secretary		
Policy Owner:	Director of Finance		
Executive Lead:	Director of Finance		
Target Audience:	All board employees (including local authority employees carrying out a Directed Function under an Integration Scheme)		
Supersedes:	Version last approved by Board, 21 June 2023		
Keywords:	Delegation, Limits, Expenditure, Authority, Scheme, Financial		

Version Control

Date	Author	Version	Reason for change
07/04/2021	Alan Payne, Board Secretary	10.0	N/A
21/06/2023	Darren Thompson, Board Secretary	11.0	Periodic Review
29/01/2025	Darren Thompson, Board Secretary	12.0	Annual Review (Draft)

Executive Summary

The Scheme of Delegation, operating in conjunction with the Standing Financial Instructions and other policies and procedures, sets out how the Board delegates authority to committees, individual Board members or Board employees, to act on its behalf in financial matters. The Scheme of Delegation is part of a portfolio of documents that collectively represent the Board’s Operating Guidance.

INTRODUCTION

Lothian NHS Board (the “Board”) has developed and approved this Scheme of Delegation. All of the Board’s policies and other publications are available on the intranet. Instructions from the Scottish Government (HDL, CEL etc.) and other material relating to NHS Scotland can be found online at [SHOW - Scotland's Health on the Web](#).

GLOSSARY

“Executive Board Members”

These are individuals whom the Scottish Government have formally appointed to the Board, and for clarity the term does apply to every executive director.

Within this Scheme of Delegation there are certain higher value transactions which require the approval of one or more of the executive Board members. You can confirm who the executive Board members are at any point in time by contacting the Board secretariat.

“Budget Holders” and “Employees”

It is quite possible that this Scheme of Delegation identifies a post which may be filled by an individual who is an employee of a local authority rather than the NHS Board.

When applying this Scheme, the following definitions for “budget holder” and “employee”, which are drawn from the Standing Financial Instructions, are to be used:

“**Budget Holder**” means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.”

“**Employee**” means an employee of the Board. Additionally, wherever the term "employee" is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board (as defined in the Board’s Standing Financial Instructions) when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.

“**Local Authority Employee**” means an employee of a local authority which is a party to an Integration Scheme (as defined in the Board’s Standing Financial Instructions) with the Board, in circumstances where that employee carries out Directed Functions.

“**Directed Functions**” means a function which an Integration Joint Board as defined in the Board’s Standing Financial Instructions) has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

“Category A” Approvers

There are certain matters which require to be approved by the relevant person who is included in a defined list of individuals (“Category A” approvers).

Rather than repeat this extensive list throughout this Scheme of Delegation, the list of Category A approvers is set out below:

- Chief Executive
- Deputy Chief Executive
- Chief Officer, Acute Services
- Director of Finance
- Medical Director
- Director of Public Health & Health Policy
- Director of Strategic Planning
- Director of Capital Planning & Projects
- Deputy Director of Public Health & Health Policy
- Executive Director for Nursing, Midwifery, & Allied Health Professionals
- Director of Human Resources & Organisational DevelopmentPeople and Culture
- Director of Primary Care
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of Estates & Facilities
- Director of Digital
- Hospital Site Director
- Chief Allied Health Professionals Acute
- Service Director (Royal Edinburgh & Associated Services)
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children’s Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Director of Operations (Edinburgh)
- Head of Operations (East Lothian)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

GENERAL PRINCIPLES TO APPLYING THIS SCHEME OF DELEGATION

- a) This Scheme of Delegation should be implemented together with the requirements of the Board's Standing Financial Instructions and all other policies and procedures.
- b) All Budget Holders are required to formally agree their annual budgets and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget. Officers must ensure that there is available budget in place before taking any decisions in line with their delegated authority.
- c) Where an employee of a local authority is to be either a Budget Holder or someone with delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.
- d) This Scheme of Delegation identifies certain positions in the management structure. The holders of those positions are allowed to delegate authority to approve transactions to other employees and this is usually done through the Authorised Signatory Database process. Nevertheless, the holders of the positions identified in the Scheme of Delegation remain personally accountable for all transactions in their area of responsibility, and the actions of the individuals to whom they delegate financial authority to.
- e) This general provision which allows post holders to delegate their authority (as described in paragraph d)) does not apply to expenditure that is described at Sections 6, and 9-14 of this Scheme of Delegation. The officers identified in those sections must approve the proposed transaction.
- f) If a position identified in the Scheme of Delegation is vacant, or an officer with delegated authority is not available, then the matter should be referred up to the next level of authority as described in the relevant section of this Scheme of Delegation.
- g) All figures in the Scheme are inclusive of VAT, unless otherwise stated.
- h) If for any reason an item of business has not been approved as described in this Scheme of Delegation, the Board may directly approve the item itself.
- i) The Board has delegated authority to the Director of Finance to approve amendments relating to job titles in this Scheme of Delegation, to keep it up to date with any changes to the organisation's management structure.

STRUCTURE OF THIS SCHEME OF DELEGATION

There are two broad categories of financial business – revenue and capital. The diagram below illustrates which sections of the Scheme of Delegation to refer to under these broad headings, and for different types of transactions. The vast majority of transactions will be in the Revenue column.

Section 7 of the Standing Financial Instructions relates to Non-Pay Expenditure for both capital and revenue, and sets out the arrangements for:

- Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services
- Tendering and Contracting

The Board does use nationally agreed procurement frameworks and supplier contracts, as well as locally agreed contracts. All employees are required to follow the systems and procedures put in place by the Procurement function and use the Board's approved suppliers for the supply of approved products and services.

REVENUE	CAPITAL
<p>The Board will make use of national contracts or put in place local contracts with approved suppliers, to secure the supply of goods & services.</p> <p>Where a contract is not already in place for the supply, then this will need to be addressed through market testing (and possibly tendering) which leads to a contract being put in place.</p>	<p>1. Approval of items to be included in the NHS Lothian Capital Programme – Funding of the Initial Development of the Concept.</p>
	<p>2. Approval of items to be included in the NHS Lothian Capital Programme – Business Cases</p>
	<p>3. Approval of items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 3 or HUB</p>
4. Requirements for Market Testing (Capital and Revenue)	
<p>6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services.</p>	<p>5. Award of Capital Tenders</p>
<p>8. Revenue Expenditure – General Arrangements</p>	<p>7. Capital Expenditure – Delegation of Authority and Approval of Expenditure</p>
9. Revenue – Use of Management Consultants	
10. Revenue – Travel and Reimbursement of Expenses	
11. Revenue – Private Finance Initiative / Public Private Partnership Payments	
12. Revenue – Payroll	
13. Revenue – Virement	
14. Revenue – Losses & Special Payments	
15. Asset Transactions (Capital and Revenue)	
16. Financial Services (Capital and Revenue)	
17. Signing of Contractual Documentation (Capital and Revenue)	

Within this Scheme of Delegation, there are references to certain roles in the context of the Board's capital programme.

The meanings of these roles are set out below. For simplicity, the term 'project' is used, and applies to both programmes and projects:

SENIOR RESPONSIBLE OFFICER
<p>The Senior Responsible Officer for the project needs to be a senior person <u>within the organisation with the status and authority to provide the necessary leadership and clear accountability for the project's success.</u></p> <p>Success is when a project meets its objectives and delivers its intended benefits.</p> <p>The Senior Responsible Officer owns the overall service change which the project is supporting or enabling.</p> <p>The Senior Responsible Officer chairs the Project Board, and ensures that the project remains focused on success, and has the resources to deliver it.</p> <p>The Director of Finance is the executive lead for the overall systems of capital planning, financial planning, and budgetary control. Consequently, in the interests of respecting the principle of segregation of duties, and the ownership of services within the management structure, the Director of Finance may not be the designated Senior Responsible Officer for any project.</p> <p>The Senior Responsible Officer may be any other officer who is in a position to carry out the role for the project. If the Senior Responsible Officer is not an executive Board member or an executive director, then there should be an identified executive Board member or executive director who will provide accountability to a Board committee or the Board itself if and when required.</p> <p>Any individual who intends to take on the role of Senior Responsible Officer will be required sign an agreement which confirms their understanding of what the role requires and their agreement to carry out the role.</p>
PROGRAMME OR PROJECT DIRECTOR (referred to as PROJECT DIRECTOR)
<p>The Project Director will be an individual who has adequate knowledge and information about the organisation and its functions and services to make informed decisions on behalf of the Senior Responsible Officer.</p> <p>The Project Director is responsible for the ongoing day-to-day management and decision-making on behalf of the Senior Responsible Officer to ensure success.</p> <p>The Project Director is also responsible for the development, maintenance, progress, and reporting to the Senior Responsible Officer.</p> <p>Both the Senior Responsible Officer and the Director of Capital Planning & Projects will jointly determine who the Project Director is. If the Director of Capital Planning & Projects is unavailable (e.g. vacancy or long-term absence) then the Director of Finance may jointly determine who the Project Director is (with the Senior Responsible Officer).</p>

PROGRAMME OR PROJECT MANAGER (referred to as PROJECT MANAGER)

The Project Director or the Senior Responsible Officer will assign an individual or individuals to the role of Project Manager. Larger projects may have more than one Project Manager.

Those individuals should have the necessary knowledge, skills and experience to carry out the role.

The Project Manager will lead, manage and co-ordinate the project activities and the project team (if one exists) on a day-to-day basis. The Project Manager will be responsible and accountable to the Project Director for the successful day-to-day delivery of the project.

DIRECTOR OF CAPITAL PLANNING AND PROJECTS

This individual is responsible for the implementation of the Board's overall capital plan through;

- delivery of individual projects;
- applying project management resource and practices;
- jointly determining with the Senior Responsible Officer who should be the Project Director for the project;
- providing oversight of capital project technical assurance reporting; and
- providing oversight of appointment and performance of advisers and contractors.

The individual is responsible and accountable to the Director of Finance.

1. Approval of Items to be included in the NHS Lothian Capital Programme – Funding of Initial Development of Concept	
What does this section cover?	This concerns the development of any concept or scheme for inclusion in the capital plan up to the approval of the Initial Agreement (where required – See Section 2 of this Scheme of Delegation).
Which Budget Holders are likely to incur revenue expenditure developing a future capital scheme?	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Estates & Facilities ➤ Associate Director of Operations (Estates & Facilities) ➤ Director of Digital ➤ The lead service director / manager for the area that will be the beneficiary of the capital scheme. ➤ The Senior Responsible Officer of major capital projects
Delegated authority of Budget Holder.	<p>The Budget Holder is only limited by their available budget and their individual delegated authority (see Section 7 of this Scheme of Delegation).</p> <p>The Budget Holder must observe the principles within this Scheme of Delegation, namely that they must have a budget in place before they incur expenditure, and that they ensure that the resultant expenditure does not exceed their available budget.</p>

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

Overview of Process

1) Defining the Board's requirements

The Board has to develop and submit to the Scottish Government a capital plan and a Property & Asset Management Strategy. Both of these documents are informed by a 'strategic assessment' which has to be prepared before any capital project is started. This section relates to the processes that are to be followed after the 'strategic assessment' has been approved.

2) The scope of the Board's authority.

- a) For all capital projects, the Board has to comply with the Scottish Capital Investment Manual, which sets out the business case process. If land and property transactions are involved the Board also has to comply with the Scottish Government's NHSScotland Property Transactions Handbook concurrently with the business case process. The effect of this is that the Scottish Government has to approve certain matters before a transaction can proceed.
- b) The Scottish Government defines the level of authority of the Board to approve capital schemes. The Scottish Government can change the Board's level of authority at any time. If the Scottish Government publishes changes to these limits before this Scheme of Delegation is amended, the latest Scottish Government publication takes precedence. The Scottish Government also has the authority to take direct control of a capital project. If either of these events happen, then the Board and/or the Scottish Government may apply a different process to capital projects than what is described in this section. Where the Scottish Government has control of a project, the Board and the groups in this section may have a role in reaching a view on whether the Board supports any proposals.
- c) The Board's delegated limits for the approval of capital schemes is **£10m** for non-Information Management & Technology (non-IM&T) schemes and **£2m** for IM&T schemes. This section of the Scheme of Delegation sets out how the Board has delegated this authority within the organisation.
- d) Where the value of a capital scheme is greater than the Board's delegated limits, the Board must review any business case material before referring it to the Scottish Government.
- e) Any group (whether the Board, a committee, or other group) in this Section 2 of the Scheme of Delegation which has the authority to approve business case material can do so up to the value set out in the table below. Any such group can do so without any other group reviewing it first, or any other group expressing support or approval of the business case material. The Board may directly approve any item itself.
- f) The relevant management team for the service to which the capital project relates should agree the business case material before submitting it into the approval process set out in this Section 2 of the Scheme of Delegation. Where an Initial Agreement is being prepared, the NHS Lothian Corporate Management Team is the relevant management team.
- g) The approving groups (below) will require assurance from this process that all risks have been clearly identified, and that there are controls in place to manage those risks. The Lothian Capital Investment Group shall determine for construction projects the suitability of

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases	
<p>the application of Frameworks Scotland methodology, or any other local framework arrangements (see Section 3 of this Scheme of Delegation).</p> <p>h) The Board shall be entitled, with the agreement of the Scottish Government, to proceed with a combined business case (Outline Business Case and Full Business Case), rather than considering and approving an Outline Business Case and a Full Business Case in turn as discrete items. The Board shall be entitled, with the agreement of Scottish Government to waive the requirement to prepare any of the business case material which is prescribed in the Scottish Capital Investment Manual.</p> <p>i) When an approving group (below) approves a capital scheme, the approving body shall approve the capital budget to be allocated, and who the Budget Holder for the scheme is. <u>No person may commit the Board to expenditure for a capital scheme until a capital budget has been formally allocated by this process.</u></p>	
Schemes over the Board's delegated limit (£10m for non-IM&T, £2m for IM&T)	Following review by the Strategy, Planning and Performance Committee (for the Strategic Case of any Initial Agreement) and then the Finance & Resources Committee (for the Initial Agreement and for any Outline Business Case and/or Full Business Case as applicable), the business case item must be referred to the Board. The Board must approve the item, and provide confirmation of the Board's approval, when formally submitting the item to the Scottish Government for its approval.
Schemes from over £1m and up to (a) £10m for non-IM&T schemes and (b) £2m for IM&T schemes.	<p>For Initial Agreements:</p> <ol style="list-style-type: none"> 1. Strategy, Planning and Performance Committee (Strategic Case from IA) (review) 2. Lothian Capital Investment Group (review) 3. Lothian Corporate Management Team (review) 4. Finance and Resources Committee (approval) <p>For Standard Business Cases, <u>Outline Business Case and Full Business Case</u>:</p> <ol style="list-style-type: none"> 1. Lothian Capital Investment Group (review) 2. Finance & Resources Committee (approval)
Schemes from over £250k and up to £1m	Schemes within this range are typically local service developments, or perhaps the routine replacement of major medical equipment or investment in IT. As such they are typically concerned with the continuous development and maintenance of operational matters, rather than having a bearing on the Board's strategic approach. The expenditure does however draw from the Board's limited capital resources. <u>Therefore, all capital expenditure and investment (regardless of value) must be demonstrably aligned with the strategic objectives of the Board and with the specific capital resource priorities established through the approved capital plan and Property & Asset Management Strategy.</u>

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases	
Schemes up to and including £250k (and replacement Medical Equipment)	<p>MEDICAL EQUIPMENT</p> <p>For <u>NEW</u> medical equipment under £250k, the first and second stage of the Capital Steering Group (CSG) Pipeline documentation must be completed.</p> <p>For <u>REPLACEMENT</u> medical equipment under £250k, only an equipment form needs to be completed.</p> <p>For high value replacement medical equipment (single item £500k+) further due diligence reporting is required for LMERG approval.</p> <p>For £1m+ (single item replacement) the business case stages are followed - with appropriate detail and due diligence for an equipment replacement and submitted to LCIG for approval.</p>

~~Management may present proposals to secure the agreement on what the expenditure is to be spent on either through:~~

- ~~— The Board's Property & Asset Management Strategy or the Board's Capital Plan, or~~
- ~~— Discrete initial agreements.~~

~~For the Property & Asset Management Strategy or Capital Plan:~~

- ~~1. Lothian Capital Investment Group (review)~~
- ~~1. Lothian Corporate Management Team (review)~~
- ~~1. Finance & Resources Committee (review)~~
- ~~1. Board (approval)~~

For Initial Agreements:

- ~~1. Strategy, Planning and Performance Committee (Strategic Case from IA) (review)~~

1. Lothian Corporate Management Team (review)
2. Lothian Capital Investment Group (~~review or~~ approval if as under £1m capital value in the business case)

~~Finance and Resources Committee (if above £1m capital value in the business case) (approval)~~

For Business Cases with relevant local support (e.g., IJB / Acute SMT, etc.):

Following approval of an initial Agreement:

1. Lothian Capital Investment Group (~~review and~~ approval if up to as under £1m capital value in the business case)

~~Finance & Resources Committee (if above £1m capital value in the business case) (approval)~~

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases	
	<p>The Lothian Capital Investment Group (LCIG) must agree the annual budget for replacement medical equipment. Thereafter the Lothian Medical Equipment Review Group (LMERG) must approve the schemes, including review and approval by the finance directorate.</p> <p>ALL OTHER SCHEMES</p> <p>The published Capital Steering Group Pipeline documentation must be completed.</p> <p>The Finance Directorate must review and approve all proposals. Thereafter the item should be reviewed and approved by the Lothian Capital Steering Group or the Digital Senior Management Team (for schemes related to Digital).</p>

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland or HUB	
What does this section cover?	<p>This section applies when the Board is a participating member of a procurement framework arrangement, or when the Board has set up a local framework.</p> <p>This explains the chronological steps of a scheme that is managed through Frameworks Scotland, and the officers / groups in NHS Lothian (as defined in the NHS Lothian Standing Financial Instructions) with delegated authority to make decisions at each stage. However, the same principles should be applied to any other framework.</p>
Approval of the suitability of, and the extent of application of Frameworks Scotland methodology or the local framework arrangements (for smaller schemes) to a construction project.	<p>This will be determined by the NHS Lothian Capital Investment Group (see Section 2 of this Scheme of Delegation).</p> <p>If a project is within the scope of Frameworks Scotland, then Frameworks Scotland must be used. The Board must approve any decision to depart from this process (per paragraph 7.7 of the Standing Financial Instructions).</p>
Appointment to the position of Project Director and Project Manager for capital construction projects.	<ul style="list-style-type: none"> • Director of Capital Planning and Projects in conjunction with the Appointed Senior Responsible Officer. <p>The posts must be in the funded establishment or, for external appointments, affordable within the project budget. The Senior Responsible Officer shall formally communicate any delegated budgetary responsibilities to the Project Director and Project Manager(s).</p> <p>The nominees or holders of the position of Project Director and Project Manager(s) (if different individuals) and other members of the project team and project delivery resources (as appropriate given the scale of the project) must be clearly documented in the Initial Agreement documentation, and subsequently the Outline Business Case and Full Business Cases. Please refer to Health Facilities Scotland published guidance and the Scottish Capital Investment Manual on the role of the Project Director and Project Manager.</p> <p>The Project Senior Responsible Officer shall assign appropriate delegated authority to the Project Director and the Project Manager to permit them to approve project transactions that are associated only with the project and commensurate with their project responsibilities. This may mean that their personal transaction limit for specific projects is different from that conferred to them for routine revenue and capital expenditure.</p>

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland or HUB	
Approval of Project Initiation Document	<ul style="list-style-type: none"> Appointed Senior Responsible Officer <p>The Project Director should prepare the PID for approval by the Senior Responsible Officer, and this should identify the resources available to the Project Director.</p>
Awarding of Professional Services Contracts (PSCs)	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Estates & Facilities (for projects with a capital value up to £500k) ➤ Project Director (for contracts specific to their project)
Approval of the financial envelope within which the target price is to be agreed.	<p>Please refer to Section 2 of this Scheme of Delegation.</p> <p>The estimated financial value should be included in the Initial Agreement documentation (when required) and presented for approval) as stipulated in Section 2.</p>
Selection and appointment of Principal Supply Chain Partners (PSCP)	<ul style="list-style-type: none"> Appointed Senior Responsible Officer <p>The costs associated with this appointment must be within the previously agreed financial envelope.</p>
Negotiation with the PSCP to set the target price, with respect to the factors of time, quality and resources.	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Estates & Facilities (for projects with a capital value up to £500k) ➤ Project Director (for contracts specific to their project) <p>The above officers have delegated authority to negotiate details which satisfy the previously agreed financial envelope and timescale for the project.</p>
Approval of the Target or Fixed Price	<p>This depends on the scale of the project. Please refer to Section 2 of this Scheme of Delegation. It is expected that the target price should be incorporated within the Final Business Case (where required) as detailed in section 2 of this Scheme of Delegation.</p> <p>This should minimise risk exposure, as a more accurate target price will be based upon a substantially completed design. (Ref: Frameworks Scotland – The Guide, Issue 1.0, December 2008).</p> <p>Following approval of the target price, the approving body or Board (as applicable) shall specify what officer will implement its decisions, e.g., signing the Framework contract with the agreed details identified.</p>
Approval of project variations (time, quality and resources) within the agreed target price.	<ul style="list-style-type: none"> Project Director or Capital Project Manager named in the contract. Programme Director (Estates & Facilities) named in the contract.

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland or HUB	
Approval of Changes to the Target Price	<p>Approval to change the target price can only be given by the body that has final authority to agree the target price for that project. Please refer to Section 2 of this Scheme of Delegation.</p> <p>Following approval of the proposed change, the approving body or Board as applicable) shall specify what officer will implement its decisions, e.g., agreeing the changes with the contractor, signing the Framework contract with the agreed details identified.</p>

4. Requirements for Market Testing and Tendering (Capital and Revenue)

<p>What does this section cover?</p> <p>NOTE: All financial amounts in this section are exclusive of VAT.</p>	<ul style="list-style-type: none"> • The Board procures goods and services which are funded by capital and revenue budgets and aims to secure Best Value whilst doing so. A key part of this is having a fair and transparent approach to the selection of the providers of goods and services. The Board shall observe the Key Procurement Principles as set out in CEL (05) 2012. • If a supply is already covered by an existing contract as a result of a previous and current procurement process (e.g., Frameworks Scotland, NHS National Procurement, or any other framework NHS Lothian is entitled to call off from), then the Board does not need to conduct any market testing. (See Section 7 of the Standing Financial Instructions). <u>For all other expenditure, tendering or other market testing (where appropriate) must be conducted in accordance with the provisions below.</u> • The Director of Finance has delegated authority to waive the tendering requirements for the supply of goods and services over £50,000 in certain circumstances. Section 7 of the Standing Financial Instructions sets out these circumstances and the process of approval. Managers should contact the Procurement Department in the first instance. • For all supplies under £50,000, in the event that it is not possible to satisfy the below requirements (e.g., it is not possible to get two quotations), the Procurement function may waive the requirements. The lead senior officer (procurement) may waive the requirements, with due regard to the circumstances used for the waiver of competitive tendering (as described in the Standing Financial Instructions).
<p>Supply of goods and services over £50,000</p>	<p>This supply falls into the scope of the Public Contracts (Scotland) Regulations 2015 (and any subsequent amendments) and the Procurement (Reform) (Scotland) Act 2014 and will require to be managed in accordance with these legal requirements. Managers should contact the Procurement function for advice as to how to proceed.</p>
<p>Supply of goods and services over £30,000 and up to £50,000</p>	<p>Competitive quotation – at least three written quotations should be considered.</p>
<p>Supply of goods and services from over £15,000 and up to £30,000</p>	<p>Competitive quotation - At least two written quotations should be considered.</p>
<p>Supply of goods and services from £3,000 - £15,000</p>	<p>One written quotation should be considered.</p>
<p>Supply of goods and services under £3,000</p>	<p>There is no requirement for a quotation.</p>

5. Award of Capital Tenders	
Overview of process	
<ul style="list-style-type: none"> This section applies where the Board has undertaken a tendering exercise for the procurement of goods or services, which will be funded from the capital programme. <u>It therefore does not relate to schemes covered by an established procurement framework (as described in Section 3), or revenue expenditure.</u> The following groups / individuals can award tenders up to the values stated below, <u>provided that the value of the preferred bid is within the approved budget for the scheme</u>). If the best tender is above the approved budget for the scheme in the Board's capital programme, then the tender cannot be awarded. In these circumstances the designated budget holder must apply to the relevant approval body (See Section 2) for an increase to the scheme's budget to cover the cost. Following the decision to award a capital tender, please refer to Section 17 to determine which officers can sign the associated documentation required to form a contract. 	
Any tender award of a value from £1m	Two executive board members must approve the award.
Any tender award of a value under £1m	<p>The relevant lead for the service or function to which the project relates, from the following list;</p> <ul style="list-style-type: none"> ➤ Chief Executive ➤ Deputy Chief Executive ➤ Chief Officer – Acute Services ➤ Director of Finance ➤ Medical Director ➤ Director of Public Health & Health Policy ➤ Executive Director for Nursing, Midwifery, & AHPs ➤ Director of Human Resources & Organisational Development People and Culture ➤ Director of Health and Social Care – Edinburgh ➤ Director of Health and Social Care – West Lothian ➤ Director of Health and Social Care – East Lothian ➤ Director of Health and Social Care – Midlothian ➤ Director of Capital Planning & Projects ➤ Deputy Director of Finance <p>For tender awards up to £500,000, in addition to the posts above, the relevant budget holder for the service to which the project relates, from the following list:-</p> <ul style="list-style-type: none"> ➤ Director of Estates & Facilities ➤ Director of Digital ➤ Hospital Site Director ➤ Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care) ➤ Service Director (Women & Children's Services) ➤ Service Director (Outpatients & Associated Services) ➤ Nurse Director (Acute & Support Services) ➤ Director of Allied Health Professionals ➤ Medical Director (Acute) ➤ Head of Operations (East Lothian) ➤ Head Director of Operations (Edinburgh) ➤ Head of Primary Care and Older People (Midlothian) ➤ Head of Adults (Midlothian)

	➤ Head of Health (West Lothian).
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6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services
Overview of process
<p>What does this section cover?</p> <p>Income</p> <ul style="list-style-type: none"> • Contracts for Research and Development income and expenditure. • Income from other bodies for the provision of services by the Board. • National Services Division Contracts • Other specified contracts and service agreements <p>Expenditure</p> <ul style="list-style-type: none"> • Expenditure on NHS contracts and NHS service agreements, unscheduled activity with other NHS bodies. • Purchase of healthcare from non-NHS organisations, e.g., private sector, voluntary organisations. • Resource transfer. • Other specified contracts and service agreements <p>All agreements entered into must be within approved budgets. Furthermore, all agreements should be subject to competitive evaluation to determine if Best Value is being delivered, and to observe the Standing Financial Instructions. It is possible that strategic partnerships (e.g., with universities) may facilitate agreements that deliver Best Value within an agreed quality and resource framework. However, in all cases, the requirements of Section 4 of this Scheme of Delegation apply. All expenditure should be directed through the Board's ordering systems as described in Section 8.</p>
Contracts and Agreements for Expenditure on Healthcare Services
Any amount over £1.5m per annum
Three executive Board members
£0.5m to £1.5m per annum
Any two from the following list (one of whom should be the budget holder); <ul style="list-style-type: none"> ➤ Chief Executive ➤ Deputy Chief Executive ➤ Chief Officer – Acute Services ➤ Director of Finance ➤ Medical Director ➤ Director of Public Health & Health Policy ➤ Executive Director for Nursing, Midwifery, & Allied Health Professionals ➤ Director of Human Resources & Organisational DevelopmentPeople and Culture ➤ Deputy Director of Finance.
Up to £0.5m per annum
<ul style="list-style-type: none"> ➤ Research & Development Director ➤ Director of Digital ➤ Director of Health and Social Care – Edinburgh ➤ Director of Health and Social Care – West Lothian ➤ Director of Health and Social Care – East Lothian ➤ Director of Health and Social Care – Midlothian ➤ Director of Estates & Facilities ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services)

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services
<ul style="list-style-type: none"> ➤ Hospital Site Director ➤ Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care) ➤ Service Director (Women & Children's Services) ➤ Service Director (Outpatients & Associated Services) ➤ Nurse Director (Acute & Support Services) ➤ Director of Allied Health Professionals ➤ Medical Director (Acute) ➤ Head of Operations (East Lothian) ➤ Head-Director of Operations (Edinburgh) ➤ Head of Primary Care and Older People (Midlothian) ➤ Head of Adults (Midlothian) ➤ Head of Health (West Lothian)
Occupational Health & Safety / Library Services / Regional NHS Education for Scotland Initiatives
<p><u>Any amount over £250k per annum</u></p> <ul style="list-style-type: none"> • Three executive board members <p><u>£150k to £250k per annum</u></p> <ul style="list-style-type: none"> • Director of Human Resources & Organisational DevelopmentPeople and Culture <p><u>Up to £150k per annum</u></p> <ul style="list-style-type: none"> • Director of Occupational Health & Safety (for occupational health & safety) • Associate Director for Organisational Development and Learning (for library services and regional NHS Education for Scotland initiatives)
Maintenance Contracts / Utilities
<p>Any maintenance / utilities expenditure that is required to be directed through National Procurement must be contracted through that route. For expenditure out of the scope of National Procurement, the following officers have delegated authority to agree contracts and service agreements. This section does not relate to maintenance contracts for medical equipment. Those types of contracts should be considered as part of the procurement process for the equipment itself, and the expenditure subject to Section 8 – “Revenue Expenditure – General Arrangements</p> <p><u>Any amount over £250k per annum</u></p> <ul style="list-style-type: none"> • Three executive Board members <p><u>£150k to £250k per annum</u></p> <ul style="list-style-type: none"> • Medical Director (for Digital) <p><u>Up to £150k per annum</u></p> <ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Estates & Facilities ➤ Associate Director of Operations (Estates & Facilities) ➤ Programme Director (Estate & Facilities) ➤ Director of Digital
Any Other Income Contract or Agreement not covered by the above
<p>The value of the contract or agreement is over £250k per annum</p>

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services
Three executive Board members
The value of the contract or agreement (per annum) is over £150k and up to £250k
Two people have to approve the transaction, one of whom should be the budget holder. <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (through the authorised signatory process) delegated authority to approve expenditure up to £250,000.
The value of the contract or agreement is up to £150k per annum
Please refer to the list of Category A approvers.
Management Consultants
Section 9 of this Scheme of Delegation sets out in detail the process that is to be followed when management are considering the use of management consultants. This highlights that either the Chief Executive or the Director of Finance must approve a “pre-engagement review form” before going to market.

7. Capital Expenditure – Delegation of Authority and Approval of Expenditure

- This section is concerned with expenditure arising from schemes approved as part of the Board's capital plan (**See Sections 2-5**).
- Capital schemes or projects can be made up of several smaller pieces of work. The approval process (**Sections 2-3**) will identify and approve a Budget Holder for each piece of work, and the finance directorate will assign a unique code to it. The designated budget holder is the authorised signatory for the code, and the approving body (**Section 2**) will determine their delegated authority to approve expenditure for that code only. **As with all budgets this delegated authority can only be exercise when there is an available budget in the code, and the budget holder is responsible for monitoring this.** The delegated authority will end once the associated piece of work has been completed.
- The individual's established delegated authority for their revenue budget (**Section 8**) has no bearing or relevance to the delegated authority for a code that is used for a capital scheme or project. **If any transaction is over £250,000 it will require two individuals each with a personal delegated authority of £250,000 (for the capital code) to approve the transaction.**
- The budget holder may delegate authority to others to approve expenditure against the code. Nevertheless, the budget holder will remain personally accountable for all financial transactions for the code, and the actions of the individuals to whom they delegate financial authority to.
- There may be items of expenditure that are chargeable to the code that require to be recognised as revenue expenditure. This will be identified at the planning stage (**Section 2**), and the finance directorate shall establish a system to ensure that capital and revenue elements are distinctly accounted for.
- All expenditure must be processed on official orders through the approved procurement channels. The total value of an order should be recognised when determining who the appropriate signatory is for the order.
- Officers must establish systems to ensure that all ordered goods & services or works completed have in fact been received before "receipting" the supply in the ordering system. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- In the event of an invoice being received, and there is not an authorised and receipted order available, the invoice becomes the prime document for the approval of expenditure and the value of the invoice. The application of this Section will determine who the signatory must be. The absence of an approved order constitutes a breach of the Standing Financial Instructions.

8. Revenue Expenditure – General Arrangements	
General Provisions for the delegation of authority and approval of expenditure	
<ul style="list-style-type: none"> All budget holders are required to formally agree their annual budgets with their line manager and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget. All expenditure must be processed on official orders through the approved procurement channels for that type of expenditure. The necessary approvals must be given before placing the order. All items procured should be in accordance with any contracts or agreements previously established as a result of the required market testing as described at Section 4. All procurement activity should be in accordance with the Standing Financial Instructions and administered through the systems that the Board establishes for that purpose. Where a contract for general supply to the organisation is in place, the total amount for a period of supply should be identified (if fixed amount) or reasonably estimated, and an appropriately authorised order should be raised on the system for that supply. Officers must establish systems to ensure that all goods & services ordered have been received prior to “receipting” the supply in the ordering system being used. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order. This section sets out the required authority levels for general ordering of goods and services. However, employees should refer to Sections 6 and 10-14 for the specific requirements for certain types of revenue expenditure. 	
Any item over £2m	Three executive Board members
Any item over £250,000 but under £2m	<p>Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
Officers with a delegated authority up to £250,000	<ul style="list-style-type: none"> ➤ Any category A approver. ➤ Head of Operations (East Lothian) ➤ Service Director - Operations (Edinburgh) ➤ Service Director - Strategic Planning (Edinburgh) ➤ Chief Nurse (Edinburgh)
Officers with a delegated authority up to £150,000	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Programme Director (Estates & Facilities) ➤ Deputy Director of Finance

8. Revenue Expenditure – General Arrangements	
Officers with a delegated authority up to £100,000	<ul style="list-style-type: none"> ➤ Director of Pharmacy & Medicines ➤ Deputy Director (Corporate Nursing) ➤ Associate Director of Pharmacy ➤ Director (Diagnostics, Theatres, Anaesthetics and Critical CareATCC)
Officers with a delegated authority up to £75,000	<ul style="list-style-type: none"> ➤ General Manager (Medicine – WGH) ➤ General Manager (Surgery – WGH) ➤ General Manager (Cancer – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager – Scheduled Care (St John's) ➤ General Manager – Unscheduled Care (St John's) ➤ Associate Nurse Director (St John's) ➤ Service Manager - Public Health & Health Policy
Officers with a delegated authority up to £50,000	<ul style="list-style-type: none"> ➤ Director of Nursing, Primary/Community CareNurse Director – Community Nursing ➤ Site Chief Pharmacist ➤ Deputy Director of Human Resources ➤ Research & Development Director ➤ Locality Manager (Edinburgh) ➤ Hospital and Hosted Services Manager (Edinburgh) ➤ Service Manager for Laboratories ➤ Associate Director – Analytical Services
Officers with a delegate of authority up to £20,000	<ul style="list-style-type: none"> ➤ General Manager (Primary Care Contracting Organisation) ➤ Associate Medical Director ➤ Clinical Director ➤ Clinical Service Manager ➤ Clinical Nurse Manager ➤ Chief Midwife ➤ Director of Communications, Engagement and Public Affairs ➤ Head of Medical Physics ➤ Service Manager for Radiology ➤ Head of Operations Soft Facilities Management ➤ Head of Risk, Quality & Assurance ➤ Head of Operations Hard Facilities Management

9. Revenue – Use of Management Consultants	
What does this section cover?	<ul style="list-style-type: none"> • This section has been prepared to support the application of Section 7 of the Standing Financial Instructions (Non-Pay Expenditure) for the subject of management consultancy. • This section sets out the process and the key controls to be followed with respect to the engagement of management consultants. <p>All expenditure should be directed through the Board's ordering systems as described in Section 8.</p>
Key Definitions	<p>MANAGEMENT CONSULTANTS Management Consultants have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged to work on specific projects that are regarded as outside the usual business of the Lothian NHS Board and there is an identified endpoint of their involvement. 2. The responsibility for the final outcome of the project largely rests with Lothian NHS Board. <p>PROFESSIONAL ADVISORS Professional Advisors have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged on work that is an extended arm of the work done in-house. 2. They provide an independent check. <p>An example of professional advice is the engagement of VAT advisors on the accounting treatment of VAT in relation to the Board's activities. Professional Advisors are commonly engaged in major capital projects, e.g., architects, quantity surveyors, structural engineers.</p> <p>For the purposes of applying this section of the Scheme of Delegation, professional advisors are not management consultants, and this section does not apply to professional advisors.</p>
Step 1 – Clearly define what the assignment is.	<p>This is a task for the Senior Responsible Officer – the manager who has identified a potential need to engage management consultants.</p> <p>The scope and objectives of the assignment should be clearly defined – what is the problem that is to be solved? What is the scale of the activity, what departments/ services are involved?</p>

9. Revenue – Use of Management Consultants

Step 2 – Assess whether internal resources (the Board's own employees or suppliers within the scope of what they are already contracted to do) can perform the task.	<p>The potential assignment should be critically reviewed and broken down into its constituent parts. If some or all of the work is within the responsibilities of employees or contractors, then normally it should be done by them. Management consultants should only be engaged if the assignment is beyond the capacity and/or capability of internal resources to complete the assignment within the required timeframe.</p> <p>The Senior Responsible Officer should reduce the costs and risks associated with engaging management consultants by ensuring that any elements of the assignment that can be done in-house to the required quality are completed in-house. This should include considering redeploying or seconding employees to do the work. On the occasions where it is decided that the assignment cannot be delivered by internal resources, go to Step 3.</p> <p>The Senior Responsible Officer should prompt a review of how capacity and capability can be put in place for future assignments.</p>
Step 3 – Contact Procurement and document your requirements.	<ol style="list-style-type: none">1. The Senior Responsible Officer must contact the Procurement Department and ask for a "Pre-engagement Review Form. The Form must be completed with the details of Steps 1 & 2.2. The Form must identify the benefits to the Board (in terms of outcomes criteria) from the assignment, and how management will use the outputs of the assignment. Procurement will use these criteria in the tender documentation, and they will be used to support monitoring of progress and post-completion evaluation.3. The Form must set out the minimum qualifying criteria for a bidder. This will be used by the Procurement function to advertise the assignment and short-list bids.4. The Form must include an estimate of the anticipated cost of the consultancy and identify the budget to cover the costs.5. The Form must be approved by one of the following officers before being returned to Procurement – Chief Executive or Director of Finance. (The approving officer and the Senior Responsible Officer should be different people). Procurement will not proceed unless this authorisation is in place.

9. Revenue – Use of Management Consultants

Step 4 – Going to Market

- The Procurement function will prepare and issue tender invitations to the market, based on the instructions given on the approved form.
- The Procurement will follow the requirements of Section 7 of the Board's Standing Financial Instructions with regard to tendering and contracting. In the event that it is decided that tendering processes are not appropriate, the requirements of the Board's Standing Financial Instructions must be followed. The Director of Finance must approve the decision to waive the tender process, and this must be formally documented. The lead senior officer for procurement must place this in the Waiver of Tender Register.
- Assignments will be offered to the market as distinct items, i.e. a contractor will not be automatically given a follow-on assignment associated with another tendered assignment. However, the Board may enter into a call-off framework contract with a number of consultancies in the interests of efficient procurement.
- The Procurement Department will maintain a register of all call-off contracts. The Procurement Department will perform and document systematic reviews of relationships with management consultants, to ensure that they are not self-perpetuating.
- The Procurement Department will use standard documentation to record the process of evaluation of bids and the award of contract. This will include a record of whether:
 - The Consultants are capable of performing the assignment.
 - The assignment will deliver Best Value.
 - The award of the contract is compliant with the Board's Standing Financial Instructions.

The Procurement Department will hold this record in a register.

- All assignments must have a defined contract duration, with a specified contract delivery or financial cap. The Procurement department will use a standard formal contract for all assignments. The contract will explicitly cover the payment of expenses and place a limit on the amount payable.

9. Revenue – Use of Management Consultants

Step 5 – Client Evaluation of the Performance of the Management Consultants at the conclusion of the assignment.

The Senior Responsible Officer shall prepare an evaluation report on each assignment immediately following its completion. The Procurement department will provide a standard template for this purpose.

The report shall cover:

- Was the work completed on time?
- Were the costs contained within the contracted figure?
- Did the consultants carry out all their contractual obligations?
- Were the terms of reference discharged?
- How did the consultants key people perform?
- Were effective and realistic solutions proposed?
- Did the engagement represent Best Value?

The Senior Responsible Officer must send this report to the officer who approved the assignment (See Step 3) and send a copy to Procurement. If the approving officer is satisfied, they must notify the Procurement department, to confirm that the order for services has been satisfactorily completed. The Procurement department can then “receipt” the order on the ordering system, and this will allow the invoice to be paid.

10. Revenue - Travel and Reimbursement of Expenses

What does this section cover?	<p>The Finance Directorate provides services for all Travel and Accommodation that can be pre-booked. A dedicated Travel Team works directly with the Scottish Government National Procurement travel provider, through online facilities. The booking method ensures that NHS Lothian Standing Financial Instructions (SFIs) are complied with, and the best secure price can be achieved.</p> <p>Employees can find further information on Travel, as well as making bookings for external courses and conferences on the intranet at: Home> Directory>Finance Online > Financial Services>Travel Team</p> <p>Employees can also find advice on the process for claiming expenses, including mileage and information on car leasing on Payroll Helpdesk at:</p> <p>Payroll Portal - NHSL (service-now.com)</p>
Approval of any amount for an event in or journey made within the UK	<ul style="list-style-type: none">➤ The relevant budget holder
Approval of any amount for an event in or journey made to an overseas destination	<ul style="list-style-type: none">➤ The relevant budget holder from the list of Category A approvers.➤ Deputy Director of Finance

11. Revenue – Private Finance Initiative / Public Private Partnership Payments	
What does this section cover?	
This refers to the expenditure that arises from PFI/PPP contracts, following the completion of the build phase and during the operational phase.	
<u>Any contractual payments: – fixed and variable (e.g., patient meals).</u>	<p>Approval of the order – Budget holder for the contract (or their delegate).</p> <p>Confirmation of Receipt of goods or services – To be provided by the Director of Estates & Facilities or Associate Director of Operations (Estates & Facilities) or their nominated officers.</p>
<u>Ad-hoc – minor works/ service changes</u>	<p>Approval of the order –The relevant budget holder must approve a minor works form.</p> <p>Confirmation of Receipt of goods or services – To be provided by the Director of Estates & Facilities or Associate Director of Operations (Estates & Facilities) or their nominated officers.</p>
Additional Works	
These are likely to be of a value higher than £5,000 and shall be directed through the capital approval route (see Section 2).	

12. Revenue - Payroll

What does this section cover?

This section describes the processes in place to delegate authority to compile and approve data that is required to make payments through the payroll system.

Payment of Hours through SSTS

SSTS is an electronic time and attendance system accessed through NHS Lothian's intranet, in which all attendance (absence and overtime) is recorded for staff with an NHS pay number in Lothian. Relevant absence data, e.g., sickness and overtime, is uploaded to SSPS (Payroll system) electronically prior to each weekly and monthly payroll run. I

Users are set up on SSTS with access rights appropriate to their role:

- Compiler – can enter data into the system
- Approver – ability to approve the data for processing (and consequently the payment that it leads to)

The individuals selected to perform these roles will depend on the structure of the department concerned. Payroll shall only set up users on SSTS following receipt of an instruction from the person who has responsibility for the budget from the following list, and after confirming that the proposed approver has been given the authority on the authorised signatory database:

- Any post identified in Section 8 of this Scheme of Delegation.

Other Payments that cannot be processed via SSTS, e.g. allowance codes, waiting time initiatives payments per consultant contract

Payroll has issued a form that must be used in these circumstances, and this is available on [Payroll Helpdesk](#)

The individual giving the final approval to make these payments must be the relevant person from the above list for the budget concerned. The Pay Office will check the authorised signatory database to confirm the person can approve the payments.

Additionally, the relevant Associate Medical Director must approve waiting time initiative payments (as defined in the Consultant Contract) to medical staff.

13. Revenue- Virement

<p>What does this section cover?</p>	<p>The need to vire budget may arise as part of budget setting or during the financial year. Virement can be defined as “the transfer of money from one budget heading to another.’ More specifically it enables the transfer of budget between services or between pay and non-pay budgets</p> <p>The Standing Financial Instructions state: “5.19 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another.</p> <p>5.20 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.”</p> <p>The following officers are permitted to approve virement transactions for their budgets.</p>
<p>Any Amount</p>	<ul style="list-style-type: none"> ➤ Please refer to the list of Category A approvers. ➤ Deputy Director of Finance.
<p>Up to £100,000</p>	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Programme Director (Estate & Facilities) ➤ Director of Pharmacy & Medicines ➤ General Manager (Cancer – WGH) ➤ General Manager (Medicine - WGH) ➤ General Manager (Surgery – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager – Scheduled Care (St John’s) ➤ General Manager – Unscheduled Care (St John’s) ➤ Associate Nurse Director (St John’s) ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services) ➤ Site Chief Pharmacist

Up to £20,000	<ul style="list-style-type: none"> ➤ General Manager (Primary Care Contracting Organisation); ➤ Associate Medical Director; ➤ Clinical Director; ➤ Clinical Service Manager; ➤ Clinical Nurse Manager; ➤ Chief Midwife; ➤ Director of Communications, Engagement and Public Affairs ➤ Operational Manager (RIE/ Liberton) ➤ Head of Medical Physics ➤ Head of Operations Hard Facilities Management ➤ Head of Risk, Quality & Assurance ➤ Head of Operations Hard Facilities Management
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14. Revenue - Losses and Special Payments

What does this section cover?	<p>This section relates to the approval of losses and special payments as defined by CEL (2008) 44.</p> <p>The Director of Finance must periodically report all losses (of whatever class) to the Lothian NHS Board Audit & Risk Committee.</p> <p>For any type of losses or special payments, the responsible budget holder has delegated authority to approve them up to the value £10,000 provided that they have budgetary authority for the value of the loss or special payment.</p> <p>All losses and special payments must be reviewed and counter-signed by one of; the Director of Finance or the Deputy Director of Finance. For losses and special payments up to £10,000 the following finance officers can also counter-sign them: the Head of Financial Control; the Deputy Head of Financial Control, or the Finance Manager (Order to Cash).</p> <p>For proposed losses to be written off and proposed special payments that are above the delegated limits, management must refer these items to the Audit & Risk Committee before seeking authorisation from the Scottish Government Health Directorate.</p>																					
Theft / Arson/ Wilful Damage	<p>The Director of Finance or the Deputy Director of Finance can approve the write-off of losses up to the following amounts:</p> <table><tr><td>1.</td><td>Cash</td><td>£20,000</td></tr><tr><td>2.</td><td>Stores/ Procurement</td><td>£40,000</td></tr><tr><td>3.</td><td>Equipment</td><td>£20,000</td></tr><tr><td>4.</td><td>Contracts</td><td>£20,000</td></tr><tr><td>5.</td><td>Payroll</td><td>£20,000</td></tr><tr><td>6.</td><td>Buildings/ Fixtures</td><td>£40,000</td></tr><tr><td>7.</td><td>Other</td><td>£20,000</td></tr></table>	1.	Cash	£20,000	2.	Stores/ Procurement	£40,000	3.	Equipment	£20,000	4.	Contracts	£20,000	5.	Payroll	£20,000	6.	Buildings/ Fixtures	£40,000	7.	Other	£20,000
1.	Cash	£20,000																				
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3.	Equipment	£20,000																				
4.	Contracts	£20,000																				
5.	Payroll	£20,000																				
6.	Buildings/ Fixtures	£40,000																				
7.	Other	£20,000																				
Fraud, embezzlement & other irregularities (including attempted fraud)	<p>The Director of Finance or the Deputy Director of Finance can approve the write-off of losses up to the following amounts:</p> <table><tr><td>8.</td><td>Cash</td><td>£20,000</td></tr><tr><td>9.</td><td>Stores/ Procurement</td><td>£40,000</td></tr><tr><td>10.</td><td>Equipment</td><td>£20,000</td></tr><tr><td>11.</td><td>Contracts</td><td>£20,000</td></tr><tr><td>12.</td><td>Payroll</td><td>£20,000</td></tr><tr><td>13.</td><td>Other</td><td>£20,000</td></tr></table>	8.	Cash	£20,000	9.	Stores/ Procurement	£40,000	10.	Equipment	£20,000	11.	Contracts	£20,000	12.	Payroll	£20,000	13.	Other	£20,000			
8.	Cash	£20,000																				
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10.	Equipment	£20,000																				
11.	Contracts	£20,000																				
12.	Payroll	£20,000																				
13.	Other	£20,000																				
Nugatory and Fruitless Payments	<p>A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability.</p> <p>The Director of Finance or the Deputy Director of Finance can</p>																					

14. Revenue - Losses and Special Payments							
	approve the write-off of losses up to £20,000.						
Claims Abandoned	<p>The Director of Finance or the Deputy Director of Finance can approve the write-off of losses up to the following amounts:</p> <table> <tr> <td>a) Private Accommodation</td><td>£20,000</td></tr> <tr> <td>b) Road Traffic Acts</td><td>£40,000</td></tr> <tr> <td>c) Other</td><td>£20,000</td></tr> </table>	a) Private Accommodation	£20,000	b) Road Traffic Acts	£40,000	c) Other	£20,000
a) Private Accommodation	£20,000						
b) Road Traffic Acts	£40,000						
c) Other	£20,000						
Stores Losses	<p>The Director of Finance or the Deputy Director of Finance can approve the write-off of losses up to £40,000 in the following categories:</p> <p>14. Incidents of the Service – Fire, Flood, Accident 15. Deterioration in Store. 16. Stocktaking Discrepancies. 17. Other causes.</p>						
Losses of Furniture & Equipment and Bedding & Linen in Circulation	<p>The Director of Finance or the Deputy Director of Finance can approve the write-off of losses up to £40,000 in the following categories:</p> <p>18. Incidents of the Service – Fire, Flood, Accident 19. Stocktaking Discrepancies. 20. Other causes.</p>						
Compensation Payments – Legal Obligation - Clinical	<p>NHS Lothian is a member of the Clinical Negligence & Other Risks Indemnity Scheme (CNORIS). CNORIS provides indemnity to members in relation to clinical and non-clinical negligence compensation payments. The Scottish Government via the Central Legal Office gives the approval to settle claims under this scheme.</p> <p>The following officers can approve payments up to £250,000</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers <p>For amounts over £250,000 - Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000. 						

14. Revenue - Losses and Special Payments	
Compensation Payments – Legal Obligation – Non-Clinical	<p>The following officers can approve payments up to £100,000:</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. <p>For amounts above £100,000 – Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
Ex-Gratia Payments	Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability.
Extra Contractual Payments	<p>An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts might uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. A payment may be regarded as extra contractual even where there is doubt whether or not the health body is liable to make it, e.g., where the contract provided for arbitration, but a settlement is reached without recourse to arbitration. A payment made as a result of an arbitration award is contractual.</p> <p><u>An ex-gratia payment to a contractor</u> is one not legally due under the contract or otherwise, and usually represents compensation on grounds of hardship. Any such payment would have to be fully justified on value for money grounds. The aggregate of payments from whatever cause under a single contract governs the need for prior reference to the Scottish Government. If the Board has any reason to suspect that the ultimate total will exceed its delegated powers it should consult the Scottish Government.</p> <p>The delegated limit for this category is £20,000.</p>
Compensation Payments – Ex Gratia – Clinical	The delegated limit for this category is £250,000 .
Compensation Payments – Ex Gratia – Non-Clinical	The delegated limit for this category is £100,000 .

14. Revenue - Losses and Special Payments	
Compensation Payments – Ex Gratia – Financial Loss	The delegated limit for this category is £25,000 .
Compensation Payments – Ex Gratia – Other Payments	<p>The delegated limit for this category is £2,500.</p> <p>In addition to the signatories above, the General Manager (Primary Care Contracts) has delegated authority to make these payments in this category for the Primary Care Contracting Organisation.</p>
Damage to Buildings and Fixtures – Incidents of the Service – Fire, Flood, Accident, Other Causes	The Director of Finance or the Deputy Director of Finance can approve the write-off of losses up to £40,000 .
Extra-Statutory & Extra-regulatory payments	<p>These are payments considered to be within the broad intention of a statute or statutory regulation, but which go beyond a strict interpretation of its terms. In some cases where health bodies have followed departmental guidance, the Scottish Government will advise the health bodies to classify the payments as extra statutory. In all other cases where health bodies would be acting, or believe they may have acted, beyond the strict interpretation of statute or statutory regulation they must inform the Scottish Government who will advise them whether the payments may be treated as extra statutory or that the payments are beyond their powers (<i>ultra vires</i>). <u>Extra statutory or extra regulatory payments must not be classified as ex gratia.</u></p> <p>The Board has no delegated authority to approve these payments.</p>
Gifts in cash or kind	The Director of Finance or the Deputy Director of Finance can approve payments up to £20,000 .
Other losses	<p>These are losses that do not fall within the definitions of theft, arson, wilful damage, fraud, embezzlement and attempted fraud (loss categories 1-13 above) and would have fallen within the previously available categories of “Cash Losses – overpayment of salaries, wages and allowances” and “Cash Losses –other”.</p> <p>Note: There is a distinct process to be followed for overpayment of salaries. Please contact the Head of Financial Control.</p> <p>The Director of Finance or the Deputy Director of Finance can approve payments up to £20,000.</p>

15. Asset Transactions	
What does this section cover?	This section relates to miscellaneous asset transactions.
Disposal of fixed assets (other than land and buildings)	All transactions to be referred to the Director of Finance. The Director of Finance shall establish a procedure to approve these disposals and this may include delegating the approval of some disposals to other officers.
Land & Property and Equipment Leases <u>(including Vehicles)</u>	<p>For land, property and equipment leases the Present Value of the minimum payments required under the lease contract will determine the appropriate level of authority and signatory. Such payments will include any incidental fees, commissions, documentation or registration costs, or lease premiums as well as normal annual rentals payable over that minimum period.</p> <p>In such circumstances the Director of Estates & Facilities, Associate Director of Operations (Estates Facilities) or other managers will need to seek such appropriate financial advice as required on whether any lease agreement will require approval from the capital budget.</p> <p>The financial advice will consider the minimum period of the lease against the overall life of the asset (as determined by its depreciation period) and whether the minimum payments required over the lease represents substantially all of the equivalent normal capital cost of the asset being procured.</p> <p>Any lease or rental agreement where the total minimum payment over the lease period is less than £5,000 should be considered as revenue expenditure. For "grouped assets" (as defined by the Capital Asset Manual) where the total minimum payments over the lease period is less than £10,000, such agreements should also be treated as revenue expenditure.</p> <p><u>Any lease or rental agreement where the underlying asset is of low value (less than £5,000) should be considered as revenue expenditure. A short-term lease or rental agreement (with a term of less than 12 months) should also be considered revenue expenditure.</u></p> <p>All leases should be reviewed to give assurance that the terms and conditions of the lease are satisfactory, and where applicable is in accordance with the Board's estates strategies and plans, and that the NHS Scotland Property Transactions Handbook has been followed.</p> <p>The value of the lifetime cost of the lease should be quantified, the signatory will be:</p> <p><u>Land & Property Leases:</u> Chief Executive or Director of Finance <u>Equipment Leases (including Vehicles)</u></p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. • Deputy Director of Finance.
Notification and Certification of Property Transactions	Chief Executive

(per Property Transactions Handbook)	
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16. Financial Services

What does this section cover?	This section relates to financial functions and controls administered by Financial Services.
Statutory deductions from payroll i.e. PAYE, superannuation, national insurance deductions, and arrestments. Voluntary deductions from payroll e.g. GAYE, trade union fees.	One of the following officers: Deputy Director of Finance; Head of Financial Control; Deputy Head of Financial Control or the Finance Manager (Order to Cash)
Establishment of a cash float (any amount)	The Head of Financial Control, Deputy Head of Financial Control or the Finance Manager (Order to Cash) must grant approval of the establishment of a cash float.
Cheque Signatories - General	All designated cheque signatories must be included in the bank mandate. Only the Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory may approve changes to the designated cheque signatories, and sign the letter to the bank to instruct it to alter the bank mandate. The required signatories depends on the value of the payment, as follows: > £100,000 – One Level 1 signatory plus any other signatory. £25,001 - £100,000 – One Level 1 or Level 2 signatory plus any other signatory. £2,000 - £25,000 – Any two signatories. < £2,000 – Any one signatory.
Cheque Signatories – Level 1	<ul style="list-style-type: none"> ➤ Director of Finance ➤ Deputy Director of Finance ➤ Deputy Chief Executive ➤ Medical Director ➤ Executive Director for Nursing, Midwifery, & Allied Health Professionals ➤ Director of Public Health & Health Policy
Cheque Signatories – Level 2	<ul style="list-style-type: none"> ➤ Head of Financial Control ➤ Deputy Head of Financial Control ➤ Finance Manager (Order to Cash) ➤ Chief Finance Officers

16. Financial Services	
Cheque Signatories – Level 3	<ul style="list-style-type: none"> ➤ Any Finance Business Partner ➤ Senior Finance Manager - Performance ➤ Finance Manager (Accounts Payable) ➤ Financial Accountant
Electronic Banking – General Provision	<p>On each occasion that a profile is to be allocated to an officer (per the 3 sections below), that allocation shall be recorded in an internal mandate. The Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory must approve the mandate.</p> <p>The Finance Manager (Order to Cash) shall maintain a complete record of these mandates.</p>
Electronic Banking – Bankline	<p>The system profiles are granted to each of the following officers: Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser – Head of Financial Control; Deputy Head of Financial Control; Finance Manager (Order to Cash); Finance Manager (Accounts Payable); Financial Accountant.</p> <p>Administrator - Head of Financial Control; Deputy Head of Financial Control; Financial Manager (Order to Cash); Treasury Team Leader; Cashiering Team Leader; Accounts Receivable Team Leader, Assistance Financial Accountant.</p> <p>N.B. There is a systematic control that requires the approval of two administrators to authorise any administrative changes to the system.</p>
Electronic Banking – Government Banking Service	<p>The system profiles are granted to each of the following officers: Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser –Head of Financial Control; Deputy Head of Finance Control; Finance Manager (Order to Cash); Finance Manager (Accounts Payable); Financial Accountant.</p> <p>Administrator - N.B. HM Treasury administer this <u>the overall system but local users are assigned to local Administrators.</u> Treasury Team Leader; Cashiering Team Leader; Accounts Receivable Team Leader, Assistance Financial Accountant.</p>

16. Financial Services

Electronic Banking – BACS	<p>The system profiles are granted to each of the following officers:</p> <p>Preparer –Senior Treasury Assistant; Treasury Assistant.</p> <p>Authoriser –Head of Financial Control; Deputy Head of Financial Control; Finance Manager (Order to Cash); Financial Accountant; Treasury Team Leader;.</p> <p>Administrator - Head of Financial Control; Deputy Head of Financial Control; Finance Manager (Order to Cash).</p> <p>N.B. An administrator may grant the “Preparer” profile to another officer, in the event of a vacancy or absence of both a Senior Treasury Assistant and a Treasury Assistant. This will only be a temporary measure to support business continuity.</p>
Electronic Banking – Bankline	<p>A project Bank Account is an internet banking facility provided by a commercial bank to allow a commissioning body to pay the main contractor and supply chain firms which are named as beneficiaries of the trust deed.</p> <p>The Finance Manager (Order to Cash) will be the board's nominated Project Bank Account Champion</p> <p>The system profiles are granted to each of the following officers:</p> <p>Read only – Treasury Assistant, Senior Treasury Assistant, Main Contractor nominated staff</p> <p>Preparer – Main Contractor nominated staff</p> <p>1ST Authoriser Main Contractor nominated staff</p> <p>2nd Authoriser - Head of Financial Control; Deputy Head of Financial Services; Finance Manager (Order to Cash); Finance Controller (Accounts Payable); Financial Accountant</p> <p>Administrator – Head of Financial Control; Deputy Head of Financial Control; Finance Manager (Order to Cash); Treasury Team Leader <u>Cashiering Team Leader; Accounts Receivable Team Leader, Assistance Financial Accountant.</u></p> <p>N.B. Bankline enforces segregation of duties between the preparer and the payment Authoriser.</p> <p>There is a systematic control that requires the approval of two administrators to authorize any administrative changes to the system.</p>

17. Signing of Contractual Documentation

What does this section cover?	The following individuals may sign contractual documentation on behalf of the Board, provided the decision to enter that contract has been made after following applicable due process.
Land and Property Transactions	<p>The power to purchase or dispose of land (and associated property) is reserved to the Scottish Ministers (per Section 79 of the National Health Service (Scotland) Act 1978. Officers shall follow the requirements of Section 2 of this Scheme of Delegation, and the NHS Scotland Property Transactions Handbook when considering these matters.</p> <p>Once the above processes have concluded and the necessary approvals are in place, only the following individuals may execute legal instruments on behalf of the Scottish Ministers. These individuals must take particular care to ensure that all prior Scottish Government approval required by the Property Transactions is in place before they exercise this delegated authority:</p> <p><u>All Acquisitions</u></p> <ul style="list-style-type: none">• Chief Executive• Director of Finance <p><u>Disposals where the subjects of sale or lease would not continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none">• Chief Executive• Director of Finance <p><u>Disposals where the subjects of sale or lease (such as health centres or partnership ventures) would continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none">• The execution of legal instruments is reserved to the Scottish Ministers
Completion of associated contract documentation to put in place contracts as a result of decisions relating to building or maintenance projects or any procurement contracts	<p>The following individuals can sign off contractual documentation on behalf of the Board. However before doing so, that person needs to be satisfied that due procurement process has been followed, and the terms of the contract are acceptable to the Board. The signatory may not have been directly involved in the procurement processes, however should receive a report from the officers involved giving a briefing on the procurement exercise, and assurance that due process has been followed.</p> <ul style="list-style-type: none">➤ The relevant budget holder from the list of Category A approvers.➤ Deputy Director of Finance➤ Director of Capital Planning & Projects➤ Associate Director of Operations (Estates & Facilities)➤ Associate Director of Procurement

Appendix D1, Governance Committees Terms of Reference:

Audit & Risk Committee

Terms of Reference for the NHS Lothian Audit & Risk Committee

1. REMIT

The remit of the Audit & Risk Committee (the Committee) is to support the Accountable Officer (Chief Executive) and the Lothian NHS Board in meeting their responsibilities for issues of risk, control and governance and for ensuring that appropriate assurance arrangements are in place and operating effectively.

The Board authorises the committee to:

- investigate any activity within its terms of reference, to request any Board member or employee to attend a committee meeting, and request a written report or seek any information it requires;
- obtain outside legal or other independent professional advice, and to secure the attendance of external advisors with relevant experience and expertise if it considers this necessary; and
- co-opt additional members for a period up to one year, with the approval of the Board and Accountable Officer, to provide specialist skills, knowledge and experience which the committee needs at a particular time. N.B. A co-opted member is an individual who is not a member of Lothian NHS Board, and is not to be counted as part of the committee's quorum.

The Board directs all employees to co-operate with any committee request.

The Chair of the Audit & Risk Committee may communicate any matters with the Board Chairman, the Accountable Officer, or the Board as he or she sees fit. The Head of Internal Audit and the representative of External Audit will have free and confidential access to the Chair of the Committee.

2. CORE FUNCTIONS

The Committee will discharge its remit by:

1. Helping the Accountable Officer and Lothian NHS Board formulate their assurance needs, including via the review and operation of an appropriate assurance framework, with regard to risk management, governance and internal control.
2. Reviewing and constructively challenging the assurances that have been provided, as to whether their scope meets the needs of the Accountable Officer and Lothian NHS Board.
3. Reviewing the reliability and integrity of those assurances, i.e. considering whether they are founded on reliable evidence, and that the conclusions are reasonable in the context of that evidence.
4. Drawing attention to weaknesses in systems of risk management, governance, and internal control, and making suggestions as to how those weaknesses can be addressed.
5. Commissioning further assurance work for areas that are not being subjected to sufficient review.
6. Seeking assurance that previously identified areas of weakness are being remedied.

The committee has the following specific functions.

a) Overall Assurance on Corporate Governance, Internal Control and Risk Management

- To support the Board and the Accountable Officer in comprehensively defining their assurance needs.
- To assess whether there are sources of assurance in place that provide coverage for all of the identified assurance needs.
- To test and determine the reliability of the sources of assurance which are available.
- To form an opinion on the exposure to relevant risk with regard to the Board's Risk Management Policy, and the adequacy and effectiveness of the systems of internal control for individual areas/ subjects.
- Drawing from the consideration of individual assurances, to form an overall view on the state of risk management, corporate governance and internal control. This will inform the content of the Accountable Officer's Governance Statement.

Corporate Governance

- Assess the Board's overall arrangements to be systemically assured on its compliance with all relevant laws, regulations and Government directions that are pertinent to the Board's functions and responsibilities.
- Review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the Lothian NHS Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees, and the Board's procedures to prevent bribery (Bribery Act 2010).
- Seek assurance that the Board has in place arrangements whereby employees may, in confidence access the whistle-blowing process. The Committee will require assurance that there are arrangements for proportionate and independent investigation of such matters, and for appropriate follow-up action.
- Seek assurance that the Board has adequate systems of control to ensure that it complies with the taxation laws that are relevant to the conduct of its activities.
- Seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.
- Ensure that the Board's suite of Operating Guidance is periodically reviewed, including the Standing Financial Instructions and the Scheme of Delegation, and to advise the Board when any changes are required.
- Ensure that the circumstances associated with each occasion when Standing Orders are waived and suspended, are appropriately examined.
- Periodically review the Board's Risk Management Policy and advise the Board of the committee's views as to its adequacy. When the Policy is being reviewed, the Committee will review it and make a recommendation to the Board.

- Review the Board's arrangements for the prevention and detection of fraud and other irregularities.
- Receive and review schedules of losses and compensations where the amounts exceed the delegated authority of the Board, before they are referred to the Scottish Government for approval.
- Evaluate the assurances that are provided to support the Accountable Officer's Governance Statement.
- Advise the Scottish Government (via the appropriate channels) of any matters of significant interest as required by the Scottish Public Finance Manual.
- Present to the Board an Audit & Risk Committee Annual Statement of Assurance.

b) Internal Control

- Receive and review all reports from internal and external audit.
- Review audit reports from auditors of national, regional or shared systems upon which NHS Lothian relies, e.g. audit reports from NSS.
- Review of other material pertinent to improving systems of corporate governance and internal control, e.g. Best Value material, studies from other organisations, national performance audit reports from Audit Scotland.
- Receive and review stewardship reports from senior staff in areas that are key to corporate governance, e.g. Finance, HR, Digital.
- Receive and review a summary of issues raised by directors in the annual certificates of assurance, which inform the drafting of the Governance Statement.
- Receive and review assurance reports from other Board committees, so as to inform the review of the Governance Statement.
- Receive assurance that the Board has adequate and effective systems for internal financial control (identify, assess, manage and monitor financial risks) and to produce the annual accounts.
- Review of fraud and theft reports as reported to it from the NHS Lothian Fraud Liaison Officer.

c) Risk Management

The Committee has no role in the executive decision-making in relation to risk management. However it shall seek assurance that:

- there is a comprehensive risk management system in place to identify, assess, manage and monitor risk at all levels of the organisation;
- there is appropriate ownership of risk in the organisation, and that there is an

effective culture of risk management; and

- The Board has a clearly defined Risk Management Policy and that the executive's approach to risk management is consistent with that Policy.

In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- at each meeting, receive and review a report summarising any significant changes to the Board's Corporate Risk Register, and what plans are in place to manage them. The Committee may also elect to occasionally receive information on significant risks held on other risk registers held in the organisation;
- assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board, so as to advise the Board;
- consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required; and
- reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system requires to be updated.
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk.

Whilst the Committee will seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions, the Board's Healthcare Governance Committee shall provide particular oversight to clinical risks and all matters relating to the Board's legal duty to monitor and improve the quality of health care which it provides.

The Healthcare Governance Committee will also provide assurance oversight to the Board's responsibilities for information governance.

The Staff Governance Committee will have particular assurance oversight of risks relating to the Board's legal duty in relation to the governance of staff.

d) Financial Reporting

The Committee shall consider the following:

- The accounting policies, any changes to them, and any significant estimates and judgements. The Committee is authorised to approve accounting policies of the Board.
- The significant financial reporting issues and judgements made in connection with the preparation of the annual accounts.

- Any significant or unusual transactions that have been flagged by management, where the accounting treatment is open to different approaches.
- The appropriateness of all the above in light of any comments from the Board's external auditors.
- The clarity and completeness of disclosures in the financial statements, and whether the disclosures made are set properly in context.
- Any related information presented in the financial statements, e.g. Governance Statement, Operating and Financial Review.

The Committee shall perform the above for the Board's consolidated annual accounts (*including those of The NHS Lothian Charity*), and the Board's patients' private funds annual accounts. If the Committee is not satisfied with any aspect of financial reporting, it will report its views to the Board.

e) Internal Audit

A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, will select and appoint its Chief Internal Auditor. The Chair of the Audit & Risk Committee will approve the composition of the panel.

With regard to internal audit, the committee will undertake the following activities.

- Review the Internal Audit Strategy and plan for the forthcoming year, which are prepared by the Chief Internal Auditor, and assess its appropriateness to give reasonable assurance on the whole of risk, control and governance.
The committee is authorised to approve the Internal Audit Strategy and plans.
- Receive internal audit reports and review the progress of the delivery of the internal audit plan.
- Review the adequacy of internal audit staffing and other resources.
- Review the adequacy of the formal remit that has been granted to the internal audit function to discharge its function.
- Monitor and assess the role and effectiveness of the internal audit service in the context of the Board's system of risk management.
- Review and monitor management's responsiveness to internal audit's findings and recommendations.
- Meet the Chief Internal Auditor once a year without the presence of management.
- Ensure that the Chief Internal Auditor has free and confidential access to the Board Chairman, the Accountable Officer and the Chair of the Audit & Risk Committee.

f) External Audit

With regard to external audit, the committee will undertake the following activities.

- Approve the remuneration of the external auditor within the range set by Audit Scotland.

- Examine any reason for the resignation or dismissal of the external auditors.
- Review the external auditor's strategy and plans
- Receive and review the outputs from the work of the Board's external auditor.
- Ensure that the external auditor has direct access to the Board Chairman, the Accountable Officer and the Chair of the Audit & Risk Committee.
- Meet the external auditor once a year without the presence of management.
- Engage in any evaluation of the external auditor as Audit Scotland may request.
- Receive assurance that the external auditor has arrangements in place to maintain their independence and objectivity. This should include consideration as to whether any of the audit staff have any business interest with Lothian Health Board, or personal relationships with any of the Board employees, which could compromise independence and objectivity.
- To develop and recommend to the Board a policy on the provision of non-audit services by the external auditor. The Committee should also set out in its annual report whether such services have been provided during the year.

The Board's Standing Financial Instructions include the following:

- '4.5 It is important that the Board's external auditors are independent and seen to be independent in the work that they undertake. It is therefore not appropriate for them to undertake any non-audit work that might be perceived to create a conflict of interest with their role as external auditors.'*
- 4.6 The Board's external auditors may be engaged to undertake additional services only if Audit Scotland has previously confirmed that it would be appropriate for them to do so. These additional services include the external audit of patients' funds accounts. The NHS Lothian Charity trustees appoint the external auditor of the endowment fund accounts, and consequently that appointment is not regarded as additional services by the Board's external auditor. The Director of Finance shall notify the Audit & Risk Committee of any such engagement at its next available meeting.'*

Accordingly, the Committee will review any such notification.

3. MEMBERSHIP

Lothian NHS Board shall appoint all members of the Committee. All members shall be non-executive members of the Lothian NHS Board, with the exception of any co-opted members. The Board shall appoint at least three, and up to six non-executive board members to the committee.

The members must also be independent and objective. The Board shall give due regard to whether a proposed non-executive member for appointment to the committee is sufficiently independent from other Board committees.

The Board shall give all members a fixed term of appointment that does not exceed three years. Members can only be re-appointed by the Board on two further occasions, so long as they continue to be independent.

The Board shall ensure that the committee's membership has an adequate range of skills and experience that will allow it to effectively discharge its responsibilities. With regard to the committee's responsibilities for financial reporting, the Board shall ensure that at least one member can engage competently with financial management and reporting in the organisation, and associated assurances.

In order to avoid any potential conflict of interest, the Chair of the Audit & Risk Committee shall not be the Chair of any other governance committee of the Board.

The Chairman of Lothian NHS Board cannot be a member of the Audit & Risk Committee. All Board members, through the Chair of the Committee may request to attend any meeting. All Board members shall receive the minutes of the Committee (at the Board meeting), and shall have the right to have access to the committee papers.

At the Committee the role of executive board members and officers is to provide information, and to participate in discussions, either for the whole duration of the meeting or for particular agenda items. The following people will normally be routinely invited to attend committee meetings:

- Chief Executive
- Director of Finance
- Chief Internal Auditor or representative
- Associate Director of Quality or representative
- External Auditor or representative
- Board Secretary

However, only the committee members are entitled to be present at meetings, and it is for those members to decide if non-members should attend for a particular meeting or agenda item. The Committee can request any member of the Board or employee to attend a meeting with respect to specific items being considered. Members are entitled to discuss matters directly with the Chair of the Audit & Risk Committee and the Chair of Lothian NHS Board. Furthermore members also have a right of access to the Accountable Officer where they feel that this is necessary.

The Chair of the Committee may

- Call a meeting at any time, or when required to do so by the Board
- May exclude all parties other than members of the Committee from the deliberations of the Committee

4. QUORUM

No business shall be transacted at a meeting of the Committee, unless a quorum has been achieved. A meeting will be quorate when at least three non-executive Board members are present. *There may be occasions when due to the unavailability of a non-executive member, other non-executive members of Lothian NHS Board will be asked, either by the Board Chairman or the*

Committee Chair, to act as members of the Committee so that a quorum is achieved.

5. FREQUENCY OF MEETINGS

The committee shall meet as often as it may determine is necessary to discharge its remit, but in any case will at least meet four times in a year.

6. REPORTING ARRANGEMENTS

The Committee will report to the Board by means of submission of its approved minutes to the next available Board meeting. The Board will provide a standing invitation to the Chair of the Committee to report verbally on any key issues which the Committee considers should be brought to the Board's attention and to identify any issues that may require to be addressed in the future.

The Committee will prepare and present to the Board an Audit & Risk Committee Annual Statement of Assurance. This will be a source of information and assurance for the preparation of the Board's Governance Statement, published within the annual accounts.

The Board Secretary (or his or her nominee) will be the Committee Secretary and will ensure that the business of the Committee is taken forward efficiently and effectively, and in line with these terms of reference.

A member of the Corporate Governance Team will prepare the minutes, and the NHS Board will receive the approved minutes of the Committee.

7. REFERENCES

[National Health Service \(Scotland\) Act 1978](#)

[Scottish Government Audit & Assurance Handbook \(April 2018\)](#)

[NHS Scotland Blueprint for Good Governance: second edition \(December 2022\)](#)

[Guidance on Audit Committees \(Financial Reporting Council, April 2016\)](#)

7. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 16 April 2025

8. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: April 2025

Appendix D2, Governance Committees Terms of Reference:

Healthcare Governance Committee

HEALTHCARE GOVERNANCE COMMITTEE

1. REMIT

- 1.1. The Healthcare Governance Committee (HGC) will provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard.
- 1.2. The Committee will also provide assurance to the Board that NHS Lothian meets its responsibilities with respect to:
 - National Standards for Community Engagement and Participation¹
 - Volunteers/Carers
 - Information Governance
 - Protection of Vulnerable People including children, adults, offenders
 - Relevant Statutory Equality Duties
- 1.3. The Board authorises the Committee to investigate any activity within its terms of reference, to request any Board member or employee to attend a Committee meeting and request a written report or seek any information it requires. The Board directs all employees to co-operate with any Committee request.
- 1.4. The HGC may seek assurance from other Board committees, as required, in relation to any governance, risk or performance issue pertinent to the discharge of its remit. In turn, the HGC may provide assurance to other Board committees, from time to time.
- 1.5. The Board authorises the Committee to determine the processes for the approval of Board policies, except for the following types of policy:
 - Policies that are reserved for approval by the Board through its Standing Orders.
 - Human Resources Policies.
 - Finance Policies.

2. CORE FUNCTIONS

- 2.1. The Committee shall seek assurance on the following:
 - a) The quality, effectiveness, and safety of care of services within NHS Lothian is regularly monitored, reported and reviewed and specifically:
 - i. Clinical care delivered across NHS Lothian meets NHS, HIS and other relevant standards and that unacceptable clinical practice is detected and addressed
 - ii. Effective quality assurance and quality improvement systems are in place covering all aspects of service delivery
 - b) Continuous improvement of clinical care drives decision-making about the provision, organisation, and management of services
 - c) Medicines Management, including the management of Controlled Drugs

¹ As set out by Health Improvement Scotland – Community Engagement within *The Quality Framework for Community Engagement and Participation* (April 2023)

- d) There is a systematic and documented approach for the production, implementation and evaluation of clinical policies
- e) An open and transparent culture exists with respect to the reporting, investigation and corrective action taken following adverse events, reviews, fatal accident inquiries, ombudsman reports or other internal or external reports
- f) Complaints and patient feedback are handled in accordance with national standards/guidance, and lessons learned from their investigation and resolution, including reports from the Scottish Public Sector Ombudsman and Mental Welfare Commission
- g) All individuals engaged by the Board to carry out its functions and services are appropriately trained to develop the skills and competencies required to deliver the care needed; that continuing personal and professional development and lifelong learning are supported; and that there are mechanisms for developmental training and assessment where necessary (specific assurances will be sought from the Staff Governance Committee)
- h) High-quality research and development, teaching and training are supported in partnership with other public or private sector bodies, and meet relevant guidance/governance standards, and complies with Research Framework for Health & Community Care.
- i) Information governance across NHS Lothian meets NHS, HIS and other relevant standards, and that unacceptable practice will be detected and addressed, including Codes of Practice on openness and related strategy processes all applied and monitored
- j) The Board's adherence to legislative requirements and the implementation of relevant directives and other instructions from Scottish Government with respect to equality, diversity and human rights, including addressing and responding effectively to health inequalities in the population (additionally, the HGC will seek assurance that Integration Joint Boards are taking appropriate account of equality, diversity and human rights matters when planning and commissioning services)
- k) The protection of vulnerable adults (adults, children, offenders) complies with legislative requirements and national standards
- l) The HGC's remit is addressed in a systematic and documented manner through clear policies and procedures, and adequate and effective systems of internal control.

2.2. In order to support the delivery of its remit and core functions, the HGC shall:

- Monitor and review outcomes and processes across NHS Lothian, seeking assurance that the appropriate structures, processes, and controls are in place and operating effectively.
- Encourage and support co-ordination and whole system learning activities across NHS Lothian, especially the sharing of good practice and the effective use of data, such as national clinical audits, to benchmark performance and delivery.
- Delegate any necessary authority to groups or sub-committees to undertake the detailed consideration and resolution of specific matters on behalf of the Committee.
- Ensure there is an annual workplan for the discharge of its remit, and that there is an annual report on its activities.

- Ensure that any required action is undertaken swiftly in order to provide reassurance to the Board and the public.
- Inform the development of relevant Board strategies.
- Monitor, review and inform updates to any relevant risk assurance and mitigation plans.
- Ensure that, where required, any item presented for decision-making is subject to an appropriate impact assessment process, in line with NHS Lothian policy.

3. MEMBERSHIP

3.1. The membership of the HGC will be:

- Five non-executive members of the Board, appointed by the Board (one of whom shall be the Chair of the Area Clinical Forum)
- Up to two staff side representatives, nominated from and by the NHS Lothian Partnership Forum

3.2. Should it choose to do so, the HGC may appoint up to two external members to represent the voice of patients and/or the public. Any such appointments will be made in accordance with a procedure approved by the Board.

3.3. The Chair of the HGC will be appointed by the Board from amongst the five non-executive members. If the Chair of the HGC is not present at a meeting, the members present may appoint one of the other non-executive board members present to preside.

3.4. All Board members have a right of access to the Committee's meeting papers and minutes.

In Attendance:

3.5. The Chair of the NHS Lothian Board should not be a member of the HGC but may attend meetings.

3.6. Officers and senior staff of the Board will be expected to attend meetings of the Committee when issues within their area of responsibility are being considered. The role of an attendee is to provide information and advice and to participate in discussions, either for the whole duration of the meeting or for particular agenda items. The Committee Chair will agree with the Lead Officer to the Committee which officers or senior staff should attend meetings, routinely or otherwise, and for which items. Attendance requirements will be based upon the HGC's Annual Work Plan. Notwithstanding this, the following staff will be in regular attendance at HGC meetings:

- The Chief Executive
- The Executive Medical Director
- The Executive Director of Nursing, Midwifery & AHPs
- The Director of Public Health & Health Policy
- The Director of Pharmacy
- The Associate Director for Quality Improvement

3.7. The Executive Medical Director shall serve as the Lead Officer to the Committee.

4. QUORUM

- 4.1. No business shall be transacted at a meeting of the HGC unless a quorum has been established. A meeting will be considered quorate when at least three of the five non-executive members are present.
- 4.2. There may be occasions when due to the unavailability of a non-executive member, the Board Chairman may ask any other non-executive members of Lothian NHS Board to act as members of the Committee so that a quorum is achieved.

5. VOTING

- 5.1. Should a vote need to be taken, only the non-executive members of the Board appointed to the HGC (or nominated to act as members of the HGC under 4.2 above) shall be entitled to vote, either by show of hands or a ballot.

6. FREQUENCY OF MEETINGS

- 6.1. The Committee will normally meet six times in each calendar year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

7. REPORTING ARRANGEMENTS

- 7.1. The Committee will report to the Board by means of submission of its approved minutes to the next available Board meeting. The Board will provide a standing invitation to the Chair of the Committee to report verbally on any key issues which the Committee considers should be brought to the Board's attention and to identify any issues that may require to be addressed in the future.
- 7.2. The Committee Chair will provide an annual report on the Committee's discharge of these Terms of Reference to the Audit and Risk Committee, to inform the Board's annual review of the effectiveness of its systems of risk management and internal control. This will be a source of information and assurance for the preparation of the Board's Governance Statement, published within the annual accounts.

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 16 April 2025

9. DATE BY WHICH THE TERMS SHOULD BE REVIEWED: April 2026

Appendix D3, Governance Committees Terms of Reference:

Finance & Resources Committee

Terms of Reference for the Finance & Resources Committee

1. REMIT

The Committee's overall remit is to keep under review the financial position of the Board and to seek and provide assurance that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use and management of all financial resources and capital assets.

The Committee will also provide assurance to the Audit & Risk Committee and the Board that:

- there are effective systems of internal control to meet the 'Duty of Best Value in Public Services';
- arrangements for securing financial sustainability and value are embedded within the organisation, supported by a suitable programme of improvement activity;
- strategic financial and capital risks that may lead to future degradation of the Board's services are being appropriately recognised, recorded, and addressed, in accordance with the Board's Risk Management Policy; and
- The Board's annual Financial Plans have been subject to a robust level of scrutiny, prior to their approval by the Board.

2. CORE FUNCTIONS

The Committee will:

- Seek assurance that the organisation can deliver its functions and services (as determined by Board-approved strategies and plans) within the available resources in the short, medium and long-term, and that it demonstrates effectiveness, sustainability, and efficiency in managing its financial and capital resources, and revenue, to support the agreed strategic objectives of the Board.
- Discharge its assurance remit by providing scrutiny of Risk Assurance and Mitigation Plans for those risks escalated to the Corporate Risk Register and assigned to the Committee.
- Oversee the process of planning for sustainability and the development and implementation of the Board's Sustainable Development Framework and Action Plan.
- Seek assurance that there are arrangements in place to deliver effective procurement, and that associated policies and procedures are fully implemented.
- Seek assurance that any relevant legal requirements are being met in the conduct of the Committee's business.
- Seek assurance that the Board can achieve any financial efficiency targets which the Scottish Government may determine. As part of this, seek assurance from management that there is an appropriate balance between recurring and non-recurring savings, to secure medium to long-term financial sustainability and be

apprised of any potential impact of proposed efficiency programmes on the Board's ability to achieve its agreed outcomes or maintain service delivery levels.

- Within the Board's approved and overarching strategic direction, oversee the development of any supporting strategies, programmes and plans relating to estates, property, and capital investment, including the Board's Property and Asset Management Strategy (PAMS). Scrutinise the implementation and delivery of these plans, seeking assurance that the Board's property and estates are managed in line with Scottish Government requirements and guidance.
- Seek assurance that the Board operates in line with the Scottish Capital Investment Manual.
- Review Initial Agreements and Business Cases (approving these or referring them to the Board, in line with the Board's Scheme of Delegation), seeking assurance that all capital projects have a designated Senior Responsible Officer.
- Seek assurance that all capital projects for which the Committee has previously considered a Business Case, are being delivered in line with the agreed specification, on time, and on budget. The Committee will get this assurance through periodic reports from the Senior Responsible Officer for each project.
- At the direction of the Board, provide governance oversight and direction to the Board's engagement with any relevant public inquiry with which the Board is required to participate, including:
 - scrutinising the expenditure / value of the legal support provided;
 - identifying any key issues that need reporting to the Board; and
 - considering any lessons learned and how they can be adopted in all future developments.
- Commission and consider reports from management, in order to secure assurance on, or take any decisions on business related to its remit, or which the Board may delegate to the Committee

3. MEMBERSHIP

The members will be any five non-executive members of the Board. If the Board-appointed committee chair is not present at a meeting, then the members present may choose which of them is to preside.

The Committee will normally invite the following officers to attend its meetings: Chief Executive, Deputy Chief Executive, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals, Director of Finance, Deputy Director of Finance, and the Director of Capital Planning & Projects.

Other staff and Board members may attend meetings of the Committee, at the discretion of the Chair.

All Board members have the right to access the Committee's meeting papers and minutes.

4. QUORUM

The Committee is quorate when there are three non-executive Board members present.

5. FREQUENCY OF MEETINGS

The Committee will normally meet no less than five and up to six times in a year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

6. REPORTING ARRANGEMENTS

The Committee will report to the Board through its Chair, and by submitting its approved minutes to the Board. The Committee Chair will also provide an annual report on the Committee's activities to the Audit & Risk Committee, to inform the preparation and review of the Board's Governance Statement.

7. REFERENCES

[NHS Lothian Board Members' Handbook](#)

[NHS Lothian Standing Orders, Standing Financial Instructions, and Scheme of Delegation](#)

[NHS Lothian Risk Management Policy](#)

[Scottish Capital Investment Manual](#), and associated [Scottish Government general guidance](#).

[Scottish Public Finance Manual](#)

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 16 April 2025

9. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: April 2026

Appendix D4, Governance Committees Terms of Reference:

Staff Governance Committee

TERMS OF REFERENCE FOR THE STAFF GOVERNANCE COMMITTEE

1. REMIT

The Staff Governance Committee is a standing committee of the Board. This Committee, together with the Board and its other standing committees, forms the governance framework for the Board. The role of this Committee is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration.

The purpose of the Staff Governance Committee is to monitor and scrutinise performance against the Scottish Government's long established Staff Governance Standard, and the key deliverables required by subsequent Scottish Government workforce strategies relating to health staff; to secure the fair and effective management of staff; to ensure compliance with all legal obligations; and to oversee implementation of all policies and agreements to ensure that staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions which affect them;
- Treated fairly and consistently;
- Provided with an improved and safe working environment.

The Committee is required to provide assurance to the Board on the overall performance of NHS Lothian against the individual elements of the Staff Governance Standard and any subsequent Scottish Government workforce strategies relating to the health workforce. The Committee will ensure that systems and procedures are in place to monitor, manage and improve performance across the whole system, and liaise closely with the other Governance Committees (in particular, Healthcare Governance and Audit and Risk) to ensure appropriate integrated governance. The Committee will also be responsible for monitoring and reviewing the strategic risks relating to staff and workforce issues.

2. CORE FUNCTIONS

The Staff Governance Committee will:

- Agree an annual work plan which takes account of the Board's strategic priorities and risks relevant to the role and remit of the Committee;
- Discharge its assurance remit by providing scrutiny of Risk Assurance and Mitigation Plans for those risks escalated to the Corporate Risk Register and assigned to the Committee;
- Monitor and evaluate strategies and implementation plans relating to people management;
- Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;
- Provide staff governance information for the statement of internal control;

- Provide assurance that systems and procedures are in place through the Remuneration Sub Committee to manage the issues set out in MEL (1993) 114 and subsequent amendments;
- Monitor governance arrangements around health and safety and in particular staff health and safety related issues and ensure compliance with health and safety law, the Staff Governance Standards and a continuing improvement in health and safety performance. The Staff Governance Committee will also receive the Annual Health and Safety Report;
- Seek assurance regarding the Board's compliance with the relevant requirements of the Health and Care (Staffing) (Scotland) Act 2019;
- Oversee the Board's whistleblowing arrangements, including implementation of the national standards, reviewing trends and learning over time and preparation of performance reports for submission to the Board;
- Develop and evaluate the Board's Workforce Plans, recommending strategy to the Board for approval and monitoring delivery and implementation;
- Approve, oversee and monitor the implementation of plans relating to staff wellbeing, advancing workforce equalities, diversity and inclusion and improving staff experience and any other plans relevant to the role and remit of the Committee;
- Act as a parent governance committee for the Board's Remuneration Committee and receive assurance reports from the Board's Health and Safety Committee, Workforce Planning and Development Programme Board, Staff Experience and Engagement Programme Board and Corporate Education Governance Committee.
- Ensure good communication and relationships with other standing committees of the Board and other stakeholders.

3. MEMBERSHIP

The Board will appoint not less than four and not more than five non-executive members of the Board to the committee. One of the non-executive members must be the Employee Director. The Board will appoint one of the non-executive Board members to be the Chair of the Committee.

If the Board-appointed Committee Chair is not present at a meeting, then the members present may appoint one of the other non-executive board members present to preside.

The membership will also include:

- Director of People & Culture
- Executive Nurse Director
- Executive Medical Director
- Deputy Chief Executive
- Two representatives from the Lothian Partnership Forum

In Attendance

The following officers will normally attend committee meetings:

- Deputy Director of People & Culture
- Associate Director of Organisational Development, Learning and Wellbeing.

Other staff and Board members may attend meetings of the Committee, at the discretion of the Chair. All Board members have the right to access the Committee's meeting papers and minutes.

4. QUORUM

No business shall be transacted at a meeting of the Committee unless at least six members are present of which three are Non- Executive Members of Lothian NHS Board. Any member may be represented by a Deputy at any meeting.

5. FREQUENCY OF MEETINGS

The Committee will normally meet no less than five and up to six times in a year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

6. REPORTING ARRANGEMENTS

The Committee will report to the Board by means of submission of its approved minutes to the next available Board. The Board will have a standing invitation to the Chair of the Committee to report verbally on any key issues which the Committee considers should be brought to the Board's attention and to identify any issues that may require to be addressed in the future.

The Committee Chair will provide an annual report on the Committee's discharge of these Terms of Reference to the Audit and Risk Committee, to inform the Board's annual review of the effectiveness of its systems of risk management and internal control. This will be a source of information and assurance for the preparation of the Board's Governance Statement, published within the annual accounts.

Committee Sub Structure

The following sub-committees report directly to the Staff Governance Committee:

- **Remuneration Committee** – the main function of this committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments.

The following management committees will provide assurance information to the Staff Governance Committee:

- **Health and Safety Committee** – the Health and Safety Committee is established in compliance with the Health and Safety at Work Act 1974, Safety Representatives

and Safety Committees Regulations. It is recognised that the remit of the Health and Safety extends beyond staff into health and safety issues affecting patients, visitors and contractors and links will therefore need to be made with other Committees as appropriate.

Sub-committees and relevant management committees will provide updates to the Staff Governance Committee through presentation of the minutes of their meetings or additional reports as part of the Committee's annual work plan.

The Committee may establish additional sub-committees to support its function as required.

7. REFERENCES

[NHS Lothian Board Members' Handbook](#)

[NHS Lothian Standing Orders, Standing Financial Instructions, and Scheme of Delegation](#)

[NHS Scotland Staff Governance Framework and Standard](#)

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 16 April 2025

9. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: April 2026

Appendix D5, Governance Committees Terms of Reference:

Strategy, Planning & Performance Committee

STRATEGY, PLANNING & PERFORMANCE COMMITTEE

1. REMIT

The Committee's primary purpose is:

- a) To inform and direct medium and long-term planning and strategy development within NHS Lothian, supporting the continuous improvement of the Board's health and care system.
- b) To review and monitor system performance and improvement, discussing specific performance challenges, exploring contributing factors and considering potential solutions.
- c) To make appropriate recommendations to the Board in each of the areas above.

The Committee, through the delivery of its primary purpose, will provide an environment where all Board members can consider, discuss, and understand complex issues which may have implications for achieving the Board's objectives or the whole system of health and care. In this way, the Committee will contribute to improving knowledge and understanding amongst Board members.

The Committee remains accountable to the full Board and, like other committees, cannot make decisions on matters formally reserved to the Board via the Standing Orders. Additionally, the Committee will not duplicate the assurance, performance or risk management functions assigned to other committees of the Board.

The work of the Committee will inform and support the Board and its committees by taking a whole system view of strategy, planning and performance matters. The Committee may decide to refer specific matters to other committees of the Board, for consideration, and it may, in return, receive requests from other committees to consider such matters on a whole-system basis.

2. CORE FUNCTIONS

The Committee's function will be to seek and provide assurance in the following areas:

- a) **Planning and Strategy Development** – over the medium to long-term, advising on and informing the development of the Board's Strategic Framework and any associated delivery plans (for later consideration and approval at a Board meeting). This should include:
 - i. Supporting the Board in ensuring an integrated approach to strategic planning, objective setting, and delivery (i.e., through review of the LSDF Pillars, ensuring effective engagement activity, and scrutiny/endorsement of IJB Strategic Plans);

- ii. Reviewing relevant plans or strategies to advise on their fit and alignment with LSDF (with formal approval of any such plan or strategy reserved to a decision by the Board);
 - iii. Developing and informing annual reports on LSDF progress, for approval by the Board; and
 - iv. Reviewing and endorsing the “Strategic Case” element of any Initial Agreement under the NHS Lothian Capital Programme, prior to approval being sought from the Finance & Resources Committee.¹
- b) **Performance Monitoring and Improvement** – reviewing current performance levels, exploring the underlying causes, and discussing potential actions in response. To avoid any duplication of the Board’s oversight role, this Core Function should be focused on:
- i. Exploring and discussing *specific*, targeted areas within the Performance Report and understanding the contributing factors (e.g., where it is felt that a particular performance area/issue or underlying factors/context need to be explored and understood more clearly or where potential solutions need to be discussed in detail prior to decision at a meeting of the Board or another committee); and
 - ii. Informing the development, content and format of Board performance reporting, ensuring ongoing alignment with the relevant principles of “Active Governance”. Support Board decision-making by ensuring that performance reports reflect the right information, in the right format, at the right time.

Although the Committee will not duplicate the work of the Board or other committees, it may receive reports and information, from time-to-time, that are formally considered elsewhere in the Board’s Corporate Governance and Assurance structures. The purpose of this will usually be to confirm that any given activity or proposal aligns with the Board’s overall strategic aims or to support increased knowledge and understanding amongst Committee members about particular issues relevant to performance.

The Committee will not assume “ownership” of any individual risk appearing on the Corporate Risk Register (CRR). However, any risk appearing on the CRR for the first time or any pre-existing risk that has materially worsened, may be considered by the Committee in advance of the next public Board meeting where the updated CRR is to be presented. This will ensure that any potential impacts on performance are considered in detail and understood by all, prior to the Board taking a final view.

Whilst some performance-related items may be urgent and time limited, there should be some forward planning of agenda items so that the Committee may explore an appropriate range of performance issues throughout each annual cycle.

3. MEMBERSHIP

¹ The NHS Lothian Board’s Scheme of Delegation sets out the appropriate stages and levels of approval required for items included in the NHS Lothian Capital Programme.

All non-executive Board members will be the members of the Committee. The Board will appoint the Chair of the Committee from amongst the Committee's members.

If the Board-appointed Chair of the Committee is not present at a meeting, then the members present may choose which of them is to preside.

The five executive board members are not members of the Committee but will be expected to routinely attend. The Chief Officers of the four integration joint boards (IJBs) and other members of the Corporate Management Team will also be expected to routinely attend. Other managers and staff may also be asked to attend, as required.

4. QUORUM

The Committee is quorate when at least one third of the current non-executive Board members is present, including at least three who are publicly appointed members and are not members of staff of the NHS Lothian Board.

5. FREQUENCY OF MEETINGS

The Committee will meet up to five times per calendar year. It may elect to hold further meetings, if required. The Committee will conduct its meetings in line with the Standing Orders of the Board.

6. REPORTING ARRANGEMENTS

The Committee will report to the Board through its Chair, and by submitting its approved minutes to the Board. The Committee Chair will also provide an Annual Report on the Committee's activities to the Audit & Risk Committee, to inform the preparation and review of the Board's Governance Statement.

7. REFERENCES

[NHS Lothian Board's Standing Orders](#)

[NHS Lothian Board's Scheme of Delegation](#)

[NHS Lothian Strategic Development Framework 2022-2027](#)

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 16 April 2025

9. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: April 2026

Appendix D6, Governance Committees Terms of Reference:

Remuneration Committee

REMUNERATION COMMITTEE TERMS OF REFERENCE

1. REMIT

Each NHS Scotland Board, through its Standing Orders, is required to establish a Remuneration Committee, whose main function is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments.

The Remuneration Committee as a sub-committee of the Staff Governance Committee, is required to provide assurance that systems and procedures are in place to manage the issues set out in MEL (1993) 114 (amended), so that overarching staff governance responsibilities can be discharged. The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee: these can only be considered by Non-Executive Directors of the Board.

2. CORE FUNCTIONS

The function of the Remuneration Committee is to:

- review and agree the objectives of the NHS Lothian Chief Executive, Executive and Corporate Directors on an annual basis;
- receive and approve the annual performance assessments for the NHS Lothian Executive Management Cohort for submission to the National Workforce Performance Management Committee;
- receive reports on the pay implications for the NHS Lothian Executive Management Cohort and review and note the corresponding pay uplifts;
- receive and approve the annual performance assessments for all other staff employed in the Senior Managers Cohort and review and "sign off" the corresponding pay uplifts;
- take an overview of the Performance Management and Pay arrangements for Executive and Senior Managers currently in place within NHS Scotland and review the implications for NHS Lothian of any changes in the guidance;
- approve any responsibility allowances or any temporary regradings for staff in the Executive and Senior Manager cohort and review the overall position on an annual basis;
- approve any Redundancy or Retirement Exit packages where the costs for the employer are in excess of £50k and approve any recommendations from the Chief Executive for Redundancy or Retirement Exit Packages for Executive or Corporate Directors, regardless of value;
- to be advised of any proposed Employment Tribunal settlements in excess of £100k and receive regular reports on the current position with Employment Tribunals to ensure fairness and consistency is maintained;
- ensure all staff in the Executive and Senior Manager's Cohort are treated appropriately, fairly and consistently;
- provide regular reports to the Staff Governance Committee to allow them to validate the work of the Remuneration Committee.

3. MEMBERSHIP

The Board will appoint five non-executive members of the Board to the Committee. One of the members must be the Employee Director. The Chair of the Board may not be a member of the Committee. The Board will appoint one of the non-executive Board members to be the Chair of the Committee.

In attendance:

The Committee will normally invite the Board Chief Executive (Accountable Officer), attend its meetings, including to inform discussions on the objectives and performance assessments of other executives and senior managers.

The Director of People & Culture (or their nominated deputy) will attend all meetings, to ensure that the Committee has access to appropriate professional and technical advice.

The Committee may also invite other officers to attend meetings to support the consideration and discussion of relevant items of business.

However, no member of the Executive and Senior Manager cohort will be present when their own objectives, performance assessments, or remuneration are considered or determined.

4. QUORUM

No business shall be transacted at a meeting of the Committee unless at least three members of the Committee are present.

5. FREQUENCY OF MEETINGS

Meetings of the Committee shall be held at such intervals as the Committee may determine in order to conduct its business. In any event, meetings shall normally be held four times a year.

6. REPORTING ARRANGEMENTS

- Updates from Committee will be provided as appropriate at regular meetings of the Staff Governance Committee (normally via the Director of People & Culture)
- The Committee will prepare and provide an Annual Report to the Staff Governance Committee, for assurance.

7. REFERENCES

[NHS Scotland Staff Governance Standard \(Section 5.5: Remuneration Committees\)](#)

8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: 16 April 2025

9. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: April 2026

Board Assurance Framework Heading	Agenda Item/Topic	Exec Lead	Public or Private	Apr	Jun	Aug	Oct	Dec	Feb	Assurance Mapping / Corporate Objective Linkage(s)
Board and Committee Governance	Board Minutes (Private & Public)	Board Sec	Public & Private	x	x	x	x	x	x	N/A
	Board Chair's Report	Board Sec	Public	x	x	x	x	x	x	N/A
	Committees of the Board: Report from Committee Chairs	Board Sec	Public	x	x	x	x	x	x	N/A
	Integration Joint Board Minutes	Chair	Public	x	x	x	x	x	x	N/A
	Appointments to Committees and IJBs	Board Sec	Public	x	x	x	x	x	x	TBC
	Committee Annual Reports	Board Sec	Public		x					TBC
	Committee Terms of Reference Review (in Operating Guidance)	Board Sec	Public	x						TBC
	Pharmacy Practices Committee Decisions Quarterly Reports	DoPC	Public	x (Q4 Annual)		x (Q1 Apr to Jun)	x (Q2 Jul to Sep)		x (Q3 Oct-Dec)	TBC
Performance	Chief Executive's Report	CE	Public	x	x	x	x	x	x	N/A
	Board Performance Paper	DCE	Public	x	x	x	x	x	x	TBC
	Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Reports & Annual Report	END	Public	x		x			x	TBC
	National Whistleblowing Standards – Annual Performance Report	DoP&C	Public		x					TBC
	Annual Review (timing determined by Scottish Government)	Chief Exec	Public	Timing determined by SG						TBC
	Annual Review Feedback (timing determined by Scottish Government)	Chief Exec	Public	Timing determined by SG						TBC
	Drug Related Deaths Annual Report (after going to HCG)	DoPH	Public					x		TBC
	Child Poverty Action Annual Reports	DoPH	Public					x		TBC
	NHS Lothian Pharmaceutical Care Services Plan (PCSP) – Full Revision Every 3 YEARS (Next due April 2025)	DoPC	Public	x						TBC
	Director of Public Health Annual Report	DoPH	Public						x	TBC
	Cyber Security/NISR Annual Update (Corporate Risk - 5322)	DoD&IT	Private				x			TBC
Financial	Financial Position	DoF	Public	x	x	x	x	x	x	TBC
	5 Year Financial Plan 2025/26 – 2029/30	DoF	Public	x	x				x	TBC
	NHS Lothian Annual Report & Accounts for the Year End (private)	DoF	Private		x					TBC
	NHS Lothian patients' private funds annual accounts (private)	DoF	Private		x					TBC
Risk	Corporate Risk Register	EMD	Public	x	x	x	x	x	x	TBC
Corporate Governance	Annual Review of Board Operating Guidance (Standing Orders, SFIs, Key Governance Committees ToRs, etc)	Board Sec	Public						x	TBC
Strategic Planning	LSDF Programme Forward Look	DoSP	Public						x	TBC
	LSDF Annual Report	DoSP	Public		x					TBC
	LSDF Programme Mid Year Review	DoSP	Public					x		TBC
	Review and Set Corporate Objectives	Chief Exec	Public	x						TBC
	Mid-Year Report on Delivery Progress of Corporate Objectives	Chief Exec	Public					x		TBC
	Annual Delivery Plan - Draft	DoSP	Public	x						TBC
	Agreement of Annual Delivery Plan	DoSP	Public			x				TBC
	Edinburgh IJB Strategic Plan Formal Agreement	DoSP	Public		x					TBC
	Midlothian IJB Strategic Plan - Formal Agreement	DoSP	Public				x			TBC
	East Lothian IJB Strategic Plan - Formal Agreement	DoSP	Public	Timing to be confirmed						TBC
	Capital Prioritisation Process Outputs	DoSP	Public					x		TBC

Meeting:

NHS Lothian Board

Meeting date:

16 April 2025

Title:

Chief Executive's Report

Responsible Executive:

Professor Caroline Hiscox, Chief Executive

Report Author:

as above

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other [Priority Issues]	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input checked="" type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The Chief Executive's Report is a standing item on the Board's agenda. Its purpose is to:

- Highlight key areas of progress or challenge since the last meeting, which are of relevance to the Board and not already covered on its agenda.
- Ensure that Board members are informed of and alert to any emerging developments that may impact significantly upon the Board's business and operating environment.
- Provide appropriate context and scene-setting for the Board's meeting agenda.

The Chief Executive's Report is primarily for the Board to note but members will have the opportunity to ask any questions arising from its contents.

2.2 Background

It is an important principle that, wherever possible, there are "no surprises" for the Board in terms of significant developments. The Chief Executive's Report represents one of the mechanisms that is in place to support this principle, alongside standalone briefings and other governance meetings.

2.3 Assessment

The Chief Executive's Report is provided for information only. Any items requiring a later decision by the Board, or one of its committees, will be addressed as standalone items, with appropriate papers, and therefore individually impact and risk assessed.

2.4 Recommendation

- **Awareness** – The Board is asked to note the Report.
- **Discussion** – Board members are invited to ask questions arising from the Report.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1, Chief Executive's Report – April 2025**

Chief Executive's Report
NHS Lothian Board Meeting, 16 April 2025
Professor Caroline Hiscox

1. NHS Scotland Board Chief Executives / Executive Group Update

I continue to engage closely with these key national groups which are supporting an increased focus on collaborative discussion and action in response to national challenges. Throughout March 2025, I attended the Board Chief Executives' Group (BCEs), the Planned Care Delivery Board, the NHS Waiting Times Delivery Group and the Health & Social Care Reform Coordination Group. I formally took up the role of Chair of the BCEs Group, from 11 March 2025.

Areas to note:

- The BCEs' Terms of Reference were reviewed and the Chair of the national IJB Chief Officers' group was invited to join as a regular member.
- NHS Reform and Renewal is an important area of focus, and I refer you to the "Leadership and Collaboration" paper elsewhere on the Board's agenda as an initial output from this.
- Forthcoming Scottish Government plans for NHS renewal and reform were discussed: the NHS Scotland Operational Improvement Plan, the Population Health Framework and the intended NHS Reform Plan. [The Operational Improvement Plan](#) was published on 31 March.

2. Innovation and Transformation

(i) Working Group

The Scottish Government's intention to progress wider reform in health and social care provides an opportunity for NHS Lothian, as the second largest Health Board, to take a leadership role in designing and implementing local transformation strategies and to influence the national direction.

A group of key individuals across the system has been formed to lead a structured, Values-Based Healthcare approach to system wide transformation. The aim is to drive ambitious change to improve outcomes and experiences for both staff and patients, delivered within our financial resources. Leveraging existing data, collaborating across system and identifying projects and priorities that are both scalable and outcome focussed will be critical to success. A workshop is planned for early May to identify early priorities.

(ii) System Wide Leadership Session, 28 March 2025

I was pleased to host a development session at the end of March with leaders from across NHS Lothian and our Health and Social Care Partnerships. We considered issues relevant to our Corporate Objectives for the coming year and heard updates from CMT members leading each of the LSDF Pillars. Critically, this was a valuable opportunity to involve system leaders, beyond CMT members, in developing a

vision of what the future needs to look like and the steps we need to take to get there. Break-out groups discussed the themes of Prevention, (Data) Intelligence, Transformation and People & Culture with outputs being fed back to the Innovation and Transformation Working Group.

3. Changes to Senior Management Roles

Board members are asked to note some recent changes to roles and responsibilities within the Corporate Management Team and the wider leadership team.

- From 1 April 2025: Alison White (Chief Officer, West Lothian IJB) assumed additional managerial responsibility for the Royal Edinburgh Hospital and Associated Services (REAS). Recruitment is underway to appoint a new REAS Services Director and this role will report to Alison.
- From 14 April 2025: Tracey McKigen (formerly REAS Services Director) began to assume the role of Director of Primary Care, with the Oral Health Service to transfer on 16 June 2025.
- From 14 April 2025: Jenny Long (formerly Director of Primary Care) has more fully assumed the new role of Director of Innovation & Transformation. Jenny retains responsibility for the Oral Health Service until 16 June.

Alison, Tracey and Jenny are liaising closely to manage this transition process and ensure service continuity in all areas.

In March, I was delighted to welcome Tom Power to NHS Lothian as Director of People & Culture and we recently announced the appointment of David Stibbards as Director of Digital and IT, following Martin Egan's retirement. David will take up his post in June.

Within the wider leadership team, I am pleased to report that Aris Tyrothoulakis (currently Site Director at the RIE) has been appointed Director of Women's and Children's Services, following an open recruitment process. Aris will take up this post ahead of Allister Short's retirement in May. Jo Dobson, who has previously contributed to our ED improvement work, has since been appointed as the new RIE Site Director.

4. Unscheduled Care Improvement Programme (RIE)

The Unscheduled Care System Improvement Programme, focused initially on the Royal Infirmary of Edinburgh (RIE), continues to progress through system-wide action and collaboration. Members will be aware of the background to this work from discussions at the Strategy, Planning and Performance Committee, most recently on 19 March. NHS Lothian secured £14.5M in recurring investment from the Scottish Government to support this programme and key initiatives include:

- Discharge without Delay (DwD) expansion, focusing on Planned Date of Discharge (PDD) and reducing Length of Stay (LoS).
- Improving mental health patient pathways in the Emergency Department.
- Strengthening Rapid Assessment Care Unit (RACU) services.
- Expanding frailty services to reduce reliance on inpatient care.

- Enhancing Flow Navigation Centre (FNC) capacity and interface services.

Early indicators suggest system-wide improvements in flow and patient safety. I am grateful to our Deputy Chief Executive, our IJB and Acute Chief Officers, and all other leaders and staff involved in the continuing work to make this programme a success and deliver sustainable service improvements.

5. Veterans First Point Lothian

Board members are aware of the decision taken by CMT in late 2024, as part of the Board's approved 2024/25 Financial Recovery Plan, to remove NHS Lothian's matched funding contribution for the Veterans First Point Lothian Service. This is an additional, bespoke mental health service provided for armed forces veterans, funded in recent years by a non-recurring Scottish Government grant, to which NHS Lothian made a matched contribution. Following this, efforts to redesign the service have progressed. The Corporate Management Team considered formal options in March and endorsed a recommended model for future delivery.

The approved model was developed and recommended by the service, reflecting the key priorities identified through service user engagement processes. The model to be adopted will enable the prioritisation of mental health care for those veterans whose needs have clearly arisen from their time in service and seeks to ensure that Lothian veterans do not suffer disadvantage, relative to the rest of the population. As such, it aligns directly with the principles of the UK Armed Forces Covenant.

We are implementing this revised model from 1 April 2025. Our plans and details of the redesigned service have been communicated to the Scottish Government and we are awaiting confirmation of funding allocations for 2025/26.

6. Princess Alexandra Eye Pavilion (PAEP)

The project to carry out essential remedial works at the PAEP and to repatriate services is on track and within budget. All services will return to their original home in PAEP, however a positive consequence of the experience of the last six months is a decision to continue to offer an IVT clinic at the East Lothian Community Hospital in Haddington. Patients there will continue to benefit from access to this service locally, where previously it entailed a trip into Edinburgh.

The Deputy Chief Executive attended a stakeholder meeting in late March with MSPs, patients and third sector groups where the feedback about the experience of the last few months was very positive with support for the reprovision project universal.

Regarding the proposed reprovisioning of the PAEP, we continue to work with partners on the development of a refreshed Outline Business Case and to keep all stakeholders informed of developments. An internal Programme Board has been established to lead this process.

7. Annual Delivery Plan (ADP)

Members will be aware from discussions at the SPPC in March that the NHS Lothian ADP for 2025/26 is in active development. This will reflect the range of in-year actions required across our system to support the delivery of the Lothian Strategic Development Framework (LSDF) and to address policy priorities identified and communicated by the Scottish Government. Bids continue to be constructed in response to national funding made available by the Scottish Government to support both Scheduled and Unscheduled Care. This funding has the potential to support the advancement of our innovation and transformation ambitions.

Pending the allocation of these additional funding streams, our ADP remains in draft form. SPPC agreed in March to a revision of the 2025/26 ADP approval timescale, recognising that this would best enable our ability to take advantage of the additional funding being made available. The broad ADP approval milestones we are now working to include:

- Corporate Management Team – 20 May 2025
- Strategy, Planning & Performance Committee – 21 May 2025
- NHS Lothian Board – 25 June 2025

8. Corporate Office Accommodation

I reported to the Board in February that the implementation of the planned move of our corporate headquarters location and associated staff teams from Waverley Gate to West Port had progressed positively. The move was fully completed later in February with minimal disruption, largely thanks to the hard work and flexibility of staff, both in managing the move directly but also due to their willingness to accommodate change and adapt to a new working environment. As Board members are aware, NHS Lothian is a sub-tenant of the leaseholders, NHS Education for Scotland (NES), aligning with the drive to share space with other public bodies in a move designed to deliver significant financial savings.

We received notification in late March that NES's intended lease extension post-July 2025 had not been approved by Scottish Ministers (from whom approval is required by NES's governing instruments). As a consequence, both NES and NHS Lothian are now required to identify alternative corporate office accommodation in the near future. NHS Lothian is currently exploring the potential for a short-term lease extension at West Port, in discussion with the landlord. Concurrently, we are revisiting our recent business case and reviewing alternative accommodation options. All affected staff have been informed of the position and an initial staff engagement session was held on 1 April. Staff engagement and consultation will be ongoing as proposals for alternative office accommodation develop.

9. LUCS – Review of Service

LUCS is NHS Lothian's GP Out-of-Hours service and is provided from five bases across Lothian. The service was created some time ago and each base operates slightly differently. A review is to be carried out to ensure the operating model is efficient and effective to meet current patient demand across all of the bases and

to ensure that it is providing the best and safest service for patients and staff. The Review will look at current patient demand, data and staff rotas to examine if the model has the ability to ensure safe and effective care for patients in the right place at the right time or if changes are required.

This review has not yet commenced, although staff have been informed and are aware of the need and the intentions of the review. An initial meeting will take place in April and recommendations are expected in July. Further updates will be provided as the review progresses.

10. Celebrating Success Awards 2025

Nominations closed on 11 April for our hugely popular staff awards which honour the hard work, and commitment of exceptional staff. Details are being finalised for an in-person event in October.

11. Mrs Cathie Lackie

We said our fond farewells to RHCYP receptionist Mrs Cathie Lackie, who has decided to retire at the age of 90, after 58 years' service with NHS Lothian. Mrs Lackie, now 90, first joined as a switchboard operator in 1966 and over the years has become a reassuring presence and much-loved colleague, welcoming patients and visitors to the hospital at the main reception desk.

Meeting: NHS Lothian Board

Meeting date: 16 April 2025

Title: Performance Report

Responsible Executive: Jim Crombie, Deputy Chief Executive

Report Author: Lauren Wands, Performance and Business Manager

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input checked="" type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

This report is being provided for information to facilitate Board Member oversight across agreed metrics. Please note;

Performance Area	National Standard Compliance	ADP / Trajectory Compliance
Scheduled Care Outpatients	Not Met – Feb 2025	On track – Feb 2025
Scheduled Care Inpatients/Day cases	Not Met – Feb 2025	On track – Feb 2025
8 Key Diagnostic Tests - Endoscopy	Not Met – Feb 2025	On track – Feb 2025
8 Key Diagnostic Tests - Radiology	Not Met – Feb 2025	Off plan – Feb 2025
31-Day Cancer Performance	Not Met – Feb 2025	Off plan – Feb 2025
62-Day Cancer Performance	Not Met – Feb 2025	Off plan – Feb 2025
Accident and Emergency 4 Hour Performance	Not Met – Feb 2025	Off plan – Feb 2025
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – Jan 2025	N/A
Early Access to Antenatal Services	Met – Jan 2025	N/A
Primary Care <i>General Practice Activity Measures</i>	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – Feb 2025	Off plan – Feb 2025
CAMHS Waiting Times Performance	Not Met – Feb 2025	Off plan – Feb 2025
Smoking Cessation Performance	Not Met – Q3 2024/25	N/A

2.2 Background

The national **NHS Board Delivery Framework**¹ sets out the indicators for 2024/25 that NHS Boards should monitor when assessing impacts of their Delivery Plans to improve services for patients. The Scottish Government Planning and Delivery Cycle within this document sets out the expectation for monitoring NHS Lothians performance on a quarterly basis. These indicators have been included in the **NHS Lothian Annual Delivery Plan 2024/25** (ADP) and the quantitative indicators from this plan will be reported against at each Board meeting until June 2025. Additional local and national standards (LDP) have been included in the standard report. This will support Board level discussions on performance on a bi-monthly basis, with further performance reporting provided via the Boards Strategic Planning & Performance Committee.

The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees, directorates and Health & Social Care Partnerships. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff.

The **NHS Scotland Support and Intervention Framework**² is one of the key elements of the Scottish Government's approach to monitoring performance across NHS Scotland. The framework provides five stages of a 'ladder of escalation' that provides a model for support and intervention by the Scottish Government. NHS Lothian was escalated to Stage 3 for the CAMHS service in December 2024; which is the stage at which boards are considered to require a higher level of support and oversight from Scottish Government and other senior external support.

¹ <https://www.wihb.scot.nhs.uk/wp-content/uploads/2023/12/Item-8.1.1-23-172-Appendix-1-ADP-NHS-Scotland-Delivery-Planning-Guidance-2024-25-BM-13.12.23.pdf>

² <https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/>

2.3 Assessment

We, where possible and appropriate, use the identification of Special Cause Variation in our data to understand our performance. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included in Appendix 1. Also included, where benchmarking data is available (for instance through nationally published datasets), an indication of compliance with those standards against NHS Scotland position.

2.3.1 Quality/ Patient Care

Healthcare Governance Committee (HCG) receive ongoing updates regarding quality and safety. In addition, it was agreed by HCG in March 2024 that the Patient Experience Team would provide an annual report in September each year detailing patient/service-user feedback and NHS Lothian's response and learning to this. The Patient Experience Strategic Plan Annual Report is available from the September 2024 meeting.

2.3.2 Workforce

The most recent workforce report is available from Staff Governance Committee in January 2025.

2.3.3 Financial

There has been an allocation received from the Scottish Government to support unscheduled care improvement works which aim to improve whole system flow throughout the Lothian Health and Care System (LHCS). Further bids have been put forward to Scottish Government for both recurring and non-recurring funding with feedback awaited.

In both CAMHS and Psychological Therapies, it has been forecast that due to the reduced financial envelope we should anticipate that the national 18-week standard will not be met moving forward.

NHS Lothian continues to wait for clarity over the future of nationally funded Capital Projects, which we would expect to provide resilient capacity for services in future years.

2.3.4 Risk Assessment/Management

Relevant Board Corporate Risks have been referenced in *Appendix 1*, with risk assessments and mitigation plans detailed at the appropriate Board Subcommittees at the required frequency. There are no additional factors included in this report which have not been recognised by these risks and therefore impact the previously reported risk grading and assurance level provided.

2.3.5 Equality and Diversity, including health inequalities

No specific decision(s) are being sought from this paper.

2.3.6 Other impacts

N/A.

2.3.7 Communication, involvement, engagement and consultation

With regards to the drafting of this summary of information for the Board, there has been no requirement to involve and engage external stakeholders, including patients and members of the public.

2.3.8 Route to the Meeting

This has been previously 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.

- Contributing Directors/Chiefs (CMT members), including Deputy Chief Executive Office the week of 19 November 2024.

2.4 Recommendation

- **Discussion** – Examine and consider the implications of the performance matters described in this paper.
- **Awareness** – For Members' information on compliance against performance standards and KPI's.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Board Performance Summary 2024/25



NHS LOTHIAN BOARD PERFORMANCE SUMMARY

April 2024/25

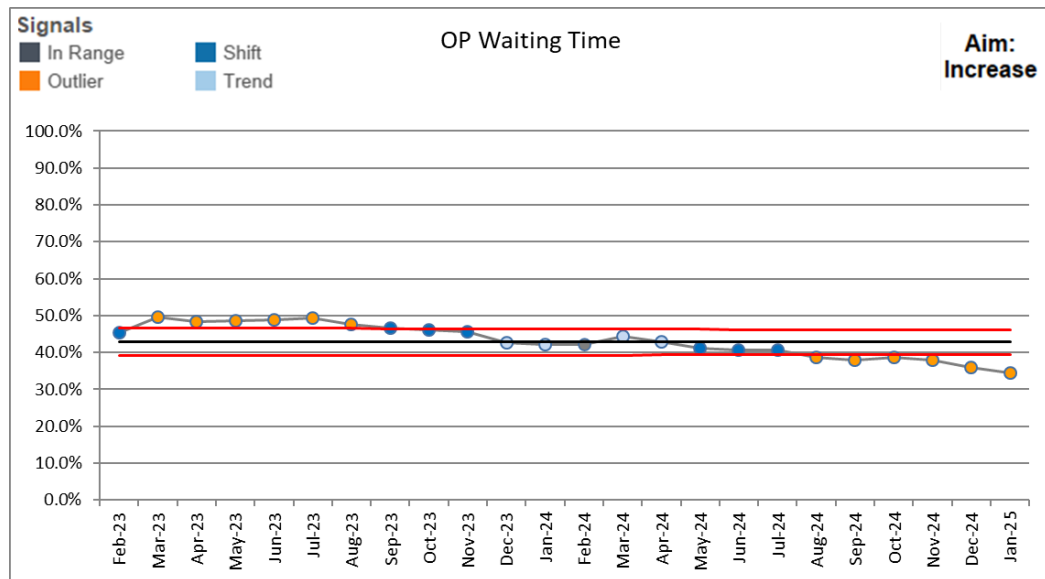
Overview 2024-25 NHS Lothian Board Indicators

Indicator	Linked to Corporate Risk	Performance vs ADP/Local Trajectory			Performance vs National		
		Latest Actual	ADP/Local Trajectory	Assurance for Delivery Against Standard/Trajectory by end of 2024/25	NHS Lothian Latest Published Performance	NHS Scotland Latest Published Performance	National Target/Standard
12 Weeks 1st Outpatient Appointment (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	34.5% (Feb 25)	N/A	Limited assurance – national standard	36.0% (Dec 24)	35.1% (Dec 24)	95%
Treatment Time Guarantee (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	57.0% (Feb 25)	N/A	Limited assurance – national standard	55.3% (Dec 24)	58.6% (Dec 24)	100%
8 Key Diagnostic Tests - Endoscopy (ADP measure)	5185 – Access to Treatment	Please see individual slide for breakdown.					
8 Key Diagnostic Tests - Radiology (ADP measure)	5185 – Access to Treatment	Please see individual slide for breakdown.					
31 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	90.5% (Jan 25)	93.4% (Q4 24/25)	Limited assurance – national standard	94.3% (Nov 24)	95.0% (Nov 24)	95%
62 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	70.9% (Jan 25)	79.3% (Q4 24/25)	Limited assurance – national standard	80.9% (Nov 24)	73.3% (Nov 24)	95%
Accident and Emergency 4 Hour (Local Delivery Plan (LDP) Standard)	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	63% (Feb 25)	67% (Feb 25)	Limited assurance – national standard	63.5% (Feb 25)	67.7% (Feb 25)	95%
Delayed Discharges	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	318 (average)	N/A	Limited assurance	318 of 2.083 delays in Scotland (15.8%)		N/A
IVF Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	100%	N/A	Significant assurance – national standard	100%	100%	90%
Early Access to Antenatal Services (Local Delivery Plan (LDP) Standard)	-	92.9% (Jan 25)	N/A	Significant assurance – national standard	92.9% (Jan 25)	87.62% (Oct 24)	80%
Primary Care <i>General Practice Activity Measures</i>	-	Please see individual slide for breakdown.					
Psychological Therapies Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	78% (Feb 25)	82% (Feb 25)	Moderate assurance – trajectory by end 2024/25	80.8% (Dec 24)	80.4% (Dec 24)	90%
CAMHS Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	65.4% (Feb 25)	78% (Feb 25)	Moderate assurance - trajectory by end 2024/25	67.1% (Dec 24)	90.6% (Dec 24)	90%
Smoking Cessation Performance (Local Delivery Plan (LDP) Standard)	-	57% (Jul-Sept 24)	168 / 295	Moderate assurance - against delivery by end March 2025	57% (Jul - Sept 2024)	11 of 14 Health Boards 2	295/295

Scheduled Care – New Outpatients

Responsible Director(s):	Chief of Acute Services	Reporting Period:	February 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

12 Weeks 1st Outpatient Appointment - (*Local Delivery Plan (LDP) Standard*)



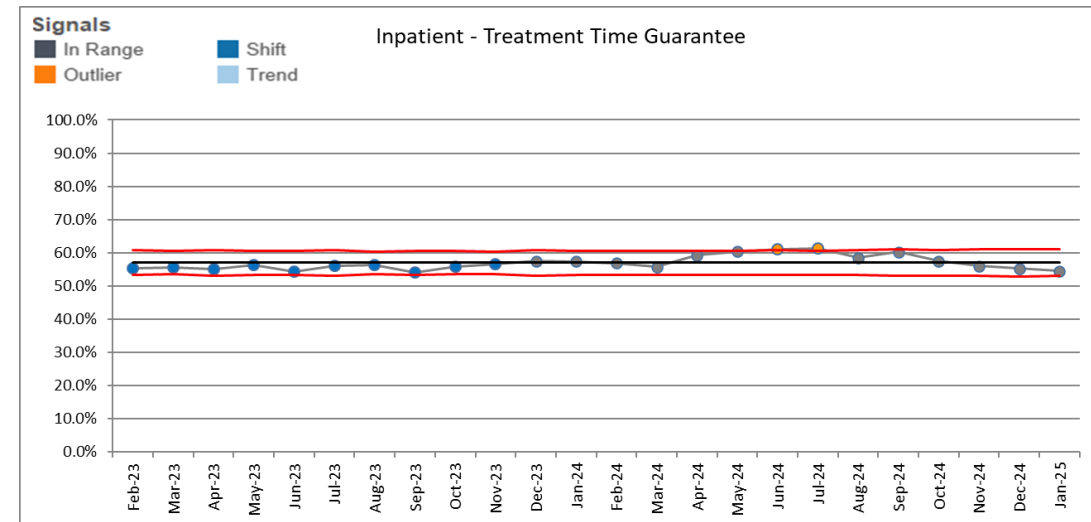
KPI	Latest Performance (February 2025)	ADP Trajectory (December 2024)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (December 2024)
Total List Size	92,249	122,380	132,940	NHSL accounted for 17.1% of Scotland
Waits > 52 weeks	15,885	26,049	39,534	NHSL accounted for 22.3% of Scotland
Waits > 78 weeks	5,977	10,866	16,273	NHSL accounted for 26.1% of Scotland
Waits > 104 weeks	1,575	3,739	7,152	NHSL accounted for 24.5% of Scotland
95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). (<i>Waits <12 weeks at month end</i>)	34.5%	N/A	N/A	38.0% Scotland Average

Summary	Actions	Assurance
<p>Activity: Activity delivered in February 2025 was 10.5% below the projected plan, equating to -2.2% year to date (and 9.5% below last year to date).</p> <p>Ophthalmology activity is 17.5% below plan since November 2024 due to the decant. OP activity has also been impacted by unexpected absences in General Surgery and Gynaecology.</p> <p>Additions: Additions to the waiting list are 5.4% lower overall for the year to date compared to last year.</p> <p>Long Waits: Over 52-, 78- and 104-week trajectories are better than the end of year projections, although the numbers are, as projected, increasing.</p>	<ul style="list-style-type: none"> The Outpatient Redesign Programme has now been completed and there continues to be a focus on embedding and increasing improvements, such as patient focused booking and patient initiated follow up. All Outpatients waiting over 26 weeks have been reviewed to confirm whether they still need to be seen with 23% removed to date. A rolling programme for all patients waiting over 26 weeks is now in place. Delivery of Ophthalmology at Golden Jubilee Hospital has not been as high as planned this year, with delivery around 72% against plan, however this is improving and projected to achieve 80% plus of the expected allocation by the end of March 2025. Capacity plans are being developed for 2025/26 with proposals submitted to Scottish Government to reduce the number of patients waiting over 52 weeks. 	<p>Limited assurance.</p> <p>Monitoring processes are in place through local Delivery Groups and a series of internal reports.</p>

Scheduled Care - Treatment Time Guarantee

Responsible Director(s):	Chief of Acute Services	Reporting Period:	February 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment – Very High

Treatment Time Guarantee- (Local Delivery Plan (LDP) Standard)



KPI	Latest Performance (February 2025)	ADP Trajectory (December 2024)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (December 2024)
Total List Size	23,456	29,496	30,096	NHSL accounted for 14.9% of Scotland
Waits > 52 weeks	6,173	7,934	8,234	NHSL accounted for 16.4% of Scotland
Waits > 78 weeks	2,317	3,325	3,426	NHSL accounted for 14.1% of Scotland
Waits > 104 weeks	502	634	680	NHSL accounted for 7.2% of Scotland
100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment. (Waits <12 weeks at month end)	57.0%	N/A	N/A	57.0% Scotland Average

Summary	Actions	Assurance
<p>Activity: Activity delivered in February 2025 was 15.9% below the projected plan, equating to 8.0% below year to date (and 10.2% below last year to date). Inpatient and Day Case capacity has been negatively impacted by several challenges including the loss of two theatres due to the closure and transfer of services from PAEP, the impact of increasing elective C-Section theatre capacity, and underutilisation of NTC Fife.</p> <p>Additions: Additions to the waiting list are 14.4% lower overall for the year to date compared to last year.</p> <p>Long Waits: Over 52-, 78- and 104-week trajectories are better than the end of year projections. This position is, however, challenged in some specialties (including Orthopaedics, Plastics and Paediatric Surgery), and this is under close review.</p>	<ul style="list-style-type: none"> Performance is being closely managed through the Access Delivery Group and the Scheduled Care Delivery Board. Changes in process have been made to maximise utilisation of available capacity for Orthopaedics with a positive increase in the number of patients being sent to NTC Fife. The Inpatient Day-Case Delivery Group continues to drive performance against the agreed KPIs and trajectories with a real focus on theatre utilisation and same day cancellations. 	<p>Limited assurance.</p> <p>Monitoring processes are in place through local Delivery Groups and a series of internal reports.</p>

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	Reporting Period:	February 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment – Very High

Endoscopy – 4 Key Diagnostic Tests

KPI	Latest Performance (February 2025)	ADP Trajectory (December 2024)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (December 2024)
Total List Size	7552	7528	8,808	NHSL accounted for 20.3% of Scotland
Waits > 6 weeks	5392	6805	8,374	NHSL accounted for 24.9% of Scotland
Waits > 26 weeks	3167	3821	5,435	NHSL accounted for 28.8% of Scotland
Waits > 52 weeks	1093	1091	2,178	NHSL accounted for 19.1% of Scotland
% waits within 6 weeks	28.6%	N/A	N/A	39.9% Scotland Average

Summary	Actions	Assurance
<p>The total waiting list size and those patients waiting over 6, 26 and 52 weeks are currently lower than ADP trajectory, although as predicted show a significant increase compared to 2023/24.</p> <p>Patients referred with a priority of Urgent Suspicion of Cancer (USoC), Bowel Screening and Urgent high-risk surveillance patients are being prioritised.</p> <p>Urgent Suspicion of Cancer referrals are approximately 68% of list.</p>	<ul style="list-style-type: none"> Active clinical referral triage (ACRT) is in place with close review of all referrals and diverting to appropriate pathways. Ringfencing of capacity is in place for urgent and high-risk surveillance patients. Daily monitoring is in place to review and flex available capacity. Revalidation of waiting lists is underway. 2056 patients have already been validated and 22% removed from waiting lists. Progressing recruitment of new posts following the SCDB commitment to c£500k recurringly for additional operators and pre-assessment resource. 	<p>Limited assurance.</p> <p>Monitoring mechanisms in place through local Delivery Groups. Remain ahead of trajectory.</p> <p>Planned recruitment intended to reduce mismatch between capacity and demand in 2025/26 but this will not close the recurring capacity gap.</p>

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	Reporting Period:	February 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment – Very High

Radiology – 4 Key Diagnostic Tests

KPI	Latest Performance (February 2025)	ADP Trajectory (December 2024)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (December 2024)
Total List Size	19,136	17,240	19,490	NHSL accounted for 19.7% of Scotland
Waits > 6 weeks	10,431	9325	11,075	NHSL accounted for 25.8% of Scotland
Waits > 26 weeks	1,501	3,600	5,350	NHSL accounted for 50.9% of Scotland
Waits > 52 weeks	5	0	0	NHSL accounted for 39.1% of Scotland
% waits within 6 weeks	41.9%	N/A	N/A	57.4% (Scotland average)

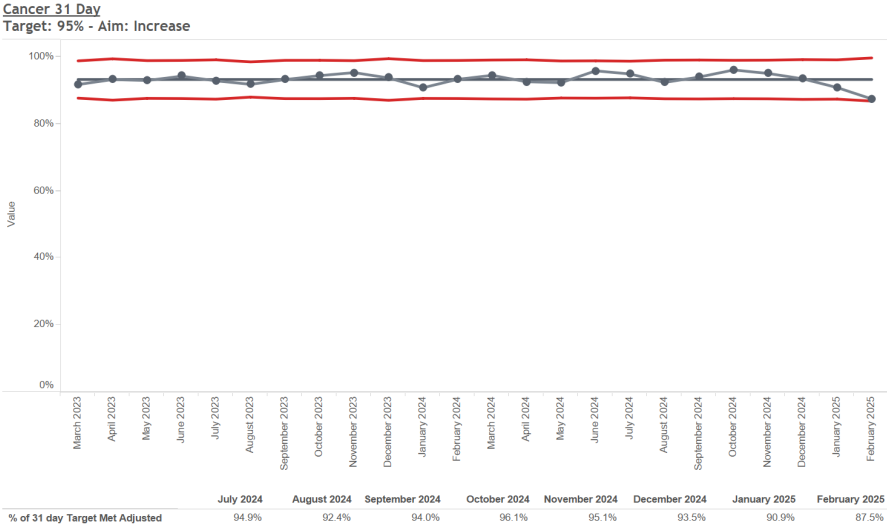
Summary	Actions	Assurance
<p>Areas of Note :</p> <ul style="list-style-type: none"> Patients continue to be booked in accordance with clinical priority (USoC and Urgent). Total list size predicted to be around the end of March 2025 trajectory at year end. Total list size as of 21st March 2025 is 18,230. The long wait position is predicted to be in line with agreed trajectories at end of March 2025. The following long wait improvements have been observed since last reporting period: <ul style="list-style-type: none"> CT – 43 cases over 26 weeks (45% reduction from last report) MRI – 1056 cases over 26 weeks (43% increase from last report) General US – 234 cases over 26 weeks (49% reduction from last report) 	<ul style="list-style-type: none"> £600k recurring funding confirmed via Scheduled Care (Jan 25) for delivering up to 300 US scans, 243 MR scans and 121 CT scans per month. Planning is underway to consider additional MR capacity at WGH using a mobile unit. Capacity gain would be 12-hoursper day, 6 days working to provide circa 4,000 scans within 2025/26. Engagement with Scottish Government to invest in the growing of rotas allowing for scanning across CT, MR and General US in the evenings and weekends. This will help reduce waiting lists so that all patients have scans completed within 6 weeks of referral by the end of March 2026. Continued use of capacity allocation at GJNH (delivering 2236 scans across all modalities in 25/26). Continued use of Scottish Government funded MR capacity on site at MLCH (delivering 3960 scans in 25/26). 	<p>Limited assurance</p> <ul style="list-style-type: none"> Monitoring mechanism in place to review and report on a weekly basis. Rota growth heavily reliant on the availability of staff to recruit, training periods and length of time to recruit.



Scheduled Care – 31-Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	January 2025 (Published Data)
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 – Access to Treatment – Very High

31-Day Cancer Performance - (Local Delivery Plan (LDP) Standard)



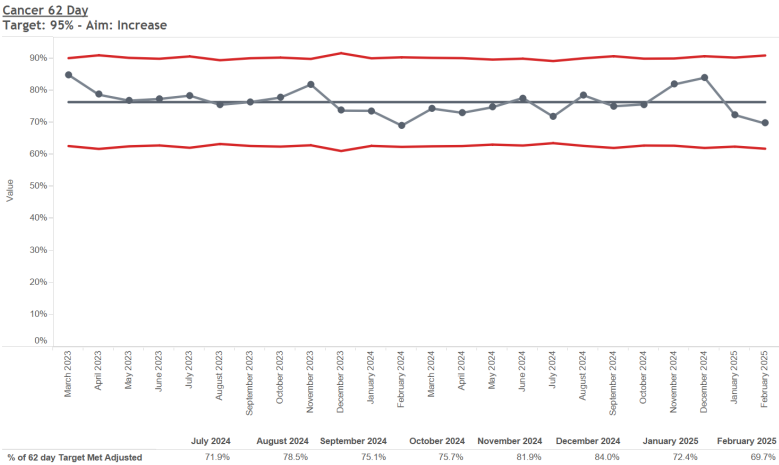
KPI	Latest Performance (January 2025)	ADP Trajectory (Q3 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q3 2024)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	90.5%	93.2%	93.4%	95.0% Scotland average (Nov 2024)
Median 31-Day Wait	13 days	N/A	N/A	4 days
95 th Percentile 31-Day Wait	70 days	N/A	N/A	34 days

Summary	Actions	Assurance
<p>In January 2025, NHS Lothian treated 379 patients on 31-day pathways, of which 343 made their treatment target date.</p> <p>Areas of note and drivers for this:</p> <ul style="list-style-type: none">Robotic Assisted Radical Prostatectomy (RARP) procedures remain the biggest cause of 31-day breach, although the backlog has substantially reduced over the last quarter. Longer waits for surgery have impacted Breast, Colorectal, and Lung performance.	<ul style="list-style-type: none">Funding bids have been submitted for Cancer Waiting Times funding, focusing on improving Urology and Colorectal performance.Capacity improvement work for RARP has reduced long waiters (over day 300 on the 62-day pathway) from 15 patients in November 2024 to 2 patients as of the middle of March 2025.Monitoring mechanisms in place to proactively review and support include the Weekly Patient Tracker List (PTL) meetings, Weekly Cancer Performance Huddle, Quarterly Performance Reviews and oversight through the Access & Delivery Group and Cancer & Diagnostics Delivery Group.	<p>Limited assurance</p>

Scheduled Care – 62-Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	January 2025 (Published Data)
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 – Access to Treatment – Very High

62-Day Cancer Performance - (Local Delivery Plan (LDP) Standard)



KPI	Latest Performance (January 2025)	ADP Trajectory (Q3 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q3 2024)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	70.9%	79.8%	79.3%	73.3% Scotland average (Nov 2024)
Median 62-Day Wait	57 days	N/A	N/A	49 days
95 th Percentile 62-Day Wait	212.5 days	N/A	N/A	135 days

Summary	Actions	Assurance
<p>In January 2025, NHS Lothian treated 223 patients on 62-day pathways, of which 158 made their treatment target date.</p> <p>Areas of note and drivers for this:</p> <ul style="list-style-type: none">Urology Prostate diagnostic pathway currently has long waits for most pathway stages (Biopsy, OPD clinics, MRI, Oncology clinic), as well as Flexi Cystos for Urology Bladder patients.Endoscopy waits are impacting the Colorectal diagnostic pathway. Colorectal is also impacted by some Imaging delays.	<ul style="list-style-type: none">Recruitment for additional Urology clinicians underway to expand capacity for USoC patients.Funding bids have been submitted for Cancer Waiting Times funding, focusing on improving Urology and Colorectal performance.Additional Endoscopy and Radiology MRI lists are being run to reduce backlogs and improve waits for Colorectal and Urology. Review work for further increases to MRI capacity for all tumour groups is underway.Monitoring mechanisms in place to proactively review and support include the Weekly Patient Tracker List (PTL) meetings, Weekly Cancer Performance Huddle, Quarterly Performance Reviews and oversight through the Access & Delivery Group and Cancer & Diagnostics Delivery Group.	<p>Limited assurance</p> <div>8307/478</div>

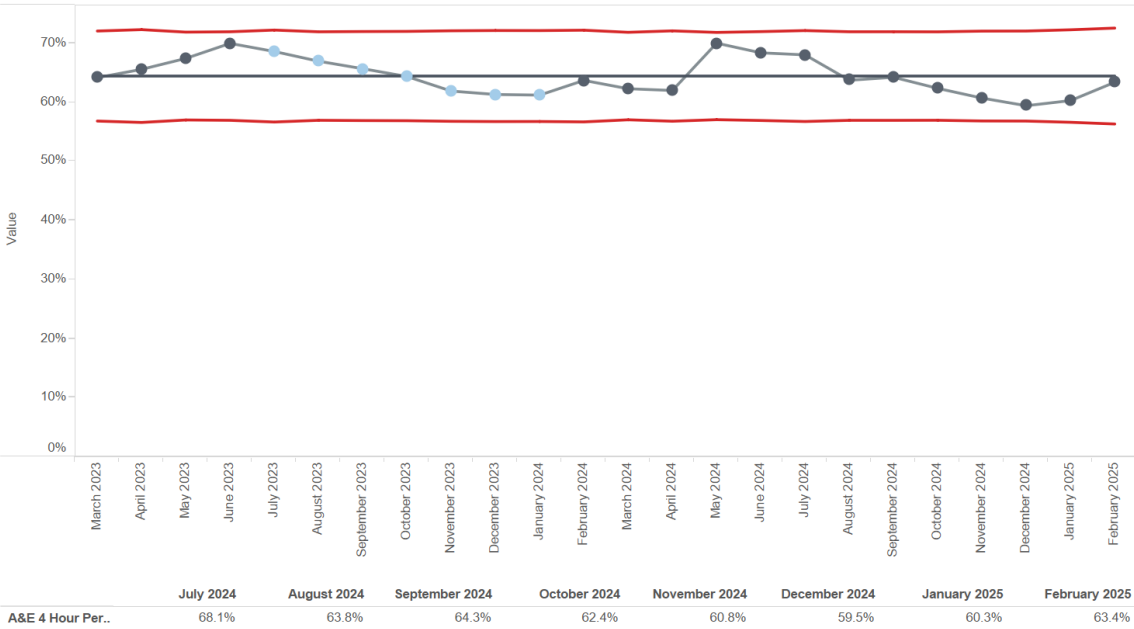


Unscheduled Care – 4-Hour A&E Performance

Responsible Director(s):	Chief of Acute Services, Unscheduled Care Programme Director, HSCP Chiefs	Reporting Period:	February 2025
Data Source:	PHS and Internal Management Information	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Accident and Emergency 4 Hour Performance - (Local Delivery Plan (LDP) Standard)

A&E Performance
Target: 95% - Aim: Increase



KPI	Latest Performance (February 2025)	Trajectory Forecast (February 2025)	National Benchmarking (Jan 2025)
95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%. (all sites)	63%	67%	66.4% Scotland Average (12 out of 14)
RHCYP	90%		
RIE	49%		
SJH	69%		
WGH	66%		

Unscheduled Care – 4-Hour A&E Performance

Responsible Director(s):	Chief of Acute Services, Unscheduled Care Programme Director, HSCP Chiefs	Reporting Period:	February 2025
Data Source:	PHS and Internal Management Information	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

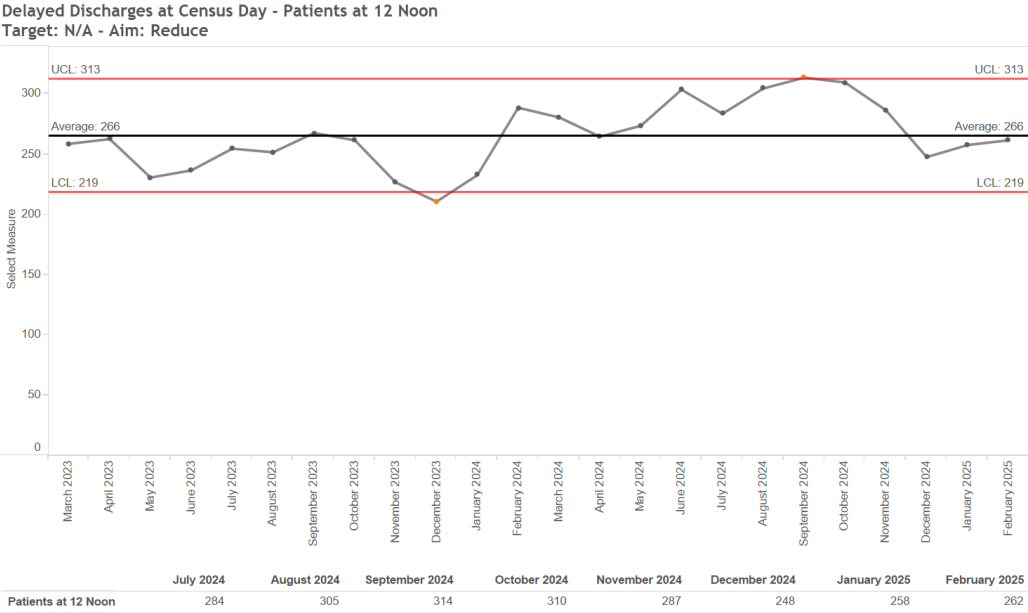
Accident and Emergency 4 Hour Performance - (Local Delivery Plan (LDP) Standard)

Summary	Actions	Assurance
<p>Performance</p> <ul style="list-style-type: none"> Average pan-Lothian monthly performance was 64% in February 2025. The average pan-Lothian performance for non-admitted flow was 74% in February 2025. <p>Areas of Note and Drivers for Performance</p> <ul style="list-style-type: none"> Hospital occupancy across all adult sites remains high, with delayed discharges impacting all three adult sites. <p>WGH</p> <ul style="list-style-type: none"> Daily delayed discharges have improved from c80 to c60 in recent weeks. ED frailty model is now embedded with 2wte ANP currently outstanding. 4-Hr EAS has improved in line with improving delayed discharges. <p>SJH</p> <ul style="list-style-type: none"> SJH has shown signs of improvement for 4-Hr EAS, and it is expected that this trend will continue. Delays have reduced to an average of 37 daily from high of 49 in previous months. <p>RIE</p> <ul style="list-style-type: none"> NHS Lothian secured £14.5m in recurring investment from the Scottish Government to accelerate the Unscheduled Care Whole System Improvement Programme, with an initial focus on the Royal Infirmary of Edinburgh (RIE). Significant improvements to headline performance have been achieved with a view to delivering the agreed 4-Hr EAS trajectory in the coming weeks. 	<p>RIE</p> <ul style="list-style-type: none"> The RIE team are deploying a continuous flow model to share the risk of long waits across the site and will aim to drive the average time of day of discharge down. This process still requires embedding, however, there has been early positive signals that driving down the time of discharge is allowing for earlier patient movement throughout the hospital. Planned Date of Discharge (PDD) is on track and is deployed in full at RIE, with additional training ongoing to support consistent implementation across all sites. Improving mental health patient pathways in the Emergency Department. <p>WGH</p> <ul style="list-style-type: none"> RACU at WGH has demonstrated significant improvements in patient flow and efficiency. Daily oversight through site safety huddles continues. The Long Length of Stay Group is effective in supporting patients onto a recognised pathway with early identification of barriers to discharge. Close working with Edinburgh HSCP to reduce and prevent delays. <p>SJH</p> <ul style="list-style-type: none"> The site has been working closely with West Lothian HSCP to reduce delays and the associated impact. Maintaining focus on timely triage to manage clinical risk in ED and also to enable robust re-direction. Re-direction rate is currently c.11%. Ongoing work with Medical wards to improve on the Length of Stay and discharge profile. Test of Change for Ambulatory Stream at Front Door to take place throughout April, aiming to reduce time to first assessment. 	<p>Limited Assurance</p>



Unscheduled Care – Delayed Discharges			
Responsible Director(s):	Unscheduled Care Programme Director, HSCP Chiefs, Chief of Acute Service	Reporting Period:	February 2025
Data Source:	PHS and Internal Management Information	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Delayed Discharges at Census Day (all sites)



KPI	Latest Performance (February 2025)	Trajectory (2024/25)	National Benchmarking (February 2025)
Total Delayed Discharges (Lothian)	124.94	N/A	318 of 2.083 delays in Scotland (15.8%)
Delays at monthly census point per 100,000 18+ East Lothian HSCP	20.16	34.6 total delays per 100,000 adults	-
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	22.91		-
Delays at monthly census point per 100,000 18+ Midlothian HSCP	52.05		-
Delays at monthly census point per 100,000 18+ West Lothian HSCP	29.82		-

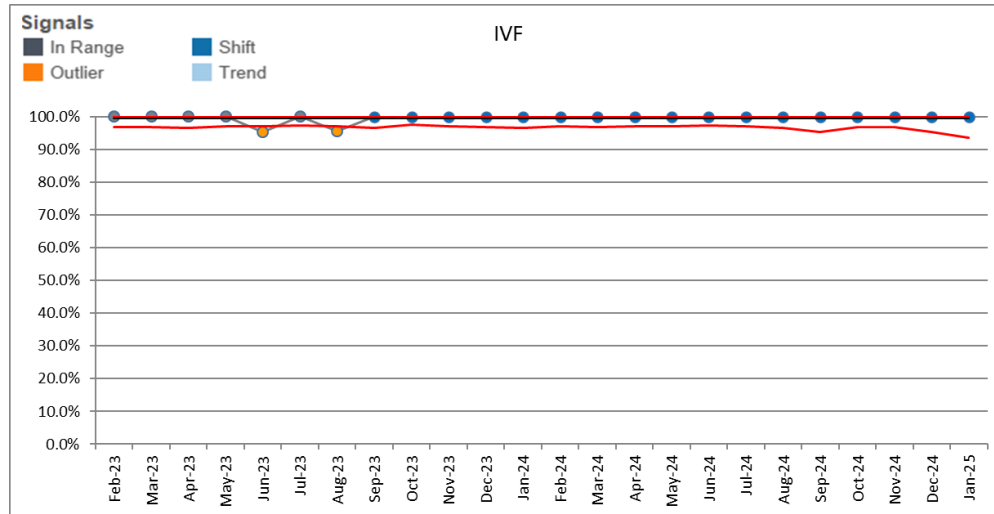
<h1>Unscheduled Care – Delayed Discharges</h1>			
Responsible Director(s):	Unscheduled Care Programme Director, HSCP Chiefs, Chief of Acute Service	Reporting Period:	December 2024
Data Source:	PHS and Internal Management Information	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Summary	Actions	Assurance
<p>Key Challenges:</p> <p>Edinburgh Health and Social Care Partnership: Edinburgh HSCP is experiencing increased delayed discharges mainly due to lack of care home capacity in and around Edinburgh at the National Care Home Rate. Financial pressures are restricting increasing capacity.</p> <p>West Lothian Health and Social Care Partnership: West Lothian HSCP is experiencing high delayed discharges due to lack of care home places, especially for dementia care.</p> <p>East Lothian Health and Social Care Partnership: East Lothian HSCP faces challenges with higher-than-average occupancy and increased delayed discharges.</p> <p>Midlothian Health and Social Care Partnership: Midlothian HSCP delays continue due to lack of care home beds, increasing population, and financial pressures.</p>	<p>Mitigating Actions:</p> <p>Edinburgh HSCP There was a delay in commencing additional capacity in early January. To date, an additional 1600 care at home hours have been added with a further 800 hours scheduled to be added each fortnight until end of March 2025. The team continues to look at options to recover the position to ensure delivery of the agreed trajectory. Additional care hours are online however legacy long waiting patients are the current focus with a view to finding solutions for these.</p> <p>West Lothian HSCP Ongoing development of assessment processes and focus on discharge to assess, the short-term improvement plan and enhancements at St John's front door and Single Point of Contact development with MDT response to support admission avoidance in appropriate circumstances. Enhancing intermediate care by bringing together Health and Social Care teams under a single access point to minimise duplication, boost efficiency/capacity and create a shared understanding of assessment, demand and streamlined response. An additional 8 dementia HBCCC beds have been operating over the winter period.</p> <p>East Lothian HSCP Continuous monitoring of bed occupancy and discharge figures, along with the expansion of the In-Reach team. The East Lothian Care at Home Huddle remains active, complemented by additional shared MDT screening aimed at optimising Length of Stay and exploring alternatives to hospital admission. Opportunities to further reduce Length of Stay (LoS) in Acute care persist, and the team continue to share feedback and learning to drive improvements. Care has come online during this period to introduce additional hours into Enhanced Discharge to Assess for those pre-delay and additional care for those who are delayed. Additional resource has been secured at WGH to strengthen links with discharge hub to improve flow. East Lothian HSCP are also adopting a similar Single Point of Contact model to West Lothian HSCP. All other planned actions are currently on track with majority of impact due to be realised by the end of April 2025. Diagnostic exercises are underway to understand how best to match discharges with current rate of admissions.</p> <p>Midlothian HSCP 400 hours of new capacity is already online with reviews underway of utilisation with a view to maximise further impact. All other planned actions are on track including bed occupancy reductions in line with the agreed trajectory, with majority due to realise impact by the end of March 2025. Multiple collaborative whole-system workshops have taken place to streamline processes with the aim of increasing hospital discharging.</p>	<p>Limited assurance</p> <ul style="list-style-type: none"> The ability to deliver the mitigation plan to the full extent required to effect the necessary change. Even if the mitigation plan is fully delivered, it still may be insufficient to improve performance to the extent of achieving the 4-hour Emergency Access Standard and consistent bed occupancy levels.

Fertility & Pregnancy– IVF Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	January 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

IVF Waiting Times Performance (*Local Delivery Plan (LDP) Standard*):



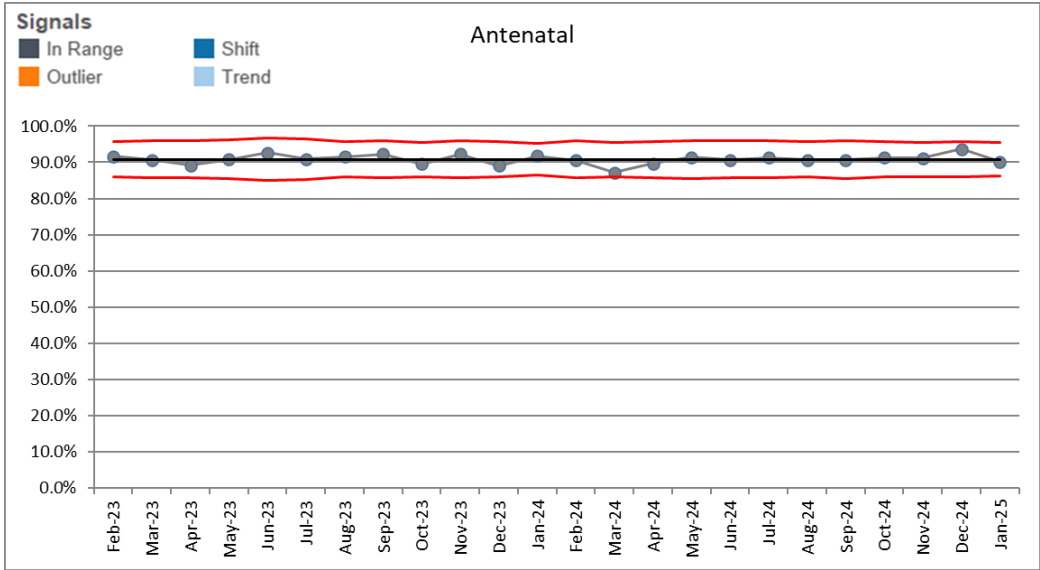
KPI	Latest Performance (Q3 2024/25)	National Standard/ Target	National Benchmarking (Q3 2024/25)
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	90%	100% Scotland Average

Summary	Actions	Assurance
Compliance with the target (90%) remains consistent, with only single figure breaches noted across a 24-month period, which did not result in a failure to comply with the performance standard. Furthermore, no patient has breached the 12-month target since August 2023.	Monitoring is ongoing via monthly reporting; however, no current actions are in place or outstanding.	Significant assurance

Fertility & Pregnancy– Antenatal Access

Responsible Director(s):	Chief of Acute Services	Reporting Period:	January 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

Early Access to Antenatal Services (Local Delivery Plan (LDP) Standard):



KPI	Latest Performance January 2025	National Benchmarking 2024 (full year)
At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.	SIMD 1: 89.90% SIMD 2: 90.70% SIMD 3: 94.74% SIMD 4: 93.10% SIMD 5: 95.05% Overall, 92.90% in Jan 25	SIMD 1: 88.5% SIMD 5: 95.2%

Summary	Actions	Assurance
Antenatal access for all SIMD categories remains above the target and broadly in line with national averages. At no point over the last 24 months has booking dropped below this standard.	<p>Ongoing monitoring of booking is in place and any unexpected changes are discussed by the Service Management team.</p> <p>No current actions are outstanding.</p>	Significant assurance

Primary Care

Responsible Director(s):	Director Primary Care	Reporting Period:	March 2025
Data Source:	DataLoch & Adastra	Linked Corporate Risk(s):	N/A

Measure	Latest position
Estimated General Practice (in hours) activity	For week commencing 10 March 2025 there were an estimated 104,204 patient consultations across the 116 General Practices in Lothian. This represents a rate of 99 weekly consultations per 1,000 population in Lothian. This level of activity is within normal variation.
General Practice Out-of-Hours (LUCS) activity	For week commencing 10 March 2025 LUCS managed 2,072 patient consultations. This is within normal variation but below the weekly mean of 2,411 (excluding public holidays). Stable patient demand at LUCS would indicate that patients are able to access routine care at their local GP practices.
Closed Practice Lists	98% of our practices have open lists to new patient registrations. 2 practices (out of 116) have closed lists to new patients. The maximum number of practices with closed lists within the last 12 months has been 4.

Summary	Notes
<p>Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) direct patient activity (all clinical staff) across Lothian based upon a sample of the 66 practices where data reporting is robust.</p> <p>Chart B provides the Lothian GP Out-of-Hours (LUCS) activity.</p> <p>The charts clearly show the seasonal fluctuations and the impact of public holidays – the spikes in LUCS activity represent public holidays and show the inverse of in-hours General Practice activity.</p> <p>Activity levels are largely stable and within normal variation.</p>	<p>Direct encounters are defined as a direct contact with a patient by any member of the general practice clinical multi-disciplinary team: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. Records entered by admin staff are excluded. These figures for Lothian have been estimated based on general practice activity from a sample of 66 GP practices. Please note this sample represents approx. 56% of the Lothian GP practice registered patients. Figures should be interpreted with caution and only used as a general indication of level of activity.</p>

Primary Care (2)

Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) weekly direct patient activity (all clinical staff) across Lothian

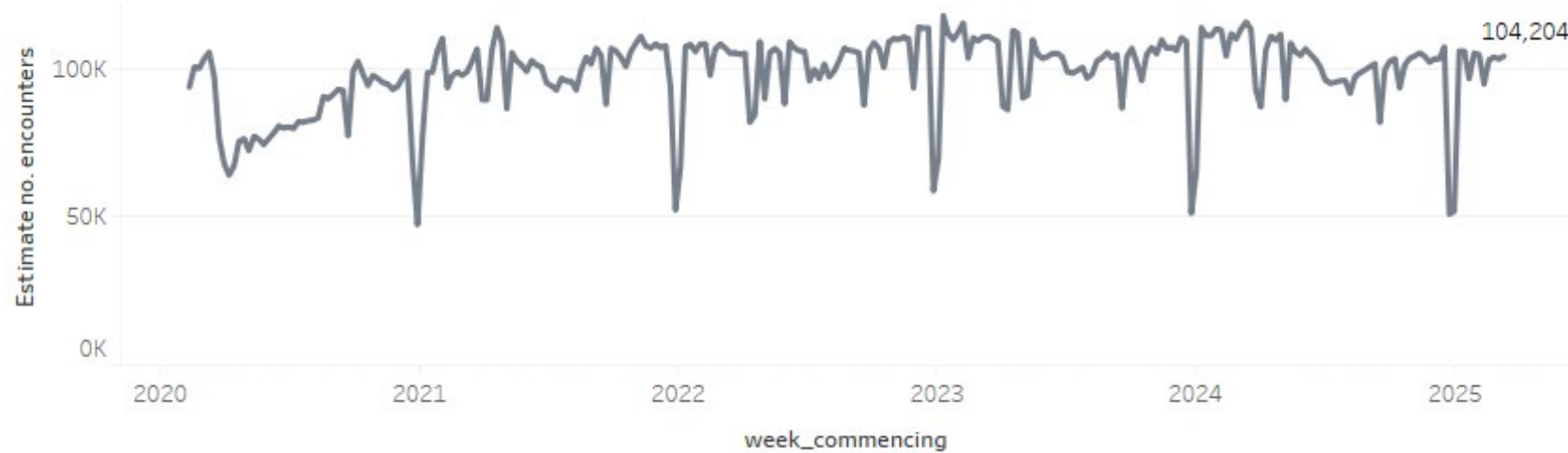
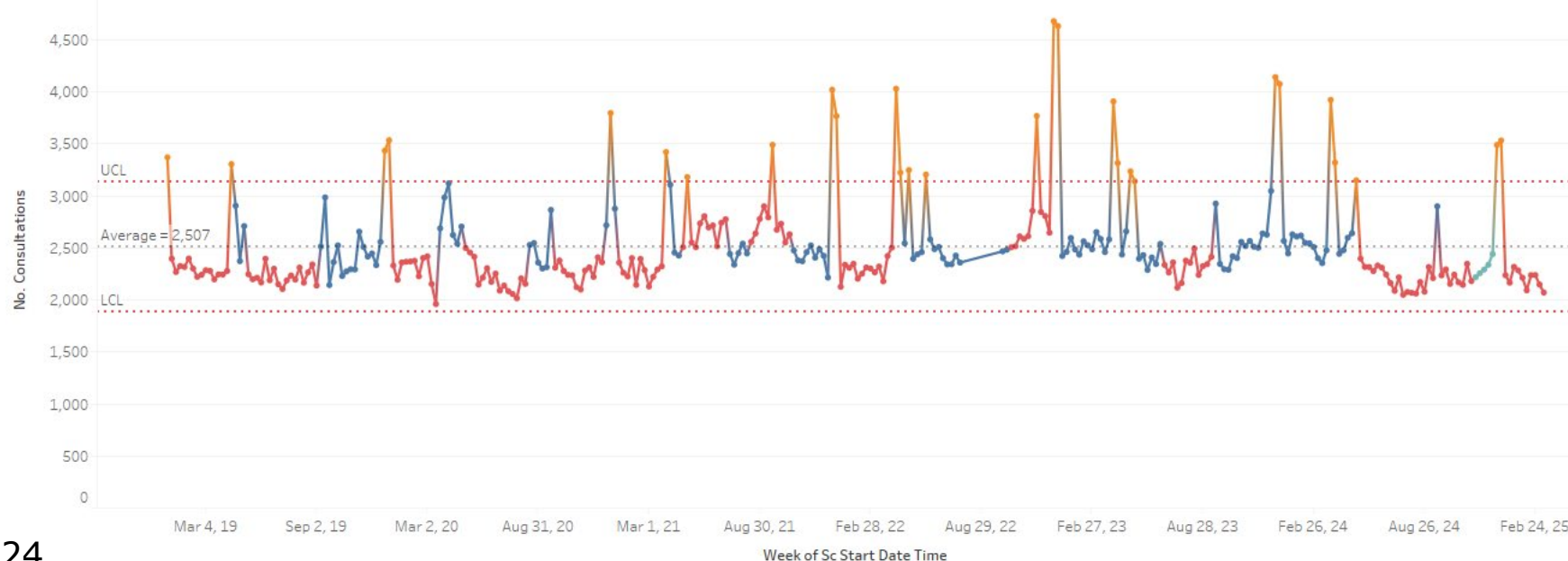


Chart B provides the Lothian GP Out-of-Hours (LUCS) weekly service activity

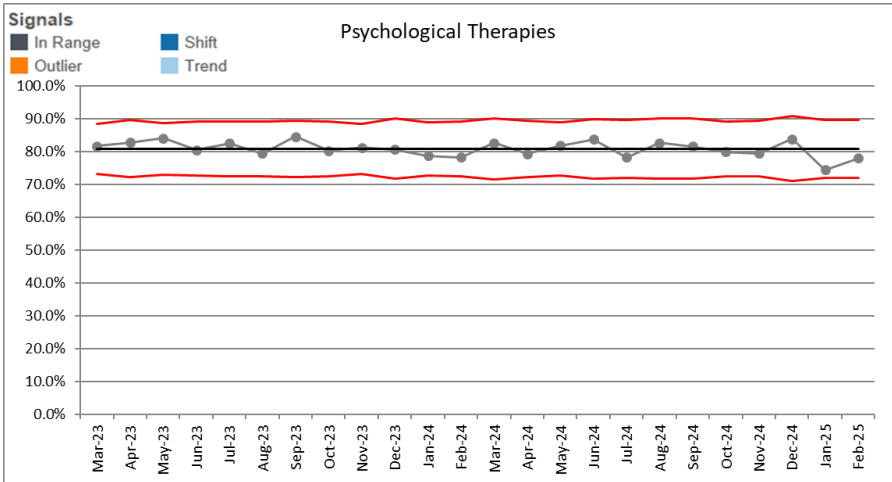


NOTES:
There was an outage of the clinical management system (Adastra) over August to September 2022. Data for that period is not available in this format.

Mental Health – Psychological Therapies

Responsible Director(s):	REAS Services Director	Reporting Period:	February 2025
Data Source:	PHS and internal management	Linked Corporate Risk(s):	N/A – removed from CRR in August 2023

Psychological Therapies Waiting Times Performance - (Local Delivery Plan (LDP) Standard)



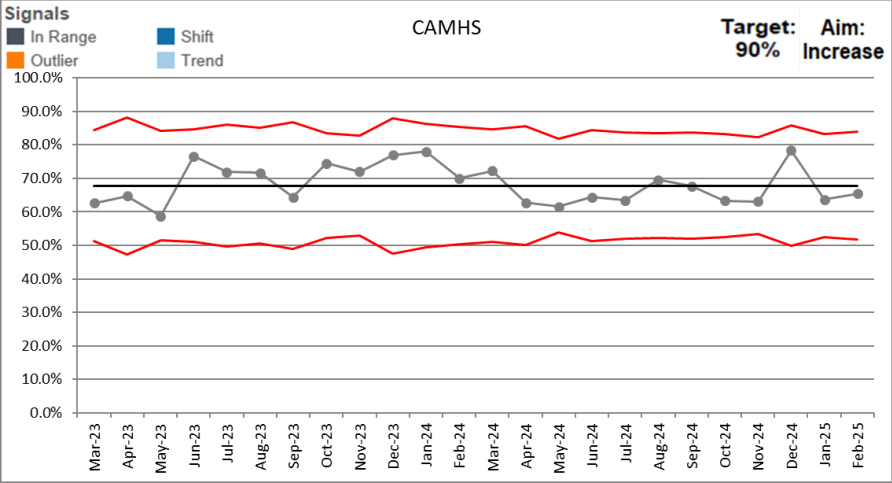
KPI	Latest Performance (February 2025)	Trajectory (February 2025)	Trajectory Forecast (end March 2025)	National Benchmarking (December 2024)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	78%	82%	82%	80.4% Scotland average
Total Waits	3997	2370	2364	NHSL accounted for 16.5% of Scotland
Waits > 52 weeks	79	36	32	Lothian accounted for 4.6% of Scotland

Summary	Actions	Assurance
<p>The treatment waiting list has reduced in total waits over the quarter from 4,056 (November) to 3997 (February). Analysis of the breakdown of this highlights that although there is a reduction in total waits under 18 weeks, there is an increase in 19-52 weeks (946 in November to 1096 in February) and over 52 weeks (62 in November to 79 in February). This impact on wait times was anticipated and reflects the increased unfilled vacancies across the services.</p> <p>Due to reduced Mental Health Outcome Framework (MHOE) funding and historic reliance on slippage which is no longer available, Psychology are required to reduce the workforce to reach financial balance moving forward. Several individual AMH Psychology services have recently met the 18-week target during the last reporting year; however, this will not be sustained, and we anticipate that the total numbers waiting over 18 weeks will grow. Moving forward, there may be increased pressure on general Psychological Therapy Services across the four HSCPs due to these reductions in workforce and the reconfiguration of the Psychology Staff Support Service and Veteran's First Point. We are currently reviewing how we can support these populations as a profession within statutory services.</p>	<p>There is a requirement to reorganise staffing to fit within the current financial envelope. A proposal is awaiting sign off with Chief Officers.</p> <p>There are robust processes in place with monthly waiting list meetings ensuring all service leads can highlight issues in data and access the support required for ensuring accuracy of wait lists and capacity plans at both individual and team level.</p> <p>Following service reconfiguration, there will be a deep dive into the job plan modelling and capacity planning to inform future trajectories.</p> <p>There are ongoing requirements from eHealth to support TRAK builds and correcting historic errors that continue to impact the accurate recording of activity.</p>	<p>It is anticipated that the LDP standard will not be met within the next five years due to current capacity and projected financial impact.</p> <p>The national target is for 90% of patients to start treatment within 18 weeks; however, our average is just below 80% which demonstrates a further moving away from the target.</p> <p>The Psychology SMT conducts ongoing monthly reviews of performance across all services to identify areas requiring additional support or facing challenges, and to understand their impact on the broader Lothian picture.</p> <p>There is moderate assurance that adequate controls are in place, even though we will not currently meet the standard.</p>

Mental Health – CAMHS

Responsible Director(s):	REAS Services Director	Reporting Period:	February 2025
Data Source:	PHS and internal management	Linked Corporate Risk(s):	N/A – removed from CRR in August 2023

CAMHS Waiting Times Performance - (Local Delivery Plan (LDP) Standard)

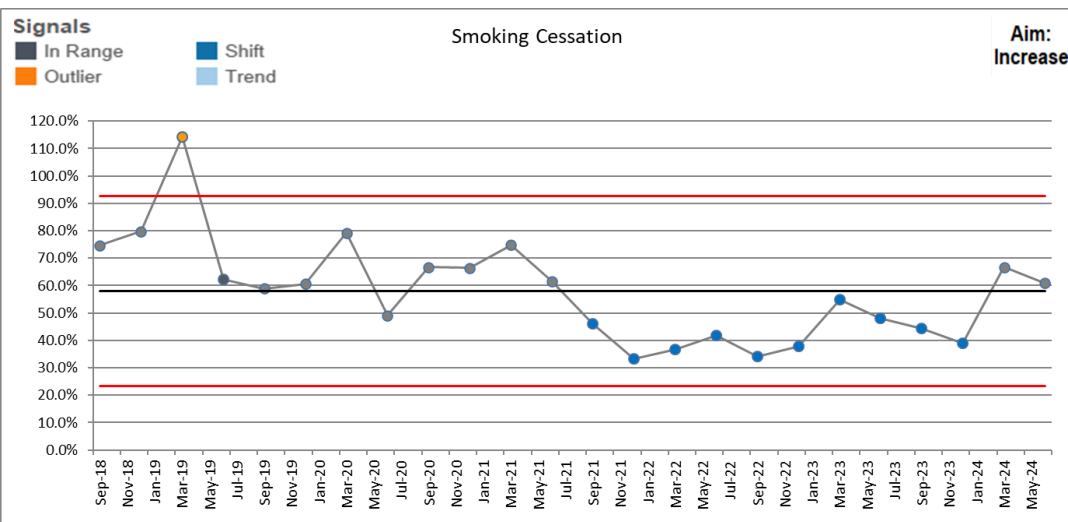


KPI	Latest Performance (February 2025)	Trajectory (February 2025)	Trajectory Forecast (end March 2025)	National Benchmarking (December 2024)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	65.4%	78%	77.9%	90.6% Scotland Average
Total Waits	1830	1562	1591	NHSL accounted for 42.0% of Scotland
Waits > 52 weeks	129	62	61	NHSL accounted for 73.2% of Scotland

Summary	Actions	Assurance
<p>Across all CAMHS Lothian, the overall performance for the LDP standard is at 65%. There continues to be a focus on allocating priority to clinically urgent and longest waiting patients. Overall, there were a total of 1,830 patients waiting at the end of February 2025.</p> <p>At the end of February 2025, 129 patients were waiting > 52 weeks.</p> <p>CAPA job planning process is subject to a 3 monthly planning cycle and undergoes constant refinement. In the quarter to end of December 2024, there was 100% delivery of job plans. Work is ongoing with the Scottish Government to review the application of the LDP standard.</p> <p>Due to reduction in MHOF funding, we are required to reduce the workforce and this will in turn impact access to CAMHS.</p>	<p>Being able to retain staff to sustain capacity remains a critical factor for ongoing performance to meet the LDP standard and also ensure measures to support staff and promote wellbeing for all teams are in place to balance performance expectations.</p> <p>Weekly waiting times compliance meetings are taking place between CSM/SM.</p> <p>Ongoing monitoring and review of job plans.</p> <p>Ongoing monitoring and review of financial position.</p> <p>Reviewing capacity across all 5 outpatient teams and other CAMHS sector teams has enabled appointments to be offered to those waiting over 52 weeks in West Lothian assisting the team in recovering over 52 week waits.</p> <p>Enhancing the group treatment programme in the West Lothian team to treat higher numbers of CYP supporting the reduction of over 52 week waits.</p> <p>Deliver project plan on NHS Lothian CAMHS implantation of the LDP standard.</p>	<p>It is currently anticipated that the target will not be met with staffing levels due to reduced funding having affected service wait times performance.</p> <p>We are able to offer moderate assurance on continued management of performance despite not being able to meet the standard within current financial envelope .</p>

Public Health – Smoking Cessation

Responsible Director(s):	Director of Public Health & Health Policy	Reporting Period:	Q3 2024/25
Data Source:	Published PHS Data	Linked Corporate Risk(s):	N/A



KPI	Latest Performance (Jul-Sep 2024)	Trajectory (Q2 2024/25)	Trajectory Forecast (end March 2025)	National Benchmarking (latest Q2 2024/25)
NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards)	57%	168/295	295/295	11 of 14 Health Boards.

Summary	Actions	Assurance
<p>49.5% of the ADP target was achieved in 2023-24. For Q1 and Q2 2024-25, Lothian has achieved 59% of the ADP target.</p> <p>Specialist community and acute quit numbers have been maintained above 75% for last four quarters. Quit numbers have been above Scotland average and were among the better performing NHS Boards for 2023-24. There is a focus on improving Edinburgh quit numbers to achieve targets for the Specialist service.</p> <p>Community Pharmacy quit numbers have declined since Q2 2021-22. There has been small improvement in performance in last four quarters however more focus is required.</p> <p>N.B. QYW service targets in Lothian are split 50:50 between Specialist community/acute quits and Community Pharmacy quits. Note seasonal variation in quits: Q4 (Jan to March) is consistently higher.</p>	<p>Quality improvement plans for Edinburgh and community pharmacy have been implemented.</p> <p>Varenicline now available as a prescription from specialist QYW staff in conjunction with GPs. A new Patient Group Direction (PGD) is being developed by the Scottish Government to allow community pharmacies to supply Varenicline but delays to this affecting some aspects of the smoking cessation service.</p> <p>Public Health and Health Policy Population Health Senior Leadership Team and Senior Management Team receive bi-annual updates on performance.</p>	<p>Moderate level of assurance against delivery by the end of March 2025 due to consistently failing to meet the target.</p>

Additional Information

Data & Definitions

- Published data and definitions are available:
<https://publichealthscotland.scot/publications/>
- The median wait is the middle value; for example the middle of referral to treatment days (62-day) or decision to treat to treatment days (31-day).
- A percentile is the value of a variable below which a certain percent of observations fall. For example, the 95th percentile is the value (referral to treatment days [62-day cancer] or decision to treat to treatment days [31-day cancer]) below which 95 percent of the waits may be found. The 50th percentile is also known as the median.

Glossary of Common Terminology and Acronyms

- AMU (Acute Medical Unit)
- AHP (Allied Health Professional)
- CNS (Clinical Nurse Specialist)
- DTOC (Delayed Transfer of Care)
- DNA (Did Not Attend)
- LoS (Length of Stay)
- MDT (Multi-Disciplinary Team)
- SMT (Senior Management Team)
- SG (Scottish Government)
- OP (Outpatient)
- IPDC (Inpatients & Day Cases)
- RARP (Robotic Assisted Radical Prostatectomy)
- WTE (Whole Time Equivalent)
- SDEC (Same Day Emergency Care) / RACU (Rapid Access Care Unit)
- QYW (Quit Your Way – smoking support service)
- CAPA (Choice & Partnership Approach - Job Planning)

Meeting: NHS Lothian Board
Meeting date: 16 April 2025
Title: Corporate Risk Register
Responsible Executive: Tracey Gillies, Medical Director
Report Author: Jill Gillies, Associate Director of Quality

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other – corporate risk	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input checked="" type="checkbox"/>	Effective	<input type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

Board members are asked to:

- 2.1.1 Review the February 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.
- 2.1.2 Note target risk gradings, which have been agreed by CMT where possible, based on process noted at the February Board meeting.
- 2.1.3 Agree that the undernoted risks are removed from the CRR:

5020 - Water safety and quality

3828 - Nursing workforce

5784 - Inappropriate and Inadequate Low Secure Accommodation in the Estate

- 2.1.4 Note the overview of the changes in the CRR over the past 2 calendar years in table 1.
- 2.1.5 Note that management actions agreed in the internal audit report of the corporate risk register process have now been implemented.

2.2 Background

2.2.1 Role of the Corporate Management Team (CMT)

It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper.

The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHS Lothian risk management system including our assurance system.

- 2.2.2 Understanding the very high and high risks at divisional and corporate level is a key component of Lothian's risk management system. The current very high and high risks at Acute, REAS, HSCP level as well as corporate single system risks registers such as Public Health, Nursing and Pharmacy were reviewed by the CMT in December 2024.

There is a requirement that all very high and high divisional and corporate risks have plans in place to mitigate the risk which are monitored proactively. If the risk cannot be managed by a director, it will be escalated to CMT for discussion.

- 2.2.3 All risks on the CRR relate to the delivery of NHS Lothian objectives as agreed by the Board in April 2024.
- 2.2.4 Any new or materially worsening risks will be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 2.2.5 The risk management process is set out in the Risk Management Policy as approved by the Board in April 2023.

2.3 Assessment

2.3.1 Target risk scores

In line with process detailed at the February Board meeting, setting target risk gradings have been considered by risk owners and handlers as part of the February updates. Gradings are included in risk assurance table, where agreed by CMT (appendix 1). However, it was not possible to propose or agree target gradings for all risks given uncertainties around agreement of risk mitigation plans at this stage

2.3.2 Board members are asked to agree that three risks are removed from the CRR as set out below:

Risk 3828 - Nursing workforce

CMT agreed to reduce the grading for this risk from **High 12** (Likelihood: Possible (3) Impact: Major (4)) to **Medium 6** (Likelihood: Unlikely, Impact: Moderate) and recommend to the Board that it is removed from the corporate risk register, based on current staffing and moderate assurance accepted by Staff Governance Committee. It is recognised that there will be future challenges with reduced numbers being trained in 2024/25 which will affect 2027 outturn numbers. The situation will continue to be monitored by the nursing and midwifery board and included in local risk registers where required.

Risk 5020 - Water Safety

Following consideration of a detailed paper, CMT agreed to reduce the grading for this risk from to **High 12** (Likelihood: Possible (3) Impact: Major (4)) to **Medium 8** (Likelihood: unlikely (2), impact major (4)) and recommend to the Board that it is removed from the corporate risk register given that controls around water safety have improved significantly, demonstrated via procedures and processes now in place. The risk will continue to be monitored through inclusion on the estates and facilities risk register.

Risk 5784 - Inappropriate and Inadequate Low Secure Accommodation in the Estate

CMT agreed to reduce the grading for this risk from **High 15** (Likelihood: Almost Certain (5) Impact: Moderate (3)) to **high 10** (likelihood: almost certain (5), impact minor (2)) and recommend to the Board that it is removed from the corporate risk register, given that the contract for out of area placements is in place and implemented. The risk will be retained on the REAS operational risk register for ongoing monitoring, as there are still some patients in inappropriate level of accommodation.

- 2.3.3 Agreed management actions following the internal audit of the CRR have now been implemented. Some changes to risk assurance table have been made to accommodate including a numerical breakdown of risk gradings, the risk response (all are treated) and space to add target risk grading once agreed by risk owners and CMT members.

2.3.4 Summary of risk profile

An overview of changes to the CRR over the last 2 calendar years is provided in Table 1 below.

Table 1

Risk Title	Feb-23	Apr-23	Jul-23	Aug-23	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25
3600 - Finance	25	25	25	25	25	25	25	25	25	25	25	25	25
5186 - 4 Hours Emergency Access Target	25	25	25	25	25	25	25	25	25	25	25	25	25
3726 - Hospital Bed Occupancy	25	25	25	25	25	25	25	25	25	25	25	25	25
5185 - Access to Treatment	25	25	25	25	25	25	25	25	25	25	25	25	25
5510 - REH Bed Occupancy	25	25	25	25	25	25	25	25	25	25	25	25	25
5784 - Low Secure Accommodation	Split of risk 5687, approved by Board April 2024						20	15	15	15	15	15	10
5785 - High Secure Female Accommodation	Split of risk 5687, approved by Board April 2024						12	12	12	12	12	12	12
5388 - HSDU Capacity	20	20	20	20	20	20	20	20	20	20	20	20	20
3828 - Nursing Workforce	20	20	20	20	20	20	20	12	12	12	12	12	6
5737 - Royal Infirmary of Edinburgh Fire Safety	New risk approved by Board Decer				20	20	25	25	25	25	25	25	25
1076 - Healthcare Acquired Infection	16	16	16	16	16	16	16	16	16	16	16	16	16
5189 - RIE Facilities	15	15	15	15	15	15	15	15	15	15	15	15	15
3455 - Violence & Aggression	15	15	15	15	15	15	15	15	15	15	15	15	15
3328 - Roadways/Traffic Management	12	12	12	12	12	12	12	12	12	12	12	12	12
5020 - Water Safety and Quality	12	12	12	12	12	12	12	12	12	12	12	12	8
5322 - Cyber Security	12	12	12	12	12	12	12	12	12	12	12	12	12

2.3.5 Quality/ Patient Care

The CRR includes risks to quality and patient care and risk mitigation plans will positively impact on quality of care.

2.3.6 Workforce

The resource implications are directly related to the actions required to mitigate against each risk. The mitigation of risks relating to staff health and safety will positively impact on health and well-being.

2.3.7 Financial

The resource implications are directly related to the actions required to mitigate each risk. This is managed through relevant governance and operational management structures which are set out against each risk.

2.3.8 Risk Assessment/Management

In line with the CRR process, risks are identified and/or escalated for assessment and consideration by the CMT who will in turn make recommendations to the Board. Risk mitigation plans are in place for all risks on the CRR and are monitored through reporting to relevant governance committees for assurance.

2.3.9 Equality and Diversity, including health inequalities

This paper does not consider developing, planning, designing services and/or policies and strategies therefore the statutory duties do not apply.

2.3.10 Communication, involvement, engagement, and consultation

This paper does not consider developing, planning, designing services and/or policies and strategies therefore the statutory duties do not apply.

2.3.11 Route to the Meeting

In line with agreed process, discussions are held with executive leads to provide updates on risks which are then considered by the CMT who make recommendations to the Board. Following Board review, the updated CRR is shared with Audit and Risk and Healthcare Governance Committees to provide context for discussions at their meetings.

2.4 Recommendation

Decision – Board members are asked to:

- Review the February 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1
- Note target risk gradings, agreed by CMT where possible, based on process detailed at the February 2025 meeting
- Agree that risks 5020 - Water safety and quality, 3828 - Nursing workforce and 5784 - Inappropriate and Inadequate Low Secure Accommodation in the Estate are removed from the CRR
- Note the overview of the changes in the CRR over the past 2 calendar years in table 1
- Note that management actions agreed in the internal audit report of the corporate risk register process are now complete.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Risk Assurance Table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
3600	<p>Finance</p> <p>There is a significant risk that the Board is unable to respond to core existing service requirements as well as those arising from the population growth in all age groups across NHS Lothian, whilst maintaining its aging estate. This is because of a combination of the greatly restricted level of capital and revenue resource available for 2024/25, together with the uncertainty around future resources. This will result in an inability to plan for and deliver not only core services, on a financially prioritised and risk/ needs assessed basis, but also the additional capacity and infrastructure required. Resource limitation also impacts recovery from this situation and the ability to plan in the medium to long term, against a trajectory of increasing demand and ageing capital assets.</p> <p>Executive Lead: Craig Marriott</p> <p>Corporate objective: Revenue</p> <p>Risk Response: Treat</p>	<p><u>Finance & Resources Committee</u></p> <p>March 2024</p> <ul style="list-style-type: none"> ▪ Limited assurance accepted. <p><i>Next to be presented March 2025</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> ▪ Improving financial position in month 7 has reduced year end forecast to circa £20m overspend. The improvement has been achieved from the delivery of additional non-recurring 4% actions identified within the financial plan. ▪ The 25/26 Scot Gov budget will be announced on 4 Dec, at present it is estimated that the opening financial gap will be consistent with the 2024/25 gap circa £120m deficit. ▪ Management action has been taken to identify efficiency/savings opportunities for 2025/26 by delivering a combination of 3% efficiency savings and an estimated requirement of 3% cost savings. This work will require to be assessed for its compliance with equalities impact assessment. There will also be a requirement to work with SG to test the authorising environment cascade. ▪ The capital position in year has been managed robustly to mitigate unknown capital deficiencies. For 2025/26 the expectation is that the capital challenge will continue – this will mean that the Board will continue to rely on its risk-based investment framework. <p>February 2025</p> <ul style="list-style-type: none"> • Significant assurance now agreed for achievement of a breakeven financial position for 24/25, due to additional funding received from the SG for CNORIS and RWW. • For 25/26 the financial plan gap has reduced to £104m due to the confirmed uplift of 3% for non-pay costs in the SG budget. • The financial strategy in 25/26 will focus on reducing the size of the Boards recurrent deficit from c£100m. This will be achieved by a focus on delivery of recurrent savings • Clarity on the increase in NI has been confirmed and the Board will be funded at 60%

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		CMT December 2024	CMT February 2025
	Risk Grading:	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))
	Target Risk Grading	Very High 20 (Likelihood: Likely (4), Impact: Extreme (5))	
5186	4 Hours Emergency Access Target There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care. New risk created from previous risks 3203 & 4688. Approved by June 2021 Board. Executive Lead: Jim Crombie Corporate objective: Unscheduled care Risk Response: Treat	Healthcare Governance Committee – person-centred, safe, and effective care. July 2024 <ul style="list-style-type: none"> Limited assurance accepted. Next to be presented March 2025 Strategic Planning and Performance Committee – Performance January 2025 <ul style="list-style-type: none"> Limited assurance: Next to be presented May 2025	
		Outcome of Executive Lead Discussions November / December 2024 <ul style="list-style-type: none"> Performance against the Emergency Access Standard remains challenging. Compliance for Lothian was at 61.28% in September & 60% in October. Compliance for the RIE was at 48% for September (Admitted: 26.1% / Non-Admitted: 58.2%) & 47% for October. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date																																												
		<table><tr><th>Site</th><th>Performance (September-2024)</th><th>Trajectory (September 24)</th><th>Latest performance (October 24)</th><th>Trajectory (October 24)</th></tr><tr><td>Lothian</td><td>62%</td><td>65.7 %</td><td>60%</td><td>71%</td></tr><tr><td>RHCYP</td><td>91%</td><td>94%</td><td>90%</td><td>94%</td></tr><tr><td>RIE</td><td>48%</td><td>60%</td><td>47%</td><td>65%</td></tr><tr><td>SJH</td><td>61%</td><td>65%</td><td>55%</td><td>65%</td></tr><tr><td>WGH</td><td>62%</td><td>64%</td><td>63%</td><td>65%</td></tr></table>	Site	Performance (September-2024)	Trajectory (September 24)	Latest performance (October 24)	Trajectory (October 24)	Lothian	62%	65.7 %	60%	71%	RHCYP	91%	94%	90%	94%	RIE	48%	60%	47%	65%	SJH	61%	65%	55%	65%	WGH	62%	64%	63%	65%	<ul style="list-style-type: none">In response to current performance and concerns regarding winter pressures a SLWG has been established to drive focused improvement work on priority areas below:<ul style="list-style-type: none">➤ Reduce Hospital Occupancy➤ Reduce Length of Stay (LOS)➤ Reduce A&E Attendances➤ Reduce A&E AdmissionsThe final plan was submitted to Scottish Government in November 2024 <p>February 2025</p> <ul style="list-style-type: none">Performance against the Emergency Access Standard remains challenging albeit improvingReduction in the following since the beginning of the year:<ul style="list-style-type: none">○ Average wait for a bed at both RIE & WGH○ Average LoS in emergency department at RIEAverage number in the queue at RIE has reduced by 50% over last 10 daysRIE adopting a “push” model to create flow early in the day <table><tr><th colspan="2">January 2025 Performance</th></tr><tr><td>RIE</td><td>48%</td></tr><tr><td>WGH</td><td>63%</td></tr><tr><td>SJH</td><td>59%</td></tr><tr><td>NHS Lothian</td><td>60%</td></tr></table>				January 2025 Performance		RIE	48%	WGH	63%	SJH	59%	NHS Lothian	60%
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Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none">In response to current performance and concerns regarding winter pressures a programme of improvement work is underway, funded by SG, and a SLWG has been established to drive this focused improvement work on priority areas below:<ul style="list-style-type: none">➤ Reduce Hospital Occupancy➤ Reduce Length of Stay (LOS)➤ Reduce A&E Attendances➤ Reduce A&E AdmissionsThe final plan was submitted to Scottish Government in November 2024 and was subsequently funded late December 24Programme has commenced and whilst off trajectory – positive signs are emerging.Improving performance at RIE, WGH & SJH in February	
	Risk Grading:	CMT December 2024	CMT February 2025
		Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))
	Target Risk Grading	It is not possible to set at this stage as potential impact of current work unknown	
3726	<p>Hospital Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian’s capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Unscheduled care</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe, and effective care.</p> <p>July 2024</p> <ul style="list-style-type: none">Limited assurance accepted. <p><i>Next to be presented March 2025</i></p> <p><u>Strategic Planning and Performance Committee</u> – Performance</p> <p>January 2025</p> <ul style="list-style-type: none">Limited assurance accepted. <p><i>Next to be presented May 2025</i></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>Risk Response: Treat</p>	<p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> • Bed occupancy rates continue to exceed 85% in all sites. • The Length of Stay programmes (Led by Site Directors) on the adult acute sites has been received positively by specialty teams and sites are developing LoS action plans with each of the specialties that will be supported by the site leadership teams. Total occupied bed days for patients stays that are “not-in-delay” has dropped by around 5%. • Initiatives aimed at reducing admissions, such as the Rapid Assessment Care Unit (RACU) and Hospital at Home, are performing well. Direct GP referrals to these services are increasing. • Whilst the total occupied bed days for patient stays “not-in-delay” has dropped by 5% the total occupied bed days for patient stays in delay (PHS definition), albeit a much smaller number, has increased by 26%. This diminishes the positive impact from the reduction in bed days for the stays that are “not-in-delay”. • All 4 HSCPs reporting challenges due to lack of care home places and closure of in-patient beds. • Closure of Ward 74 (WGH) at the end of October to accommodate RIDU will further challenge bed availability. <p>February 2025</p> <ul style="list-style-type: none"> • Bed occupancy rates continue to exceed 85% in all sites. – no overall change to date • The Length of Stay programmes (Led by Site Directors) on the adult acute sites continue to be received positively by specialty teams with work ongoing. • Initiatives aimed at reducing admissions, such as the Rapid Assessment Care Unit (RACU) and Hospital at Home, are still performing well, however work has been commissioned to review the cohort of patients presenting at RACU, as well as the referral pathways. • Work commissioned to review clinical pathways across RIE and WGH to reduce “postcode” attendance and move to a clinical pathway led model of streaming patients to the most appropriate site. • While occupancy has not dropped to predicted levels in line with the agreed SG plan – the queue in EDs has dropped significantly (>50%), and if this continues a rapid reduction in bed occupancy is expected to follow. • All 4 HSCPs reporting challenges due to lack of care home places and closure of in-patient beds although additional capacity is due to come online between Feb – April 25. Pathways are being reviewed with a view to reducing care home demand.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Closure of Ward 74 (WGH) at the end of October to accommodate RIDU further challenged bed availability with all mitigations not yet in place. 	
	Risk Grading:	CMT December 2024	CMT February 2025
		Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))
	Target Risk Grading	High 15 (Likelihood: Possible (3), Impact: Extreme (5))	
5185	Access to Treatment There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients. New risk created from previous risks 3211 & 4191. Approved by June 2021 Board. Executive Lead: Jim Crombie Corporate objective: Scheduled care Risk Response: Treat	<u>Healthcare Governance Committee</u> – person-centred, safe, and effective care. November 2024 <ul style="list-style-type: none"> Limited assurance accepted. <i>Next to be presented May 2025</i> <u>Strategic Planning and Performance Committee</u> – Performance January 2025 <ul style="list-style-type: none"> Limited assurance accepted. <i>Next to be presented May 2025</i>	
		<u>Outcome of Executive Lead Discussions</u>	

November / December 2024

		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Outpatient	Over 52 weeks	8,729	9,918	11,366	12,566	13,787	13,882
	Trajectory			12,550			18,604
	Variance			-1,184			-4,722
	Over 78 weeks	1,636	2,141	2,539	2,659	3,188	3,268
	Trajectory			4,072			7,158
	Variance			-1,533			-3,890
	Over 104 weeks	52	77	128	245	343	498
	Trajectory			283			1,073
	Variance			-155			-575
Inpatient Daycase	Over 52 weeks	6,519	6,638	6,738	6,695	6,704	6,731
	Trajectory			7,901			7,872
	Variance			-1,163			-1,141
	Over 78 weeks	2,420	2,408	2,340	2,349	2,386	2,424
	Trajectory			3,240			3,258
	Variance			-900			-834
	Over 104 weeks	445	454	461	448	453	447
	Trajectory			631			662
	Variance			-170			-215

- Further information performance against waiting time standards and ADP trajectories are included in the Public Board Performance paper at every meeting.
- The full impact of the temporary closure of PAEP on waiting times is still being worked through. Routine Ophthalmology activity will be significantly reduced during the initial 2-week period to enable transfer of equipment and staffing. However, urgent activity will be maintained. Impact will also be seen in Orthopaedics and ENT particularly given theatre matrix changes necessary to accommodate Ophthalmology.
- The temporary closure of theatres requiring repair at St John's Hospital in September resulted in the loss of 16.5 sessions per week, equating to 33-40 procedures but the full theatre matrix is currently under review due to move of Ophthalmology activity.

Datix ID	Risk Title & Description	Committee Assurance Review Date						
		February 2025						
			Jun-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
	Outpatient	Over 52 weeks	11,398	14,073	12,284	13,385	13,830	14,816
		Trajectory	12,254	18,245			25,608	
		Variance	-856	-4,172			-11,778	
		Over 78 weeks	2,532	3,278	3,659	4,235	4,856	5,400
		Trajectory	3,766	7,144			11,797	
		Variance	-1,234	-3,866			-6,941	
		Over 104 weeks	128	499	699	929	1,143	1,308
		Trajectory	311	1,094			3,710	
		Variance	-183	-595			-2,567	
	Inpatient Daycase	Over 52 weeks	6,765	6,783	6,591	6,563	6,388	6,291
		Trajectory	7,901	7,872			7,934	
		Variance	-1,136	-1,089			-1,546	
		Over 78 weeks	2,354	2,446	2,343	2,410	2,527	2,443
		Trajectory	3,240	3,258			3,325	
		Variance	-886	-812			-798	
		Over 104 weeks	467	459	461	485	502	519
		Trajectory	631	662			634	
		Variance	-164	-203			-132	
		<ul style="list-style-type: none"> Further information on performance against waiting time standards and ADP trajectories are included in the Public Board Performance paper at every meeting All acute outpatients waiting over 26 weeks have now been validated. A rolling programme for outpatients and expanding to inpatients and diagnostics where appropriate will be established. NHS Lothian have accepted the National Treatment Centre allocation offered for 25/26, however, it is disappointing to note the decreased allocation in Orthopaedics for 25/26 compared to 24/25. Development of ADP trajectories is underway with draft scheduled care trajectories shared with SG in January 2025. There are some specialties with a significant challenge to achieve the target set without significant levels of additionality and NHS Lothian is liaising with SG re what funding may be available to support this. The transfer of services back to PAEP April/ May 2025 will inevitably impact activity. Maximising utilisation of available capacity remains a key area of focus for NHS Lothian 25/26. 						
	Risk Grading:	CMT December 2024				CMT February 2025		

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))
	Target Risk Grading	It is not possible to set at this stage as still in ADP process – will be reviewed in June 2025 when allocation known	
5388	HSDU Capacity There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience. New risk approved by Board June 2022. Executive Lead: Jim Crombie Corporate objective: Capital Risk Response: Treat	<u>Finance and Resources Committee</u> December 2024 <ul style="list-style-type: none"> Limited assurance accepted. <i>Update provided to every meeting alternating paper and verbal – next paper March 2025</i>	
		<u>Outcome of Executive Lead Discussions</u> November / December 2024 <ul style="list-style-type: none"> Continued restrictions to Capital Budget is the longer term risk to the overall solution related to this risk (i.e. full reprovision of the HSDU). Full detail surrounding the risk mitigations are contained within previous update papers. As above, funding is the primary risk along with complexities in PFI arrangements, particularly relating to asset upgrade works and futureproofing of the HSDU. February 2025 <ul style="list-style-type: none"> Future risk comes in the form of deterioration of infrastructure within the HSDU. As time progresses it is likely that the key infrastructure will degrade. The mitigation surrounding this comes in the form of current maintenance activities alongside the wider Critical Infrastructure review. Continued restrictions to Capital Budget is the longer term risk to the overall solution related to this risk (i.e. full reprovision of the HSDU). In terms of the mitigation plan the staff shift pilot is now complete and results compiled. This has shown that it is possible to continue to run HSDU out of hours using staff overtime, however, if adopted would require increased staffing establishment There has been no significant upturn in demand, so no changes are planned following the outcome of the pilot at this stage. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	CMT December 2024	CMT February 2025
		Very High 20 (Likelihood: Certain (5) Impact: Major (4))	Very High 20 (Likelihood: Certain (5) Impact: Major (4))
	Target Risk Grading	Unlikely to change with current mitigation plan as wholly dependent on capital funding	
3828	Nursing Workforce There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience. Executive Lead: Alison MacDonald Corporate objective: Workforce Risk Response: Treat	<u>Staff Governance Committee</u> October 2024 <ul style="list-style-type: none">Moderate assurance accepted. <i>Next to be presented March 2025</i>	
		<u>Outcome of Executive Lead Discussions</u> November / December 2024 <ul style="list-style-type: none">Vacancy gap now reduced to 5.6% with around 300 nurses and midwives still to start between November and January.Continuing shortfall in Melville unit requiring supplementary staffing.Health check reviews of establishments for inpatient areas will all be reported by December to enable improved control of deployment of staff.Methodology being developed for community health check reviews. February 2025 <ul style="list-style-type: none">Vacancy gap reduced to 2.04% in December for registered nurses, overall 3.32% due to successful recruitment and reduction in turnoverAgreement by CMT 28 January to enhance funded establishment in midwifery and Melville UnitHealth check review of establishments for inpatient areas will be reported to Board in April in line with Health and Care legislation for staffingCommunity still in progressBased on current staffing and moderate assurance from Staff Governance Committee, it is recommended to reduced grading to medium 6 (Likelihood: Unlikely, Impact: Moderate) and remove	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>from the corporate risk register at this time</p> <ul style="list-style-type: none"> It is recognised that there will be future challenges with reduced numbers being trained in 2024/25 which will affect outturn numbers in 2027, and the recruitment campaign has begun for 2025 graduates Situation will continue to be monitored by the nursing and midwifery board and included in local risk registers where required 	
	Risk Grading:	CMT December 2024	CMT February 2025
		High 12 (Likelihood: Possible (3) Impact: Major (4))	Medium 6 (Likelihood: Unlikely (4) Impact: Moderate (3))
	Target Risk Grading	Low 6 (Likelihood: Unlikely (2), Impact: Moderate(3))	
5020	Water Safety and Quality <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</p> <p>This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p>	<p><u>Staff Governance Committee</u></p> <p>December 2024</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p><i>Update provided to every meeting alternating paper and verbal – next paper March 2025</i></p> <p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> Following discussions at the Water Safety Group and the NHS Lothian Health and Safety Committee it is now recommended that this risk can be re assessed and the grading reduced to medium with moderate assurance proposed. Controls around Water Safety have improved significantly, and this can be demonstrated via procedures and processes now in place. This will be considered at the Estates & Facilities Head of service meeting prior to presentation to January 2025 CMT for agreement to remove from the CRR and managing locally through Estates & Facilities Risk Register. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>New risk approved by Board 12 August 2020.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</p> <p>Risk Response: Treat</p>	<p>February 2025</p> <ul style="list-style-type: none"> Controls around Water Safety have improved significantly, and this can be demonstrated via procedures and processes now in place Proposal Committee to 'downgrade' this risk therefore supported at E&F HoS, Water Safety Group and Corporate Health & Safety committee, including reduction of grading to medium (8) (Likelihood: unlikely (2), impact major (4)) Detailed paper was submitted to CMT (25 February) to ratify and approve the removal from the Corporate Risk Register. CMT asked to recommend to the Board removal from the CRR with continued monitoring through the E&F risk register. 	
	Risk Grading:	CMT December 2024	CMT February 2025
		<p>High 12</p> <p>(Likelihood: Possible (3) Impact: Major (4))</p>	<p>Medium 8</p> <p>(Likelihood: Unlikely (4) Impact: Major (4))</p>
	Target Risk Grading	Not required as recommendation to remove	
5189	<p>RIE Facilities</p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) Water quality and management of water systems (flushing, temperature control, periodic testing) Window safety and maintenance Fire Safety <p>Leading to interruption to services, potential harm to patients and staff and significant</p>	<p><u>Finance & Resources Committee</u></p> <p>February 2025</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Update provided to every meeting alternating paper and verbal – next paper June 2025</i></p> <p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> This risk will be subject to further formal review with proposals for change to the risk description and mitigation plan elements. It is not perceived that this will necessarily lead to the suggestion of a change to risk grading or assurance level. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	remedial costs. New risk approved by Board June 2021. Executive Lead: Jim Crombie Corporate objective: RIE Risk Response: Treat	February 2025 <ul style="list-style-type: none">Detail of updates to the mitigation plan are detailed within the afore noted paper.A review of grading will take place following completion of IA in May 2025, as this may result in control of some of the funding to prioritise work. Any proposals from this review will be brought to the next available CMT and mitigation plan to be presented to future Finance & Resource Committee for assurance.	
	Risk Grading:	CMT December 2024	CMT February 2025
		High 15 (Likelihood: Possible (3) Impact: Extreme (5))	High 15 (Likelihood: Possible (3) Impact: Extreme (5))
	Target Risk Grading	Unlikely to change with current mitigation plan.	
3455	Violence & Aggression The nature of services provided by NHS Lothian means there is a potential risk of violent and/or aggressive behaviour across all the organisation but in particular mental health, learning disability services and emergency departments resulting in harm to person and poor patient and staff experience, with potential prosecutions, and fines for health and safety breaches. Executive Lead: Alison MacDonald Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian	<u>Staff Governance Committee</u> October 2024 <ul style="list-style-type: none">Moderate assurance accepted. <i>Next to be presented March 2025</i>	
		<u>Outcome of Executive Lead Discussions</u> November / December 2024 <ul style="list-style-type: none">Continue to make good progress with training for staff bank and REAS.Challenges remain in recruiting work-based trainers therefore alternative solution are being explored.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Response: Treat	February 2025 <ul style="list-style-type: none"> Programme board has completed work to establish risk controls. The final element of the work has been the implementation of the training strategy, this has moved into the final phase. Processes now business as usual. Programme Board will have 2 further meetings (April and July) to close off - review Q1 of H&S reporting, baseline data and measurement framework Work continues with acute services managers to address challenges in identifying work-based trainers 	
	Risk Grading:	CMT December 2024	CMT February 2025
		High 15 (Likelihood: Almost Certain (5) Impact: Moderate (3))	High 15 (Likelihood: Almost Certain (5) Impact: Moderate (3))
	Target Risk Grading	High 12 ((Likelihood: Likely (4), Impact: Moderate(3))	
3328	Roadways/Traffic Management There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public. Executive Lead: Jim Crombie Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian Risk Response: Treat	<u>Staff Governance Committee</u> December 2024 <ul style="list-style-type: none"> Limited assurance accepted. <i>Update provided to every meeting alternating paper and verbal – next paper May 2025</i>	
		<u>Outcome of Executive Lead Discussions</u> November / December 2024 <ul style="list-style-type: none"> Adverse events are stable with no significant events recorded (verbal abuse to car parking staff and damage to NHS Lothian vehicles are the predominant categories reported). There is practical and visible evidence that the absence of significant adverse events and harm in these areas is attributed to the on-site Car Parking and Logistics teams. Pan Lothian Car Parking Group maintains oversight of risks and actions – meets monthly. Local Traffic Management Groups maintain oversight of local/site specific risks and actions. The Corporate Health & Safety Team conducted a specific review of this risk (report available upon request). The review recommended downgrading 3 of the 4 components of the risk and setting up a 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>specific SLWG to review and mitigate the remaining risk in relation to the RIE ED</p> <ul style="list-style-type: none"> CMT agreed to retain the risk on the corporate risk register. <p>February 2025</p> <ul style="list-style-type: none"> The project is progressing surrounding the recently funded works for Hospital Main Drive at WGH. Engineering solutions continue to be developed for the 3 x red risks live on the Little France Campus. The risk will be further evaluated as risk mitigation activities, including those mentioned above, are carried out. 	
	Risk Grading:	CMT December 2024	CMT February 2025
		High 12 (Likelihood: Possible (3) Impact: Major (4))	High 12 (Likelihood: Possible (3) Impact: Major (4))
	Target Risk Grading	To be assigned following further evaluation	
1076	<p>Healthcare Associated Infection</p> <p>There is a risk of patients developing a preventable infection while receiving healthcare as a result of:</p> <ul style="list-style-type: none"> sub-optimal clinical practice exposure to healthcare environmental hazards patient to patient or staff to patient transmission <p>due to inadequate or inconsistent implementation and monitoring of HAI prevention and control measures, leading to potential harm and poor experience for both staff and patients.</p>	<p><u>Healthcare Governance Committee</u></p> <p>May 2024</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p><i>Next to be presented May 2025</i></p> <p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> Additional resource has now been identified to develop and strengthen the risk mitigation plan with a focus on embedding governance and assurance lines across the organisation. This work will commence in early 2025 and will be informed by internal audit recommendations. A data exceedance in line associated bacterium has been identified in one area and is currently being explored with the service. ECB, SAB and CDI data is within control limits with overall performance better than or similar to other boards of comparable size and complexity. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>Executive Lead: Alison MacDonald</p> <p>Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</p> <p>Risk Response: Treat</p>	<p>February 2025</p> <ul style="list-style-type: none"> • Work will start in March 2025 with the appointment of an additional senior staff member to support both the workforce redesign and also establishment of a robust governance framework. • We have received an exception report from ARHAI for Q3 2024 for community acquired CDI – a response and action plan is being prepared. No epidemiologic or prescribing concerns have been raised at this stage and initial review suggests that this is a seasonal anomaly previously observed in NHS Lothian in Q3. • SG have not advised the LDP targets or mandatory surveillance programme for 2025/26. None were set by SG for 2024/25 though local monitoring continues. • All other measures remain with control and are comparable to other Boards as at Q3 (from national dashboards). • A data exceedance in line associated bacteraemia has been identified in one area and is currently being explored with the service. 	
	<p>Risk Grading:</p>	CMT December 2024	CMT February 2025
		<p>High 16 (Likelihood: Likely (4) Impact: Major (4))</p>	<p>High 16 (Likelihood: Likely (4) Impact: Major (4))</p>
	<p>Target Risk Grading</p>	<p>Medium 9 (Likelihood: Possible (3) Impact: Moderate (3))</p>	
5322	<p>Cyber Security</p> <p>There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services.</p>	<p><u>Audit and Risk Committee</u></p> <p>June 2024</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p><i>Next to be presented June 2025</i></p> <p><u>Board</u></p> <p>October 2024</p> <ul style="list-style-type: none"> • Private Board accepted moderate assurance. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>New risk approved by Board February 2022.</p> <p>Executive Lead: Tracey Gillies</p> <p>Corporate objective: Digital</p> <p>Risk Response: Treat</p>	<p><i>Next to be presented October 2025</i></p>	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> Existing risk mitigation plan continues to be implemented. This includes bi-weekly review of effectiveness of security measures in place in blocking and preventing external threats and implementing additional controls if required. New locally and nationally procured security tools are reviewed on an ongoing basis and implemented where required. <p>February 2025</p> <ul style="list-style-type: none"> Continued implementation of risk mitigation plan, including bi-weekly review of effectiveness of security measures in place in blocking and preventing external threats and implementing additional controls if required. Preparing for scheduled NIS audit submission in April 2025 Arranging Executive cyber security exercise early in 2025. 	
	Risk Grading:	CMT December 2024	CMT February 2025
		<p>High 12 (Likelihood: Possible (3) Impact: Major (4))</p>	<p>High 12 (Likelihood: Possible (3) Impact: Major (4))</p>
	Target Risk Grading	Unlikely to be able to reduce	
5510	<p>Royal Edinburgh Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping</p>	<p><u>Healthcare Governance Committee</u></p> <p>January 2025</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> Ongoing pressure on in patient beds continues with occupancy remaining at above 100%. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>in areas within wards not designed for this purpose. New risk approved by Board December 2022.</p> <p>Executive Lead: Caroline Hiscox</p> <p>Corporate objective: Mental health, illness, and wellbeing</p> <p>Risk Response: Treat</p>	<ul style="list-style-type: none"> Current mitigations remain in place. CMT has approved 12 additional beds for a 3-month period over the winter period, which are planned to open early January 2025. <p>February 2025</p> <ul style="list-style-type: none"> 12 additional beds were opened as planned; however, occupancy remains above 100% with acuity being high. A plan is in place to review community models, jointly commissioned by EHSCP Chief officer and REAS service director. A group to lead the work is in place with terms of reference agreed and alternative community models are being explored. 	
	Risk Grading:	CMT December 2024	CMT February 2025
		Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))
	Target Risk Grading	Medium 9 Likelihood: Possible (3), impact moderate (3)	
5737	<p>Royal Infirmary of Edinburgh Fire Safety</p> <p>Two components:</p> <ol style="list-style-type: none"> There is a risk that the technical standards of the building provided by the PFI are not adequate and do not meet current fire safety standards. There is a consequential risk that NHS Lothian has inadequate fire safety arrangements in place at the Royal Infirmary of Edinburgh (RIE) following the recent identification of risks and issues. 	<p><u>Staff Governance Committee</u></p> <p>December 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented March 2025</i></p> <p><u>Finance & Resource Committee</u></p> <p>February 2025</p> <ul style="list-style-type: none"> Limited assurance accepted <p><i>Update provided to every meeting alternating paper and verbal – next paper June 2025</i></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>This may lead to enforcement action by the Scottish Fire & Rescue Service, disruption to services/facilities where remedial work is identified and finally serious reputational damage.</p> <p>In the unlikely event of a fire, this may lead to an extreme risk of harm to patients, staff, and the general public, along with the potential for prosecution under the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006.</p> <p>New risk approved by Board December 2023.</p> <p>Executive Lead: Caroline Hiscox</p> <p>Corporate objective: RIE</p> <p>Risk Response: Treat</p>	<p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> Full detail is contained within the risk mitigation plan of the associated corporate risk reporting paper. This plan, and associated actions, are overseen by the RIE Programme Director and Senior PFI Estates Lead. A paper will be provided to a private Board session in December, incorporating further updates from the SFRS. It is likely that further work will need to be undertaken in respect of the infrastructure starting in January 2025. <p>February 2025</p> <ul style="list-style-type: none"> The risk mitigation plan is updated on an ongoing basis Progress continues on lifecycle work (detail contained within the associated risk update paper). A feasibility study is now underway surrounding the creation of fire hazard rooms for general and clinical waste. Fire Incident Response Team are fully functional. Fire safety training also continues to be progressed on the site with oversight by the Fire Safety Training Manager. April/May results of review AECOM external fire engineers stable but not at L1. 	
	Risk Grading:	CMT December 2024	CMT February 2025
		Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))	Very High 25 (Likelihood: Almost Certain (5), Impact: Extreme (5))
	Target Risk Grading	To be assigned in June following receipt of AECOM report	
5784	Inappropriate and Inadequate Low Secure Accommodation in the Estate There is a risk that patients who require low	<p><u>Healthcare Governance Committee</u></p> <p>January 2025</p> <ul style="list-style-type: none"> Moderate assurance accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>secure accommodation will be inappropriately placed because there is a lack of low secure accommodation for any patient in Lothian. This could potentially lead to harm to patients themselves, other patients, and staff as well as the potential for legal challenge against the level of security which is a risk to the organisation.</p> <p>Executive Lead: Caroline Hiscox</p> <p>Corporate objective: Mental health, illness and wellbeing</p> <p>Risk Response: Treat</p>	<p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> Current arrangements continue with out of area placements where required, including regular review of some patients with a view to caring for on REH campus where appropriate. There is no change to the Scottish Government position regarding lack of capital funding. <p>February 2025</p> <ul style="list-style-type: none"> It is recommended that this risk is de-escalated to REAS operational risk register, given that the contract for out of area placements is in place and implemented. However, does require ongoing monitoring as still some patients in inappropriate level of accommodation Risk grading is now assessed high (10) (likelihood: almost certain (5), impact minor (2)) 	
	Risk Grading:	CMT December 2024	CMT February 2025
		High 15 (Likelihood: Almost Certain (5) Impact: Moderate (3))	High 10 (Likelihood: Almost Certain (5) Impact: Minor (2))
	Target Risk Grading	Not required as recommendation to remove from CRR	
5785	<p>Absence of Female High Secure Accommodation in the Estate</p> <p>There is a risk that female patients who require high secure accommodation will be inappropriately placed because there is a lack of female high secure accommodation in Scotland. This could potentially lead to harm to patients themselves, other patients, and staff as well as the potential for legal challenge against the level of security which is a risk to the organisation.</p>	<p><u>Healthcare Governance Committee</u></p> <p>January 2025</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <p>November / December 2024</p> <ul style="list-style-type: none"> No further feedback has been received regarding State hospital/Scottish government plans and the current mitigations remain in place. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Caroline Hiscox Corporate objective: Mental health, illness and wellbeing Risk Response: Treat	February 2025 <ul style="list-style-type: none">No further progress regarding national solution.	
	Risk Grading:	CMT December 2024	CMT February 2025
		High 12 (Likelihood: Possible (3) Impact: Major (4))	High 12 (Likelihood: Possible (3) Impact: Major (4))
	Target Risk Grading	Unable to assign without national solution	

Risks removed and rationale.

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	23/07/19	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	04/04/19	Waste Management	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	26/07/13	Medical Workforce	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	04/04/2019	Brexit/EU exit	Board approved closing the risk as per 1 December 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	13/02/2013	Learning from Complaints	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.

Risk ID	Opened	Risk Title	Recommendation	Rationale
5034	29/06/2020	Care Homes	Board approved closing the risk as per 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HGC setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	16/02/2012	Facilities Fit for Purpose	Board approved closing the risk as per 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures. The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.
5187	23/06/2021	Access to Psychological Therapies	Board approved closing the risk as per 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.

Risk ID	Opened	Risk Title	Recommendation	Rationale
5188	23/06/2021	Access to CAMHS	Board approved closing the risk as per 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.
5360	06/04/2022	Public Health (Covid-19)	Board approved closing the risk as per 23 August 2023 Board Corporate Register Paper	It was agreed to stand down the COVID risk in line with national, UK and global direction. In May 2023, the WHO declared an end to COVID-19 as a global health emergency. The WHO noted that the pandemic had been on a downward trend over the last 12 months, with immunity increasing due to the highly effective vaccines. Death rates had decreased and the pressure on once overwhelmed health systems, had eased. The National Incident Management Team was stood down on 27th April 2023, in line with the other nations and the UK wide response. Reporting of COVID data was incorporated into business-as-usual reporting and moved to monthly publications.
5687	21/08/2023	Inappropriate and Inadequate Accommodation in the Secure Estate	Board approved closing the risk as per 24 April 2024 Board Corporate Register Paper	As different risks and mitigations were in place for high and low secure provision it was agreed that the risk should be closed and split into two risks: <ol style="list-style-type: none"> 1. New Risk - Inappropriate and Inadequate Low Secure Accommodation in the Estate 2. New Risk – Absence of Female High Secure Accommodation in the Estate

Risk ID	Opened	Risk Title	Recommendation	Rationale
3829	15/10/2015	Sustainability of Model of General Practice	Board approved closing the risk as per 10 October 2024 Board Corporate Register Paper	It was agreed to regrade the risk from high (12) to medium (9), based on a reduction of the impact from major to moderate. Furthermore, it was agreed that the risk is de-escalated to the Primary care services risk register and noted that it would continue to be included in HSCP risk registers. Although some challenges remain, particularly around funding to fully deliver Primary care improvement plans and increased costs for practices for facilities management services, these are being managed. Workforce supply is improving, and patients can access Primary care services.

Meeting: NHS Lothian Board

Meeting date: 16th April 2025

Title: February 2025 Financial Position

Responsible Executive: Craig Marriott, Director of Finance

Report Author: Andrew McCreadie, Deputy Director of Finance

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other - Financial Reporting	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to provide the Board with an update on the financial position as at February 2025 for NHS Lothian with the forecast position for 2024/25.

2.2 Background

This report forms part of the reporting cycle to the Board on the financial performance of NHS Lothian, in support of delivering year end financial targets. This paper updates on the year to date position for the first eleven months and the year end forecast projections.

2.3 Assessment

After 11 months, the reported financial position for NHS Lothian is a year to date overspend of £2.7m. The financial position is comprised of an operational overspend of £22.4m, offset by the release of corporate reserves flexibility of £19.7m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 11 Summary Financial Performance

	Month 11 Variance from Budget £'000
Pay	17,186
Non Pays	(58,946)
Income	19,398
Operational Position	(22,362)
Corporate Reserves Flexibility	19,658
Total Variance	(2,704)

2.3.1 Quality/ Patient Care

There are no new quality or patient care implications from this report.

2.3.2 Workforce

There are no new workforce implications from this report.

2.3.3 Financial

Financial Position as at 28th February 2025

Within pay budgets Medical and Dental continues to be the main area of overspend reporting an overspend of £10m after 11 months of the year. There is maintained improvement in the levels of the monthly overspend due to an improvement in the number of non-compliant rotas, a decrease in the use of locums/agency and a reduction in unfunded vacancies. The arrears for the 2024/25 pay award for most Medical and Dental staff has now been paid in February with other Speciality Grades receiving their agreed uplift in February with arrears to be paid in March. Funding from the Scottish Government has now been received for Medical and Dental staff.

Non-pay budgets report a £59m overspend overall, with Drug costs (£17m) and Medical Supplies (£22.5m) being the significant areas of financial pressure. Overall, Drugs and Medical Supplies together are showing an 7% (£18m) increase in expenditure from 2023/24. The non-pay budget pressures continue to be impacted by contractual price increases and the 0% funding uplift for 2024/25. GP Prescribing is reporting a £14m overspend, which continues to see price per item fluctuate and higher than expected growth in the number of items, but overall, the level of variation each month has improved. Overall Table 2 shows the breakdown across the main expenditure headings with further details on Appendix 1 and 2.

Table 2 – Breakdown of Variance

Description	Month 11 Variance from Budget £000's
Medical & Dental	(9,569)
Nursing	14,783
Administrative Services	2,818
Support Services	(1,057)
Other Therapeutic	5,078
Other Pay	5,133
Total Pay	17,186
Drugs	(17,109)
Medical Supplies	(22,509)
Property Costs	(9,916)
Administration Costs	(652)
Other Non-Pay	5,927
Pharmaceuticals	(13,958)
Other FHS	(833)
Total Non-pay	(59,050)
Income	19,398
Other	(1,003)
Profit/loss On Disposal	1,108
Operational Position	(22,361)
Corporate Reserves Flexibility	19,658
Total Variance	(2,704)

We continue to see a significant reduction in the amount of Transitional allowance overtime or excess hours payments being paid, as part of the Agenda for Change (AfC) non pay reform for the reduced working week (RWW). February payments relate to January transitional allowances or corrections from previous months and totalled only £32k in month. £8.7m year to date costs are included within the position. Work continues through the AfC Reform Programme Board to support the process of managing the RWW, along with the other non-pay reform elements. Transitional Allowance overtime payments should now cease apart from specific approved arrangements in place for a small number of areas. Band 5 to 6 regrading has started to take momentum with 50 applications being approved. No arrears have yet been paid however, but some of those successful have seen their grading change in month. Funding will be passed out for additional costs that are reported in 2024/25 from the £30.2m received non recurrently from the Scottish Government to meet

all the AfC reform costs this year. To date from this allocation, £8.7m of funding has been included in the position to match the costs incurred to date.

Financial Forecast Position 2024/25

As reported to the Finance and Resources Committee in March the forecast has been reviewed and the year end projection is now breakeven. Reductions in CNORIS costs, release of additional funding flexibility and improvements in operational positions have been factored in and with the ongoing impact of the delivery of Business Unit Financial Recovery Plans and the executive led workstreams on the position NHS Lothian can now give significant assurance on the ability to deliver financial balance this year. Table 3 below shows the movement of the financial position starting at the opening financial gap in the Financial Plan following the December 2023 budget announcement to the latest updated forecast of break-even.

Table 3 – Financial Position Movement

	£m
Financial Plan projected Gap	(140.0)
Health Consequentials	22.0
Additional NMF announced	15.0
Financial Outlook before Financial Recovery Plans	(102.0)
Financial Recovery Actions at March 2024	53.0
Pause & Assess Capacity - Scheduled Care	8.6
NSD Risk Share	2.4
Financial Outlook Gap submission to Scottish Government	(38.8)
Further NMF	7.5
SLA recovery	3.0
Q1 projected overspends	(3.5)
Q1 Forecast at July 2024	(31.8)
Increase to BU 3% FRPs & 4% Workstreams delivery	8.4
Q2 Forecast at October 2024	(23.4)
Increase to BU 3% FRPs & 4% Workstreams delivery	4.5
Q3 Forecast at December 2024	(18.9)
Improvement to BU Forecast Positions	5.5
National cost reduction - CNORIS	3.8
Release of other Funding Flexibility	9.6
Year End Forecast at December 2024	0

Financial Recovery Plans (FRPs)

Up to January, at a summary level and against £46m of planned Business Unit FRP savings, £48m has been recorded as delivered, representing an over-achievement of £2m. Table 4 shows the delivery against Business Units and Table 5 below shows delivery by category to highlight the main areas where FRPs has been delivered.

Table 4 – Financial Recovery Plans (FRPs)

	Schemes Identified	Planned Apr - Jan	Achieved Apr - Jan	Shortfall Apr - Jan	CY Forecast	FY Forecast
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	25,108	20,130	21,647	1,517	26,321	19,945
Corporate Services	6,310	4,856	5,265	409	6,384	3,070
East Lothian HSCP	4,294	3,543	3,302	(240)	3,636	4,133
Edinburgh HSCP	4,854	3,916	4,878	963	5,709	0
Midlothian HSCP	3,453	2,835	2,518	(317)	2,857	2,854
West Lothian HSCP	4,141	3,398	3,635	237	4,643	4,026
Facilities	5,027	3,854	3,567	(287)	4,793	5,148
REAS	3,311	2,759	2,478	(281)	3,017	2,017
Dir Of Primary Care	953	794	763	(31)	953	450
Income/Healthcare Purchases	388	0	0	0	388	388
Strategic Services	0	0	0	0	0	0
Grand Total	57,839	46,084	48,052	1,969	58,700	42,030

Table 5 - FRP Achievement by Category

Category		Achieved Apr – Jan £000's	CY Forecast £000's
Workforce	Medical	2,862	3,453
	Nursing	10,199	12,101
	Other	5,309	6,449
Acute Drugs		8,790	11,478
Primary Care Drugs		7,300	8,085
Procurement		3,950	5,297
Property/Infrastructure (including Environment)		708	1167
Other		8,935	10,672
		48,052	58,700

Based on the latest estimates full delivery of £58m of savings is currently forecast against the planned current year Business Unit Schemes identified, however, only £42m is forecast to be achieved recurrently. The recurrency of FRP delivery is an important issue going into 2025/26 as is key in reducing the recurring deficit.

The detailed breakdown of FRP savings or workstreams' cost reduction initiatives is reported routinely to the relevant workstream programme group and to the Financial Oversight Board (FOB) for governance and support in relation to those schemes at variance with planned delivery. The requirement for the achievement of the 3% FRP target at a Business Unit level is a key vehicle for achieving financial balance with FOB escalation criteria for breaching set thresholds in place and will continue into 2025/26.

2.3.4 Risk Assessment/Management

The corporate risk register includes the following risk:

- Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

2.3.5 Equality and Diversity, including health inequalities

The Public Sector Equality Duty and / or Fairer Scotland Duty does not apply to this report. The report shares the financial position for awareness and does not relate to the planning and development of specific health services. Any future service changes or decisions that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty.

2.3.6 Other impacts

There are no other impacts from this report.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate. The implementation of the Financial Plan and the delivery of a breakeven outturn may require service changes. Any future service changes that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty to encourage public involvement.

2.3.8 Route to the Meeting

Reporting is provided to the Finance and Resources Committee (F&R) and monthly to the Corporate Management Team (CMT). The month 11 financial position was reported in March to both.

- Corporate Management Team, 25th March 2025
- Finance and Resources Committee, 26th March 2025

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the financial position to the end of February 2025 reporting a £2.7m overspend with NHS Lothian.
- **Awareness** – For Members to note the latest financial forecast projects with significant assurance at this point in being able to deliver break even for 2024/25.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 28th February 2025
- Appendix 2, NHS Lothian Summary by Operational Unit to 28th February 2025

Appendix 1 - NHS Lothian Income & Expenditure Summary to 28th February 2025

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	406,565	371,374	380,942	(9,568)
Nursing	675,268	619,066	604,283	14,783
Administrative Services	200,230	171,495	168,678	2,818
Allied Health Professionals	123,395	112,773	109,174	3,600
Health Science Services	58,250	53,087	52,031	1,056
Management	8,199	7,285	6,523	762
Support Services	104,926	95,667	96,723	(1,057)
Medical & Dental Support	20,048	18,336	17,971	364
Other Therapeutic	73,166	66,516	61,439	5,078
Personal & Social Care	3,518	2,996	2,421	575
Other Pay	(3,291)	(3,597)	(3,962)	366
Emergency Services	0	0	32	(32)
Vacancy Factor	(1,744)	(1,572)	(15)	(1,557)
Pay	1,668,529	1,513,428	1,496,242	17,186
Drugs	160,035	152,238	169,347	(17,109)
Medical Supplies	110,086	97,917	120,426	(22,509)
Maintenance Costs	6,869	6,315	8,499	(2,185)
Property Costs	55,856	50,973	60,889	(9,916)
Equipment Costs	37,408	30,547	34,581	(4,034)
Transport Costs	8,856	8,425	10,693	(2,268)
Administration Costs	202,689	104,016	103,364	652
Ancillary Costs	11,924	10,940	16,349	(5,409)
Other	(4,116)	(9,029)	(17,084)	8,055
Service Agreement Patient Services	47,440	41,257	41,119	137
Savings Target Non-pay	11,772	10,862	0	10,862
Resource Transfer/LA Payments	126,391	119,836	120,373	(537)
Non-pay	775,210	624,298	668,558	(44,260)
Premises	0	0	1	(1)
Gms2 Expenditure	175,841	158,670	159,396	(725)
NCL Expenditure	813	745	858	(113)
Other Primary Care Expenditure	87	80	74	6
Pharmaceuticals	165,178	150,129	164,086	(13,957)
Primary Care	341,918	309,624	324,413	(14,790)
Other	(15)	(13)	990	(1,003)
Income	(425,280)	(385,003)	(404,401)	19,398
Extraordinary Items	0	0	(1,108)	1,108
Operational Position	2,360,362	2,062,333	2,084,694	(22,361)
Corporate Reserves Flexibility	19,658	19,658	0	19,658
Total Variance	2,380,019	2,081,991	2,084,694	(2,704)

Appendix 2 - NHS Lothian Summary by Operational Unit to 28th February 2025

Month 11 Variance from Budget	Acute Services Division	East Lothian Partnership	Edinburgh Partnership	Midlothian Partnership	West Lothian Partnership	Directorate Primary Care	REAS	Corporate Services	Facilities	Strategic Services	Research & Teaching	Income & Healthcare Purchases	Operational Variance	Corporate Reserves Flexibility	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(11,564)	254	(11)	43	136	1,205	(753)	288	(78)	2,341	(1,428)	0	(9,568)	0	(9,568)
Nursing	2,137	3,757	5,724	813	2,903	271	(445)	(58)	(67)	(1)	(250)	0	14,783	0	14,783
Administrative Services	2,372	619	1,009	(157)	506	(868)	(12)	41	(299)	1	(393)	(1)	2,818	0	2,818
Allied Health Professionals	69	633	1,219	60	606	789	155	45	61	0	(39)	0	3,600	0	3,600
Health Science Services	1,085	(9)	373	0	(15)	(111)	(20)	(165)	(19)	(0)	(63)	0	1,056	0	1,056
Management	(168)	109	137	(8)	1	102	9	370	210	0	1	0	762	0	762
Support Services	124	(3)	171	162	6	(34)	268	417	(2,168)	0	0	0	(1,057)	0	(1,057)
Medical & Dental Support	(626)	30	9	0	0	868	43	39	0	(0)	0	0	364	0	364
Other Therapeutic	75	521	860	14	517	(68)	1,176	1,858	(20)	(0)	145	0	5,078	0	5,078
Personal & Social Care	56	79	76	0	0	46	(7)	335	0	(0)	(10)	0	575	0	575
Other Pay	43	0	20	31	(38)	158	7	45	0	0	100	0	366	0	366
Emergency Services	0	0	0	0	0	0	0	0	(32)	(0)	0	0	(32)	0	(32)
Vacancy Factor	(0)	0	(1,653)	0	0	96	0	0	0	0	0	0	(1,557)	0	(1,557)
Pay	(6,398)	5,990	7,936	958	4,623	2,454	420	3,214	(2,414)	2,341	(1,937)	(1)	17,186	0	17,186
Drugs	(14,306)	(493)	(606)	(224)	(149)	(526)	(576)	327	(2)	(555)	0	0	(17,109)	0	(17,109)
Medical Supplies	(18,734)	(576)	(1,547)	(330)	(675)	96	(66)	(104)	(622)	50	(1)	0	(22,509)	0	(22,509)
Maintenance Costs	(786)	(60)	(67)	(35)	(127)	164	(102)	(223)	(948)	0	0	0	(2,185)	0	(2,185)
Property Costs	(69)	(20)	(25)	245	(94)	(40)	(34)	(25)	(9,853)	0	0	0	(9,916)	0	(9,916)
Equipment Costs	(2,717)	(536)	(428)	4	(240)	166	(60)	38	(236)	(4)	(22)	0	(4,034)	0	(4,034)
Transport Costs	(1,100)	(400)	(247)	(132)	(10)	(20)	(126)	11	(208)	20	(8)	(47)	(2,268)	0	(2,268)
Administration Costs	(1,809)	198	307	67	327	(54)	(471)	(1,915)	3,984	(1,655)	1,644	27	652	0	652
Ancillary Costs	(514)	(42)	3	6	(16)	(15)	(60)	(1,739)	(3,033)	0	0	0	(5,409)	0	(5,409)
Other	7,861	(1)	(7)	0	1	(3)	3	(184)	385	0	0	0	8,055	0	8,055
Service Agreement Patient Serv	(88)	(38)	61	4	(247)	(19)	1,280	(81)	(11)	0	(431)	(293)	137	0	137
Savings Target Non-pay	(87)	0	0	0	0	0	0	1,429	0	9,520	0	0	10,862	0	10,862
Resource Trf + L/a Payments	(54)	(224)	5	(82)	7	0	(83)	(60)	(46)	0	0	0	(537)	0	(537)
Non-pay	(32,403)	(2,192)	(2,552)	(476)	(1,224)	(251)	(296)	(2,525)	(10,590)	7,377	1,182	(313)	(44,260)	0	(44,260)
Premises	(1)	0	0	0	0	0	0	0	0	0	0	0	(1)	0	(1)
Gms2 Expenditure	(9)	(203)	(505)	(231)	235	10	(15)	(9)	0	0	0	0	(725)	0	(725)
Ncl Expenditure	0	0	0	0	0	(113)	0	(0)	0	0	0	0	(113)	0	(113)
Other Primary Care Expenditure	6	0	0	0	0	0	0	0	0	0	0	0	6	0	6
Pharmaceuticals	0	(2,075)	(5,591)	(1,649)	(3,223)	(1,419)	0	0	0	0	0	0	(13,957)	0	(13,957)
Primary Care	(4)	(2,278)	(6,097)	(1,879)	(2,988)	(1,522)	(15)	(9)	0	0	0	0	(14,790)	0	(14,790)
Other	(3)	0	(17)	0	0	(0)	0	(0)	(821)	0	0	(162)	(1,003)	0	(1,003)
Income	4,062	41	(323)	33	22	5	(11)	1,639	2,230	(15)	755	10,960	19,398	0	19,398
Extraordinary Items	0	0	0	0	0	0	0	0	0	1,108	0	0	1,108	0	1,108
Operational Position	(34,745)	1,562	(1,053)	(1,365)	433	685	99	2,320	(11,594)	10,812	0	10,484	(22,361)	0	(22,361)
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	19,658	19,658
Total Variance	(34,745)	1,562	(1,053)	(1,365)	433	685	99	2,320	(11,594)	10,812	0	10,484	(22,361)	19,658	(2,704)

Meeting: NHS Lothian Board
Meeting date: 16 April 2025
Title: 5 Year Financial Plan 2025/26 – 2029/30
Responsible Executive: Craig Marriott, Director of Finance
Report Author: Andrew McCreadie, Deputy Director of Finance

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other - Financial Planning	<input checked="" type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to provide the Board with the final update of the NHS Lothian Financial Plan for the next five years, with specific focus on the financial outlook for 2025/26.

2.2 Background

This paper sets out the assessment of the financial position over the next five years based on the current estimated forecast outturn, anticipated growth, and additional resources.

2.3 Assessment

The Financial Plan presented in this paper builds on the previous iterations reported to the Finance and Resources Committee, in its consideration of the Financial Plan for 2025/26, in order for initial budgets to be set.

The financial outlook presented utilises information from the latest forecast for 2024/25, recognising current commitments and expected increases in costs. Business Units have inputted to the production of this final version, particularly in relation to the submission of Financial Recovery Plans.

As reported to Finance and Resources Committee on the 26th March 2025 the communication from the Director of Health and Social Care Finance at the Scottish Government following release of Sustainability funding for 2025/26 is that Boards Financial Plans includes 4 key messages these are

- Boards must deliver fully on savings plans in 2025/26
- A robust assessment of each IJB position needs to be undertaken and should be subject to a review by each Board Chief Executive
- In year financial pressures need to be managed and should not impact on Boards projected outturns
- Performance and Improvement funding will be directly linked to and only allocated on delivery of agreed outcomes.

Table 1 below provides a summary of the 5 year Financial Plan from next year. Further detail of the 2025/26 financial outlook is provided by Business Unit in Appendix 1. This highlights a balanced Financial Plan for 2025/26 after Financial Recovery Plan submissions and subject to full delivery of Financial Recovery Plans target of 3%. Despite a shortfall in full identification of schemes to deliver the 3% requirement at this stage, there is confidence in the ability to deliver fully against this target which allows reporting of a balanced outturn next year. The non-recurrent nature of support in the 2025/26 year to achieve balance is underlined by the projected gaps emerging in subsequent years.

Table 1 – Projected 5 Year Financial Outlook Summary

	25/26 Variance £m	26/27 Variance £m	27/28 Variance £m	28/29 Variance £m	29/30 Variance £m
Baseline Pressures	(87)	(73)	(84)	(101)	(121)
Pay Award Estimated - 3%	(39)	(40)	(41)	(43)	(44)
Projected Growth, Uplifts & Commitments	(80)	(40)	(43)	(46)	(50)
Total Growth, Uplifts & Commitments	(119)	(81)	(84)	(89)	(94)
Total Projected Gap	(206)	(154)	(168)	(190)	(215)
Recurring Resources					
Uplift Funding - Pay (3%)	39	40	41	43	44
Uplift Funding - Non-Pay (3%)	22	23	24	25	25
NI Funding @ 60%	17				
Sustainability Funding	11				
Other Health Board Income	2	2	2	2	2
Non Recurring Resources					
Sustainability Funding	38				
New Medicine Funding	11	11	11		
Asset Disposal	3				
Additional Resources	143	76	78	69	71
Gap before Financial Recovery Plans	(63)	(78)	(91)	(121)	(144)
Financial Recovery Plans	48	5			
Target for Financial Recovery Plans	16				
Net Balance	0	(73)	(91)	(121)	(144)

2.3.1 Financial

Baseline Pressures

The table above highlights £87m of baseline carry forward pressures identified in the Plan. This value is significantly informed by the financial performance in 2024/25, and the ongoing review of current cost pressures as part of the Quarterly Review process.

This baseline pressure is made up of the 2024/25 initial forecast pressures updated for subsequent changes, with further adjustment for non-recurring benefits identified during 2024/25 (not available in 2025/26). This includes any non-recurrent prior years' sustainability funding carried into 2024/25, in-year additional New Medicines Funding and the 4% Workstream programmes delivering an assumed, single year, benefit.

There is a priority need to improve on the baseline pressure position and a focus on the requirement for Financial Recovery Plans to deliver recurrently to support the reduction of this gap. The current assumption in Table 1 above is the additional target for Financial Recovery Plans is non recurring until detailed assessment has confirmed any such plans as recurring. Where recurring, this will improve the reported baseline pressure values in future years.

Additional Expenditure Growth, Uplifts & Commitments

An assessment of 2025/26 uplifts for growth in expenditure and known service commitments across all areas has been undertaken, giving due regard to the Scottish Government's

recommended financial planning growth assumptions where information is limited. Table 2 shows a summary of the assumed additional costs included for 2025/26, totalling £119m.

Table 2 – Summary of Additional Expenditure for 2025/26

	% Assumed	Total £m
Pay Award	3.0%	39
National Insurance Changes		28
Hospital Drugs	10%	11
GP Prescribing	4.2%	8
General Non Pay Uplift	2%	6
Estimated Weight Loss Management		5
Consultant Seniority & Discretionary Points		3
PFI RPI Inflation	3.5%	3
<i>Other costs</i>		16
Total		119

For 2025/26 and beyond, a 3% pay uplift has been included for all staff which is aligned to the Scottish Government's recommended financial planning assumptions and budget announcement for next year.

For non-pay, the Plan assumes a level of uplift consistent with the current level of inflation at around 2%. There are some areas of non-pay that do exceed 2%, for example Theatre Supplies, Water Rates, IT costs, and this has been reflected in the financial outlook.

It is assumed that funding announced in the December budget for Agenda for Change non pay reform will meet any recurring and future cost. No cost modelling has been included in expenditure plans at this stage, due to ongoing uncertainty around the costs associated with the reduction in the working week and Band 5 to 6 Nursing regrading. Work continues to understand the impact of this including the further move to 36 hours per week in 2026/27. Band 5 to 6 regradings are also underway and the cost of this being closely monitored against the available funding that has been allocated, with any shortfalls highlighted to the Scottish Government.

In this final review of costs and commitments, a detailed assessment of GP prescribing has been undertaken, with the estimated percentage increase in costs reduced from 10% to 4.2% after a review within the Medicines Management Team. However, this level of prescribing growth does not include any increase at a Partnership level in relation to the weight loss drugs now available under prescription. Included in the Plan and based on current modelling of uptake and access thresholds is a provision of £5m corporately, as recognition that the service will evolve during the year with costs impacting as the pathway and guidance is formally agreed through governance routes. This remains a financial risk to IJBs as a delegated service and will be reviewed regularly.

This final version of the Plan has also been updated for latest information in relation to the changes in National Insurance that are due to come into effect in 2025/26. The Scottish

Government has instructed that Boards assume that 60% of the total cost increase will be funded, with the remaining 40% a financial pressure to be met by Boards. For NHS Lothian the total cost of the NI change is estimated at £28m, with 40% being circa £11m of additional costs to be managed via other funding routes.

The overall financial outlook gap for 2025/26, including the cost pressures noted above and before any additional offsetting resources are considered, equates to £206m.

Available Additional Resources

Following the Scottish Government Budget on the 4th December 2024, a 3% uplift in baseline funding was announced. For NHS Lothian, that totals £61.5m. This is to meet costs of a 2025/26 pay deal (with additional funding expected if the pay deal exceeds 3%) and to support non pay inflationary pressures.

The Scottish Government has also confirmed that no NRAC funding will be allocated to NHS Lothian for 2025/26 as following the 2022 Census NHS Lothian is now at 0.5% from parity, below the Scottish Government target of 0.6%. Despite no additional funding this year, we remain c£10m away from parity in 2025/26, and cumulatively around £160m short of funding as a result of NRAC parity shortfalls over the last decade.

In the last iteration of the Plan the Scottish Government requested Boards assume an increased level of New Medicine Funding for 2025/26 and the Financial Plan now reflects this with £10.5m of additional non recurring resource included.

Since the February Financial Plan was presented to the Finance and Resources Committee and the Board, the Scottish Government have notified NHS Lothian of additional sustainability funding that will be made available to Boards. There will be an NRAC share of £250m of non-recurring sustainability funding. This replaces national brokerage in 2025/26 and must be used to offset existing pressures and improve the overall Financial Plan position. It is not to be utilised for new investments. For NHS Lothian this totals £37.8m. In addition, there will be a recurring pot of sustainability funding, with Lothian receiving and NRAC share of £70m. This also must be used to offset in year pressures and must not be used for any new investments. For NHS Lothian this totals £10.5m. At this stage, we are awaiting formal written correspondence on these allocations.

The first priority against this Sustainability resource will be the residual pressures from previous years agreed by Corporate Management Team (CMT) with non-recurring resource allocated previously including Energy, PFI contracts and Microsoft 365. Beyond this, the additional resource has not yet been allocated against existing pressures, but at the earliest opportunity, and no later than Quarter 1 forecast, we will look to seek CMT approval for further distribution of this resource across Business Units and against existing pressures.

The only other additional resources assumed in the Financial Plan for next year is a £2m increase in SLA income in relation to income from other Health Boards for services provided.

The total assumed resources of £143m against current pressures of £206m gives rise to a financial outlook projected gap, before Financial Recovery Plans, of £63m for 2025/26.

Along with the 3% uplift announcement following the Scottish Government budget mentioned above there was also announcement of Agenda for Change non pay reform recurring funding of £150m nationally, with an NRAC share of this allocated to NHS Lothian. As noted above, given the costs of this are unknown, the additional recurring funding (£22.6m) and costs have not been factored in the Financial Plan.

Similar to Agenda for Change funding and costs, we have also received confirmation of additional funding within Unscheduled Care totalling £14.5m in 2025/26 and potentially recurring, contingent upon performance. The investment is dependent on increased capacity to deliver overall performance improvements and will be fully committed to achieve this. Neither the funding nor the additional costs are included in the Plan on the basis of nil overall impact.

For information, table 3 below highlights the movements in the various iterations of the Financial Plan to this Committee to date, noting the introduction of Financial Recovery Plan savings as the key driver of improvement since the last update.

Table 3 – Movements in Financial Plan Versions for 2025/26

	Oct 24 Financial Plan £m	Dec 24 Financial Plan £m	Jan 25 Financial Plan £m	March 25 Financial Plan £m
Baseline Pressures	(89)	(83)	(85)	(87)
Pay Uplift	0	(39)	(39)	(39)
Growth & Other Commitments	(34)	(45)	(54)	(80)
Total Expenditure	(123)	(167)	(178)	(206)
3% Baseline Uplift Funding		62	62	62
National Insurance Funding @ 60%				17
Sustainability Funding - Recurring				11
Other Health Board Income	2	2	2	2
Non Recurring Sustainability Funding				38
New Medicines Funding			11	11
Asset Disposal				3
Total Additional Resources	2	64	75	143
Financial Recovery Plans	0	0	42	48
Target for Financial Recovery Plans				16
	(121)	(104)	(62)	0

Financial Recovery Plans (FRPs)

Following on from the previous Financial Plan discussions at Finance and Resources Committee and the ambition to deliver a balanced financial outlook in 2025/26, the Director of Finance in November communicated to Business Units requesting that they prepare plans to deliver 6% savings. This was to include efficiency FRPs against a target of 3%, in

line with Scottish Governments request of Boards to deliver 3% recurring savings, and a further 3% of cost/capacity reduction plans.

Plans were submitted to the Director of Finance on the 15th January 2025 and based on this, £42m of FRPs were put forward by Business Units. That represented 2% achievement against the 3% target. In addition there was 1% cost/capacity reduction plans put forward (£19m – not currently included in the Plan). These cost/capacity reduction proposals were taken to NHS Lothians Financial Improvement Group in February 2025, to allow further discussion of the proposals and whether there was Executive support to continue the initial assessment of these. Since that initial Financial Plan requiring 6% to deliver financial balance, and given the additional resources that have now been notified, the requirement on Business Units has reduced for 2025/26 with a request now revised to deliver 3% of FRP savings recurrently. That is a target value of £63.4m for FRPs to be met and there is confidence in delivering this target therefore included in the Plan is FRP schemes identified of £48m and a further target of £16m (not yet identified) also included.

Business Units require to identify additional FRP schemes to achieve the 3% FRP target and the target balance of £16m. Table 4 below shows the current summary position of FRPs by Business Units against the 3% target.

Table 4 – 2025/26 FRP Submissions

	Indicative Financial Recovery Plans Target @ 3%	3% Financial Recovery Plans	Financial Recovery Plans
	£'000	£'000	%
Acute Services Division Total	28,438	20,867	2%
Corporate Services Total	3,954	5,598	4%
REAS	3,861	1,270	1%
Directorate Of Primary Care	1,302	1,174	3%
Facilities	4,724	3,228	2%
East Lothian Partnership	3,375	2,450	2%
Edinburgh Partnership	10,460	6,690	2%
Midlothian Partnership	2,439	2,505	3%
West Lothian Partnership	4,396	3,279	2%
Income/Healthcare Purchases	441	441	3%
Total	63,390	47,502	2%
Target for Financial Recovery Plans		15,888	
	63,390	63,390	3%

As reported in December the message from the Scottish Government remains in place around no brokerage available for 2025/26, therefore there is a requirement for Boards to progress the delivery of a balanced Financial Plan that meets the statutory requirement of breakeven. Obviously, the release of additional sustainability funding recently notified helps support this aim. The Scottish Government have noted that failure to deliver breakeven next year “*will be shown as an overspend in financial statements, leading to potential qualification*”

of Boards Annual Accounts and Section 22 report, as well as consideration of escalation status”.

Integrated Joint Boards (IJBs) Financial Plans

The Financial Plan has also been split by our Lothian IJBs based on the current mapping table of services. The output of this work is shown in detail within Appendix 2. This shows the share of the anticipated cost pressures and identifies the potential level of savings required in 2025/26 for IJBs to achieve financial balance. The Scottish Government 2025/26 Budget letter confirmed that NHS Boards, for delegated health functions, pass on a share of the 3% uplift. This results in £23m of the £61.5m total uplift being allocated to IJBs. The Plan assumes that all this uplift resource allocated to IJBs will remain in Health.

Of the £16m financial gap, £7m relates to delegated IJB functions and this is shown by IJB in Appendix 2. The Board will work closely with IJBs to review overall financial positions and support where possible the delivery of a balanced health position in relation to delegated budgets. The resources above not yet allocated will support health financial pressures and therefore will support both delegated and non delegated budget once the review of pressure at Q1 and subsequent CMT approval.

Where IJBs FRPs value is lower than 3% to allow them to deliver financial balance then for NHS Lothian this shortfall requires to be picked up by other non delegated budgets. If any IJBs have deficits greater than 3% NHS Lothian will continue to work collaboratively with them to achieve financial balance with the expectation that 3% FRPs will be delivered in full.

NHS Lothian can expect Directions from each of the IJBs in relation to the deployment of resources for next year. This process may produce further risks and issues that are not yet identified.

The IJBs will subsequently consider their own strategic plans for the next 3-5 years. NHS Lothian will formally write to Chief Officers and Chief Finance Officers following Board approval of the Financial Plan to set out the share of the overall financial gap within their IJB up to 2029/30 and invite IJBs to prepare strategic plans that will support delivery of financial balance within their delegated functions.

2.3.2 Quality/ Patient Care

There are no new quality or patient care implications from this report.

2.3.3 Workforce

Assumptions in the Financial Plan at this stage do not take into account any implications of the further reduction to the working week in relation to Agenda for Change staff. There are no changes to workforce numbers to take account of the reduction in hours in 2025/26.

2.3.4 Risk Assessment/Management

The corporate risk register includes the following risk:

- Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge.

The contents of this report are aligned to the above risk and at this stage there is no further requirement to add to this risk.

A Financial Plan Risk Register has been included within this paper at Appendix 3, outlining key risks inherent within the plan, and the level of risk associated. Within this is a high risk associated with operational performance improvement and key agreed outcomes to be met in order to secure additional funding. This will require close monitoring in the coming months.

2.3.5 Equality and Diversity, including health inequalities

The Public Sector Equality Duty and / or Fairer Scotland Duty does not apply to this report. The report shares the financial position for awareness and does not relate to the planning and development of specific health services. Any future service changes or decisions that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty.

2.3.6 Other impacts

There are no other impacts from this report.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate. The implementation of the Financial Plan and the delivery of a breakeven outturn may require service changes. Any future service changes that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty to encourage public involvement.

2.3.8 Route to the Meeting

This is the final iteration of the NHS Lothian 5 Year Financial Plan 2025/26 – 2029/30. Regular updates were made to Finance and Resources Committee and the NHS Lothian Board during this financial year.

Board members should note also that the Scottish Government has formally communicated with NHS Lothian (see Appendix 4) to confirm they are content to approve our Financial Plan on the basis of a projected breakeven outturn in 2025/26.

2.4 Recommendation

The report asks the Board for:

- **Awareness** - For Members to note that, based on information currently available, NHS Lothian is able to provide moderate assurance on its ability to deliver a balanced financial position in 2025/26.
- **Awareness** - For Members to note the balance financial position in 2025/26 is subject to delivery of 3% Financial Recovery Plans with £48m identified and a target of £16m included.
- **Awareness** - For Members to note that to deliver a reduction to baseline pressures in the Financial Plan Business Units must deliver their 3% Financial Recovery Plans target and these must be recurring.
- **Awareness** – For members to note included in the Risk Register at Appendix 3 is the significant new financial risk, on the basis Scottish Government have confirmed additional performance and improvement funding will not be allocated if agreed outcomes are not met.
- **Decision** - For Members to approve the Financial Plan noting approval by the Scottish Government per Appendix 4 and as endorsed by the Finance and Resources Committee on 26th March 2025.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, 2025/26 Financial Outlook by Business Unit
- Appendix 2, 2025/26 Financial Outlook by Integration Joint Board
- Appendix 3, Financial Plan Risk Register
- Appendix 4, Letter from Director of Health and Social Care Finance - NHS Lothian – Three-Year Financial Plan – 31st March 2025

Appendix 1 – 2025/26 Financial Outlook by Business Unit

	NHS Lothian £m	Acute Services Division £m	REAS £m	Dir Of Primary Care £m	East Lothian HSCP £m	Edinburgh HSCP £m	Midlothian HSCP £m	West Lothian HSCP £m	Facilities £m	Corporate Services £m	Strategic Services £m	Income/ Healthcare Purchases £m	R&D & ACT £m	Reserves £m
Baseline Pressures	(87)	(51)	(1)	0	(0)	(6)	(2)	(1)	(25)	(8)	(4)	11	0	(0)
Pay Award Estimated - 3%	(39)	(22)	(3)	(1)	(2)	(2)	(1)	(1)	(3)	(4)	(0)			
Projected Expenditure Uplifts & Commitments	(80)	(25)	(1)	(2)	(1)	(6)	(1)	(3)	(1)	(6)	(0)	(0)		(33)
Total Growth, Uplifts & Commitments	(119)	(47)	(4)	(3)	(3)	(8)	(2)	(4)	(4)	(10)	(0)	(0)	0	(33)
Total Projected Gap	(206)	(98)	(5)	(3)	(3)	(15)	(4)	(5)	(29)	(18)	(4)	11	0	(33)
Recurring Resources														
Uplift Funding - Pay (3%)	39	22	3	1	2	2	1	1	3	4	0			21
Uplift Funding - Non-Pay (3%)	22	2								0				17
NI Funding @ 60%	17													11
Sustainability	11													2
Other Health Board Income	2													
Non Recurring Resources														
Sustainability	38								3	9				26
New Medicine Funding	11	11												3
Asset Disposal	3													
Additional Resources	143	34	3	1	2	2	1	1	6	13	0	0	0	79
Gap before Financial Recovery Plans	(63)	(64)	(2)	(2)	(2)	(12)	(3)	(3)	(24)	(5)	(4)	11	0	46
Financial Recovery Plans	48	21	1	1	2	7	3	3	3	6		0		16
Target Financial Recovery Plans	16													
Net Balance	0	(43)	(1)	(0)	1	(5)	(1)	(0)	(20)	0	(4)	12	0	62

Appendix 2 – 2025/26 Financial Outlook by Integration Joint Boards

	NHS Lothian £m	East Lothian IJB £m	Edinburgh IJB £m	Midlothian IJB £m	West Lothian IJB £m	Non Delegated £m
Baseline Pressures	(87)	(3)	(12)	(4)	(3)	(65)
Pay Award Estimated - 3%	(39)	(2)	(7)	(1)	(3)	(26)
Projected Growth, Uplifts & Commitments	(80)	(2)	(8)	(1)	(4)	(65)
Total Growth, Uplifts & Commitments	(119)	(4)	(15)	(3)	(6)	(91)
Total Projected Gap	(206)	(7)	(27)	(7)	(9)	(156)
Recurring Resources						
Uplift Funding - Pay (3%)	39	2	7	1	3	26
Uplift Funding - Non-Pay (3%)	22	1	6	1	2	12
NI Funding @ 60%	17					17
Sustainability Funding	11					11
Other Health Board Income	2					2
Non Recurring Resources						
Sustainability Funding	38					38
New Medicine Funding	11					11
Asset Disposal	3					3
						0
Additional Resources	143	3	13	3	5	119
Gap before Financial Recovery Plans	(63)	(3)	(15)	(4)	(4)	(37)
Financial Recovery Plans	48	3	9	3	4	28
Target Financial Recovery Plans	16					16
Net Balance	0	(0)	(5)	(1)	(0)	6

Appendix 3 – Financial Plan Risk Register

Key Assumptions / Risks	25/26 FP Risk Rating	Impact
Performance & Improvement Funding	High Risk	Additional funding for Unscheduled Care totalling £14.5m in 2025/26 and the further performance improvement funding bids for both Scheduled Care and Unscheduled Care carry significant financial risk. Scottish Government has provided absolute clarity that any funding will only be provided subject to performance improvement in line with agreed outcomes.
Access/Urgent Care	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current plans based on committed expenditure proposed by the Scheduled Care Board are not acceptable.
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges. There remains ongoing pressure in the system and the requirement to closely manage bed position.
Winter Costs	High Risk	The costs of winter in 25/26 are expected to be within normal tolerance and planned levels. There is a risk that the financial impact of winter exceeds that currently planned.
Unfunded Beds	High Risk	There is a requirement to remove unfunded beds open across the system. The risk is that the operational pressures within the system will be adversely impacted, or a financial risk that these beds cannot close.
Efficiency Savings	High Risk	There is a risk that Directorate Management Teams are not able to achieve or deliver 3% efficiency target recurrently.
Capital Funding	High Risk	The level of available Capital Funding poses operational risk for supporting infrastructure both planned and unplanned.
Non Pay Cost Inflation	High Risk	With only 3% uplift allocated by the SG, there is a risk that non pay overspends will continue to worsen on key service delivery products and facilities costs.
Acute Medicines	High Risk	There is a risk that the level of growth exceeds that estimated in the Financial Plan. The impact of any additional growth or additional spend on high cost drugs remains an issue, with a degree of uncertainty of levels of funding available from the New Medicines Fund.
Nursing Health Checks	High Risk	There is a risk that there is a significant cost implication following nursing Health Checks on wards and areas across NHS Lothian, with significant investment required to ensure safe staffing.
Weight Loss Medication	High Risk	Following the approval to prescribe Weight Loss Medication, the potential numbers that may meet the agreed criteria could mean that the cost to NHS Lothian/IJBs becomes significant with no additional funding to meet pressure.
Employers NI Costs	Medium Risk	Latest information from SG indicates that the NI changes for 25/26 will come with 60% funding for Boards. The remaining 40% remains a pressure to be met by other Board funding.
Non Pay Elements of AFC Pay Award	Medium Risk	There is a risk that the nationally agreed changes to AFC terms and conditions relating to reducing working week, protected learning time and Band 5-6 regrading results in a cost burden to the Board that is not fully funded by the SG.
GP Prescribing	Medium Risk	GP Prescribing and other Community Pharmacy elements remains volatile, with Price and volume continuing to fluctuate. There is a risk that cost, rebate and discount assumptions made in the Financial Plan change significantly during the year.
Energy	Medium Risk	Energy costs remain volatile and high there is an ongoing risk that costs may increase beyond that anticipated.
IJB Performance	Medium Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.
Pay Award	Low Risk	There is a risk that any pay settlement agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made within the Financial Plan are that pay awards will be fully funded.
SGHD Allocations	Low Risk	There is a degree of uncertainty relating to the level of Non-Recurring and Earmarked SG allocations, leaving services uncertain around ongoing funding for delivery plans and recruitment.
IJB Reserves	Low Risk	The assumption is that any flexibility from NHS resources at an IJB level will stay within NHS Lothian. The IJBs may wish to consider other options for utilising any flexible resource, but given operational pressures, likelihood of available reserves is minimal.
Backdated pay claims	Low Risk	NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.

Appendix 4 - Letter from Director of Health and Social Care Finance - NHS Lothian – Three-Year Financial Plan – 31st March 2025

Health and Social Care Finance
Alan Gray, Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: alan.gray2@gov.scot
31/03/2025

Caroline Hiscox
Chief Executive
NHS Lothian

Cc:
John Connaghan, Chair
Craig Marriott, Director of Finance

Dear Caroline,

NHS Lothian – Three-Year Financial Plan

Thank you for the submission of the NHS Lothian Three-Year Financial Plan, covering 2025-28, which confirms that the Board is planning to deliver a breakeven position in 2025-26.

I recognise and appreciate the significant work required to reach this position and the commitment given by the Board to deliver a challenging savings target alongside your focus on the operational delivery requirements for next financial year. I will ensure my team continues to work with you on delivery of your plan given the importance of establishing a strong financial foundation for future years.

The Board has set a savings target of £63.4 million, £42.3 million of which are recurring. It is important that the Board delivers this level of recurring savings and continues to reduce its underlying deficit. Any in-year pressures should be managed to maintain the break-even position, and would encourage you to continue to identify further savings opportunities for future years.

I can confirm approval of the financial plan, on the basis of NHS Lothian achieving financial balance in 2025-26 and continuing to work towards a balanced three year plan.

Financial Plan – Next Steps

In line with the ongoing financial monitoring arrangements we will use the next scheduled meeting at the end of Quarter One to:

1. Review progress on delivery of the Board's savings plan,
2. Discuss any emerging risks and mitigating actions being taken by the Board,
3. Discuss progress with the areas of focus set out in the revised 15 Box Grid and any further support we can provide,

4. Engage with you and seek your proactive involvement in enabling national programmes as they develop in 2025-26, and
5. Work collaboratively with you to identify any further measures to reduce the Board's residual recurring financial gap.

We will also work with you and colleagues in the Directorate of the Chief Operating Officer in relation to the 2025-28 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review this with you.

Senior Finance Team engagement

I would also seek the continued representation of members of the Board's senior finance team at key forums such as: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This input is important to ensure we have a collective understanding of any emerging pressures, can continually review the assumptions underpinning the finance plans and access relevant knowledge and expertise. In addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and opportunities for improvements.

I appreciate the significant leadership and contribution Craig, Andrew and wider team make across national groups.

Financial Allocations

We recognise the importance of providing certainty over funding and allowing NHS Boards to focus on delivering key outcomes. The Scottish Government's Health and Social Care Directorates are currently reviewing all allocations to identify which can be baselined, bundled, or issued early in 2025-26. We are also working to rationalise in-year allocations and will provide an update in due course.

I appreciate the significant work you have undertaken to set out a breakeven plan in 2025-26. Additionally, I want to thank you again for your ongoing support and continued engagement moving into the new financial year.

Yours sincerely,



Alan Gray
Director of Health and Social Care Finance

Meeting: NHS Lothian Board

Meeting date: 16 April 2025

Title: Corporate Objectives

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: As above

1 Purpose

To propose Corporate Objectives for 2025/26.

This report is presented for:

Assurance	Decision	<input checked="" type="checkbox"/>
Discussion	Awareness	

This report relates to:

Annual Delivery Plan	<input checked="" type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input checked="" type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input checked="" type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

As a matter of good practice, each organisation should have a set of Corporate Objectives refreshed at an appropriate interval. NHSL needs to set its Corporate Objectives for the year 2025-26.

Corporate Objectives provide headlines and clarity about where we are going, and act as a north star for everyone in the organisation. The Chief Executive has set an expectation that we will work with the wider System Leadership cohort to ensure that our Corporate Objectives reflect the need for transformation within the system.

2.2 Background

NHS Lothian has worked to streamline and align its Corporate Objectives over the past 3 years. With the agreement of the Lothian Strategic Development Framework (LSDF) in 2022, the organisation has been able to reduce the number of Corporate Objectives from 144 in 2021-22 to 15 in 2024-25. This has been achieved by explicitly aligning the Objectives with the Pillars of the LSDF and with a strictly limited number of additional objectives on key priorities for delivery.

These Corporate Objectives should both align with progressing the LSDF and the requirements laid out in the Annual Delivery Plan. These sit with the Corporate Management Team as a body with individuals named as the lead for organising and driving the process.

The theory underpinning this approach is that by limiting the number of specific objectives it should be easier for those working in and with the organisation to better understand priorities and where their efforts “fit.”

The high-level approach was discussed with the Strategy, Planning, and Performance Committee (SPPC) at its March meeting. The April Board meeting is the set timescale for agreeing objectives, with a mid-year update to the November SPPC and December Board. Year-end performance is reported to the May SPPC and June Board.

There is an added complication for this financial year with the fluidity of timescales for final submission of the Annual Delivery Plan. The Scottish Government appears to have additional recurring resource to be able to apply to key performance targets for the system and as at even date negotiations continue as to what level of additional resource the Lothian Health and Care System will receive for Scheduled Care and Unscheduled Care. Submission of the ADP has therefore been postponed pending these outcomes, and there is consequently a level of ambiguity which passes through to the Corporate Objectives process. In addition, there is some flux with regard to the Mental Health, Illness, and Wellbeing Programme.

2.3 Assessment

Given the adherence to the LSDF, it would seem to make sense to build on the approach of the last few years. New colleagues have joined the Corporate Management Team in the last few weeks, and will join over the coming months, and the outstanding elements of the ADP process, and so some modification is warranted. This would also seem an appropriate opportunity to flag the now more-fully developed approaches around prevention and intelligence, and the developing approaches to culture and to transformation.

To ensure shared ownership of the change and transformation that corporate objectives will enable, it is important that we take a different approach through our system leaders to develop our new objectives under People and Culture, Prevention and Transformation.

Finally, there is a pressing need to adopt a coherent approach to contingency planning for physical infrastructure, given the further-constrained capital availability position.

A proposed set of objectives is therefore provided at Appendix 1.

Board members have previously noted their desire to see a greater linkage between the corporate objectives and demonstration of impact – “what difference does this make to people?” and this is being carefully worked through for the mid-year review process.

Objectives are, of course, a reasonably dynamic process and so there is nothing to stop the Board agreeing, at any point during the year, with alterations to objectives, or even to new objectives. The objectives on MHIWB, SC, and USC are subject to finalisation with SG but at this point they are the best possible summary of where we would want to aim for.

2.3.1 Quality/ Patient Care

Our Corporate Objectives are intended to support improvement in the quality of our services and patient care, including patient experience

2.3.2 Workforce

As set out above, Corporate Objectives provide headlines and clarity for the workforce about where we are going and act as a north star for everyone in the organisation. Through our Corporate Objectives, we also aim to improve staff experience.

2.3.3 Financial

Corporate Objectives should support us to deliver the best possible health and care within financial resources.

2.3.4 Risk Assessment/Management

No direct impacts from this paper, but all the proposed objectives reflect risk management approaches to key issues in some way.

2.3.5 Equality and Diversity, including health inequalities

No direct impacts from this paper.

2.3.6 Other impacts

None.

2.3.7 Communication, involvement, engagement and consultation

Our systems leadership team have contributed their thinking in developing new Corporate Objectives related to People and Culture, Prevention and Transformation. We will continue to build on this approach.

CMT members have worked to craft appropriate objectives and SPPC received a paper outlining the approach and key areas of focus at its March meeting.

2.3.8 Route to the Meeting

Discussed at CMT and SPPC.

2.4 Recommendation

- Noting the caveats regarding personnel and financial flux, the Board is asked to **agree** the corporate objectives for 2025-26.

3 List of appendices

Appendix 1 – Corporate Objectives 2025-26.

NHS Lothian Corporate Objectives 2025-26

LSDF reference	Objective	Lead Officer	Support
Children and Young People	Continue to implement our joint plans as laid out in the LSDF, with particular focus on the production of new Children's Services Plans with our local authority partners.	TBC	TBC
Primary Care	Sustain and improve primary care access including supporting national initiatives such as Pharmacy First, Community Glaucoma Services, and others.	Jenny Long ⇨ Tracey McKigen	Colin Briggs, Scott Garden, Tracey Gillies, Alison Macdonald, Craig Marriott, Morag Barrow, Christine Lavery, Alison White, Fiona Wilson.
Mental Health, Illness, and Wellbeing <i>Awaiting clarity from SG</i>	Improve flow through the Royal Edinburgh Hospital to bring occupancy sustainably below 98% in acute adult mental health; deliver CAMHS and PT performance improvements as agreed with Scottish Government.	Alison White	Colin Briggs, Tracey Gillies, Alison Macdonald, Craig Marriott, Morag Barrow, Christine Lavery, Fiona Wilson.

LSDF reference	Objective	Lead Officer	Support
Unscheduled Care <i>If all funding bids approved</i>	Deliver the plan set out by the Programme Board to meet 90% performance against the 4-hour standard and a bed occupancy of 90%, with 0 12-hour waits and no more than 60 delayed discharges in acute sites by 31 st March 2026.	Fiona Wilson	Colin Briggs, Michelle Carr, Jim Crombie, Tracey Gillies, Alison Macdonald, Craig Marriott, Morag Barrow, Christine Lavery, Alison White.
Scheduled Care <i>If all funding bids approved</i>	Develop and implement plans to deliver agreed performance levels in scheduled care, with a focus on improving cancer waiting times performance, minimising the number of people waiting for diagnostic tests for more than 6 weeks, and the number waiting over 52 weeks for appointments and treatment.	Michelle Carr	Colin Briggs, Jim Crombie, Tracey Gillies, Alison Macdonald, Craig Marriott.
Revenue	Deliver financial balance as at 31 st March 2026, with a 3% efficiency programme.	Craig Marriott	All
Capital	Develop contingency plans for all physical infrastructure recorded as high-risk through the BCP process and progress the OBC for PAEP.	Colin Briggs Craig Marriott Jim Crombie	Morag Campbell, Tracey Gillies, Alison Macdonald, Michelle Carr, Morag Barrow, Christine Lavery, Alison White, Fiona Wilson.

LSDF reference	Objective	Lead Officer	Support
People and Culture	Develop a plan that sets out the long-term leadership and culture development required for NHS Lothian's role in system wide reform and transformation, and continue to provide targeted support for services that maintains quality and safety.	Tom Power	All
Transformation	Develop and implement a practical transformation approach for NHS Lothian, focused on improving care outcomes, enhancing experiences for those who use our services and work for and with us, and ensuring long-term financial sustainability. Using data-driven insights and digital innovation, we will optimise decision-making, improve care pathways, and maximise resources.	Jenny Long	All
Becoming an Anchor Institution	Progress our addressing of inequalities through delivery of the 2025-2026 LSDF Anchor Institution pillar, with a specific focus on meeting and demonstrating outcomes in the Annual Delivery Plan related to workforce, expenditure and land and assets.	Director of Public Health	All
Prevention	Develop a system-wide strategic prevention plan by summer 2025 which articulates how we will deliver and demonstrate the impact of a renewed focus on prevention activity to address the building blocks of health, improve early years health outcomes and tackle the burden of disease through an inequalities lens.	Director of Public Health	Programme Board Chairs.

LSDF reference	Objective	Lead Officer	Support
Royal Infirmary of Edinburgh	<p>To continue mitigation measures to increase safety at the RIE by;</p> <ol style="list-style-type: none"> 1. Working with other duty holders and the Scottish Fire and Rescue Service to improve fire safety 2. Finalising a commercial agreement with the PFI provider to facilitate lifecycle and remedial works 3. Putting in place arrangements to ensure the continued operation of the facility beyond the end of the primary contract provider and to deliver a smooth transition to NHS management 	Craig Marriott	Jim Crombie, Morag Campbell, Michelle Carr.

11 April 2025

Meeting: NHS Lothian Board

Meeting date: 23 April 2025

Title: Pharmaceutical Care Services Plan 2025-2028

Responsible Executive: Dona Milne,
Director of Public Health and Health Policy

Report Authors: Scott Garden, Director of Pharmacy and Medicines
Jenny Long, Director of Primary Care
Katherine Davidson, Consultant in Pharmaceutical Public Health

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input checked="" type="checkbox"/>
Government policy or directive	<input checked="" type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The NHS Lothian Pharmaceutical Care Services Plan 2025-2028 is presented for approval and subsequent publication on the NHS Lothian internet site. The plan provides a comprehensive overview of the pharmaceutical care provided by community pharmacy and sets out an ambitious and innovative framework for the evolution of community pharmacy services across NHS Lothian.

2.2 Background

NHS Boards are mandated to publish and monitor their PCSP as set out in the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011.

The Pharmaceutical Care Services Plan (PCSP) describes current community pharmaceutical services across NHS Lothian and is aligned to local and national strategic priorities. Where possible, it identifies unmet needs and provides recommendations for how these needs might be addressed.

The last version of the [PCSP](#) was approved by NHS Lothian Board in December 2021. The accepted timeframe for delivery of recommendations within the plan were within the context of a 3-year strategic planning cycle. In order to align with the Board schedule for the reporting of the Pharmacy Practices Committee, the PCSP was requested for the April 2025 meeting

2.3 Assessment

Following publication of the 2021 PCSP and as part of developing the next iteration, an engagement exercise has been undertaken with IJB Strategic Planning Groups (SPGs). This provided an opportunity to sight SPG members on the PCSP. SPGs have been asked to consider the PCSP and the role of community pharmacy in their strategic planning for future health needs, particularly where there are unmet needs and gaps in service.

In addition, there has been ongoing collaboration within Public Health and Health Policy directorate between Pharmaceutical Public Health and the Health Intelligence team together with community pharmacy development team to support the data requirements and health needs assessment for the PCSP. This has helped to further understand population health needs across the four Health and Social Care Partnerships (HSCPs).

The PCSP is also a source of information to the Pharmacy Practices Committee (PPC) when determining if new pharmacy applications are necessary and desirable. This updated PCSP has been developed in a way that is most useful to fulfil that function for both PPC members, and for applicants expressing interest in admission to NHS Lothian's Pharmaceutical List.

2.3.1 Quality/ Patient Care

The services described within the PCSP support quality of care by ensuring that patients receive a range of core pharmaceutical care as outlined in the national pharmacy contract. In addition, the opportunity to meet local unmet healthcare needs, through provision of enhanced services contributes to improved quality of care.

2.3.2 Workforce

The workforce status across community pharmacy staff groups is described within the PCSP, noting where there are both enablers to services through extension of roles and risks relating to pressures within the workforce. Plans to collaborate across stakeholders to explore this further are noted.

2.3.3 Financial

There are no resource proposals for discussion at this time. However, through the development of local enhanced services, finances may move from HSCP or other specialist services within NHS Lothian to community pharmacy utilising a commissioning approach. The PCSP outlines how these additional services are delivered and measured.

2.3.4 Risk Assessment/Management

The previously noted risk of failure to comply with the requirement to monitor and publish a Pharmaceutical Care Service Plan was identified in 2021 and the PCSP was published with a process in place for ongoing review, which has included annual updates to the Board. This schedule will continue.

Pressure on workforce within community pharmacy across Scotland is ongoing and this may impact their ability to undertake recommendations as recommended in the PCSP. As noted, the key stakeholders will continue to engage on this issue.

Ongoing financial pressures may limit development and provision of further services.

2.3.5 Equality and Diversity, including health inequalities

The PCSP provides the strategic intent for planning for community pharmacy services, some of which are informed by national legislation and policy. The PCSP does not set out any new or revised policies or practices for community pharmacy services and so an ECRIA is not necessary at this stage. Following approval of the PCSP by the Board, the intention is to develop a delivery plan which will support implementation of the PCSP and explore further opportunities to strengthen the role of community pharmacy in meeting health needs of local populations. It is anticipated at this point that an impact assessment would be undertaken alongside the patient-public engagement that will be key part of this delivery plan.

The location of community pharmacies in all communities can support the reduction of health inequalities by providing increased opportunity for access to very local healthcare services.

2.3.6 Other impacts

The services described within the PCSP provide opportunities for contributing to sustainability ambitions through reducing waste, for example continued delivery of the serial prescribing programme.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate:

A number of internal and external stakeholders have been consulted in development of the PCSP and will be sighted prior to Board submission. This includes Director of Pharmacy, Primary Care and Public Health, Pharmacy Practices Committee, Community Pharmacy Lothian and Primary Care Contracts Team.

The development of a delivery plan will underpin the implementation of the PCSP, and patient-public engagement will be a key part of this. This will be undertaken by the PCSP steering group, and Pharmacy Core Group. Oversight will be provided through Primary Care Joint Management Group and Primary Care Programme Board.

Following approval by the Board, the PCSP will be published on NHS Lothian Internet page. A communication strategy will support wide dissemination of the PCSP including key internal and external stakeholders.

2.3.8 Route to the Meeting

The PCSP has been previously 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.

- Lothian Area Pharmaceutical Committee 6 February 2025
- Pharmacy Senior Leadership Team 4 March 2025
- Primary Care Joint Management Group 13 March 2025
- Corporate Management Team, 25 March 2025
- Public Health and Health Policy Core Senior Management Team 31 March 2025

2.4 Recommendation

- **Decision** – The Board is asked to approve the contents and publication of the Pharmaceutical Care Services Plan 2025-2028

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Pharmaceutical Care Services Plan 2025-2028
- Appendix 2, ECRIA decision log



2025-2028

A comprehensive overview of the range, nature, and quality of NHS pharmaceutical care provided within NHS Lothian. This plan provides assurance that core service provision is in place. It outlines priorities and recommended actions to address and remedy unmet needs within the population, highlighting the potential role of community pharmacy in enhancing care delivery.

Foreword

The **Pharmaceutical Care Services Plan (PCSP) 2025- 2028** sets out a comprehensive roadmap for the evolution of community pharmacy services across NHS Lothian, focusing on solutions to enhance access, efficiency, and service provision. With a strong foundation in core services, the plan aims to address emerging needs by building on strengths and expanding services through innovation and strategic partnerships. The forward-looking strategies align with national health recovery, sustainability, and redesign initiatives for 2025-28, ensuring responsiveness to evolving healthcare demands.

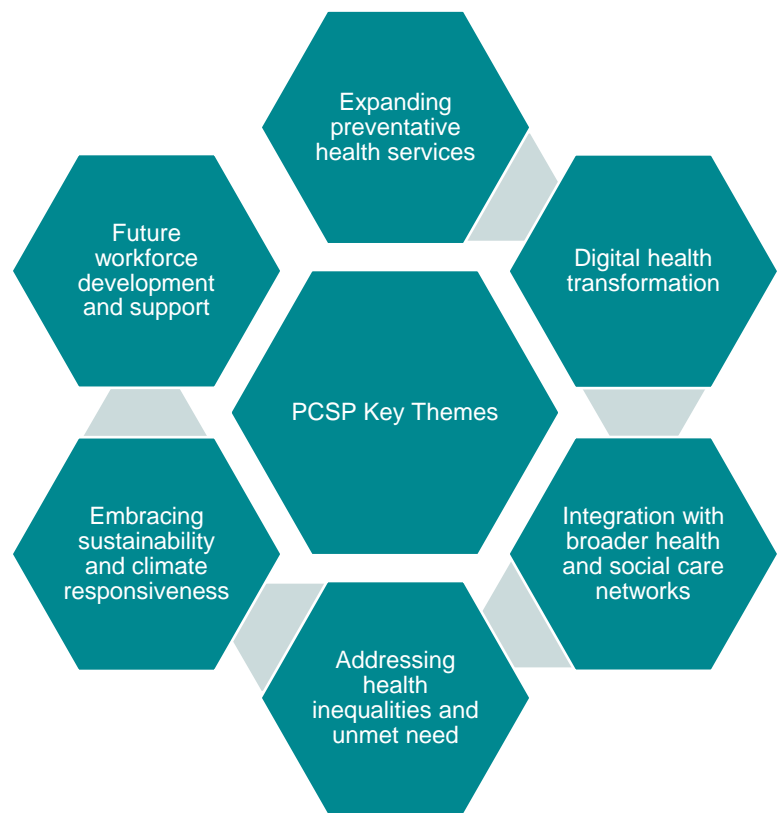
Strengths and Core Provision

NHS Lothian continues to provide comprehensive pharmaceutical services with a well-placed network of community pharmacies, ensuring every community has convenient access to high-quality care. With approximately one pharmacy per 5,000 residents, our core services—including the Medication Care and Review (MCR), Acute Medication Service, NHS Pharmacy First Scotland, and Public Health Services—are available without gaps or underserved areas. Our pharmacies are integrated within neighbourhoods, ensuring accessibility to locally placed healthcare.

Transformative Vision for the Future

To address evolving healthcare needs and ensure continued excellence in service delivery, NHS Lothian's PCSP 2025-2028 introduces a transformative vision that expands the traditional role of community pharmacies into advanced, digitally-integrated, and patient-centred healthcare hubs.

The plan builds upon the existing strengths of our pharmacy network identifying strategic priorities to enhance integration with the broader healthcare system. As community pharmacies are increasingly recognised as vital components of accessible, preventative, and sustainable healthcare, the Pharmaceutical Care Services Plan establishes a proactive path forward, aiming to meet both current and anticipated healthcare needs. The plan considers emerging challenges, ensuring that services remain fit for purpose in a changing healthcare landscape. The key themes can be summarised as follows.



Introduction to Strategic Recommendations

While the recommendations in this plan have been shaped by engagement with key stakeholders, including community pharmacy contractors, NHS Lothian has taken a strategic leadership role in defining the priorities outlined. The aim is to support the continued evolution of pharmaceutical care in a way that benefits patients, pharmacy teams, and the wider health and social care system.

The recommendations focus on key areas of service development, aligning with national healthcare priorities and addressing local population needs. As implementation progresses, NHS Lothian remains committed to ongoing dialogue with stakeholders to ensure that developments are both practical and sustainable.

The following table provides an overview of the strategic recommendations contained within the PCSP. These recommendations set the direction for the next three years, ensuring that community pharmacies continue to play a central role in delivering high-quality, patient-centred care.

Strategic Recommendations

	Recommendations:
<p>Pharmacy workforce <i>A resilient and highly skilled workforce will be key to delivering the aspirations of the PCSP.</i></p>	<ul style="list-style-type: none"> • We will continue to work with Community Pharmacy Lothian to understand any local and national variation in the community pharmacy workforce and will work collaboratively to support resilience and sustainability within the network. • We will continue to work with community pharmacy teams to support professional development in line with national frameworks and pathways, supporting skill mix optimisation and advancing roles.
<p>Digital: access to clinical records <i>The use of digital tools and enablers will build capacity, and promote safe, effective and more integrated care.</i></p>	<ul style="list-style-type: none"> • We will enable read / write access to a comprehensive clinical record for patients for community pharmacist prescribers to ensure safe and effective care. • We will work with stakeholders to support the move to digital prescribing and dispensing, creating a more efficient pathway and reducing the environmental burden from a paper-based system.
<p>Community Pharmacy Core Services: Medicines Care and Review - Serial Prescribing <i>Community pharmacies have an integral role to ensure that patients get best value from their medicines.</i></p>	<ul style="list-style-type: none"> • We will continue to promote the Medicines, Care and Review Service with consideration of any barriers and enablers to increase provision. • We will progress and develop further MCR-serial prescribing initiatives based on local population needs.
<p>Community Pharmacy Services: Pharmacy First Plus <i>Community pharmacies add much needed clinical capacity for unscheduled care, supporting patients to manage common clinical conditions close to home without the need for an appointment.</i></p>	<ul style="list-style-type: none"> • We will work with community pharmacies to better define when and where Pharmacy First Plus is offered and the range of conditions that pharmacists will manage. • We will work with Community Pharmacy Lothian and other stakeholders to explore how Pharmacy First Plus can be further developed, such as building Designated Prescribing Practitioner capacity, supporting pharmacists to gain confidence in the range of conditions that can be managed, and implementation of greater digital access to clinical records to facilitate safe and effective prescribing.
<p>Community Pharmacy Core Services: Public Health Smoking Cessation <i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role in health promotion and prevention.</i></p>	<ul style="list-style-type: none"> • We will work with community pharmacies to review smoking cessation performance data and ensure that contractors are supported to deliver the best outcomes. • We will ensure referral pathways and awareness of this service with both public and healthcare professionals is optimised • We will consider and implement recommendations from the national review as the outputs become available.

<p>Community Pharmacy Core Services: Public Health Sexual health</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role in health promotion and prevention</i></p>	<ul style="list-style-type: none"> • We will ensure that patients accessing the emergency hormonal contraception service will be further supported to access associated services • We will explore why Bridging Contraception uptake has been low to date and develop recommendations to increase uptake.
<p>Accessibility: Service information</p> <p><i>Patients and Healthcare providers will benefit from awareness of the range of services community pharmacies offer.</i></p>	<ul style="list-style-type: none"> • We will develop an online webpage to provide a detailed list of all NHS Lothian community pharmacies and available services. This will be regularly updated and maintained.
<p>Local and Specialist services: Hepatitis C</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role supporting patients to access their medicines, close to home.</i></p>	<ul style="list-style-type: none"> • We will ensure community pharmacy is considered as a key stakeholder for any initiatives to eliminate Hepatitis C within NHS Lothian, recognising the advantage they can offer in terms of community access and support to optimise treatment.
<p>Local and Specialist services: Palliative Care</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role supporting patients to access their medicines, close to home.</i></p>	<ul style="list-style-type: none"> • We will include community pharmacy as a key stakeholder for any initiatives and/or changes to care pathways for palliative care, building on the existing service they provide ensuring good access to palliative care medicines in the community setting.
<p>Local and Specialist services: Medicines waste</p> <p><i>Medicines waste is a burden financially and environmentally and strategies to reduce unnecessary waste can be supported by community pharmacy.</i></p>	<ul style="list-style-type: none"> • We will continue to focus on strategies to reduce unnecessary medicine waste to ensure best value and reduce environmental impact. Community pharmacy will be an integral stakeholder for any initiatives being developed and implemented.
<p>Local and Specialist services: drug related harms</p> <p><i>Community pharmacy is accessible, with highly skilled and trained staff who play a key role in health promotion and prevention.</i></p>	<ul style="list-style-type: none"> • We will consider community pharmacy in the development of further initiatives to reduce drug related harms and deaths, building on their key role working in collaboration with the Alcohol and Drug Partnerships (ADPs) and other partners to support this patient cohort. • We will work with ADP and data and intelligence teams on harm reduction measures, to better understand areas of need for both Take Home Naloxone and Injecting Equipment Provision service, considering where pharmacies can support access including through extended hours where available.

	<ul style="list-style-type: none">• We will consider embedding community pharmacy administration of Long-Acting Injectable Buprenorphine into routine care, including widening geographical spread in line with population need.
<p>Future Opportunities for Strategic Planning</p> <p><i>Medicines, and health promotion and prevention, form a part of many care pathways and community pharmacy with its highly skilled workforce and accessibility has an important role to play.</i></p>	<ul style="list-style-type: none">• We will ensure that community pharmacy representation is considered at the outset for pathway and service development where appropriate. This should include a collaborative approach by pharmacy services and HSCPs in their planning to enable community pharmacy to support strategic ambitions.• We will continue to further explore and develop the role of community pharmacy in disease prevention.

Conclusion: A Vision for the Future

The PCSP 2025-2028 presents an ambitious, forward-looking plan that further enhances the role of community pharmacy in delivering high-quality, patient-centred, and sustainable healthcare. By harnessing technology, expanding preventative services, and focusing on health equity, NHS Lothian aims to future-proof pharmaceutical care for the next generation. Through this plan community pharmacies will not only meet the needs of today but also anticipate and shape the healthcare landscape of tomorrow, ensuring every citizen has access to the care they need, when and where they need it.

Scott Garden
Director of Pharmacy
NHS Lothian

Jenny Long
Director of Primary Care
NHS Lothian

Dona Milne
Director of Public Health and
Health Policy
NHS Lothian

Lead Author

Katherine Davidson, Consultant in Pharmaceutical Public Health, Public Health and Health Policy, NHS Lothian

Contributors

Wendy Carswell, Primary Care and Community Pharmacy Coordinator, Pharmacy and Medicines Service, NHS Lothian

Ellen Jo Fowler, Lead Pharmacist, Community Pharmacy Development Team, Pharmacy and Medicines Service, NHS Lothian

Stephen McBurney, Associate Director of Pharmacy (Primary Care, Community, Mental Health and Associated Services), Pharmacy and Medicines Service, NHS Lothian

Kristen Bowles, Senior Public Health Intelligence Analyst, Public Health and Health Policy, NHS Lothian

Stefanie Swietlik, Senior Public Health Intelligence Analyst, Public Health and Health Policy, NHS Lothian

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Joanna Meiklejohn, Project Support Manager, Pharmacy and Medicines Service, NHS Lothian

Fiona Parkinson, Business Operations Manager, Pharmacy and Medicines Service, NHS Lothian

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1.0 Introduction

The Pharmaceutical Care Services Plan (PCSP) was introduced as a statutory requirement for NHS Boards by the Smoking, Health and Social Care (Scotland) Act in 2005. The PCSP is required to fulfil two main functions:

- Provide a comprehensive picture of the range, nature, and quality of pharmaceutical care within the NHS Board area,
- Identify needs and gaps within the provision of pharmaceutical care within the NHS Board area.

1.1 Vision & Strategic Objectives

The [vision for Health and Social Care in Scotland](#), as set out by Scottish Government (2024), is a Scotland where people live longer, healthier and fulfilling lives. Key areas of focus to enable this are place-based population health improvement, early intervention and prevention, improved access and quality service provision and ensuring person centred decision making. Medicines are the most frequent health care intervention, often as a preventative intervention, and second largest expenditure for NHS Scotland. Therefore, pharmacy services, as experts in medicines, have a key role in delivering care to improve health outcomes, together with ensuring patient safety and impacting positively in wellbeing across communities.

Pharmaceutical care services, provided by independent contractor Community Pharmacies, should support achievement of this vision and ensure these are provided to local populations to meet identified care needs.

1.2 Alignment with National and Local Health Priorities

The Scottish Government publication of a [National Clinical Strategy](#) laid out proposals to ensure that clinical services are able to provide sustainable health and social care services. This includes undertaking service planning at a population level, optimising use of digital innovation and supporting care closer to home. The strategy notes the strengthening of primary care through stronger integration and increasing multidisciplinary team working. The 2017 publication of the Scottish Government strategy for pharmacy, [Achieving Excellence in Pharmaceutical Care](#), identifies priorities as to how to improve delivery of pharmaceutical care by NHS Services in Scotland.

Locally, collaboration by NHS Lothian and the 4 Integrated Joint Boards with responsibility for planning, commissioning and delivery of healthcare services, has resulted in the publication of [Lothian Strategic Development Framework](#). The vision for Lothian healthcare services is as follows:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide.
- Connect health and social care services seamlessly, wrapping around the citizen in their home.
- Improve performance across our system, with better experiences for citizens and those who work for and with us.

Community Pharmacy is a key asset in supporting achievement of this vision. Therefore, this Pharmaceutical Care Service Plan sets out current services provided by community pharmacy and opportunities to explore further.

1.3 Methodology and Future Ambitions

- Methodology
 - Pharmaceutical care needs have been assessed using a variety of data sources and supported by colleagues in the health intelligence team in NHS Lothian Public Health and Health Policy. Data sources including Public Health Scotland (PHS), Scotland's Census and National Records of Scotland (NRS) have been interrogated and are referenced throughout. Where possible data has been sought at a HSCP level, however, this is not always available and Lothian and National data has been used on occasion. Data relating to independent contractor provision of services is correct at time of publication but is subject to amendment if contractor circumstances change.
 - As part of the development of this PCSP, engagement with stakeholders has been ongoing. Numerous stakeholders have been consulted in the development of this PCSP including, IJB strategic planning groups, Area Pharmaceutical Committee, Primary Care Joint Management Group (which is also the LSDF Primary Care Pillar Programme Board) and Community Pharmacy Lothian.
- Future ambitions
 - A delivery plan will underpin the implementation of the recommendations contained within the PCSP. This will include consultation and engagement with patient-public partners.
 - Continuing to work collaboratively with stakeholders within NHS Lothian, IJBs and Community Pharmacy Lothian will be key. This will support implementation of this plan together with opening up a forum to continue to identify future strategic needs and priorities of the population of Lothian. This will contribute to future versions of the PCSP.

2.0 Description of NHS Lothian

2.1 Geographies Covered

NHS Lothian is situated in East Central Scotland and consists of 4 local authority areas: Edinburgh, West Lothian, Midlothian and East Lothian. Data from the [Scottish Government Urban Rural Classification 2020](#) shows that the majority of the population of are recorded as living in urban areas, with 58.2% living in large urban areas, 30% other urban areas, 5.4% in accessible small towns and 6.4% in accessible rural areas (0.0% recorded living in remote small towns or remote rural areas).

2.2 Demography

NHS Lothian currently serves a population of 919,060 and is the second largest health board in Scotland.

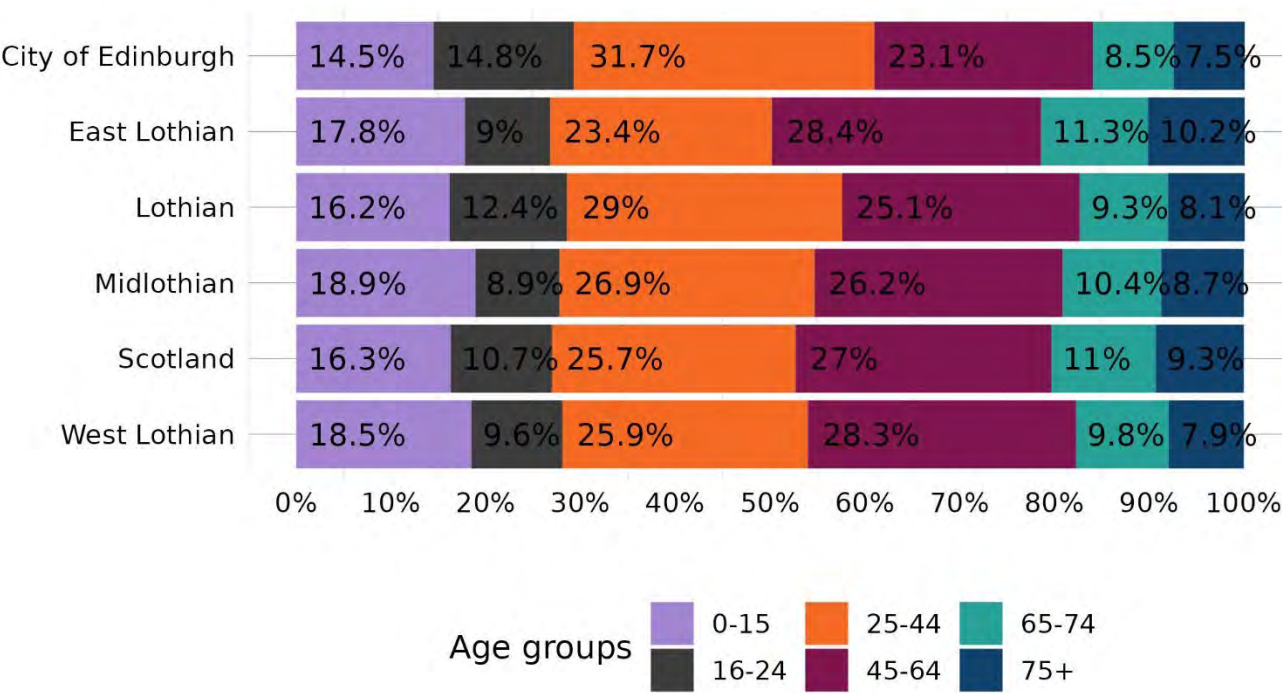
Table 1: Population of Local Authority areas Lothian

Local Authority	Population
Edinburgh	523,250
East Lothian	113,740
Mid Lothian	98,260
West Lothian	183,810
TOTAL	919,060

Source: [Mid-2023 Population Estimates Scotland, NRS](#)

Figure 1 below breaks this down further by age category.

Figure 1: Population Age Distribution for Lothian and Scotland, mid-2023



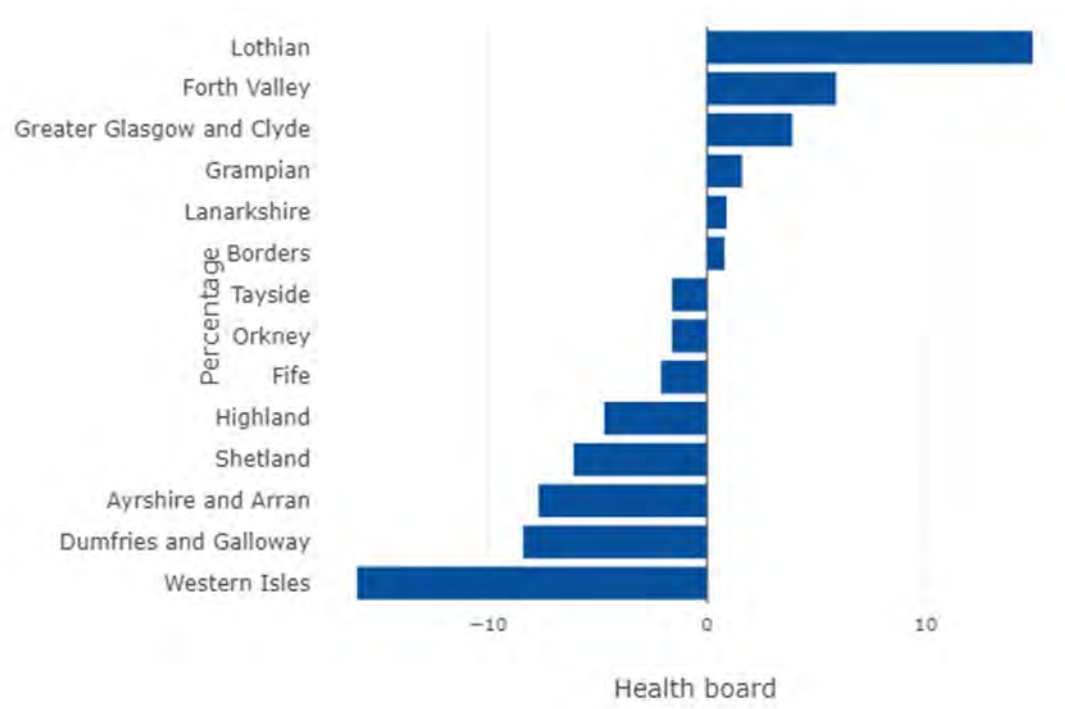
Source: [Mid-2023 Population Estimates, NRS](#)

Lothian has a similar proportion of under 16-year-olds as the rest of Scotland (16.2% vs 16.3%), but the population aged 16-64 is slightly larger than seen in Scotland, largely due to the working-age population in and around Edinburgh. The proportion of the population over 64 years old is slightly smaller than seen nationally.

2.3 Population Growth

Figure 2 below shows predicted population growth by health Board over the next 20 years. These projections from National Records Scotland are 2018 based and have not yet been updated to reflect recent census results.

Figure 2: Projected Population Growth (%) by NHS Board 2023-2043 Scotland

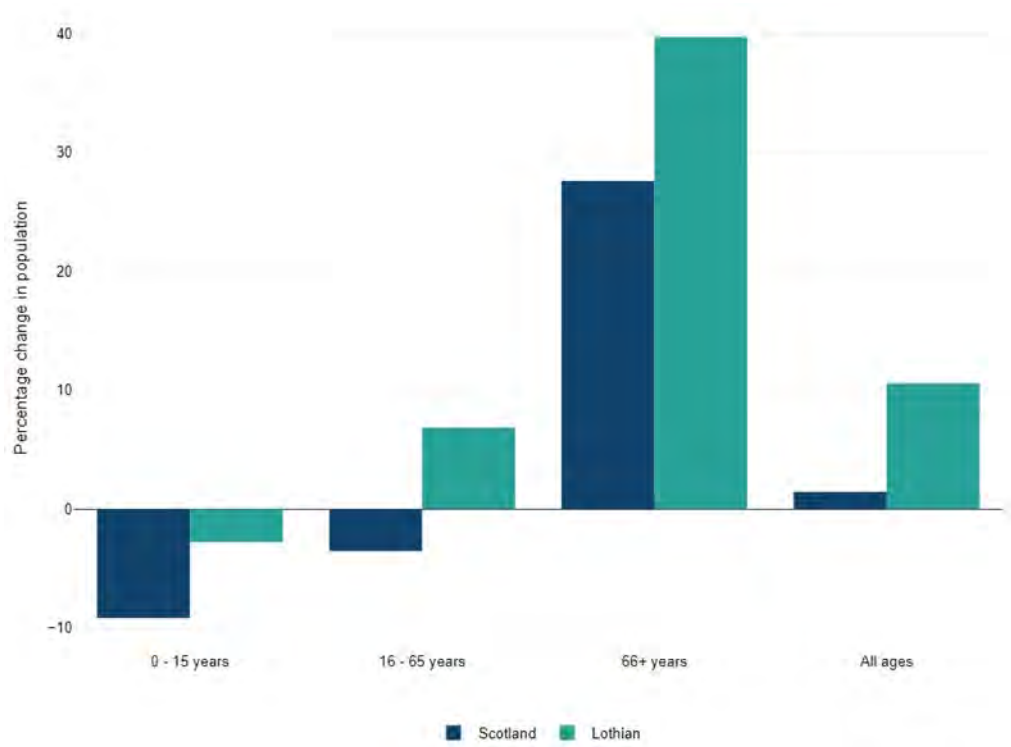


Source: [NRS Population Projections for Scottish Areas 2018-based](#)

NHS Lothian is noted to have the largest overall rise in population across all Scottish boards with an additional 133,000 persons predicted by 2043.

Figure 3 below shows the predicted growth by age category.

Figure 3: Projected population growth (%) in Lothian vs Scotland by Age Group, 2023-2043



Source: [NRS Population Projections for Scottish Areas 2018-based](#)

The highest population growth is anticipated in the 66+ age group. This illustrates an ageing population which is likely to result in greater demand for health and social care.

2.4 Deprivation

It is well documented that deprivation increases the risk of early death and is associated with more years of ill health and higher rates of illness from certain diseases.

- The gap in life expectancy between the most and least deprived areas in Scotland is roughly 13 years for males and 10 years for females.¹
- The gap in healthy life expectancy (the number of years lived in good health) is even greater - roughly 23 years for males and 24 years for females.

The [Scottish Index of Multiple Deprivation \(SIMD\)](#) is a relative measure of deprivation and looks at the extent of deprivation across a number of markers including income. This allows identification of areas where health care needs may be higher and allows targeting of specific services, therefore aiding service planning. Those living in areas of high deprivation are likely to face increased barriers to health care which can impact on health inequalities. [SIMD 2020 data zones](#) are used throughout the PCSP.

Table 2 below indicates Scottish Index of Multiple Deprivation (SIMD) breakdown in Lothian for the four local authority areas.

¹ [Scotland's public health challenges - What we do and how we work - About us - Public Health Scotland](#) 2024, (accessed on 1 April 2025)

Table 2: SIMD 2020 data zones by population share (%) in Lothian 2021

	SIMD 1 (Most Deprived 20% data zones)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least Deprived 20% data zones)
Edinburgh	11.8	14.3	14.3	17.5	42.0
East Lothian	4.8	28.1	22.3	25.5	19.3
Midlothian	7.5	32.8	23.9	21.4	14.4
West Lothian	14.3	27.8	18.9	20.6	18.4
Lothian	11.0	20.6	17.2	19.5	31.7

Source : [NHS-Lothian Director of Public-Health-Annual-Report-2022-final.pdf](#)

In comparison with the rest of Scotland, Lothian has proportionately fewer areas classified among the most deprived in the country. Around 11% of Lothian’s population, just over 100,000 people, live in areas categorised as among the 20% most deprived in Scotland. The greatest number of these areas are located within Edinburgh (approximately 62,000 individuals) but proportionately West Lothian has the highest share of its population (26,500) living in the most deprived communities (14.3%).

2.5 Ethnicity

Data is available from Scotland’s census 2022 and a breakdown of NHS Lothian’s population by reported ethnicity is given in Table 3.

Table 3: NHS Lothian population 2019 by Ethnic group

Ethnicity	% of NHS Lothian Population
White	89.5
Asian	5.8
Mixed	1.9
African	1.3
Other	1.3
Caribbean or Black	0.2

Source: [Scotland’s Census 2022](#)

Understanding the ethnic mix of a population can improve healthcare delivery by helping to focus resources such as screening programmes, education, and resource allocation. A need to close the health gap for ethnic minorities is recognised by NHS Lothian.

3.0 Population Health Overview

3.1 Life Expectancy

The table below presents the estimated average life expectancy for males and females at birth for Scotland and across the four local authority areas, considering the effect of deprivation. As noted, deprivation can adversely impact life expectancy with those living in areas of higher deprivation having poorer outcomes. Although life expectancy in Lothian areas is mostly slightly above the Scottish average (with Midlothian being an exception), the variation in SIMD quintiles across the local authority areas is demonstrated below. Understanding where health inequalities are within our communities can help in planning and prioritisation of resources in order to close this inequality gap.

Table 4: Life expectancy at birth 2021-2023– difference by SIMD quintile

Council Area	Sex	LE in SIMD 1 (most deprived)	LE in SIMD 5 (least deprived)	Difference in LE (years)
Scotland	Female	76.75	84.39	7.64
	Male	71.28	81.42	10.14
City of Edinburgh	Female	76.81	85.77	8.96
	Male	71.02	83.09	12.07
East Lothian	Female	78.49	84.7	6.21
	Male	75.01	82.65	7.64
Midlothian	Female	78.2	83.3	5.1
	Male	73.66	80.62	6.96
West Lothian	Female	77.46	84.95	7.49
	Male	73.01	82.23	9.22

Source: [Life Expectancy in Scotland 2021-2023 - National Records of Scotland \(NRS\)](#)

3.2 Healthy Life Expectancy

Healthy life expectancy at birth is an estimate of the number of years that someone born in the reference year and locality can expect to spend in good or very good health². As has been noted, deprivation is associated with more years of ill health and higher rates of illness from certain diseases. The table below presents healthy life expectancy across the SIMD quintiles for Scotland and this can be taken into account when considering the varying levels of deprivation within each of the four local authority areas in Lothian.

² [Healthy Life Expectancy 2019-2021 - National Records of Scotland \(NRS\)](#) (accessed 1 Feb 2025)

Figure 4: Healthy life expectancy in Scotland, 2019-2021, by sex and SIMD quintile

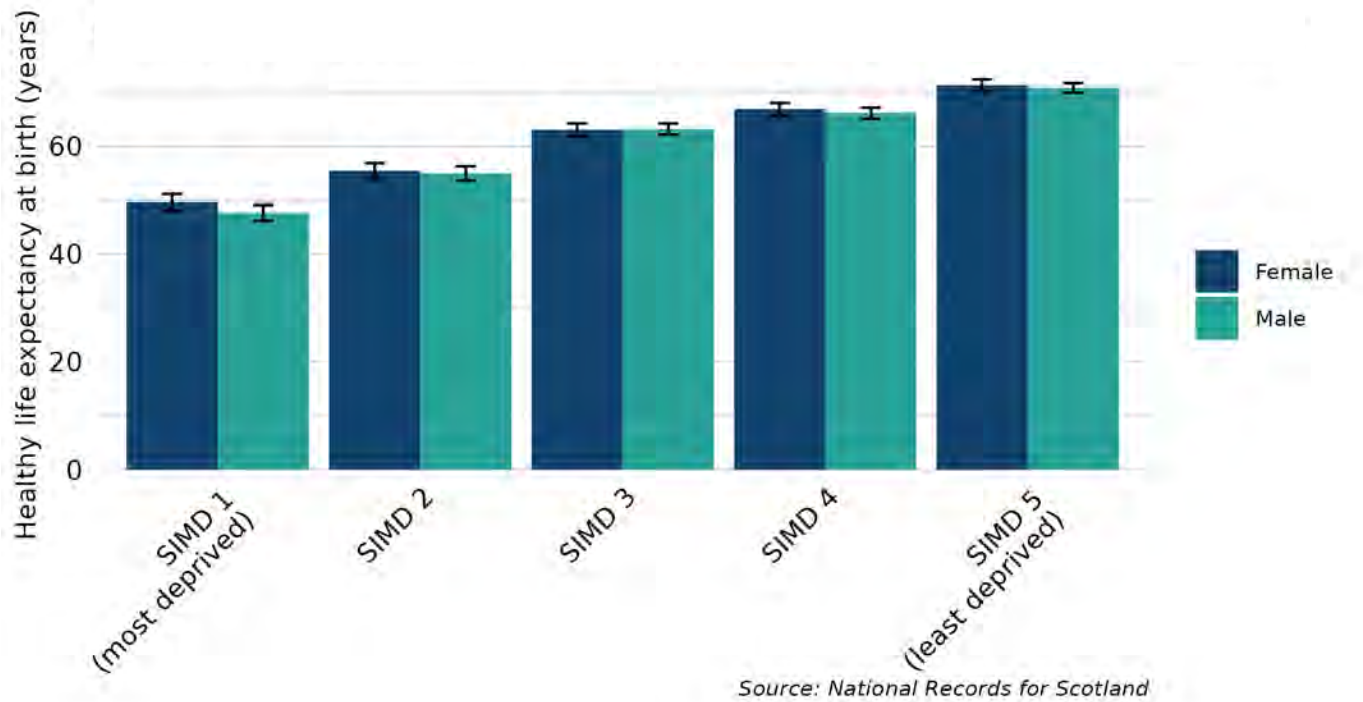


Table 5: Healthy life expectancy (years) in Scotland 2019-21– difference by SIMD quintile

Sex	SIMD 1 (most deprived)	SIMD 5 (least deprived)	Difference
Female	49.61	71.32	21.71
Male	47.67	70.82	23.15

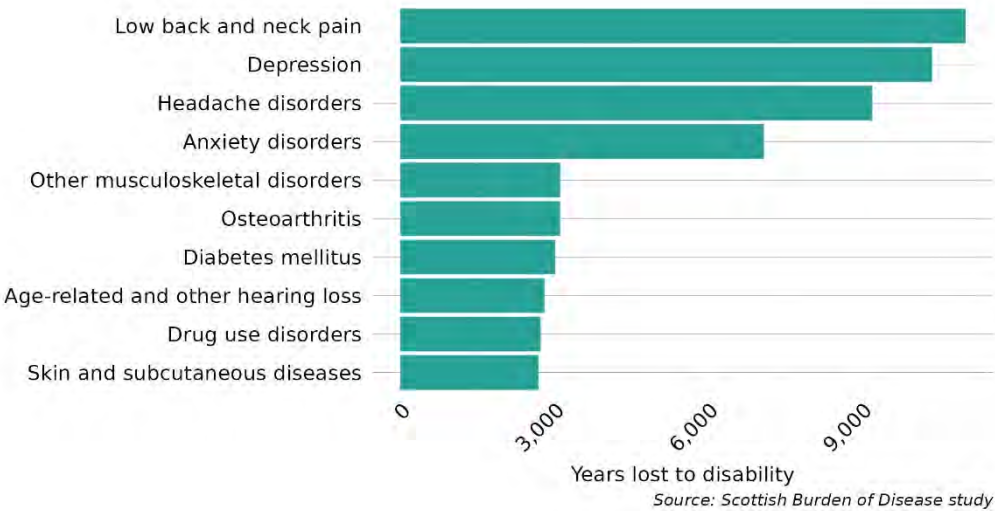
Source: [Healthy Life Expectancy 2019-2021 - National Records of Scotland \(NRS\)](#)

3.3 Burden of Disease

The [Scottish Burden of Disease \(SBoD\) study](#) is a national population health surveillance system which monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health.

Figure 5 below indicates the leading causes of ill health in Lothian taken from the SBoD 2019 data.

Figure 5: Leading causes of ill health (years lost to disability) in NHS Lothian

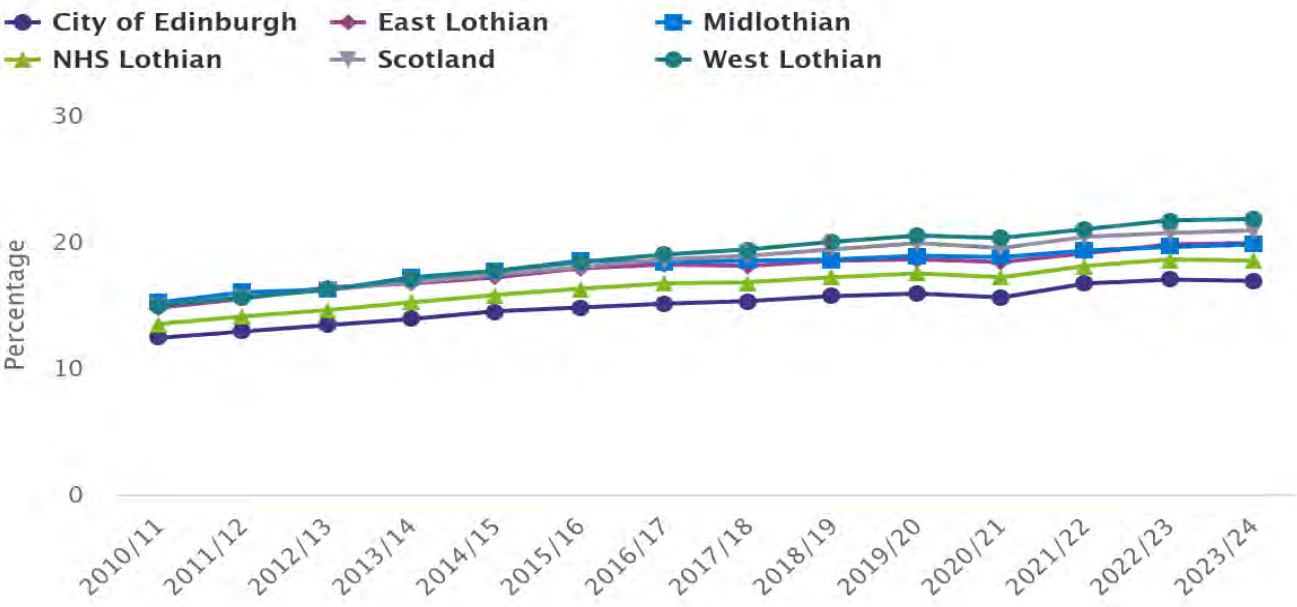


Understanding burden of disease can be useful to consider service development and prioritisation of resources.

3.4 Mental Health

Over a 14-year period the percentage of NHS Lothian population prescribed a medicine for anxiety, depression and psychosis has steadily increased as seen in figure 6. In 23/24 this was 18.5% in NHS Lothian against a Scottish average of 20.9%. ([ScotPHO profiles](#))

Figure 6: Population (%) Prescribed a Medicine for Anxiety / Depression / Psychosis by Lothian HSCP vs Scotland 2010/11-2023/24



Source: [ScotPHO profiles](#)

This suggests an increase in the number of patients accessing support for mental health and highlights an ongoing need to work with patients to provide advice on medicines and guidance on signposting to mental health services.

3.5 Polypharmacy

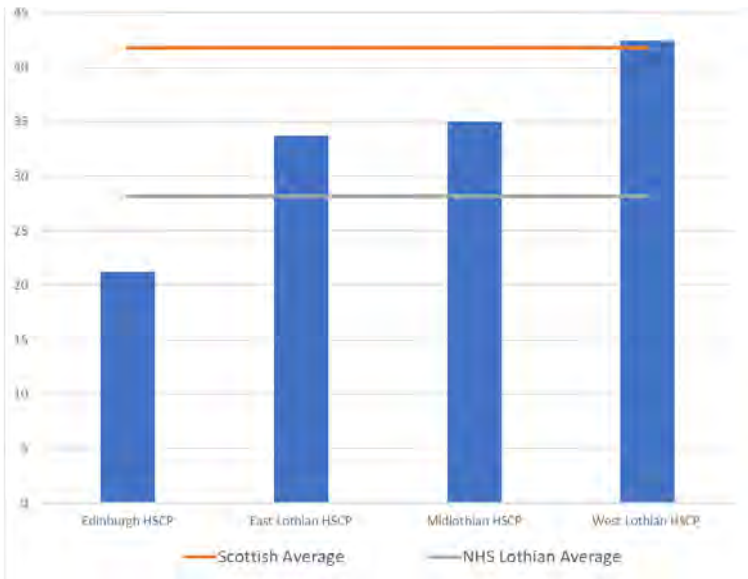
Polypharmacy, the use of multiple medications by a patient, is increasing due to a number of factors including advances in disease management and an ageing population often living with multiple conditions. Around 50% of people aged 65 and over in Scotland take at least five different medications regularly and some studies suggest that over 20% of those aged 75 and over are prescribed 10 or more medications.^{3,4}

Polypharmacy is associated with a higher risk of medication errors, adverse drug reactions, and hospital admissions and can lead to reduced adherence to medication regimens, as managing many medications can become complex and difficult for patients.

The risks are further increased when high risk medicines are prescribed. A high-risk medicine refers to a medication that has a higher potential to cause significant harm if used incorrectly or inappropriately.

Figure 7 below highlights one of the national polypharmacy therapeutic indicators which is reported by Public Health Scotland on a quarterly basis.

Figure 7: Polypharmacy: Number of People Prescribed 10 or More Medicinal Substances Including a High-Risk Medication per 1000 List Size by HSCP (NHS Lothian, Quarter 2 2024/25)



Source: [National therapeutic indicators, PHS](#)

Addressing polypharmacy involves balancing the need for medications with minimising harm, which requires careful review and management by healthcare professionals. Data on predicted population growth indicates an ageing population within NHS Lothian so it is recognised that polypharmacy prevalence is likely to continue to rise and there will be an ongoing need for polypharmacy review to ensure that patients receive greatest value from their medicines whilst minimising any harm.

³ Stewart D, Bennie M, Mair A. [Polypharmacy briefing paper 13](#). Scottish School of Primary Care, University of Glasgow, 2018

⁴ Mair, A et al. The SIMPATHY consortium. (2017). Polypharmacy management by 2030: A patient safety challenge. Coimbra: European Commission

3.6 Health Impacting Behaviours

Smoking

Although substantial achievements have been made in reducing the smoking rate in Scotland, smoking remains a leading cause of preventable diseases, including heart disease, cancer, and lung disease.

Table 6 below from [ASH Scotland](#) provides data from September 2024.

Table 6: Local authority smoking profiles - ASH Scotland (September 2024)

	City of Edinburgh	Midlothian	East Lothian	West Lothian	Scotland
% of Adults who Currently Smoke	11.9%	15.1%	7.9%	14.9%	15.0%
% of Women Registered as Smokers During Pregnancy	7%	11%	9%	13%	11%
No. of Deaths Attributable to Smoking	619	163	153	302	8,984
No. of Hospitalisations Attributable to Smoking	3,314	810	821	1,560	42,009

The Scottish Government is committed to achieving its vision of a smoke free Scotland by 2034 as noted in publication of its strategy [Tobacco and vaping framework; Roadmap to 2034](#). The emphasis is on supporting people who want to quit smoking by delivering effective cessation services and preventing smoking uptake amongst young people. NHS Boards are tasked with delivering a universal smoking cessation service, with emphasis on helping people in deprived areas where smoking prevalence is highest.

Drug related harms

Data from the [NHS Lothian Drug Related Deaths Annual Report 2023](#)⁵, shows there were 182 drug-related deaths (DRD) recorded in NHS Lothian in 2023, a 10% increase compared to 2022. This increase was driven by an increase within Mid and East Lothian while the number of deaths in City of Edinburgh and West Lothian decreased. Data from the National Records of Scotland 2023 report shows a 12% increase in drug related deaths in Scotland between 2022 and 2023⁶.

The most common type of drugs implicated in drug-related deaths in NHS Lothian in 2023 are shown in Table 7 below. Opioids were most implicated in 85.7% of all drug-related deaths in Lothian, comparing to 80% at a national level. Data for Lothian reports a higher rate of prescribable benzodiazepines implicated in drug related deaths, 38% compared to 18% nationally. Similarly, gabapentinoids implicated in drug-related deaths is 51.1% for Lothian compared to 38.4% nationally. The increase in cocaine being implicated in drug related deaths is also reflected in national figures^{5,6}.

⁵ [Drug Related Deaths Annual Report 2023](#) (accessed 1 April 2025)

⁶ [Drug-related deaths in Scotland in 2023 - National Records of Scotland \(NRS\)](#) (accessed 1 April)

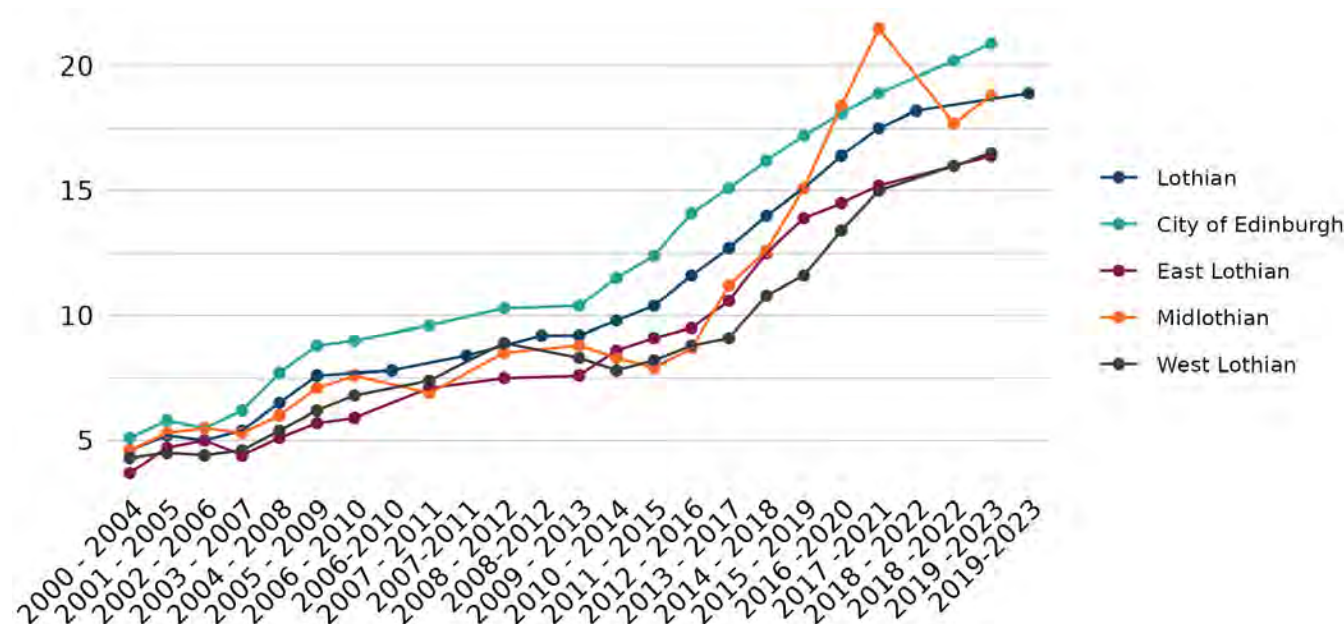
Table 7: Percentage and number of drug classes implicated drug-related deaths in 2022 and 2023 for NHS Lothian

	2023	2022	2023	2023
Drug class	Percentage and number of drug-related deaths implicated in	Percentage and number of drug-related deaths implicated in	Total times implicated	Number of different drugs
Opioid	85.7% (156)	85.5% (142)	231	13
Benzodiazepine	62.6% (114)	65.7% (109)	172	12
Gabapentinoid	51.1% (93)	51.2% (85)	106	2
Stimulants	47.3% (86)	43.4% (73)	96	4
Anti-depressant	18.1% (33)	17.5% (29)	44	7
Alcohol	13.7% (25)	11.4% (19)	25	1
Anti-psychotic	4.4% (8)	5.4% (9)	8	3
Non-benzodiazepine GABAergic	2.7% (5)	4.2% (7)	5	1

Source: [NHS Lothian DRD Annual Report 2023](#)

Of the 182 drug-related deaths in 2023, 70% were male and 30% were female. The median age was 43 years. People living in the most deprived areas of Lothian were 8 times more likely to die from a drug related death than those living in the least deprived areas⁵. Figure 8 shows the age standardised rate of DRD across Lothian and in the four local authority areas.

Figure 8: The age standardised rate of drug-related deaths per 100,000 population



Source: National Records of Scotland

Other mortality and morbidity can result from drug use due to complications from injecting, such as soft tissue infections and blood borne virus infection (HIV, Hepatitis B and Hepatitis C).

As noted, drug harms are prevalent throughout all of Scotland and in response to this public health emergency, Scottish Government introduced [Medication Assisted Treatment \(MAT\) standards](#) in 2021 as part of the National Mission on Drugs Plan. The MAT standards aim to enable consistent delivery of safe accessible and high-quality drug treatment to help reduce deaths and other harms and promote recovery. These standards include ensuring timely access and choice for MAT options together with provision of harm reduction measures such as naloxone (a medicine that reverses effect of opioids) and injecting equipment provision. Access to these is key to reducing drug deaths and preventing harms such as injecting related infections (i.e. blood borne viruses).

Alcohol Misuse

Alcohol deaths are rising across the UK with Scotland recording the highest number. In Lothian, the age standardised mortality rate for alcohol specific deaths is lower than Scotland, however the rates are currently higher than rates of drug related deaths. In Lothian, 35% of males and 20% of females drink alcohol above recommended limits. These figures are higher than other health board areas in Scotland⁷. Table 8 demonstrates data on alcohol harms extracted from [Alcohol Focus Scotland](#) alcohol harm profiles, across the local authority areas in Lothian in comparison to national data.

Table 8: Alcohol Harm Profiles by Local Authority, November 2024

	% of People who Drink Above the Chief Medical Officers Low Risk Guideline (Data taken from Scottish Health Survey, 2022)	Alcohol Related Hospital Admissions 22/23	Deaths from Conditions Solely Related to Alcohol 22/23
Edinburgh City	28%	2,040	89
East Lothian	24%	420	16
Midlothian	19%	312	15
West Lothian	15%	846	43
Scotland	20%	31,206	1,277

Source; [Local alcohol harm profiles | Alcohol Focus Scotland](#)

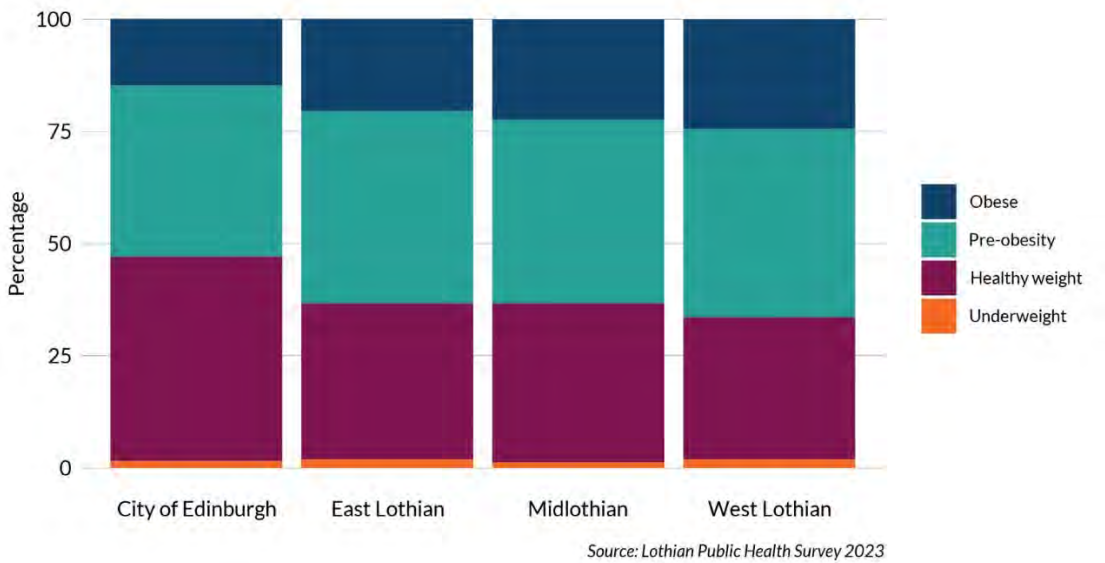
Obesity

Obesity is a risk factor for other non-communicable diseases such as cancer, Type 2 diabetes and decreases life expectancy, it is also recognised as a complex disease. Worsening health outcomes are associated with the stigma and discrimination that is experienced by people who live with obesity⁸.

The latest [Scottish Health Survey 2023](#) found almost a third of adults (32 per cent) were living with obesity, up from 24 per cent in 2003. Data for the four local authority areas for Lothian can be seen in the figure below.

⁷ [Alcohol-Health-Needs-Assessment-2024.pdf](#) (accessed 1 April 2025)
⁸ The Scottish Public Health Observatory. Obesity. [Key points - ScotPHO](#) (accessed 1 April 2025)

Figure 9: Percentage of population of each local authority area in Lothian in each weight category



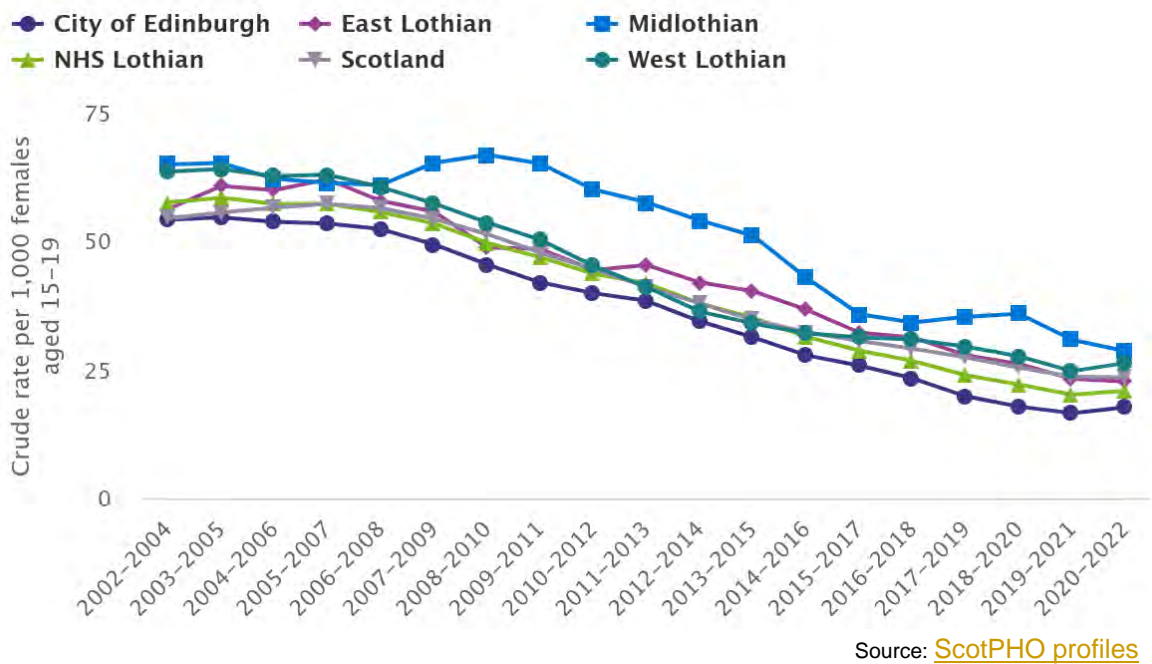
Sexual Health

Good sexual health is an important part of overall wellbeing and can in addition reduce the risk of unintended pregnancies and sexually transmitted infections.

One measure of sexual health of our populations is teenage pregnancy rates. Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born to teenage mothers. As children, they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems⁹.

Access to safe and free contraception and abortion services are key issues when it comes to teenage pregnancy.

Figure 10: Teenage pregnancies (2002-2004 to 2020-2022)

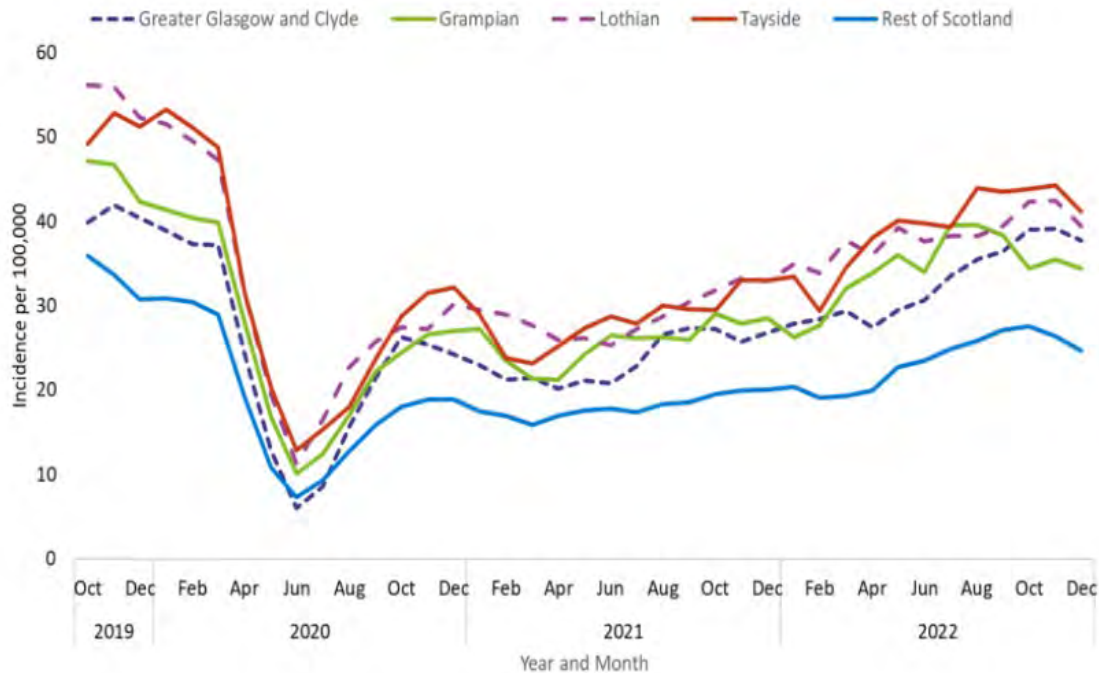


⁹ [Teenage pregnancy | Nuffield Trust](#) (accessed 1 April 2025)

Sexually transmitted infections: Chlamydia trachomatis

Another measure of sexual health is to examine incidence of sexually transmitted infections such as chlamydia. The incidence of diagnosed Chlamydia trachomatis infection varies by NHS Board but the national trend is consistent across NHS Boards that have high testing rates, including Lothian¹⁰. The figure below demonstrates the incidence within Lothian.

Figure 11: Three-month rolling average incidence of diagnosed Chlamydia trachomatis infection per 100,000 persons by selected NHS Board, October 2019 to December 2022



Data source: ECOSS. Incidence is based on number of positives per 100,000 population aged 15-64 years using the National Records for Scotland estimate as at 30 June 2021.

¹⁰ [Sexual Health and Blood Borne Virus Programme Board: Annual Report 2022-23](#) (accessed 1 April 2025)

4.0 Current Pharmaceutical Services

4.1 Community Pharmacy Provision in NHS Lothian

In NHS Lothian, there are 180 community pharmacies across the four health and social care partnerships (HSCPs).

Table 9: Number of community pharmacies, population size and pharmacy coverage by HSCP

	Number of CP	Population	Population/pharmacy
Edinburgh	105	523,250	4983
East Lothian	22	113,740	5170
Midlothian	18	98,260	5458
West Lothian	35	183,810	5252
Lothian	180	919,060	5106

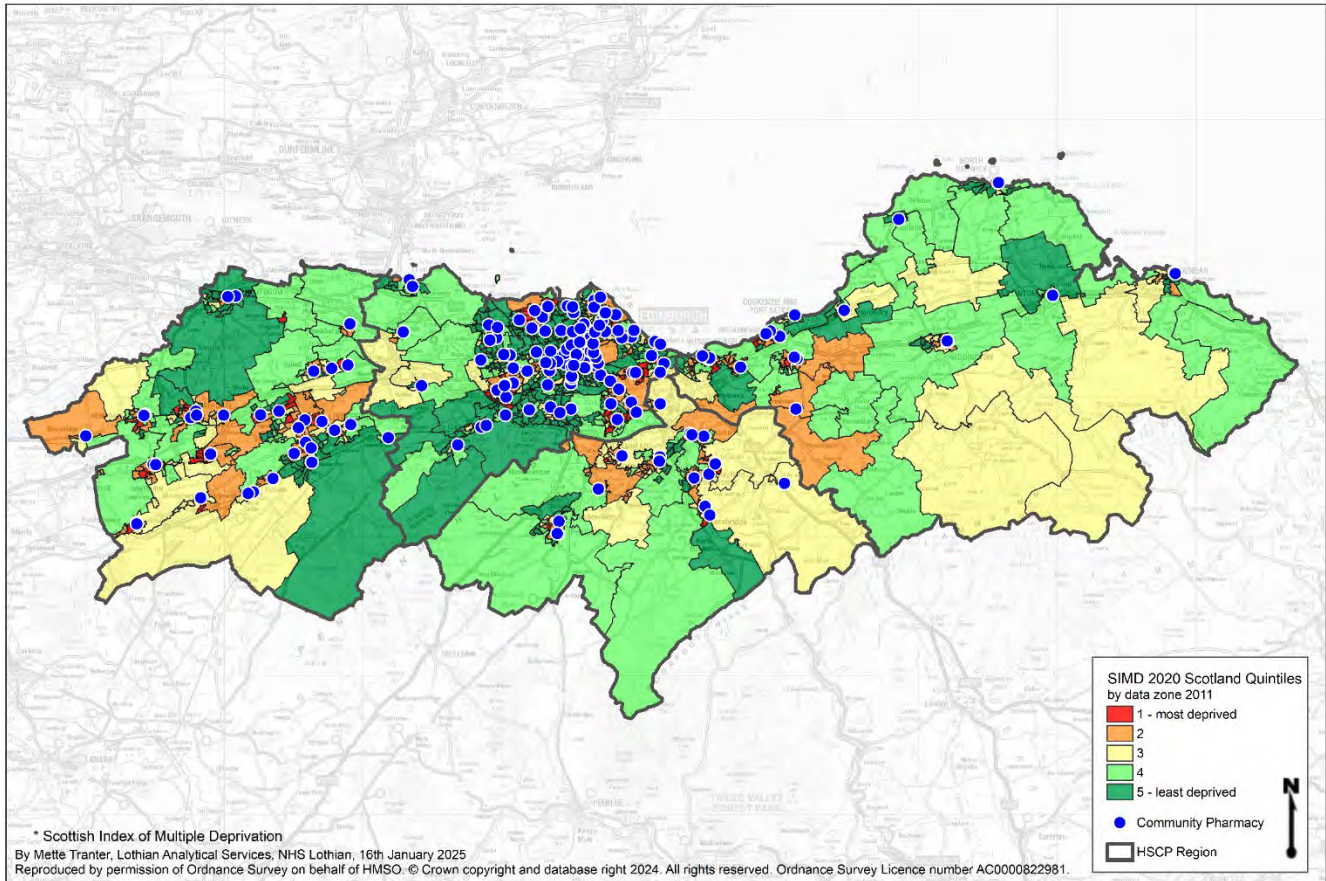
Population source: [Mid-2023 population estimates Scotland, NRS](#)

Table 10: Number of community pharmacies by SIMD quintiles

	SIMD1	SIMD2	SIMD3	SIMD4	SIMD5
Edinburgh	10	18	15	23	39
East Lothian	2	11	7	2	0
Midlothian	3	10	4	0	1
West Lothian	8	18	6	2	1
Lothian	23	57	32	27	41
%	13%	32%	18%	15%	23%

As previously noted, data relating to independent contractor provision of services is correct at time of publication but is subject to amendment if contractor circumstances change.

Figure 12: Map of the NHS Lothian area showing Community Pharmacies and SIMD 2020 quintiles



This map demonstrates the geographical distribution of SIMD quintiles across the Lothian area and the presence of community pharmacies.

4.2 Hours of Service

- As stated in the NHS Lothian Pharmaceutical Hours of Service Scheme 2011 all community pharmacies are open as follows:
 - Monday to Friday 0900-18:00 (during which time they may be closed for maximum of one hour in the middle of the day)
 - Saturday 0900- 1300

In 2022, a number of Boards across Scotland, reported an increase in unplanned community pharmacy closures, driven by Covid absences and longer-term workforce recruitment issues. Whilst this position has largely stabilised, NHS Lothian continues to work closely with Community Pharmacy Lothian to support greater resilience within the network.

The current NHS Lothian Pharmaceutical Services Hours of Service Scheme was approved by Scottish Ministers in February 2011. Over 2024, NHS Lothian have worked with Community Pharmacy Lothian to review the Scheme from the perspectives of both improving patient access and supporting contractors with the challenges around recruitment and retention of staff. A modern and fit for purpose Scheme is required, enabling contractors and the Board to work together to ensure needs of our patients are met now and in the future. This is going through the agreed governance process and following NHS Lothian Board approval, this will be submitted to Scottish Government for final approval by Scottish Ministers.

4.3 Weekend and Extended Hours

Table 11: Extended hours and weekends

	Number of CP	Extended week night (beyond 6pm)	Saturday afternoon (beyond 1pm)	Sunday
Edinburgh	105	9	49	10
East Lothian	22	0	10	0
Midlothian	18	0	9	0
West Lothian	35	3	16	3
Lothian	180	12	84	13

Provision of extended hours is outside core service requirements set out in the contractual arrangements. In line with the Regulations, pharmacies are not prohibited from amending their opening hours, as long as they maintain opening within the agreed Hours of Service Scheme.

Community pharmacy continues to play a vital role in unscheduled care with a number of pharmacies offering extended hours during evenings and weekends, providing access for patients to key services such as the Acute Medication Service (AMS), Pharmacy First, emergency contraception and access to palliative care medicines. This ensures citizens can access care at the right time in the right place.

It is challenging to define minimum service provision required across these periods from existing activity data and NHS Lothian will continue to work with Community Pharmacy Lothian to explore how to better evaluate service demands and needs, linking in with key stakeholders and patient groups.

4.4 Accessibility

Across each of the local authority areas, the provision of public services is now considered with reference to the Scottish Government’s Place Principle and placemaking ideas that are often – but not only – captured by the idea of 20 Minute Neighbourhoods. 20 Minute Neighbourhoods (or similar placemaking frameworks) highlight the importance of designing communities around walkability and easy access to key public, private and community resources. It is accepted that for example, in rural communities, walking twenty minutes to service hubs is not feasible, however, the importance of sustainable neighbourhoods designed around population needs is still applicable.

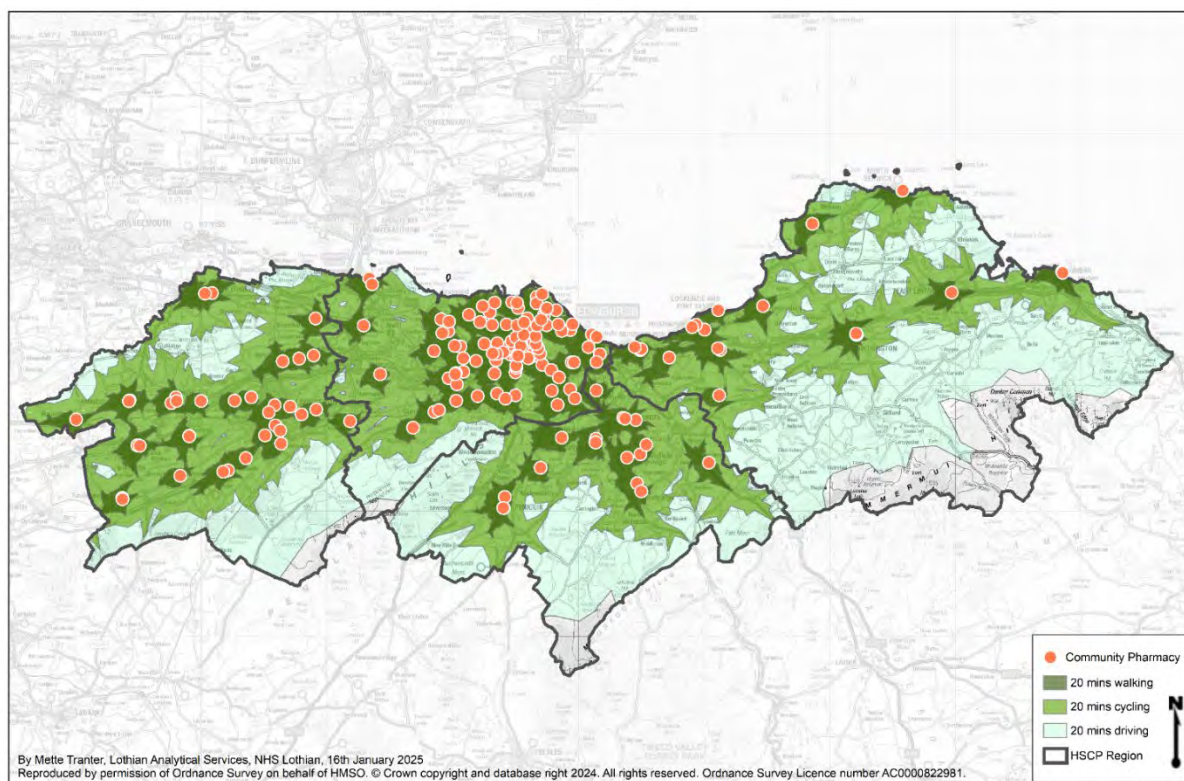
The [Place Principle](#)¹¹ states that *all those responsible for providing services and looking after assets in a place need to work and plan together, and with local communities, to improve the lives of people, support inclusive and sustainable economic growth and create more successful places.*

As part of NHS Lothian’s Anchor Institution commitment, it is noted that many of our buildings and assets are focal points in communities beyond their health and care service provision, whether as places of employment or community hubs. Community pharmacies are anchors; they are part of the fabric of Lothian communities and future service provision will continue to be based on the delivery of place-based pharmacy solutions to meet population health need.

The following map demonstrates the travel times/methods across the Lothian geographical area.

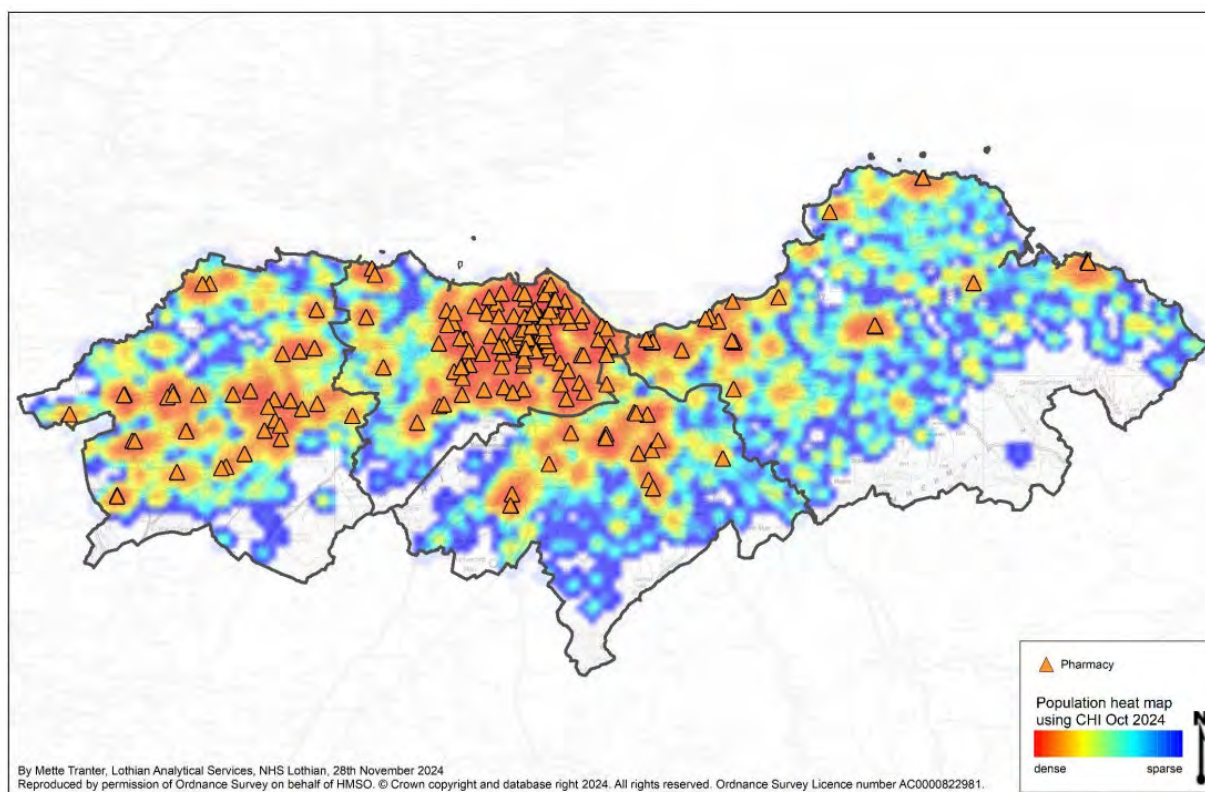
¹¹[Place Principle: introduction - gov.scot](#) April 2019 (accessed on 1 April 2025)

Figure 13: Map showing travel time (isochrones) from pharmacies in the NHS Lothian area



Another demonstration of provision of community pharmacies is to examine location versus population density and this is seen in the map below.

Figure 14: Population density and community pharmacies in Lothian heat map



Figures 13 and 14 above illustrate that there is good distribution of community pharmacies across Lothian, with pharmacies more concentrated in areas of greater population density, but with most living more rurally being able to access a community pharmacy within 20 minutes by car. No unmet need is currently identified with regards to core hours.

Accessibility of community pharmacy service information

The Pharmaceutical List detailing community pharmacy location and opening hours can be found in Section 10. [NHS Inform](#) publishes information on community pharmacy locations, opening hours and details of some of the available services. It is recognised it would be beneficial to have a public facing resource providing detail on all services to support public access and healthcare professionals to be able to signpost to services.

Recommendation:

- NHS Lothian will develop an online webpage to provide a detailed list of all NHS Lothian community pharmacies and available services. This will be regularly updated and maintained.

4.5 Pharmacy Premises

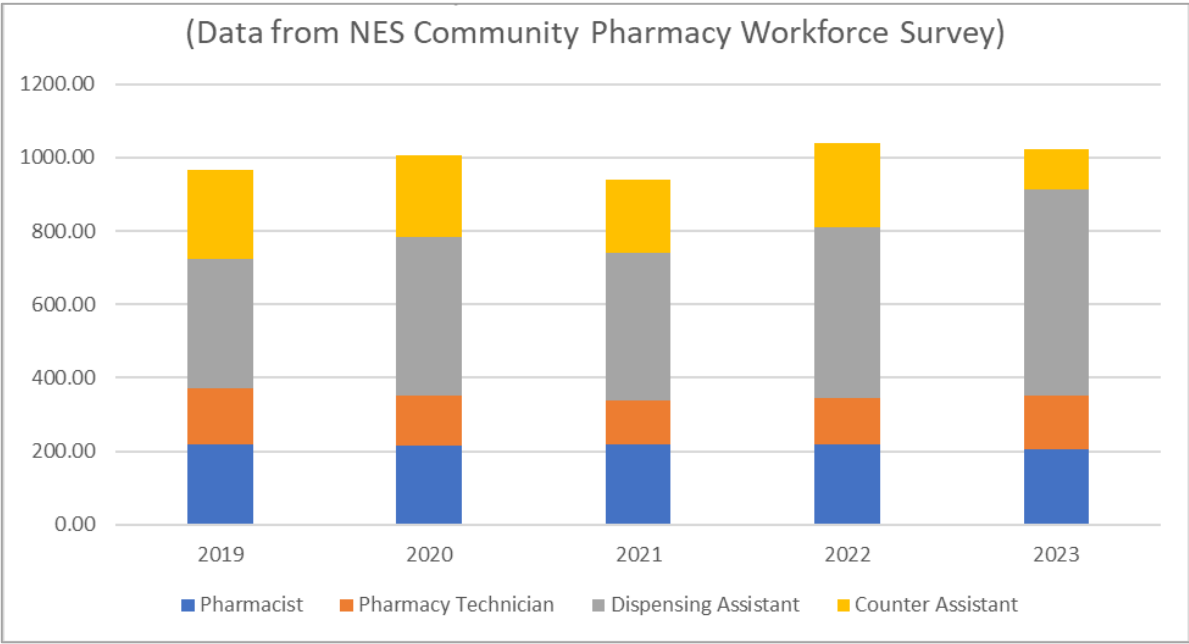
The General Pharmaceutical Council, in its role as regulator, sets standards for registered pharmacies in the UK to ensure that every pharmacy has the right environment for safe and effective care. Pharmacy owners are accountable for making sure that the standards for registered pharmacies are met.

NHS Circular PCA(P)(2007)28 (Pharmaceutical services remuneration arrangements for 2007-2008: contract preparation payments premises guidance and assessment tool) provides guidance on premises requirements under the community pharmacy contract. The circular includes a checklist and pharmacy owners are expected to review their compliance and identify and action any areas needing improvement.

4.6 Workforce

Community Pharmacy services are delivered by a trained and skilled workforce. This workforce is made up of registered Pharmacists and Pharmacy Technicians and support staff comprised of Dispensing and Counter Assistants. Data is collated annually by NHS Education for Scotland (NES) on the pharmacy workforce and community pharmacy data for Lothian is given below.

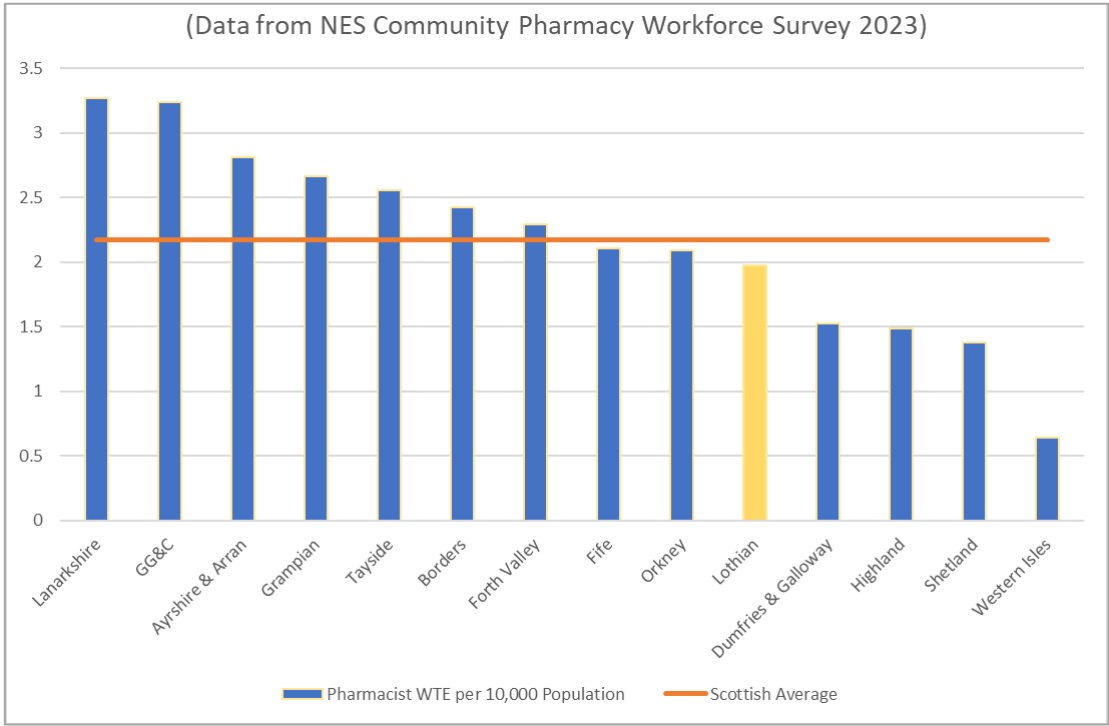
Figure 15: Whole Time Equivalents (WTE) by Staff Group in Community Pharmacy in NHS Lothian 2019-2023



Pharmacists

Pharmacists are registered with the General Pharmaceutical Council and practise in accordance with the GPhC codes and standards. Pharmacists are highly skilled health care professionals who oversee the safe dispensing and supply of medicines as well as provide a number of additional clinical services.

Figure 16: Community Pharmacist WTE per 10,000 Population



The data highlights that NHS Lothian has fewer pharmacists per 10,000 population working in community pharmacy than the Scottish average. The vacancy rate in Lothian is 17.9% against a Scottish average of 14.6%.

The scope of practice of the pharmacist in community pharmacy has extended over the last decade with many now registered as non-medical prescribers (also referred to as independent prescribers) and offering more advanced services such as Pharmacy First Plus. Funding from the global sum is allocated to support the development of employee pharmacists to become independent prescribers and additionally, from 2026, newly registered pharmacists will be the only health profession, other than doctors and dentists, who can practise as prescribers from the point of registration. This presents a unique opportunity for patients and the NHS in Scotland to benefit from this expertise and the additional healthcare capacity to support reform. This will enable delivery of priorities within the existing workforce, and equally through workforce diversification allow pharmacy professionals' contribution to be maximised, supporting wider workforce sustainability. The table below gives a breakdown of the position in Lothian in December 2024.

Table 12: Pharmacist Independent Prescribers (IP) in Community Pharmacy in NHS Lothian by HSCP (Active Prescribers provide Pharmacy First Plus service)

	Active Prescribers	In Training	On Waiting List for NES Funded IP course
Edinburgh	21	13	6
East Lothian	8	5	
Midlothian	3	4	
West Lothian	10	3	1
HSCP to be assigned*	2	2	5
TOTAL	44	27	10

*Relief Pharmacists working across Board area

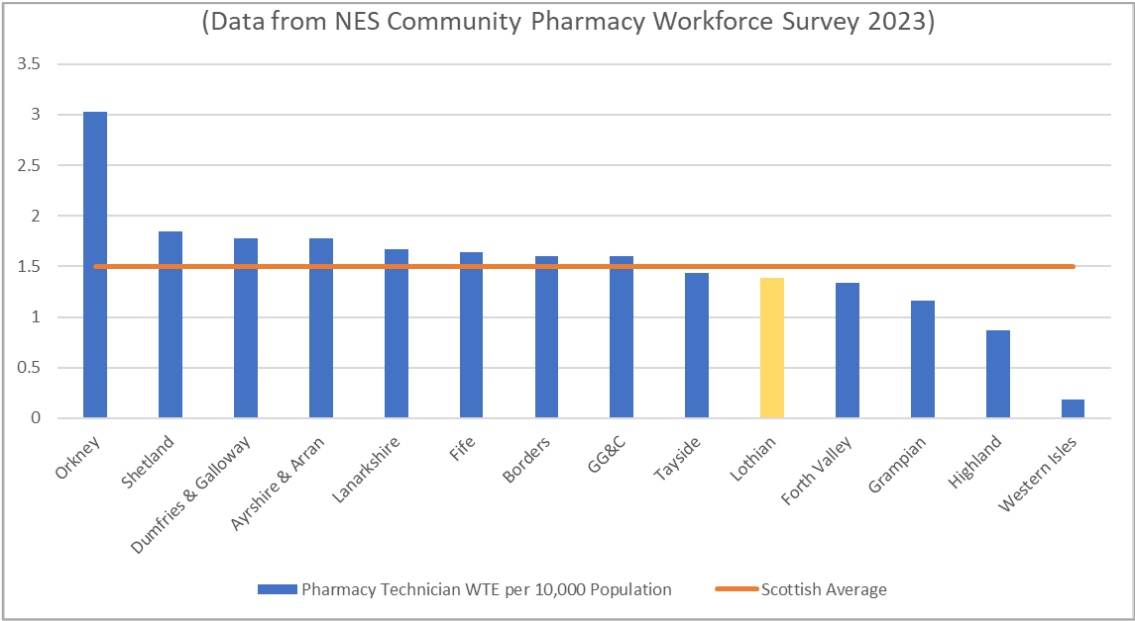
It is anticipated that the independent prescriber capacity will continue to grow and the clinical role of the pharmacist in community pharmacy will continue to evolve. The underpinning aim is that technical aspects such as the procurement and assembly of medicines will be further delivered by the wider pharmacy team allowing the pharmacist to utilise their clinical expertise and focus on patient facing tasks. This will facilitate greater patient access to healthcare closer to home and ensure that patients are receiving support to get greatest value from their medicines whilst minimising any harm. This is underpinned by post-registration and advanced practice curricula and work on embedding career pathways throughout NHS Scotland, ensuring alignment with future population health and system needs. This will support the wider assurance of practice associated with evolving complex autonomous roles, ensuring patient safety and meeting patient and public expectations of care delivered by safe, competent, and confident practitioners.

Pharmacy Technicians

Pharmacy technicians are registered with the General Pharmaceutical Council (GPhC) and practise in accordance with the GPhC codes and standards. They undertake several roles in community pharmacy including the ordering and supply of medicines, patient advice and counselling, supervision and management of other staff. Accuracy checking pharmacy technicians are accredited to carry out a final accuracy check on a dispensed prescription which has been clinically screened by a pharmacist. The extended scope of the pharmacy technician profession in delivering direct patient care is critical, but equally importantly the enhanced roles

of pharmacy technicians have underpinned the release of pharmacists to deliver clinical activity with associated increase in healthcare capacity.

Figure 17: Community Pharmacy Technicians WTE per 10,000 Population



NHS Lothian has fewer pharmacy technicians per 10,000 population working in community pharmacy than the Scottish average. The vacancy rate in Lothian is 10.6% against a Scottish average of 10.5%.

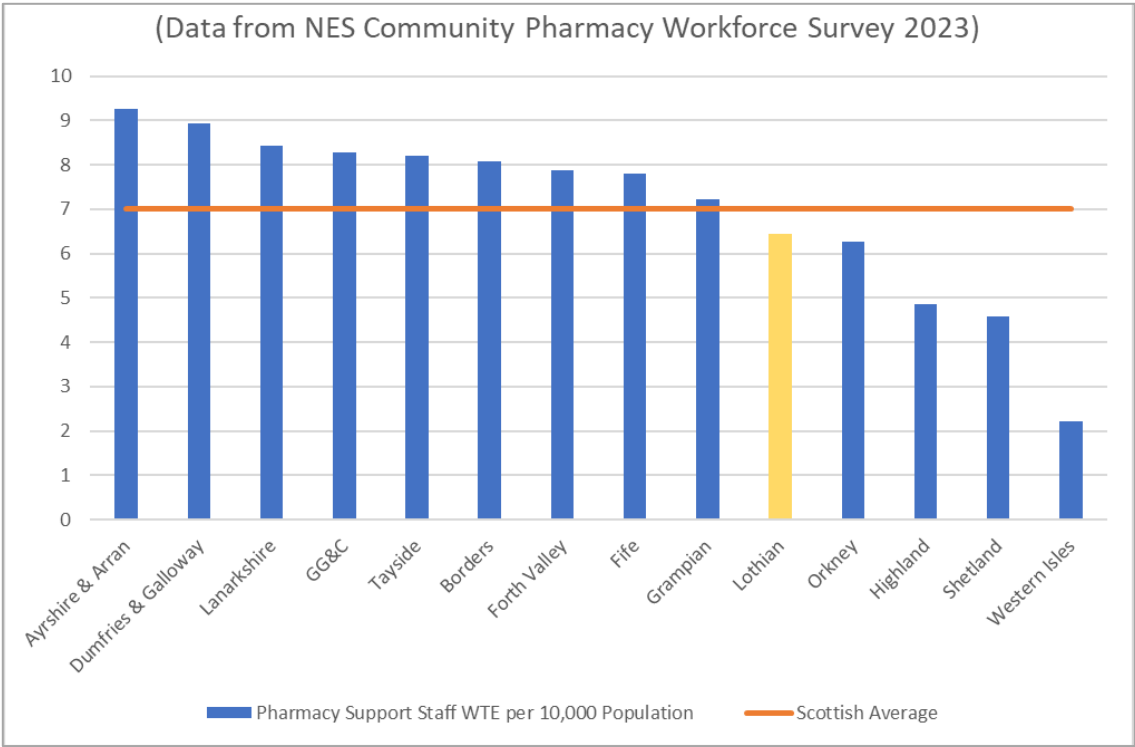
The role of the pharmacy technician in community pharmacy is developing. From June 2024, pharmacy technicians have been able to supply and administer medicines under a patient group direction, increasing their scope of practice. This enables pharmacy technicians to better utilise their clinical skills and expertise and free up additional pharmacist capacity for more complex clinical tasks such as Pharmacy First Plus.

Changes to the supervision of medicines regulations proposed in the UK aim to modernise pharmacy practices and improve patient care. The changes would allow pharmacy technicians to take on more responsibility for dispensing and supervising the preparation of medicines, which frees up pharmacists' clinical capacity to provide extended services. For patients, this could enable greater access to care and for pharmacists and pharmacy technicians they will be supported to better utilise their expertise. A national post registration development pathway for pharmacy technicians is under development, this will provide a robust assurance framework for an expanding scope of practice.

Community Pharmacy Support Staff

Pharmacy support staff consist of dispensary assistants and counter assistants and work under the supervision of a pharmacist. Dispensary assistants are involved with the prescription assembly and dispensing and can provide over the counter medicines sales advice to customers. They must meet the GPhCs minimum training requirements and complete a Level 2 certificate in pharmacy service skills equivalent to Level 2 NVQ. Counter assistants are involved in the sale of medicines over the counter and also provide advice and signposting. They will undertake a GPhC accredited medication counter assistant course.

Figure 18: Community Pharmacy Support Staff WTE per 10,000 Population



NHS Lothian has fewer pharmacy support staff per 10,000 population working in community pharmacy than the Scottish average. The vacancy rate in Lothian is 5.9% against a Scottish average of 6.3%

Pharmacy support staff are vital for the efficient running of community pharmacy, freeing up pharmacist and pharmacy technician clinical capacity. Similarly to above, a national development pathway for pharmacy support staff is under development which will standardise levels of practice and offer assurance that support staff are equipped to deliver high quality person-centred services as their roles extend to support the release of pharmacist and pharmacy technician clinical capacity.

National Workforce Planning

The Chief Pharmaceutical Officer has convened a National Pharmacy Workforce Forum to provide strategic influence and a national co-ordinated approach to support short-, medium- and long-term evidence-based workforce planning. As part of the preparatory work for convening that forum a series of stakeholder discussions was undertaken which resulted in the development of 7 priority workforce planning commissions in collaboration with key stakeholders. New training standards and career frameworks for pharmacists, pharmacy technicians and pharmacy support staff are key enablers of workforce development. This work to deliver priority commissions will have a positive impact on quality and patient care, supporting the development of robust workforce pipelines and a sustainable workforce with the appropriate skills and competencies to deliver service reform.

Evaluation and Recommendations

The data above shows that there was a drop in staffing levels in 2021 possibly impacted by Covid and growth in other sectors of pharmacy such as general practice clinical pharmacy. Overall, however staffing levels have increased in community pharmacy in Lothian since 2019 but it is noted that skill mix is changing.

NHS Lothian has less staff per head of population across all staffing groups compared with the Scottish average. It is however acknowledged that this data is complex to collect and will have limitations due to variance in how staff levels and vacancies are interpreted and reported. The evolution of pharmacy roles to free up additional capacity is welcomed. It is anticipated this should improve access and care for patients, better utilising the skills and expertise of the team.

Recommendations:

- NHS Lothian will continue to work with Community Pharmacy Lothian to understand any local and national variation in the community pharmacy workforce and will work collaboratively to support resilience and sustainability within the network.
- NHS Lothian will continue to work with community pharmacy teams to support professional development in line with national frameworks and pathways, supporting skill mix optimisation and advancing roles

4.7 Digital Access

Acute Medication Service (AMS) Digital

AMS supports the provision of pharmaceutical care services for acute dispensing episodes and any counselling and advice that may be required. 'AMS Digital' was introduced as an early step in moving to paper free prescribing and allows the electronic transmission of prescription data between GPs, Community Pharmacies and Practitioner Services Division (PSD). On receipt of a prescription in the pharmacy, scanning of the barcode retrieves the electronic prescription message for that prescription from the GP practice system. The pharmacist then uses this information for dispensing purposes, reducing the need for data entry and transcription. Dispensing a prescription creates and sends an electronic claim message to allow reimbursement.

If the system is successfully implemented, it is anticipated that the process for issuing, dispensing and reimbursing prescriptions will be safer and more efficient and reduce the need for the current paper-based prescription. It is however noted that the move to a paper free prescription process will significantly impact the way in which community pharmacies currently operate and will need further consideration and engagement.

In July 2023, the AMS Digital programme was paused, with National Services Scotland focussing on addressing the use of estimated prescription payments for contractors and moving this to a position where actual payments used. The delivery plan for AMS Digital is being revised.

Digital Prescribing and Dispensing Pathway

The national Digital Prescribing and Dispensing Pathways (DPDP) programme is developing an end-to-end digital solution for in-hours prescribing from General Practices through to community pharmacy dispensing. Further development for out of hours services will follow. Anticipated benefits include:

- Easier and more efficient way to order and receive prescriptions
- Safer and more streamlined process for prescribers and dispensers
- Enable multiprofessional and multi-location digital prescribing which will support new service models and pathways

- Support for climate sustainability by reducing the use, transport, scanning and destruction of paper.

NHS Lothian is fully engaged and supportive of moving this programme forward, and a number of community pharmacies in Lothian have expressed an interest to be involved with piloting or early implementation of this initiative.

Access to Clinical Records

As community pharmacies in NHS Lothian, expand their clinical role (including independent prescribing) to improve access and care for patients, there is an increasing need for them to have read/write access to clinical records. This ensures that they can safely assess and agree a management plan for patients and any associated actions or treatments can be viewed by healthcare providers, involved with the patient's care, without any unnecessary delay.

At present, community pharmacists in Lothian can gain read access to an electronic care summary. This gives a brief overview of a patient's current medication, allergies and key information regarding the patient's care. It does not however provide more comprehensive information that is often required to make safe and effective clinical decisions about the patient's care such as recent blood test results and medical history. The Community Pharmacist may need to contact another healthcare professional or rely on the patient's knowledge for their history which could result in less efficient care and may increase risk.

NHS Lothian recognises the importance of providing Community Pharmacists greater read / write access to clinical records to further enable delivery of Pharmacy First Plus and other clinical services delivered via community pharmacies. Work is progressing to enable access and it is anticipated that a solution will be implemented during 25/26.

Recommendation

- Read / write access to a comprehensive clinical record for patients will be enabled for community pharmacist prescribers to ensure safe and effective care.
- NHS Lothian will work with stakeholders to support the move to digital prescribing and dispensing, creating a more efficient pathway and reducing the environmental burden from a paper-based system

4.8 Community Pharmacy Services

Services are described below as core, national and local / specialist. As previously noted, data relating to independent contractor provision of services is correct at time of publication but is subject to amendment if contractor circumstances change.

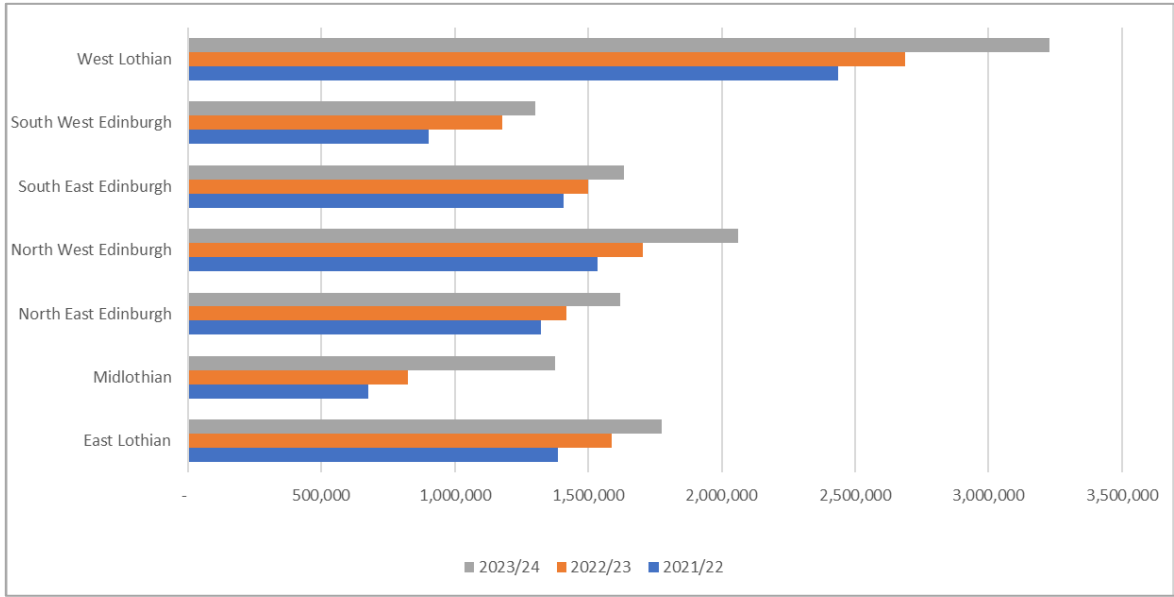
Core Services

Core services: These services are outlined and commissioned by Scottish Government and therefore must be provided by every community pharmacy delivering NHS services

Acute Medication Service

The Acute Medication Service (AMS) is the electronic transmission of prescription information (ETP) between GP prescribers and community pharmacy contractors. This service supports the dispensing of acute prescriptions and any associated advice to patients. The below figure outlines the increasing trend in prescription items across the HSCPs

Figure 19: Number of AMS Prescription Items dispensed by locality, NHS Lothian (2021/22-2023/24)



Source; PHS Open data

As seen in the figure above, the number of prescription items has increased year on year over the time period shown. Factors that will influence this include population growth, an ageing population and advances with new medicines.

Medicines Care and Review - Serial Prescribing

The Medicines Care and Review (MCR) service aims to provide support to patients with long term conditions and helps them to get the best from their medicines. Serial prescribing and dispensing is an element of MCR. It allows patients, who are stable on a long-term medicine, to be given a prescription for up to 12 months which is dispensed in instalments from a community pharmacy. This minimises the need for the patient to order the medicine regularly, reduces the need for the GP to issue regular prescriptions and aims to streamline workflow for the community pharmacy. The pharmacy works in partnership with the patient’s GP practice to monitor medicines adherence and feedback any concerns. An end of treatment summary is submitted back to the GP practice when the last instalment of the serial prescription is collected.

Improving uptake of serial prescribing has been a priority for all the HSCTPs with various initiatives undertaken over the last two years and national materials developed by Health Improvement Scotland. Close collaboration between community pharmacy and GP practice has been key to progress and there has also been a dedicated focus from a Community Pharmacy Champion to support local pharmacy contractors to engage.

Figure 20: Number of Medicines Care and Review Service items dispensed by month in Lothian, June 2023-June 2024

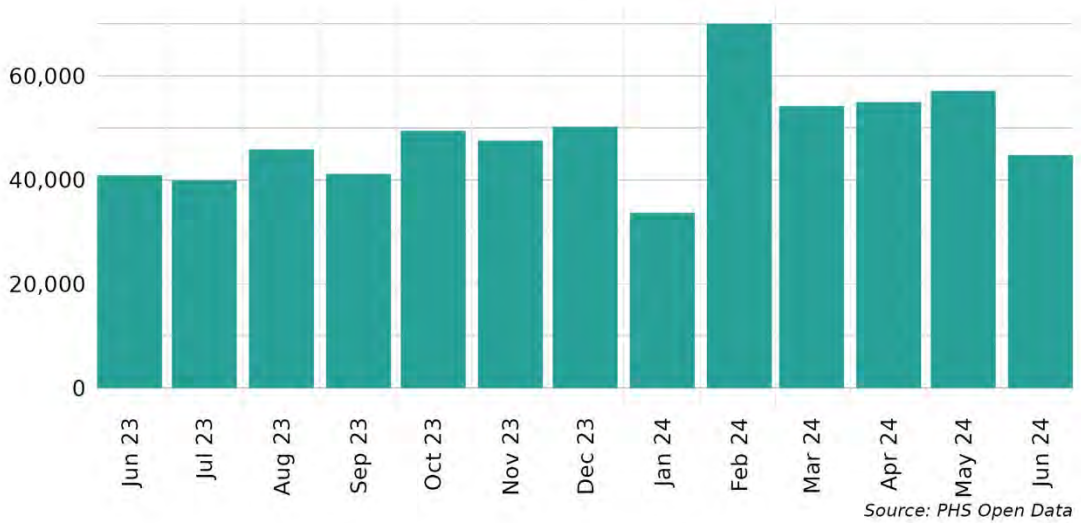
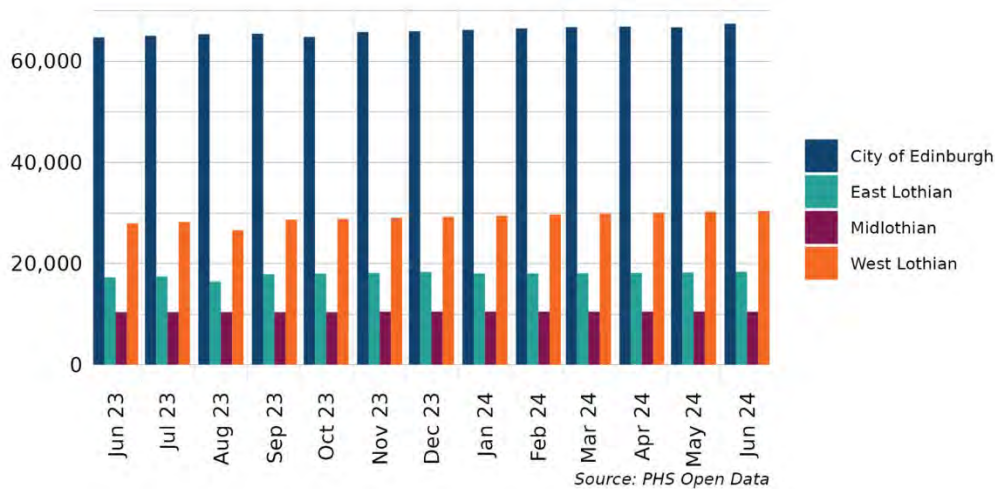


Figure 21: Number of patients registered for Medicines Care and Review Service by HSCP and by month in Lothian, June 2023-June 2024



Over the last 12 months, an overall increase can be seen in the use of this service across Lothian, particularly in Edinburgh and West Lothian HSCP. Within Lothian there are pockets of high implementation and areas with much lower uptake. NHS Lothian will continue to work with community pharmacy and general practice to understand barriers and consider further initiatives to support and progress.

MCR is also considered a key enabler for the pharmacy team to work with patients to ensure they are getting the best from their medicines. This may involve discussions about medicines adherence and could further evolve to greater support around chronic disease monitoring and social prescribing.

Building on a previous pilot, a community pharmacy in Lothian is working in partnership with a local GP practice to offer patients an asthma review, opportunistically when the patient collects their medication. This project was developed in response to low attendance rates at the GP practice for asthma review and is based in a deprived area of Edinburgh with higher asthma prevalence rates. The Community Pharmacist has specialised in respiratory prescribing and is

ideally placed to work with patients when they attend to collect their medication. The project outcomes will be evaluated to inform future commissioning.

Recommendations:

- Medicine Care and Review will be further promoted, with consideration of any barriers and enablers.
- Further initiatives to progress and develop MCR-serial prescribing will be undertaken, based on local population needs.

NHS Scotland Pharmacy First and Pharmacy First Plus

NHS Pharmacy First Scotland, launched in July 2020, is a service that allows community pharmacies to provide expert assistance in treating conditions such as sore throats, earaches, and cold sores, as well as common clinical conditions like urinary tract infections (UTIs). Pharmacy teams offer advice, treatment, or referral to other healthcare professionals if necessary.

Pharmacy First is offered by all community pharmacies and is available at no charge to patients registered with a GP practice in Scotland (on a temporary or permanent basis) and all people who live in Scotland (including gypsy or travellers / asylum seekers and their dependents).

The service helps people access the appropriate care in the right location, eliminating the need to visit their GP practice or local Accident and Emergency Department for non-urgent treatment.

NHS Pharmacy First Plus is an extension of the NHS Pharmacy First Service. It is led by pharmacist independent prescribers in community pharmacy who have completed additional training covering consultation and clinical examination skills. The pharmacists can offer advice or prescription for common clinical conditions that they feel competent to diagnose, assess and manage, minimising the need for onward referral to another healthcare professional.

Conditions may include but are not limited to urinary tract and respiratory infections, ear nose and throat conditions, dermatological presentations, allergies and eye infections.

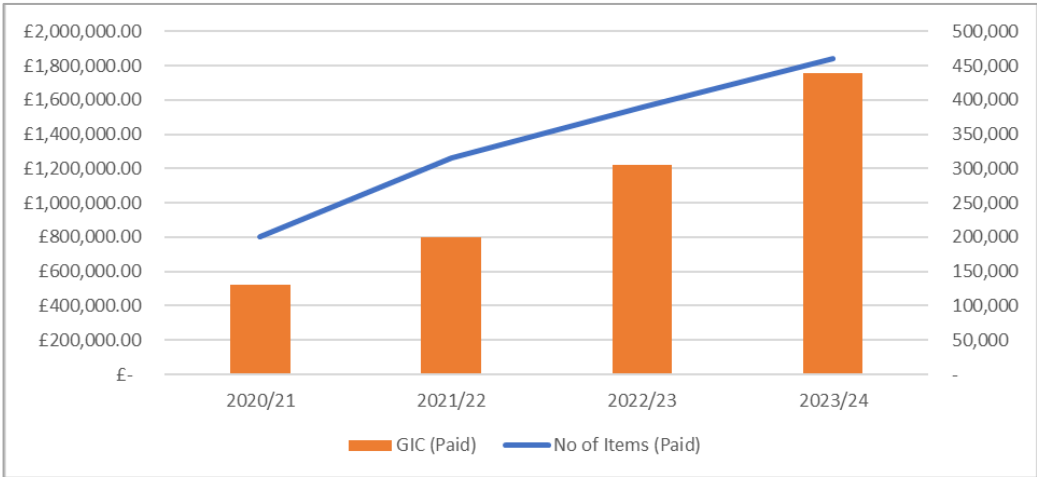
The aim of the service is to improve patient access to healthcare and free up GP capacity to treat more complex clinical conditions. Pharmacy First Plus is currently offered opportunistically as a walk-in service from 37 pharmacies in NHS Lothian. A pharmacy providing this service will have an independent prescriber available to consult with patients for a minimum of 25 hours per week, 45 weeks per year.

Assessment of Pharmacy First

Pharmacy First is offered by all 180 community pharmacies in Lothian. Patients presenting to a pharmacy will be offered advice, treatment, or onward referral.

The graph below shows activity for Pharmacy First in terms of items prescribed and item spend.

Figure 22: Pharmacy First activity in NHS Lothian 2020/21-2023/24 by cost and number of items (excluding items issued via patient group directive)



Source: PHS Open Data

Data is also available to indicate the number of patients receiving advice only or onward referral. The averages for Q4 23/24 are given below:

- 10,301 patients per month given advice only
- 2,392 patients per month required onward referral
- 49,980 treatments per month issued

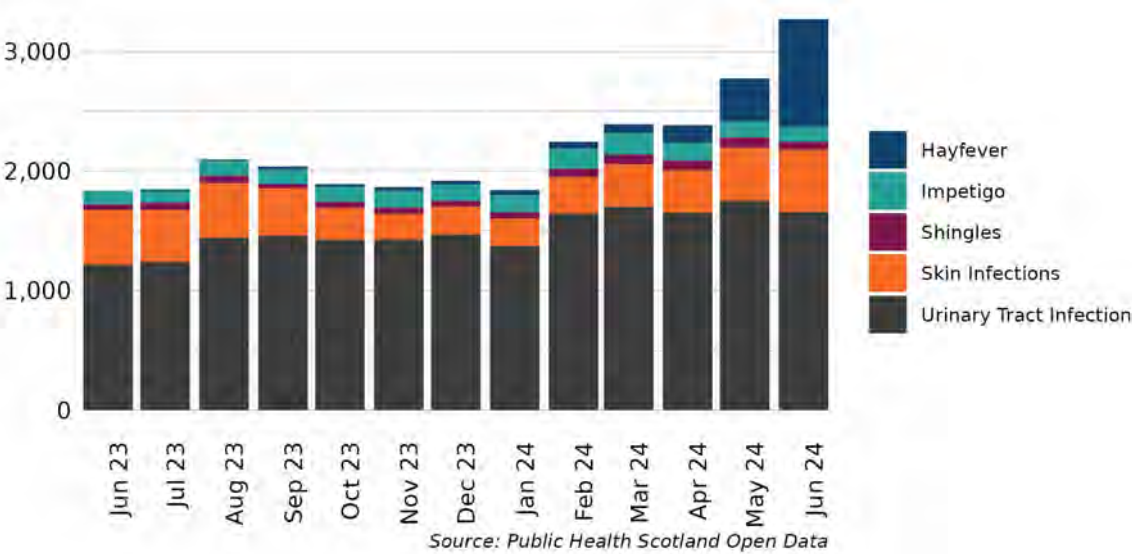
The data highlights that activity is steadily increasing, with more patients accessing community pharmacy for minor ailments, who may otherwise have presented to a GP. The majority of presentations result in a treatment being given, and the need for onward referral remains low, indicating that most patients presenting can be managed appropriately by community pharmacy. The provision of Pharmacy First supports better access for patients being able to seek advice and treatment in a quicker and more convenient way and will also be minimising unnecessary appointments at GP practices, freeing up GP capacity to deal with more complex conditions. In addition, pharmacies that offer extended hours, opening later in the evening or at weekends, and access to Pharmacy First during these periods will be minimising unnecessary contacts with out of hours providers.

Spend on Pharmacy First medicines is proportionally increasing in relation to increased service activity. Medicines are selected from a NHS Lothian approved formulary in line with best evidence and cost-effective prescribing. It is important to acknowledge that this spend is likely to be a result of transfer of activity and associated costs for medicines that would have previously been issued on prescription by GP practice, rather than new activity.

To further expand the scope of Pharmacy First, five nationally developed patient group directions (PGDs) have been introduced for urinary tract infections, hay fever, impetigo, shingles and skin infections. This allows pharmacists and pharmacy technicians who have undertaken appropriate training, to issue prescription medicines for patients who meet certain criteria, as outlined in the PGD.

Activity data is given below.

Figure 23: Pharmacy First contacts by PGD subservice by month in Lothian, June 2023 to June 2024 (includes consultation, referral, and dispensing)



Trimethoprim for urinary tract infections (UTI) accounts for the largest number of items supplied under PGD, with an average of 1200 items per month. This will be reducing GP presentations for UTI, with many uncomplicated infections being managed effectively by community pharmacy. Education and training sessions on best practice and antimicrobial stewardship are offered by the Community Pharmacy Development Team to support high quality prescribing.

In summary, Pharmacy First is offered by all community pharmacies in Lothian with activity increasing year on year suggesting good patient awareness of the service and access. No unmet need is currently identified however it is noted that unmet need could arise if the number of hours of community pharmacy provision in the extended hours and weekend period reduces.

Assessment of Pharmacy First Plus Service

There are 49 community pharmacies in Lothian offer Pharmacy First Plus. The provision across the HSCPs is shown below.

Table 13: Community Pharmacies Providing Pharmacy First Plus by HSCP

	Community Pharmacies Providing Pharmacy First Plus
Edinburgh HSCP	28
East Lothian HSCP	5
Midlothian HSCP	3
West Lothian HSCP	13
TOTAL	49

Pharmacists must undertake an independent prescribing qualification and additional training to provide the service. In order to complete the qualification, pharmacists must be supported by a designated prescribing practitioner and undertake a period of learning in practice. NHS Education for Scotland funded places are available and currently allocated on a first come first

served basis, which has resulted in Pharmacy First Plus developing opportunistically across Lothian. At present the service can be provided by employed pharmacists only, with locums excluded.

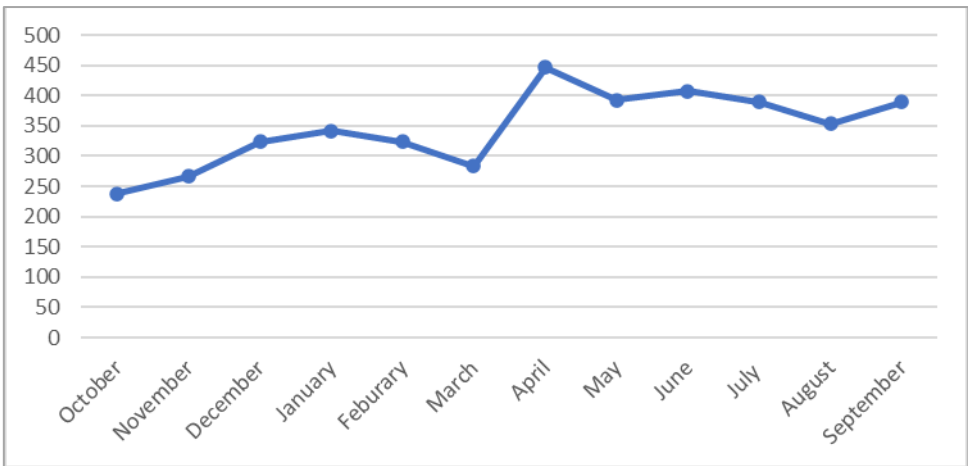
In terms of current service provision, a breakdown of Pharmacy First Plus pharmacies by SIMD quintile is given below.

Table 14: Percentage of Community Pharmacy Pharmacy First Plus provision in Lothian by SIMD quintile

SIMD quintile	% of Pharmacy First Plus Pharmacies
1 (most deprived)	11
2	36
3	11
4	20
5 (least deprived)	22

The graph below gives a further indication of activity, detailing the number of prescription items issued monthly in Lothian via Pharmacy First Plus.

Figure 24: Number of items prescribed by NHS Lothian Independent Prescribers Oct 2023-Sept 2024



Source: PHS Open Data

Further analysis of prescribing data for 23/24 indicates that the top 3 areas for prescribing were infections (43%), skin (19%) and ear, nose and throat (14%).

The data above indicates steady growth in the provision of Pharmacy First Plus with potential to further develop and embed this across Lothian. Pharmacies offering the service are located across all the HSCPs and at present further expansion is not targeted towards specific areas or demographics.

The service is delivered opportunistically and therefore not widely advertised to patients however it is anticipated that as the number of providers grow and the service further develops, this position may change. In addition, NHS Lothian plans to work with providers to better understand and define when the service is offered from each pharmacy and the range of conditions that each pharmacist feels competent to manage. This data will assist with any future communications for patients and other healthcare providers.

Current activity demonstrates the enhanced clinical role pharmacists can provide, particularly in managing infections and other common clinical conditions, freeing up much needed capacity for general practice and out of hours providers. It utilises the skills and expertise of the pharmacist and can offer greater and more timely access for patients.

In order to further progress this service, potential barriers may need to be considered. These include supporting community pharmacists, wishing to complete their IP, to identify a designated prescribing practitioner and suitable opportunities to undertake their period of learning in practice. This may be facilitated by strengthening cross sector collaboration.

In addition, to enable Pharmacy First Plus to operate more safely and efficiently, it is considered a priority to provide community pharmacist independent prescribers with more comprehensive access to a patient's clinical record. NHS Lothian is currently exploring access via Clinical Viewer.

Recommendations:

- NHS Lothian will work with community pharmacies to better define when and where the service is offered and the range of conditions that pharmacists will manage.
- NHS Lothian will work with Community Pharmacy Lothian and other stakeholders to explore how Pharmacy First Plus can be further developed such as building Designated Prescribing Practitioner capacity, supporting pharmacists to gain confidence in the range of conditions that can be managed, implementation of greater digital access to clinical records to facilitate safe and effective prescribing.

Public Health services

Smoking cessation

Smoking cessation services are delivered under the national branding 'Quit Your Way' (QYW) with the community pharmacy service provision working alongside other QYW specialist teams including community, maternity and inpatient hospital services. The aim is to support patients through their smoking quit attempt over a structured 12-week programme. This supports the national strategic objective set out within the [Scottish Government Tobacco and Vaping Framework](#) - to reduce smoking rates to below 5% by 2034. The community pharmacy service provides patients with both stop smoking medication and psychological support during their quit attempt.

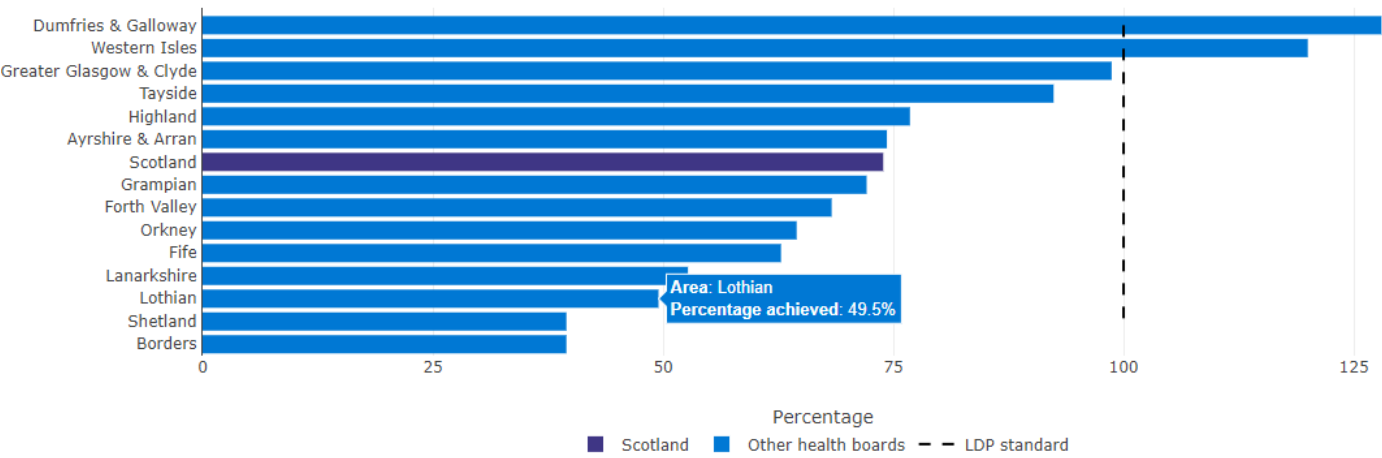
Information about service activity and outcomes from community pharmacy services is recorded through the smoking cessation support tool within the Pharmacy Care Record (PCR). This data set is electronically submitted from the PCR to national smoking cessation database and is made available to the local NHS Board for assessment and monitoring via Public Health Scotland. It is noted there is a lag in publication of data between recorded quit attempts and successes due to 12 week follow up time.

Smoking is a significant driver of health, social and economic inequalities. Smoking cessation is one of the highest impact interventions in terms of improvement to an individual's health and life expectancy. Smoking contributes significantly to incidence of preventable cancer as well as cardiovascular and pulmonary health problems and any patient who smokes tobacco is encouraged to quit.

Smoking cessation services are delivered against a national standard and performance is measured against Local Delivery Plan (LDP) standards to sustain and embed successful smoking quits, at 12 weeks post quit, for people residing in the 40 % most-deprived data zones in the NHS Board (i.e. two most-deprived local quintiles). In 23/24, NHS Lothian achieved

49.5% of its LDP target and community pharmacy delivered 21% of these. The performance of all Boards is seen below and it is noted that a number of Boards did not achieve LDP standard.

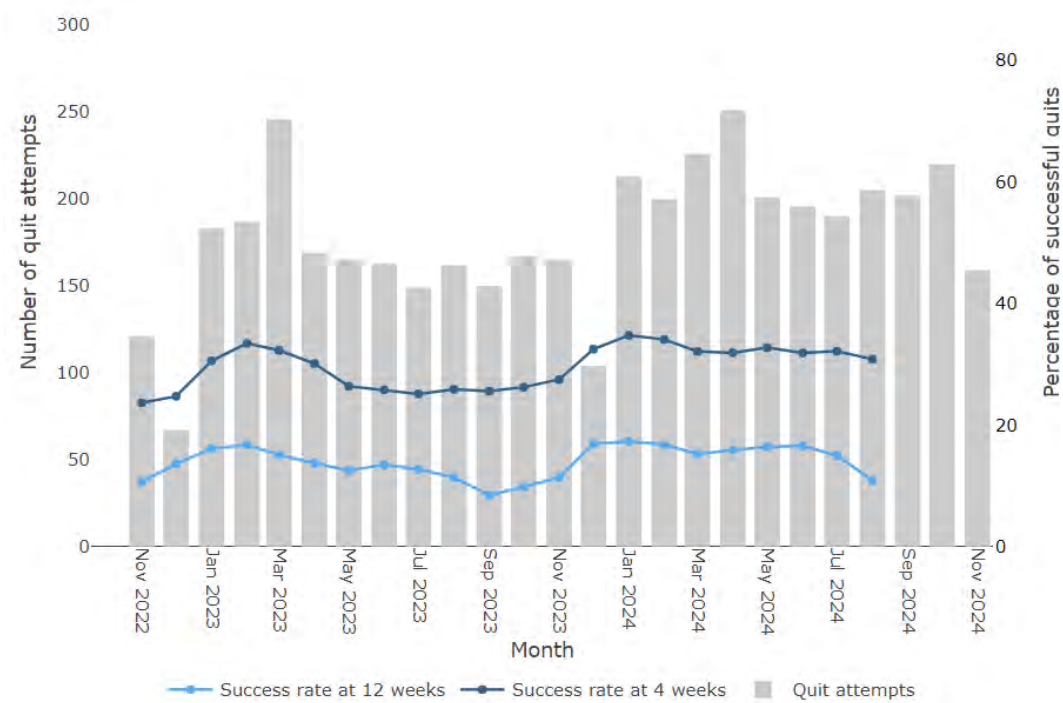
Figure 25: Percentage of LDP Standard successful quits achieved during 2023/24



Source: [NHS Services Stop Smoking Dashboard \(PHS\)](#)

Data in figure 26 shows activity for all community pharmacy quit attempts including 4 and 12 week outcomes.

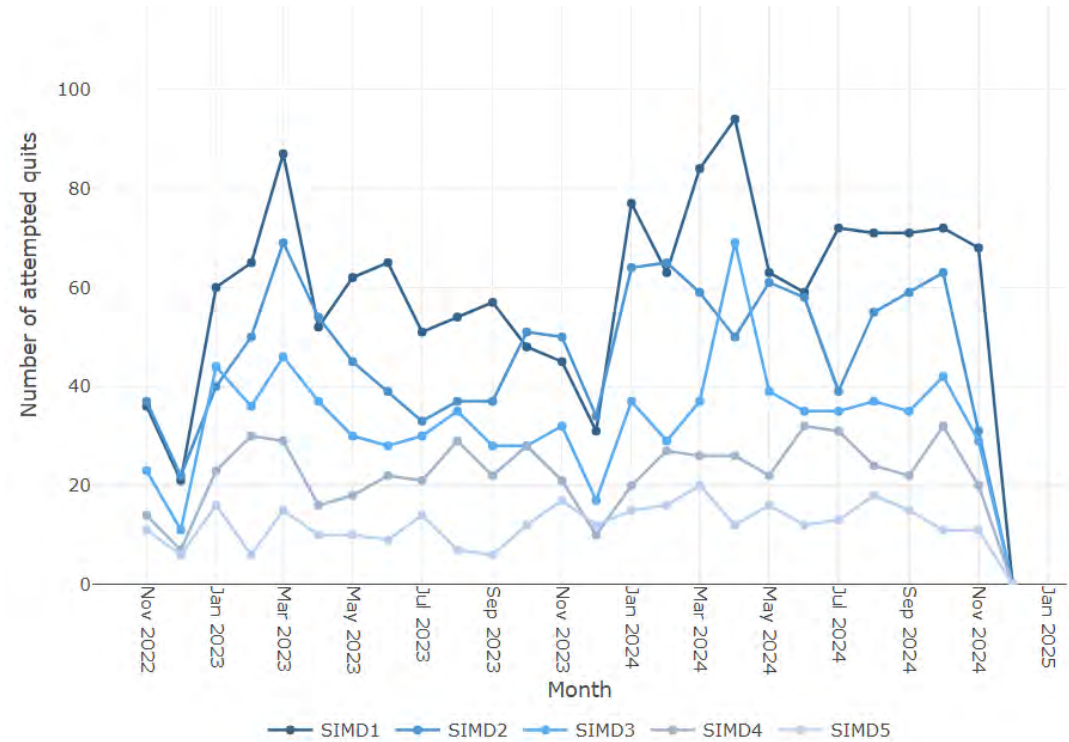
Figure 26: Number of quit attempts and percentage of successful quits per month in Lothian pharmacies between November 2022 and November 2024



Source: NHS Scotland Stop Smoking services database

Quit activity at community pharmacy can also be examined by SIMD. From figure 27, higher numbers of attempted quits are seen in areas of higher deprivation- which would be expected as these are areas likely to have a higher smoking prevalence.

Figure 27: Number of quit attempts per month in Lothian pharmacies by SIMD quintiles between November 2022 and November 2024



Source: NHS Scotland Stop Smoking services database

In 2023, Public Health Scotland published a [review of smoking cessation services](#). Community pharmacy was recognised as an integral part of smoking cessation and a number of recommendations were made in terms of reviewing a number of aspects including referral pathways, data collection and training.

Within Lothian, community pharmacies are supported by Public Health Tobacco Control colleagues through the Pharmacy Assist Team (PAT), who also work closely with Community Pharmacy Development Team.

Recommendations

- NHS Lothian will work with community pharmacies to review smoking cessation performance data and ensure that contractors are supported to deliver the best outcomes.
- NHS Lothian will ensure referral pathways and awareness of this service with both public and healthcare professionals is optimised
- Recommendations from national review will be considered and implemented as the outputs become available.

Sexual Health Services:

Access to Emergency Hormonal Contraception (EHC) and Bridging Contraception (BC)

The Emergency Hormonal Contraception (EHC) service introduced in 2008, PCA(P)(2008)17 allows Community Pharmacies to provide oral agents, levonorgestrel or ulipristal to patients who fit within a specified inclusion criteria. Community Pharmacies across Lothian currently

perform above the national average in regard to service provision, making 7.6 EHC supplies per contractor per month, compared to Scottish average of 5.0 over 2023. (Source; PHS). Community pharmacy can be considered as the main point of access to care for this service.

The Bridging Contraception (BC) service was introduced in November 2021 to improve access to contraception for women, enabling pharmacies to supply 3-6 months progesterone-only pill (desogestrel). BC can be offered as part of EHC consultation or stand alone. BC is available from all Community Pharmacies across Lothian. Activity data shows on average 0.2 BC supplies per contractor per month over 2023, levelling with the Scottish average of 0.2.(Source PHS).

Provision of information and signposting to other sexual health services and care providers is also provided as part of these consultations.

Figure 28: Emergency hormonal contraception (EHC) dispensed items by age group across Lothian, June 2023-June 2024

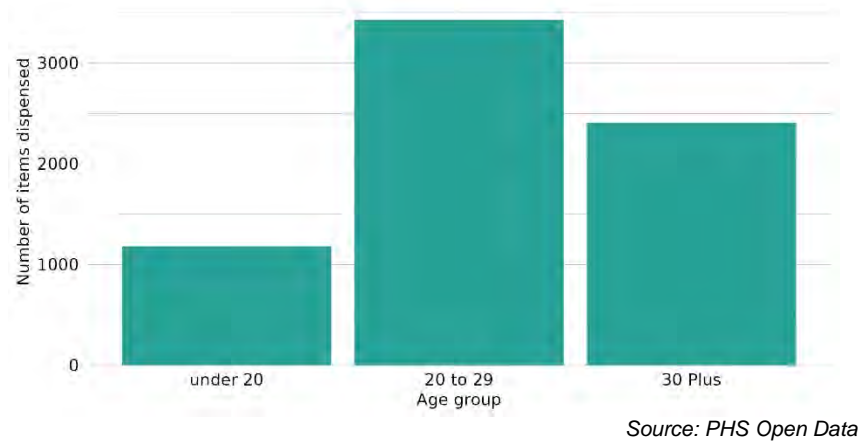


Figure 29: EHC dispensed items by SIMD quintiles across Lothian, June 2023-June 2024

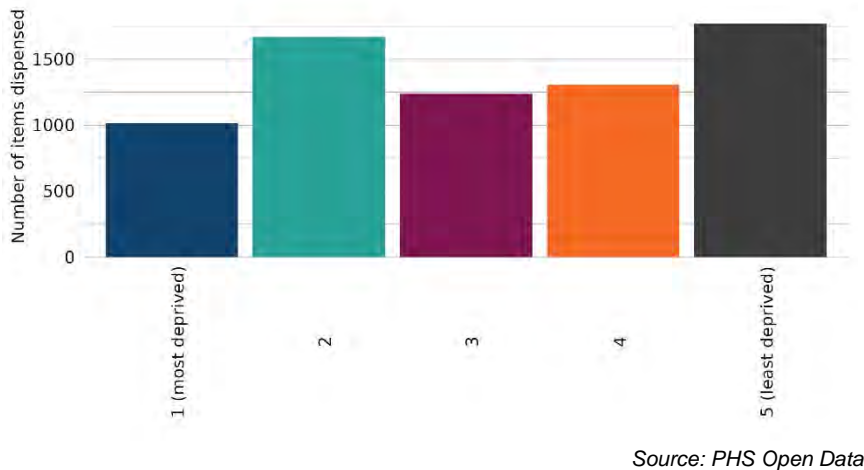
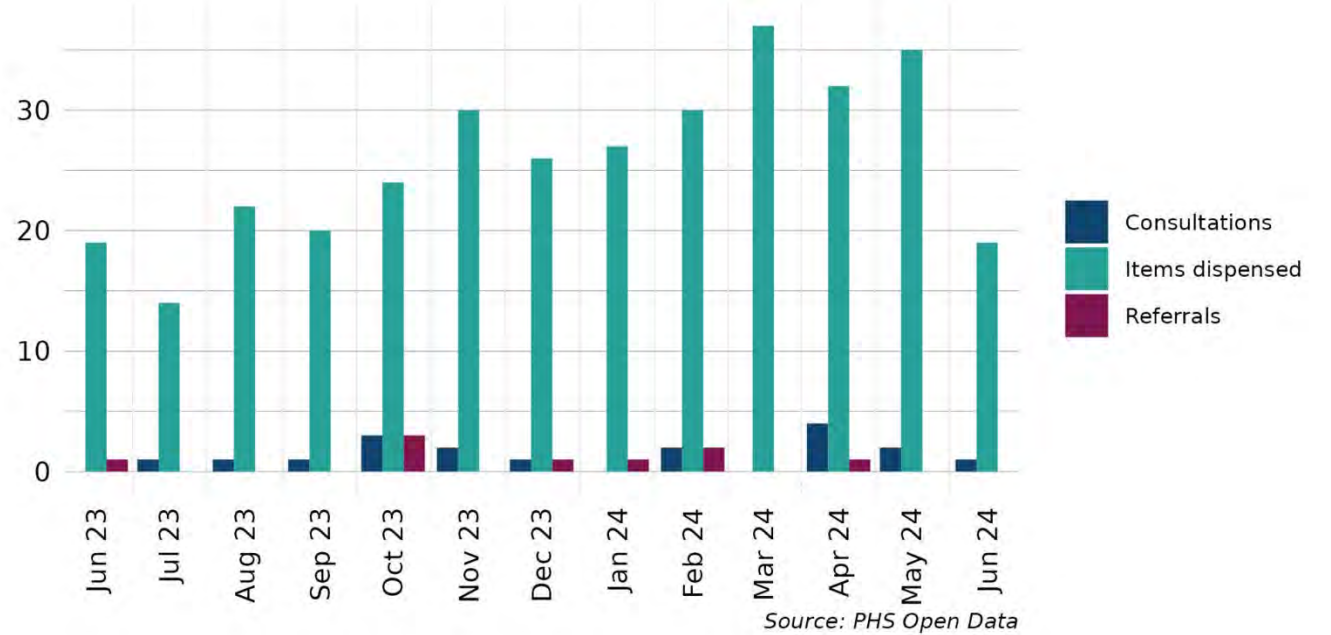


Figure 30: Bridging Contraceptive community pharmacy service activity by month in Lothian, June 2023-June 2024



These figures demonstrate access to EHC at community pharmacy across age ranges and the SIMD quintiles.

Equitable and consistent access to sexual health care is noted in the Healthcare Improvement Scotland (HIS) Sexual Health Standards. These services support national policy objective of both the Scottish Government Sexual Health and BBV action plan and the Womens’ Health Plan in improving accessibility to contraceptive services. Both of these note the role that community pharmacy has to play in ensuring equitable access to contraception. EHC provision in community pharmacy within Lothian is shown to be established and is above the Scottish average.

However, ongoing work is required with regard to Bridging Contraception service including review of profile of service and integrating routinely into EHC consultation as option for ongoing contraceptive requirements. It is recognised that the BC service specification was recently reviewed and relaunched in Autumn 2024 at a national level.

The Scottish Government [Women’s Health Plan Final Report](#) notes a priority to improve access to contraception services, including a long term action for community pharmacy to be part of this, working with partners in primary care and specialist sexual health services.

Provision of information and signposting is a routine part of these consultations, which pharmacy professionals are skilled at providing. Further work could be undertaken to ensure these consultations provide a safe space and opportunity for women to be referred into support services.

Recommendation

- Patients accessing the emergency hormonal contraception service will be further supported to access associated services via signposting e.g. given an awareness of direct referral available from a community setting into the Sexual Assault Response Coordination Service ([SARCs](#)).

- Bridging Contraception uptake has been low to date; this will be explored and recommendations to increase uptake developed.

In addition, as part of the Public Health aspect of core services, community pharmacies are contracted to promote Public Health initiatives and strategies through activities such as window displays/posters of national public health information campaigns.

Naloxone Emergency Supply

In response to the National Mission on Drugs, from October 2023 Community Pharmacies hold a supply of naloxone (a medicine that reverses an opioid overdose) for administration in an emergency. This supports an increase in access to naloxone within our communities with the aim of reducing drug-related deaths.

Quality Improvement

Since 2016, the Scottish Government has committed to making continuous quality improvement a feature embedded into the community pharmacy contractual arrangements, in line with all other NHS bodies and contractor groups. QI methodology can be applied to any number of areas but is of particular value in addressing patient safety issues.

4.9 National Services

National services are outlined and commissioned by Scottish Government. While the majority of community pharmacies do deliver these services, unlike Core Service, community pharmacies can opt to not offer a national service.

Stoma products

People who have a stoma need to use specialist products to collect and dispose of waste which would normally make its way through the digestive tract or urinary system. Community pharmacies can sign up to provide patients with these products and to give advice on stoma care by agreeing to operate under the Stoma contract. The Stoma contract sets out the [service standards](#) to be met by all community pharmacy contractors who have signed up for the service.

Gluten free foods

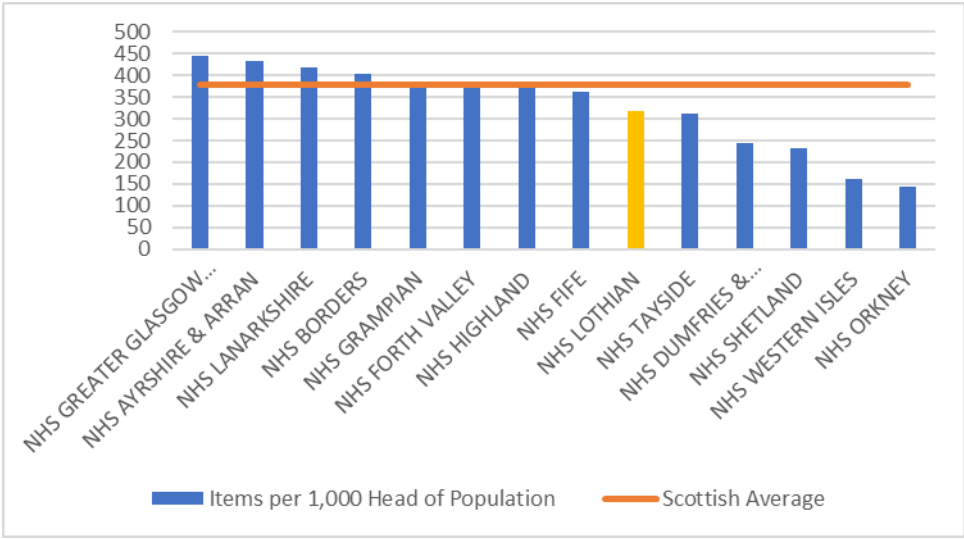
The Gluten Free Food Service was introduced in 2014 providing a community pharmacy-led supply service for patients with a confirmed diagnosis of Coeliac disease or Dermatitis Herpetiformis. As part of the service Pharmacy teams provide an annual health check for people registered at their pharmacy via the Pharmacy Care Record, enabling the detection of and care planning for any clinical issues. Pharmacy teams can support people accessing gluten foods by providing advice and managing orders for food items on a monthly basis.

In 23/24 60,744 gluten free food items were issued via community pharmacies in Lothian.

Both of these services widen access to care and supplies for patients affected by associated conditions.

Unscheduled care

Figure 31: Community Pharmacy Urgent Supply (CPUS) Items per 1,000 Population (Nov 2023 to Oct 2024)



Source: PHS Open Data

Community Pharmacies play an important role for patients requiring unscheduled care, particularly over weekends and public holidays. In addition to the role Pharmacy First plays in improving access to medicines and advice, the unscheduled care service, improves access to care which ‘cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional’. This service is underpinned by a Patient Group Direction (PGD) which enables community pharmacists to provide patients registered with a Scottish GP, with up to one prescribing cycle of their repeat medicines and appliances where obtaining a prescription is not practicable. This ensures continuity of care for patients and prevents further referral to prescribers in primary care and out of hours services, thereby reducing pressures on these services.

On average, 26,000 unscheduled care supplies are made monthly by community pharmacists in NHS Lothian. Provision of pharmaceutical care in the out of hours period is further supported by a designated professional to professional phone line which allows pharmacists to discuss and/or refer patients directly to the GP Out of Hours (OOH) service if they decide the patient needs to be assessed further before the patient’s own GP surgery re-opens.

Continuing to ensure awareness for the public, as well as other healthcare professionals regarding the ability of this service to support unscheduled care is key. In addition, read/write access to clinical records for community pharmacists will further support this service.

4.10 Local and Specialist Services

Local services are developed to meet the specific needs of a local population and are commissioned by the Board. Due to the specific nature of some populations and demographics, not all community pharmacies will deliver locally negotiated services.

As described in section 8, through 2024/25 work has been undertaken to refine the annual review cycle of content and sign up for these service level agreements. This should provide better alignment across primary care and mirror the process undertaken for general practice locally enhanced services. This revised process sets out a structured timetable for agreement of content and updated list of contractors providing each service, at the start of each financial year.

Independent contractors can give 3 month notice on service provision throughout the year and so the list is subject to change.

Current locally negotiated services available within NHS Lothian are described below.

Treatment of Sexually Transmitted Infections- Chlamydia

This service allows for individuals testing positive for chlamydia or identified as having non-specific gonococcal urethritis by the Sexual Health Services, to choose to access advice & treatment via community pharmacy using an electronic text message or paper voucher. It also allows the patient the option to give their partner(s) an electronic text message or paper voucher to access treatment that they can take to a participating pharmacy. Table 15 below demonstrates recent activity.

Table 15: Community Pharmacy Chlamydia Treatment Access Vouchers Issued

Year	Vouchers Issued
2023	1616
2024	1413
Total	3029

Source: Local service data

This service provides access to care and treatment within a community setting, reducing need for patients to attend specialist service in secondary care location. It demonstrates a good example of collaboration between specialist services and community pharmacy to support right care in the right place, for the benefit and convenience of patients. Ensuring access to sexual health services is a key ambition of the Sexual Health and BBV framework, as well as the Womens Health Plan.

C:Card – This service allows individuals to access free condoms from a community pharmacy setting as part of the EHC consultation. A small number of community pharmacies provide access to wider condom choices.

Pharmaceutical care to patients living with Hepatitis C

As at May 2022, there were an estimated 5,000 people diagnosed with a chronic Hepatitis C infection living in Scotland, with work ongoing to provide an estimate of the number of undiagnosed cases. Hepatitis C is a blood borne virus, which if left untreated can cause damage to the liver which potentially can be irreversible and fatal. Recent advances have resulted in highly effective, well tolerated direct acting antiviral (DAA) all-oral treatment for a 8-12 week period, resulting in cure rates around 95%. The World Health Organisation set a goal to eliminate viral hepatitis by 2030 and Scottish Government have committed to the elimination of Hepatitis C in Scotland by the end of the 2024/25 financial year as outlined within Sexual health and blood borne virus action plan: 2023 to 2026. This action plan has set treatment initiation targets to support achievement of elimination. Within NHS Lothian, the viral hepatitis Managed Care Network aims to support this strategic plan through a number of ways. This includes ensuring signposting and access to BBV testing for patients at risk and as well as effective pathways to antiviral treatment. Hepatitis C infection, and reinfection is common among people who inject drugs.

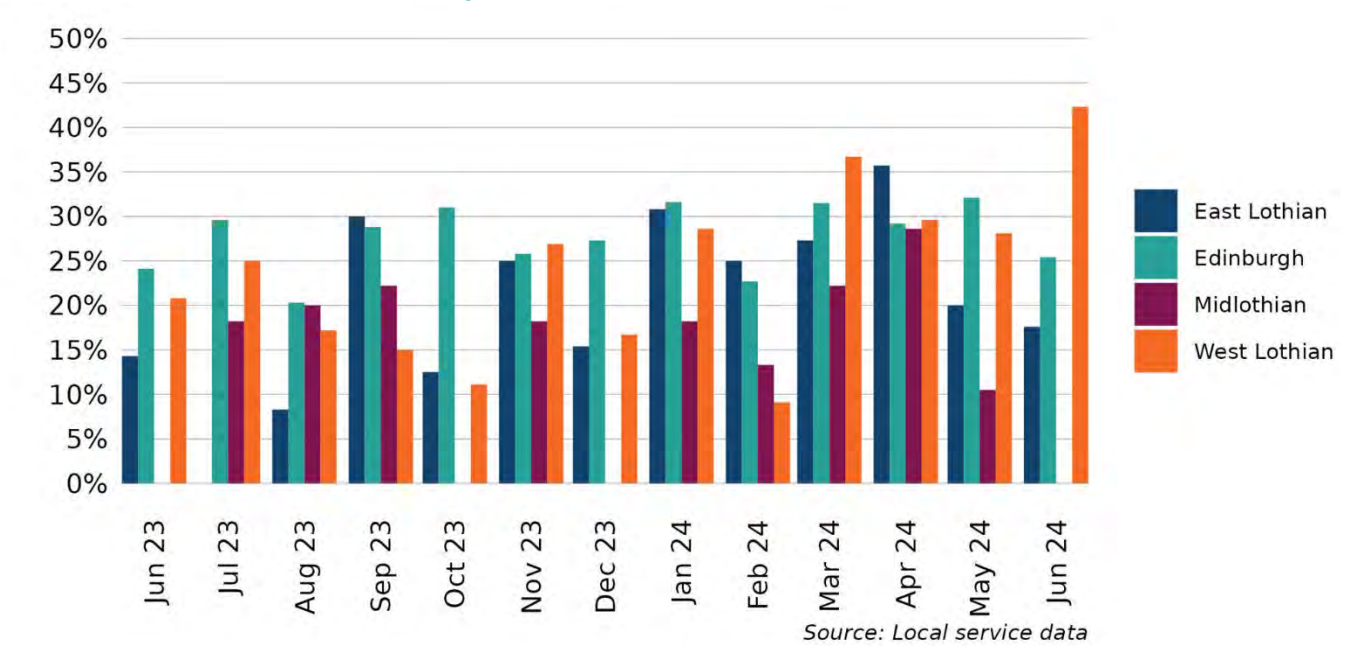
Treatment is co-ordinated by the Centre for Liver Disorders at the Royal Infirmary of Edinburgh and the Regional Infectious Diseases Unit at the Western General Hospital, however the majority of clinics are undertaken in community settings. Since 2015, community pharmacy has

played a key role in delivering pharmaceutical care to these patients. DAA treatment has been supplied to patients from their nominated community pharmacy, with pharmacy staff supporting adherence and therefore optimising treatment outcomes. This allows patients to be able to access treatment and support in a location within their community and prevents attendance at specialist secondary care centres.

In 2023/2024 NHS Lothian reached 249 treatment initiations out of the 355 target, with 62% of these treatments provided by community pharmacy. This demonstrates the role community pharmacy has in supporting achievement of treatment target and ultimately elimination, through access to treatment and supporting patients to complete treatment course and optimise outcome, all in a community setting.

Figure 32 demonstrates the ongoing presence of infection across the Board area, which can include reinfection following a successful treatment episode.

Figure 32: Percentage of Hepatitis PCR tests with a positive result by month and local authority in Lothian, June 2023-June 2024



Community based provision of Hepatitis C antivirals is likely to be key to support the WHO and Scottish Government vision to eradicate Hepatitis C and service models which facilitate care closer to home should continue to be commissioned and any barriers to effective service delivery fully explored. The [Scottish Government NHS Scotland Medicines Homecare Review report](#) was published in March 2025 and includes recommendations to consider in terms of community pharmacy service models for medicines such as these, that have traditionally been supplied via secondary care locations.

The Scottish Government Sexual Health and BBV Action Plan has recognised the role community pharmacies can play in supporting elimination goals, including provision of routine BBV testing, a service currently not available within NHS Lothian Community Pharmacies. While hepatitis C elimination by 2024/25 remains published Scottish Government target, further work needs to be undertaken to maintain service provision and ensure sustainability of service to reach and maintain elimination goals. NHS Tayside have achieved elimination and community pharmacy were noted as key part of achieving this status.

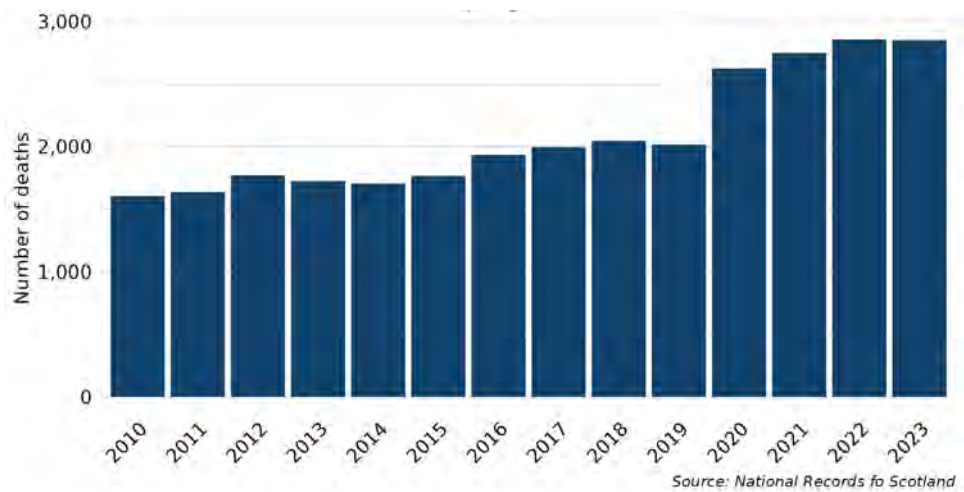
Recommendation

- Community pharmacy should be considered as a key stakeholder for any initiatives to eliminate Hepatitis C within NHS Lothian, recognising the advantage they can offer terms of community access and support to optimise treatment.

Palliative Care network

The Palliative Care community pharmacy network was introduced in 2006 to provide pharmaceutical care to palliative care patients in Lothian via a number of nominated community pharmacies. This includes advice and/or supply of medicines ensuring palliative patients receive urgent medicines without undue delay. Each nominated community pharmacy site is required to hold an agreed range of palliative medicines. The expansion of NHS Lothian Hospital at Home and Hospice at Home services, has supported an increase in numbers of patients who can receive care at home, preventing in-patient admission. This has shifted the location of care and with this an increase has been seen in number of patients dying in a homely setting. As such, access to palliative medicines is crucial to supporting these patients at home, who may have otherwise faced delay in access to medicines for symptom control which could subsequently result in admission to a hospice. The data below demonstrates the growth in the number of deaths occurring in home setting and therefore the need for access to medicines to support symptom control.

Figure 33: Number of deaths at home per year in NHS Lothian



NHS Lothian has 14 community pharmacies in the network that are required to hold a predefined stock list of palliative medicines, allowing prompt supply if otherwise not available at the patients' regular pharmacy. In addition, 8 of these pharmacies provide an on-call service across Lothian during the out of hours period, rotating on a 2-weekly basis. This service ensures patients have timely access to palliative medicines during the out of hours period.

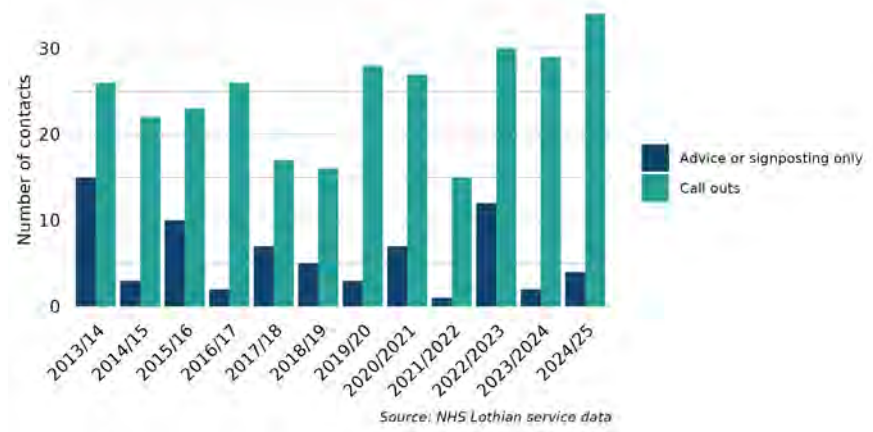
Table 16: NHS Lothian Community Pharmacy Base Sites and On Call

HSCP	Base Site	Base & On Call
Edinburgh	6	6
East Lothian	2	0
Midlothian	2	0
West Lothian	4	2

The figure below outlines the out of hours activity of the palliative care community pharmacy network over the last 10 years. It should be noted 2024-25 figures have been forecasted from

year-to-date activity and suggest an increase in demand. This data demonstrates the increasing value that the community pharmacy palliative care network provides in terms of accessibility to medicines for palliative patients supported through services like Hospital at Home and Hospice at Home. Maintaining the Community Pharmacy Palliative Care network including the out of hours period, is crucial to supporting palliative patients, families and care teams within the community setting.

Figure 34: Number of Out-Of-Hours Community Pharmacy Palliative Care Service Contacts in NHS Lothian



The Palliative Care out of hours service is the only available “on-call” community pharmacy service across Lothian. As such, this service is called upon in exceptional circumstances to support access to medicines required urgently but not necessarily for palliative patients. The numbers of instances of these call outs remains low but NHS Lothian will continue to monitor activity and link in with out of hours providers to review as required.

Recommendation

- Community pharmacy should be considered as a key stakeholder for any initiatives and/or changes to care pathways for palliative care, building on the existing service they provide ensuring good access to palliative care medicines in the community setting.

Disposal of Sharps Waste

The Community Pharmacy Disposal of Sharps Waste service was introduced in 2018 and provides patients with a local and robust route for safe disposal of prescribed sharps via community pharmacy. Safe disposal reduces risks of needle stick injury and as well as minimising environmental impact. Uplift and disposal is coordinated by NHS Lothian Facilities. A list of sites within Lothian accepting medicines sharps can be access at [Medicines Sharps - Disposal Sites](#)

Management of Medicines waste

Community Pharmacies support the safe disposal of medicines by providing access for patients to return unwanted medicines for uplift and safe disposal. Health Boards are responsible for coordinating uplift, which in NHS Lothian is undertaken by the Facilities directorate.

In 2023/24, over 14 million prescription items were issued in NHS Lothian. The volume of prescribing in Lothian is increasing, linked with an increasing and ageing population and the introduction of new medicines to support patients to live longer and healthier. Whilst medicines are often taken as planned, it is estimated that around 50% of medicines may not be taken as intended. Reasons for this may be avoidable or unavoidable and include medicines that are stopped or changed, medicines that are overordered, medicines that go out of date, patients

who may chose not to take their medicines or forget to take them. This results in medicines waste and more than 50 tonnes of medicines are returned to community pharmacies in NHS Lothian each year for incineration.

Table 17: Medicines Waste received by community pharmacy in Lothian

Year	Weight of Medicines waste (tonnes)
2022/23	59.8 tonnes
2023/24	54.7 tonnes
2024/25	59.2 tonnes (forecasted) (YTD M7 Oct 24 –34.5 tonnes)

Source: Local service data

Community pharmacies play an integral role in accepting and segregating medicines waste for safe destruction which minimises the environmental impact. Regulations require removal of packaging and patient identifiers prior to uplift and pharmacies are responsible for ensuring adherence to this.

There is also opportunity to work with the wider healthcare team to minimise avoidable medicines waste such and order only the medicines they require, providing information on how to take medicines and why they are prescribed. This ensures patients can get greatest value from their medicines and supports patients in managing their own health. Medicines Care and Review (MCR) may provide opportunity to undertake these activities. In addition, specific focus could be considered for areas with greater risk of medicines waste such nursing and residential care homes and also for initiatives that promote recycling of materials such as insulin pens, inhalers and medicines packaging. Reductions in medicine waste is a key component in ambitions as set out in [NHS Scotland climate emergency and sustainability strategy](#).

Recommendation

- NHS Lothian will continue to focus on strategies to reduce unnecessary medicine waste to ensure best value and reduce environmental impact. Community pharmacy will be an integral stakeholder for any initiatives being developed and implemented.

Drug-related deaths and harms

Pharmacy teams play a crucial role in delivering positive pharmacy experiences for people impacted by substance use. Through the implementation and delivery of person centred and trauma informed care, as well as a commitment to stigma reduction, community pharmacy, can continue to provide convenient access to high quality care at the heart of people’s communities as well as improve the experience and outcomes for those affected by substance use.

Many community pharmacies in Lothian provide instalment dispensing and supervision for opioid replacement therapy, where considered necessary for harm reduction. This direction is tailored by the prescriber according to individual patient circumstances and risks. Instalment and supervised administration supports strategies to reduce drug related deaths and harms including by improving adherence to treatment and reducing the risk of diversion of medication. In particular supervised administration and instalment dispensing by community pharmacies is of benefit to patients in insecure housing lacking safe storage facilities, and for patients with children and other vulnerable dependants in the home.

Injection Equipment Provision (IEP)

The provision of injecting equipment (sterile needles, syringes and other equipment) is effective in reducing injecting risks, including helping to prevent blood borne viruses such as hepatitis C and HIV among people who inject drugs and have formed a key component of the harm

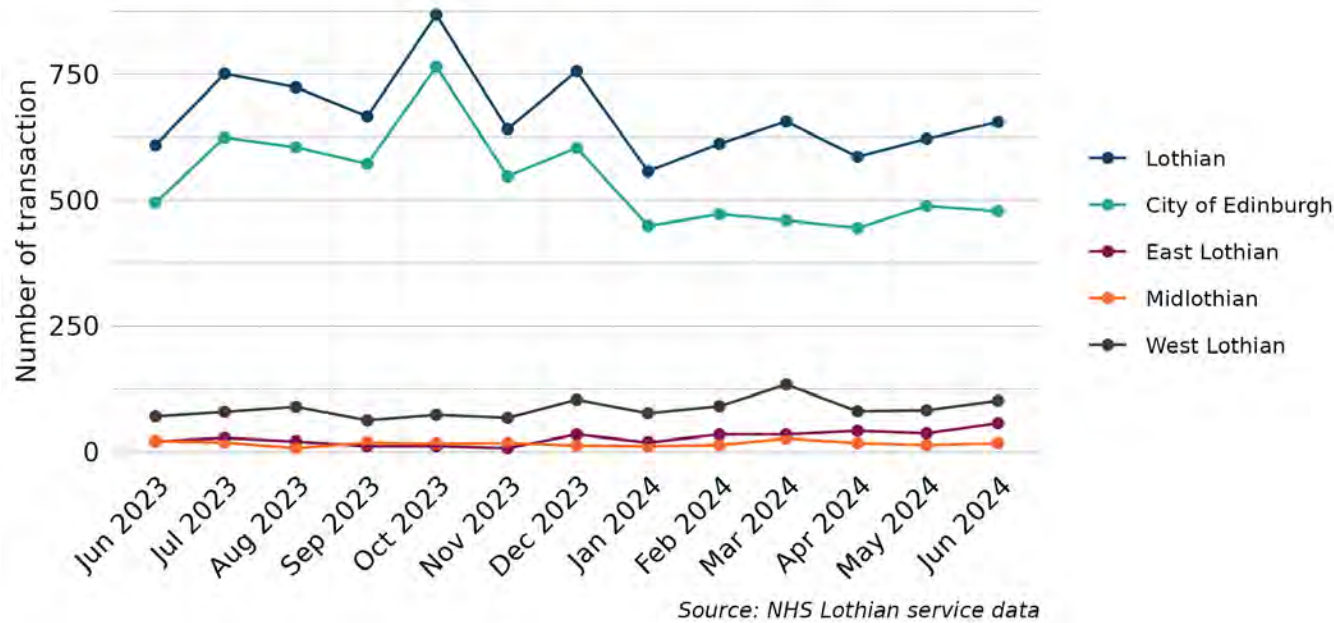
reduction approach adopted by the Scottish Government since publication of the Hepatitis C Action Plan in 2008. In addition, provision of IEP as part of a harm reduction offer, is measured under MAT standards. By providing sterile injecting equipment and contributing to wider harm reduction initiatives, IEP services have played a key role in helping to reduce hepatitis C prevalence in Scotland. IEP services can be offered from a variety of locations and it is recognised these locations must include opportunities for people not engaged in MAT.

NHS Lothian has 16 community pharmacies offering of injecting equipment (sterile needles, syringes and other equipment) services, free of charge to people who use drugs. Provision of this service from community pharmacy also provide opportunity for touchpoint with a healthcare professional for people who use drugs and who may otherwise not be engaged with health care services. In 2023/24 15584 IEP transactions were undertaken by community pharmacy compared to 14472 in 2022/23. Location of services and activity can be seen in figures below.

Table 18: Number of Community Pharmacies offering IEP services by HSCP

HSCP	No of IEP community pharmacies
Edinburgh	8
East Lothian	3
Midlothian	1
West Lothian	4

Figure 35: Number of IEP transactions at pharmacies in Lothian, June 2023-June 2024



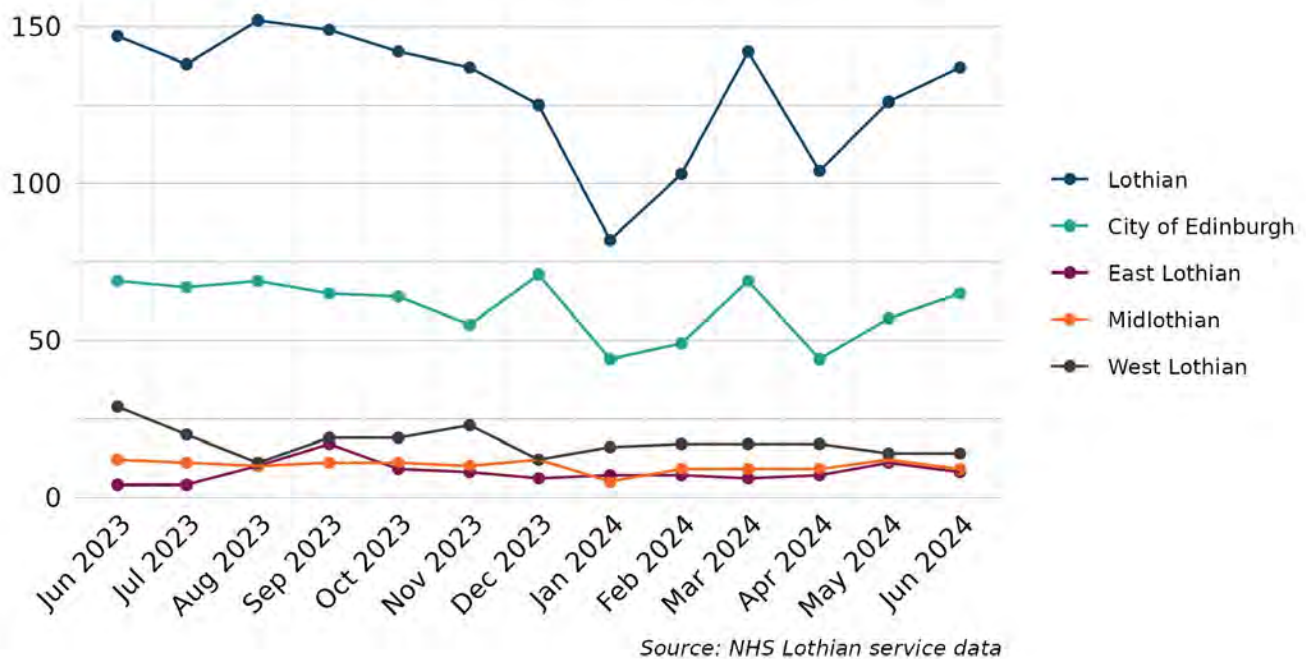
Understanding patterns in drug use within localities and requirements for IEP can help in planning for service provision. For example, increased cocaine use as noted previously, has led to increased injecting episodes and more chaotic injecting. Community pharmacies play a key role in accessibility to IEP provision as well supporting adherence to MAT Standards to encourage and motivate vulnerable people when they are ready to access help and support.

Take Home Naloxone

Naloxone is an opiate antagonist treatment which can be administered to reverse the effects of opiate overdose. A national naloxone programme has been in place in Scotland since 2010. The programme was significantly stepped up in 2020 and 2021 leading to a doubling in the number of naloxone kits supplied. Naloxone forms part of a harm -reduction offer and is noted within the MAT standards. Take-home naloxone kits are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths.

Take-home naloxone kits and training on their use, is available at the community pharmacy sites that provide IEP in Edinburgh HSCP. This local service offers a significant increase in access to naloxone in the community and provides ability for naloxone to be offered to individual drug users, family members or carers to use in case of an overdose. Over the previous 12-month period 274 take home kits have been provided to patients across 8 community pharmacy sites.

Figure 36: Number of Near Fatal Overdoses in Lothian, June 2023-June 2024



Near fatal overdoses are a major risk factor for drug-related deaths. This data can help in service planning to identify 'hot-spot' areas where targeted campaigns to increase uptake of THN are required, to support reduction in drug related deaths.

Community Pharmacy Administration of Long Acting Injectable Buprenorphine

The Medication Assisted Treatment (MAT) Standards detail the requirement that patients are supported to make an informed choice on what medication to use for MAT, including which medication they would like to be prescribed and the most suitable dose (MAT standard 2), as well as requiring that all people have the option of MAT shared with Primary Care (MAT standard 7).

To support implementation of these standards, a pilot program was commenced in 2022 across 3 sites (2 in Edinburgh City, 1 in West Lothian) to evaluate the feasibility of administration of long-acting injectable buprenorphine in a community pharmacy setting. Buprenorphine is a partial opioid agonist/antagonist that helps to curb cravings and reduce withdrawal symptoms. Buvidal™ is a prolonged release buprenorphine injectable product, administered

subcutaneously, as either weekly or monthly injections. Buvidal™ is indicated for the treatment of opioid dependence and is intended for use in patients aged 16 years or older. Of note, as a controlled drug, it is required by law for premises where buprenorphine products are stored and supplied to have a Home Office Controlled Drug License.

Community pharmacy administration of long-acting buprenorphine offers several advantages in addition to supporting MAT standards 2 and 7, including convenient access to treatment for patients in their community (rather than having to travel to a specialist hub) and the continuation of longstanding relationships with community pharmacy professionals. Delivery of care to stable patients in primary care also has the potential to free up capacity in the specialist substance misuse services, which could aid implementation of other MAT standards.

Table 19: Number of administrations of Long Acting Buprenorphine Injection by community pharmacy

Year	HSCP location (number of community pharmacies)	
	Edinburgh (2)	West Lothian (1)
22/23	59	146
23/24	63	17

Early evaluation of this pilot shows a high degree of acceptability to patients and healthcare professional staff, though work is required to avoid patient disengagement from the service and potential loss to follow up.

Recommendations- drug related harms

- Community pharmacy has a key role, working in collaboration with ADP and other partners reducing drug related deaths and harms and should be considered in development of initiatives to support this patient cohort.
- In relation to harm reduction measures, NHS Lothian will work with ADP, and data and intelligence teams to understand further on areas of need for both THN and IEP service, considering where pharmacies can support access including through extended hours where available.
- Consider embedding community pharmacy administration of LAIB into routine care, including widening geographical spread, in line with population need.

Seasonal immunisation

As part of the NHS winter vaccination programme, community pharmacy may be selected by the HSCP to participate in the co-administration of COVID-19 booster and seasonal flu vaccination. This supports the winter programme by helping to increase vaccination uptake and accessibility, particularly to older people. Community Pharmacies who express in interest to provide this service, are selected, based on agreed criteria and collaboration between NHS Lothian Community Pharmacy Development Team, HSCPs and Community Pharmacy Lothian.

Over a 5-week period, Edinburgh HSCP utilised community pharmacy to support delivery of the 2024/25 Covid/Flu vaccine campaign. A total of 12,217 vaccines (6028 COVID-19 and 6189 influenzae) were administered across 16 community pharmacy sites. 80% of uncanceled appointments were attended and resulted in one or both vaccines being administered.

Deployment of Covid Antivirals to Non-Hospitalised Patients

10 community pharmacies across NHS Lothian are supporting the supply of antivirals to eligible non-hospitalised patients with Covid. This is facilitating timely access to treatment for the highest risk patients and the community pharmacies have worked closely with the primary care pharmacy team to deliver the service. It is anticipated that this service will evolve when national stockpiles of Covid antivirals are exhausted and NHS Lothian moves to a more sustainable business as usual model. The service has demonstrated the key role community pharmacy played during the Covid pandemic, maintaining access to care for patients.

In April 2024, the community pharmacy Advice to Care Homes Service, was paused to allow time to review the service specification and consider how it could be updated to ensure that it delivers greatest value. In parallel, medicines management support for care homes is being piloted utilising pharmacy support workers working within primary care pharmacy teams. It is acknowledged that community pharmacy has a pivotal role in the supply and medicines management for patients within the care home setting.

Medicines Adherence Support

Medicines Compliance Aids (MCA)

NHS Lothian provides reimbursement for two types of disposable medicines compliance aids that community pharmacies can supply for patients who have been assessed and considered to need help to manage their medication independently. Medication compliance aids can potentially support people who forget to take medication at specified times, don't take the right medication, or take too much.

The use of medication compliance aids is increasing and NHS Lothian will work with community pharmacies and other stakeholders to understand the increase in demand. It is acknowledged that this is significant workload for pharmacies and there can be challenges finding a local community pharmacy with capacity to take on additional patients.

Medicines Administration Record

Mid Lothian and Edinburgh City HSCP commission community pharmacies to supply medication reminder charts for patients who require medicines prompts by care staff. This allows care staff to document when medication is given to a patient and allows them to support patients to manage their medicines at home.

Continence Care Service

Services are in place to provide patients with continence care products from community pharmacies in Lothian, on direct request from the continence care provider. This was introduced to support patients to get timely access to supplies and reduce additional pressure on GP services to generate prescriptions.

5.0 Health and Social Care Partnership (HSCP) Priorities

5.1 Addressing Local Health Needs Through Pharmacy Services

Commonality across 4 partnerships

Each of the four Health and Social Care Partnerships HSCPs have identified priorities to address the health needs of the communities they provide for and these underpin the content of their strategic plans. Whilst there are variations within each of the HSCPs in terms of demographics and deprivation for example, there are some commonalities across the strategic priorities.

Preventative Healthcare and Early Intervention Strategies

Community pharmacy is a key asset in the provision of opportunities to implement preventative interventions. This is as a result of a few particular factors, including the walk in nature and access to a trusted skilled and expert team of healthcare professionals within the local community. Community pharmacies are one of the few healthcare teams who have contact with patients in good and ill health and have the facility to promote self-care as well as health promotion advice, signposting/referral onto other services and this can help to support and improve an individual's health and wellbeing.

An example where community pharmacy could support in preventative healthcare is in the area of falls prevention. This area requires a multidisciplinary response, however, medicines are both a key risk factor in cause of falls as well as having a role to play in prevention of complications (i.e. bone protection). As experts in medicines, community pharmacy has a key role to play in collaboration with other members of the health care team.

Closing the gap on health inequalities

Community pharmacy can play a key role in contributing to reduction in health inequalities including protection of the most vulnerable within our communities. Established services such as smoking cessation or sexual health services are already supporting closing the health inequality gap.

Often, people living in areas of high deprivation experience barriers and limited access to care, despite having potential high level of healthcare needs. Community pharmacy provides accessible care and can help to reduce barriers that citizens experience.

An example is the role that community pharmacy can play is in supporting response to the National Mission on Drug Deaths. Community pharmacies already provide non-judgemental care to people who use drugs in provision of OST and support in harm reduction such as take home naloxone and IEP. Through the therapeutic relationship that many pharmacies have established with people, there is potential to utilise this further to improve outcomes for this disadvantaged population.

Personalising Care for Improved Patient Experiences (person centred/care closer to home)

Ensuring quality care to people to support them to live healthier lives in homely setting is an important priority across the HCSPs. Community pharmacy is able to support safe and effective use of medicines, optimising the benefit and minimising harms where possible. Established services such as palliative care service ensure timely access to medicines and support good quality care. The serial prescribing function through the Medicines care and review service has established a baseline of providing good pharmaceutical care for patients prescribed medications for long term conditions and demonstrates the potential for pharmacies to support patients in management of chronic disease.

Recognising the projected growth in older populations, who are more likely to experience polypharmacy, ensuring safe and effective management of medicines in this population is vital. Utilisation of aids such as medicine compliance aids and Medicines Administration Record charts will be key in supporting robust quality care in a homely setting. Community pharmacy are a key asset in ensuring supporting packages of care.

Sustainable Resource Management and Efficiency

Maximising value and ensuring good use of resources is fundamental priority for all of the HCSPs. Community pharmacy has demonstrated proven ability to contribute to this agenda. For example, supporting efficient use of medicines and identifying opportunities to minimise waste through medicines care and review, and in provision of Pharmacy First- using clinical and cost-effective products, whilst optimising patient care local pathways and ensuring good use of resources, preventing unnecessary attendance at GP or A&E services.

As well as efficient use of financial resources, these activities can also support environmentally sustainable ambitions, by minimising generation of medicines waste. Unfortunately, our most deprived communities are often greatest affected by environmental harm- therefore by tackling these issues, pharmacy has a further role to play in reducing health inequalities.

5.2 Future Opportunities for Strategic Planning

Future opportunities should include ensuring community pharmacy are included in the design of pathways of care particularly considering aims to ensure care delivered closer to home and support people to live healthier lives.

Recommendation:

- NHS Lothian should ensure that community pharmacy representation is considered at the outset for pathway and service development where appropriate. This should include a collaborative approach by pharmacy services and HCSPs in their planning to enable community pharmacy to support strategic aims.
- The role for community pharmacy in terms of disease prevention will be further explored and developed.

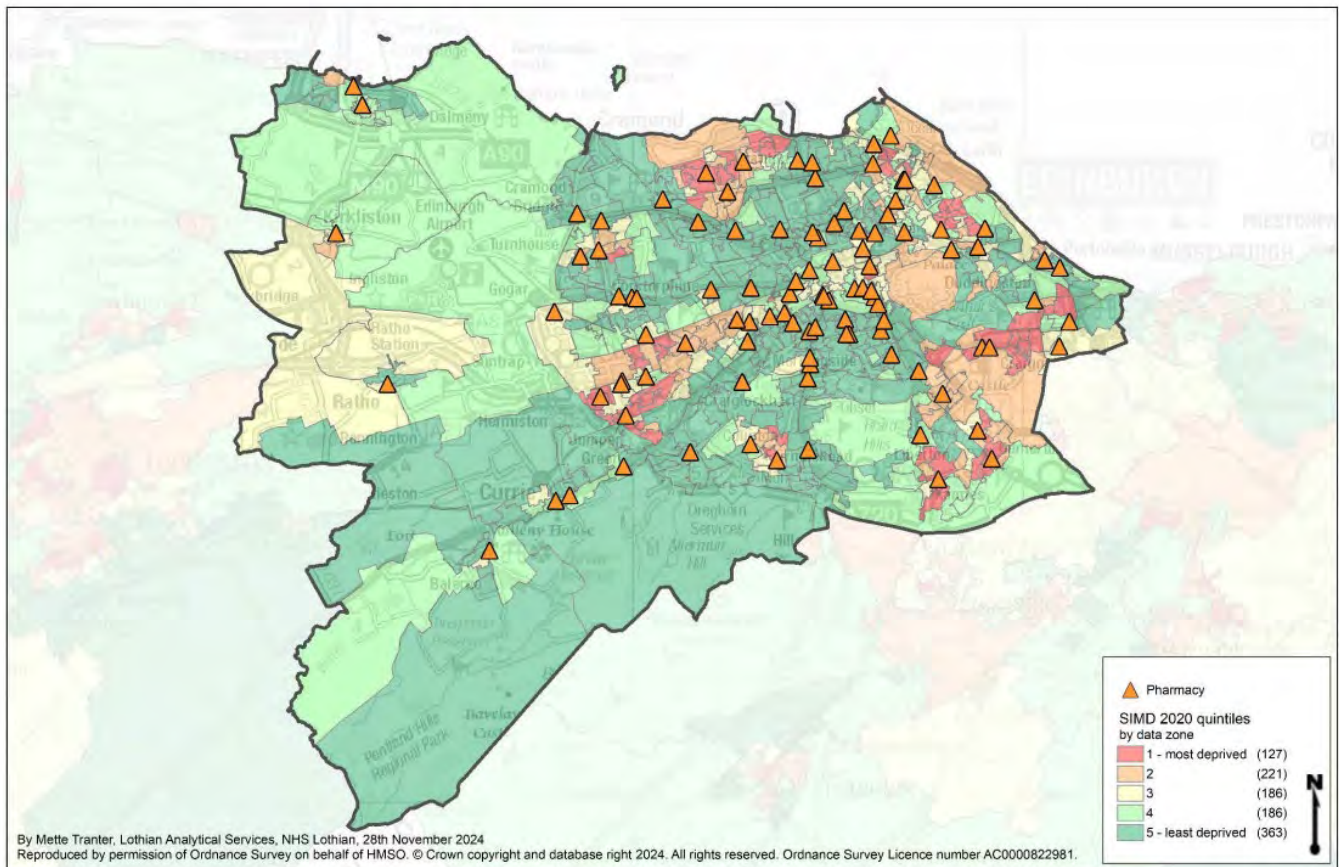
6.0 Strategic Recommendations and Future Planning at HSCP Level

6.1 City of Edinburgh HSCP

The City of Edinburgh has a focus on 4 priority areas again aligning to themes for the other HSCPS, wellbeing, prevention and early intervention, maximising independence, protecting our most vulnerable and using our resources effectively.

- Rates of polypharmacy (more than 10 medicines) are notably lower than the Lothian average (PHS Open Data)
- Alcohol consumption: 28% of people drink above CMO low risk guideline (Scottish Health Survey 2022), this is the highest in the Board area
- Obesity: 52% population above healthy weight (Lothian Public Health Survey 2023), this is the lowest in comparison to other HSCP in the board area
- Tobacco smoking: 11.9% adults report smoking (ASH 2024),
- Drug related deaths: age-standardised rate (per 100,000 population) 20.9, NHS Lothian 18.9, and as such is the highest in comparison within the Board area (NHS Lothian DRD Annual report 2023)
- The following map note the location of community pharmacies by deprivation across the HSCP

Figure 37: Deprivation in Relation to Pharmacies in Edinburgh



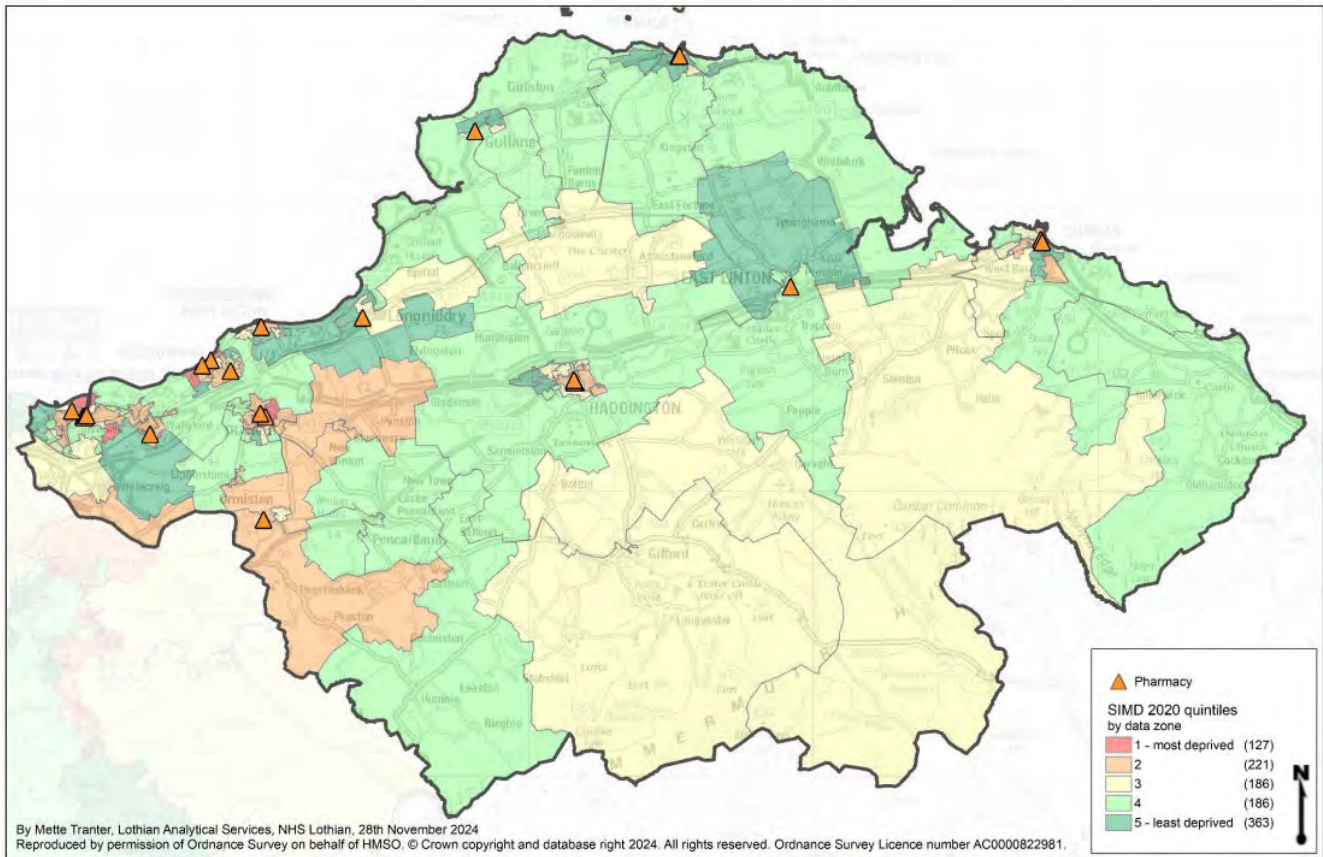
6.2 East Lothian HSCP

The strategic priorities of East Lothian HSCP are cognisant of the growing population and in particular the ageing population, which is one of the highest in Scotland. They recognise need for provision of services that can support people to remain at home for as long as possible including palliative care and dementia, managing long term conditions and preventative actions such in areas such as falls. Continued collaboration of services within communities is a key priority. Challenges are noted in ensuring equitable service provision considering rurality and presence of deprivation, where health inequality gaps can open up. These are all areas where community pharmacy can play a key role in contributing to improving outcomes in these areas.

- Rates of polypharmacy (more than 10 medicines) are above the Lothian average, although below the Scottish average (PHS Open Data)
- Alcohol consumption: 24% of people drink above CMO low risk guideline (Scottish Health Survey 2022)
- Obesity: 70% population above healthy weight (Lothian Public Health Survey 2023)
- Tobacco smoking: 7.9% adults report smoking (ASH 2024), which is a comparatively low rate compared to Scotland and the rest of Lothian, however, the HSCP strategic plans notes increased rates of lung cancer and COPD and rates of smoking have increased compared to previous years
- Drug related deaths: age-standardised rate (per 100,000 population) 16.4, NHS Lothian 18.9 (NHS Lothian DRD Annual report 2023)

- The following map note the location of community pharmacies by deprivation across the HSCP

Figure 38: Deprivation in Relation to Pharmacies in East Lothian

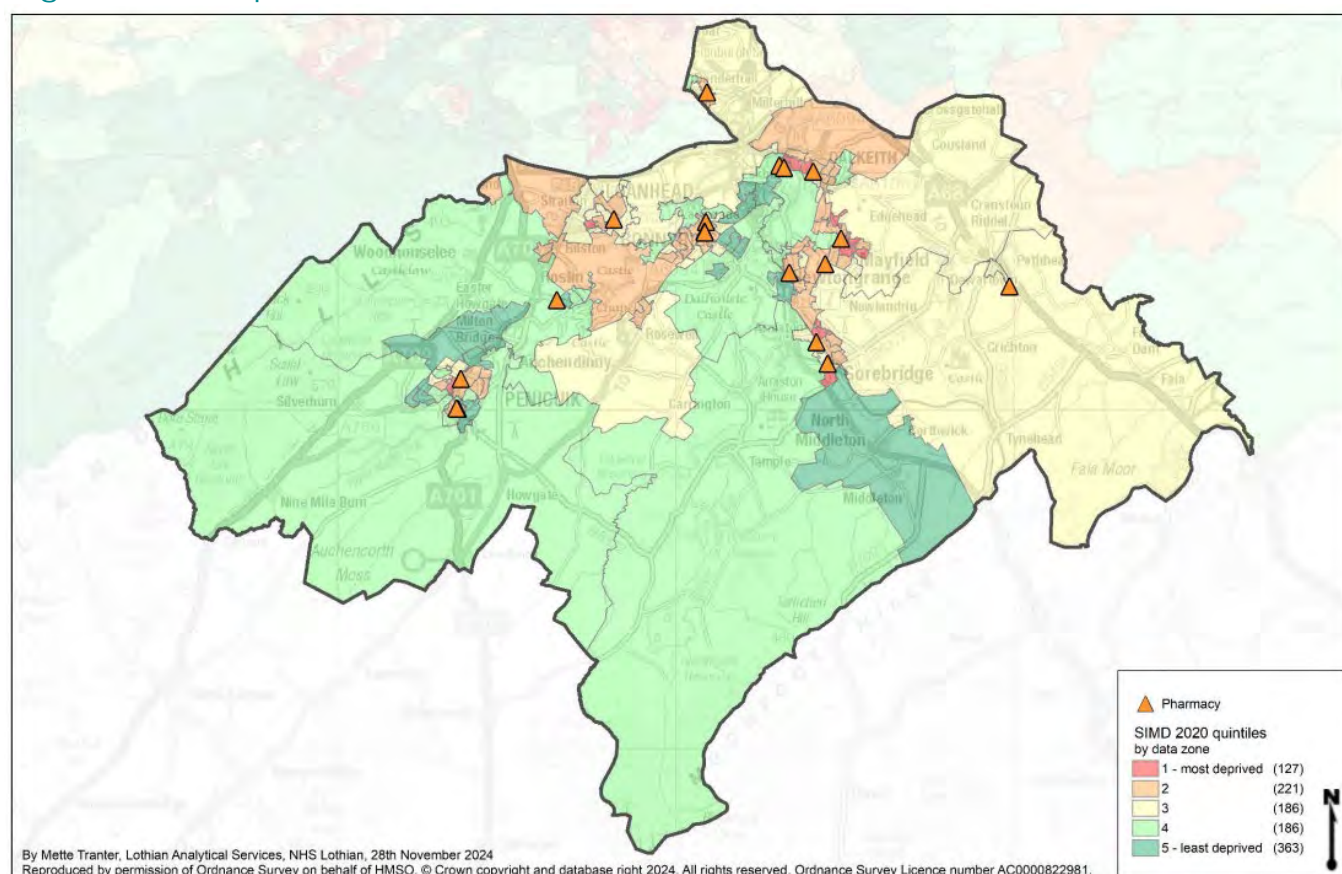


6.3 Midlothian HSCP

Midlothian notes a number of strategic priorities aligned with the common themes outlined previously- access to services to help people to keep and stay well and prevent ill or worsening health and ensure people can access the care they need when they need, whether that's at home or in the community.

- Rates of polypharmacy (more than 10 medicines) are above the Lothian average, although below the Scottish average (PHS Open Data))
- Alcohol consumption: 19% of people drink above CMO low risk guideline (Scottish Health Survey 2022)
- Obesity: 70% population above healthy weight (Lothian Public Health Survey 2023)
- Tobacco smoking: 15.1% adults report smoking (ASH 2024), which is the highest within the board area.
- Drug related deaths: age-standardised rate (per 100,000 population) 18.8, NHS Lothian 18.9 (NHS Lothian DRD Annual report 2023)
- The following maps note the location of community pharmacies by deprivation across the HSCP

Figure 39: Deprivation in Relation to Pharmacies in Midlothian

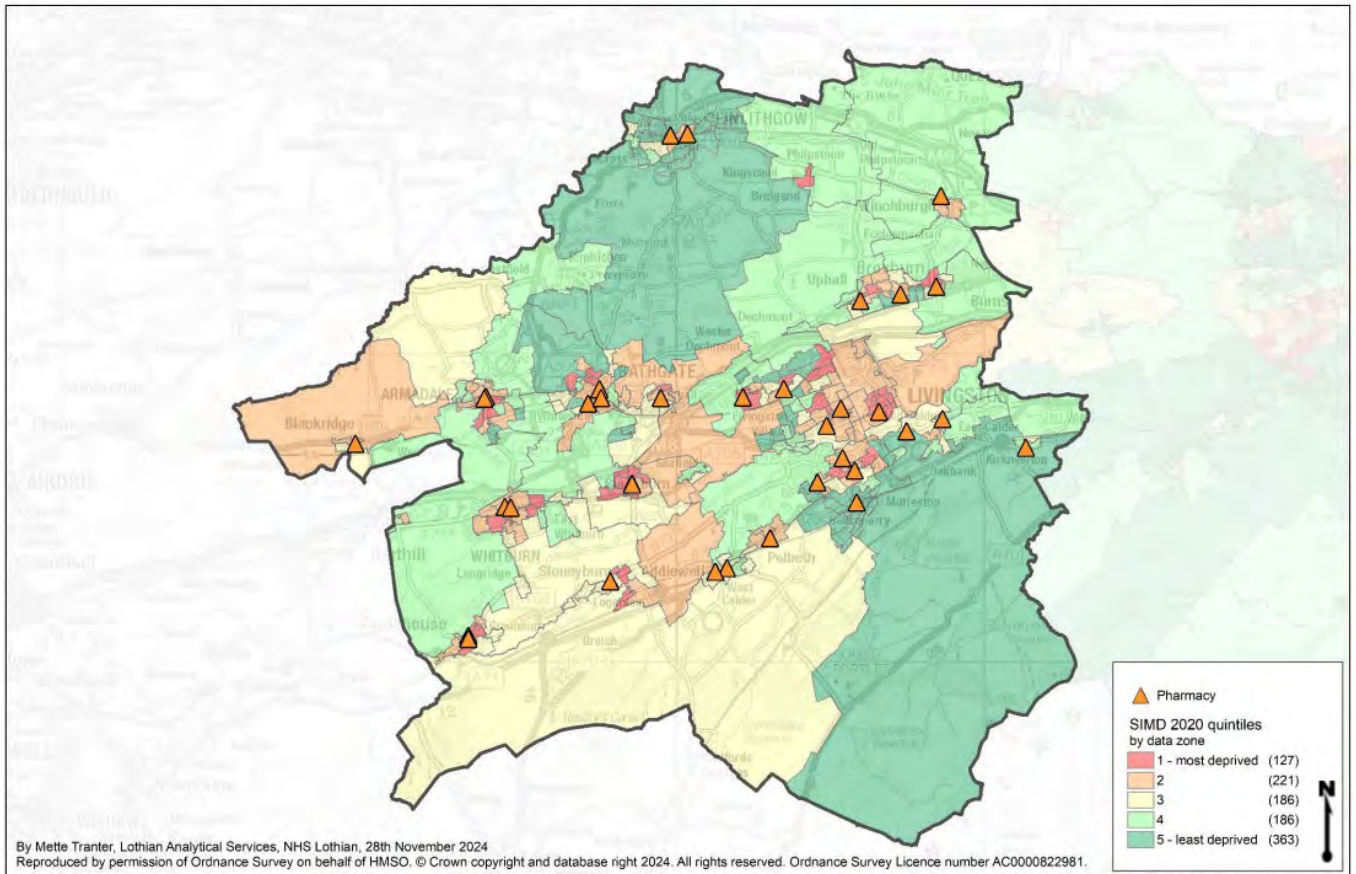


6.4 West Lothian HSCP

West Lothian has set out its strategic priorities to meet the needs of a growing and ageing population in addition noting that a large proportion of the population report a limiting long term health condition and the effect of deprivation on differences in health outcomes. The priorities focus on a home first approach, enabling high quality care, support and treatment and improving health inequalities in partnership.

- Rates of polypharmacy (more than 10 medicines) highest within the Board area and are slightly higher than the Scottish average (PHS Open Data)
- Alcohol consumption: 15% of people drink above CMO low risk guideline (Scottish Health Survey 2022)
- Obesity: 73% population above healthy weight (Lothian Public Health Survey 2023)
- Tobacco smoking: 14.9% adults report smoking (ASH 2024)
- Drug related deaths: age-standardised rate (per 100,000 population) 16.5, NHS Lothian 18.9 (NHS Lothian DRD Annual report 2023)
- The following map notes the location of community pharmacies by deprivation across the HSCP

Figure 40: Deprivation in Relation to Pharmacies in West Lothian



7.0 Lothian-Wide Strategic Recommendations

7.1 Strengthening Partnership and Collaboration

The [Lothian strategic development framework](#) (LSDF) was published in 2022 and was produced in collaboration by the bodies with responsibility for planning, commissioning, and delivery of health care in the Lothians: the respective 4 IJBs and NHS Lothian. This document illustrates the priorities for the Lothian Health and Care System over a 5 year period. This sets out a system vision as follows:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the citizen in their home
- We improve performance across our system, with better experiences for citizens and those who work for and with us.

In order to achieve the identified outcomes of improving health of the population, performance and how we work with people, collaboration across the health care system is vital. Six pillars have been defined to support these ambitions as follows:

- Improving population health
- Children and Young People
- Mental Health, Illness, and Wellbeing
- Primary Care
- Unscheduled Care
- Scheduled Care.

Clearly community pharmacy forms part of the Primary Care pillar and is woven into the aims and objectives of that action plan. However, there are still touchpoints for community pharmacy across the other pillars. Strengthening the partnerships for pharmacy services across the IJBs and NHS Lothian is key when considering development of delivery models.

8.0 Monitoring, Evaluation, and Continuous Improvement

8.1 Annual Review Process and Key Performance Indicators

The Pharmaceutical Care Services Plan is approved by NHS Lothian Board. This plan has been developed with key stakeholders as a 3-year plan 2025-2028, with the board invited to receive annual updates on progress with delivery.

An accompanying PCSP Delivery Plan will be produced jointly between the Pharmaceutical Care Service Plan Steering Group and the Pharmacy Core Group, both of which report to the Primary Care Programme Board / Primary Care Joint Management Group (PCJMG) chaired by the Director of Primary Care.

All Health and Social Care Partnerships are represented at the PCJMG as well as the heads of professions across primary care medicine (incl. out of-hours), pharmacy, nursing and other independent contractor groups of optometry and dentistry. This forum enables good ongoing stakeholder engagement and oversight of PCSP delivery.

Lothian's Strategic Development Framework's Primary Care Pillar sets out a 5-year stepped action plan, including:

Figure 41: Lothian Strategic Development Framework

2024 – 2026 <i>Implementation Phase and Ongoing delivery</i>	<p>Minimum Community pharmacy provision - Work during 2023/24 and 2024/25 will define the minimum community pharmacy requirements in the out of hours period (includes late nights, weekends (after 1pm on Saturday) and also public holidays) to support patients requiring access to Pharmacy First, palliative care, substance misuse services and medicines prescribed by the GP Out-of-Hours Service.</p> <p>Serial prescribing in community pharmacy - continue the increase in uptake with ongoing work to increase engagement throughout 2023/2024 and 2024/2025.</p> <p>Business as usual Contract management – implementation of pharmaceutical list project plan and implement outcome of the enhanced services delivery models.</p> <p>Primary Care Measurement Framework – implement key indicators for community pharmacy services in 2023/24.</p> <p>Training of Pharmacist Independent Prescribers – from 2026 those pharmacists joining the GPhC register will automatically be annotated as independent prescribers. Some current pharmacists will not receive this. A number of individuals in Lothian will require to achieve a Practice Certificate in Independent Prescribing before they can apply for annotation as a prescriber.</p>
2027 - 2028 <i>Ongoing Implementation and realising benefits Evidencing improved outcomes</i>	<p>20 minute neighbourhoods – raise awareness of 20 minute neighbourhoods and engage HSCP to understand opportunities to where pharmacies may be sited in future planning.</p> <p>Premises facilities information should be gathered to provide an accurate level of current provision and determination of improvements required to achieve 100% of pharmacies with private consulting area, wheelchair accessibility and an induction hearing loop.</p> <p>Progress the Medicine Care and Review service by increasing the number of active GP practices and community pharmacies engaged</p> <p>Business as usual Contract management – implementation of pharmaceutical list project plan and implement outcome of the enhanced services delivery models.</p> <p>Primary Care Measurement Framework – implement key indicators for community pharmacy services in 2023/24.</p> <p>Reliable access to pharmaceutical services close to home, including adequate provision across the out of hours period.</p> <p>Women's Health Programme - Provide and promote a Women's Health Community Pharmacy service.</p> <p>Electronic prescribing (<i>The Digital Prescribing and Dispensing Pathways Programme</i>) implementation from 2026 onwards - going in to GP practices for 2026 onwards for PC and GP services.</p> <p>Minimum Community pharmacy provision – implement the work undertaken during 2023/24 and 2024/25 to define the minimum community pharmacy requirements in the out of hours period.</p>

Pharmacy Core Group has moved to implementation phase of having key performance indicators for all locally enhanced services. Through 2024/25, each of the locally enhanced services has had a service specification review and activity data assessed. Service data collection forms and claim processes have been devised to enable ongoing service evaluation. Community Pharmacy Lothian (CPL) has been engaged in this process and this has resulted in an annualised “sign up” process with PCJMG oversight.

It is now planned that key activity data for the core and national Community Pharmacy Services be assessed by the Pharmacy Core Group through 2025/26 and used by the Community Pharmacy Development Team Support Pharmacists (previously Community Pharmacy Champions) using Quality Improvement methodology to drive improvement.

Community Pharmacy contract global sum funding for Community Pharmacy Champions will be withdrawn from 2025/26 onwards, however NHS Lothian has identified funding to continue the programme for a further 12 months, and explore opportunities to secure ongoing funding. The Champions have played a key role to date in supporting community pharmacy teams to deliver core and national services and will have a significant role in supporting implementation of recommendations from the Pharmaceutical Care Services Plan.

8.2 Stakeholder Engagement and Public Feedback Mechanisms

As part of the development of this iteration of the PCSP, a number of stakeholders have been consulted. Engagement through strategic planning groups should continue. A key part of the development of the PCSP Delivery Plan will be to seek and engage with the public to further understand the relationship and perception of community pharmacy services. Data from the [NHS Lothian Public Health Survey 2023](#) shows pharmacy is one of the most commonly accessed services (56%) , (following dentist, 62.1%, and GP-doctor 61.2%). Recognising that people are experts in their own healthcare journey, it is important that they are involved when considering development of services within their own communities.

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10.0 Pharmaceutical List

Community Pharmacies by HSCP (and localities where relevant)

Pharmaceutical List for 25/26, as of March 2025. Note subject to change as contractors may give 3 months notice. An expanded version including locally enhanced services will be developed and available online. This core list below will updated and will form part of annual PCSP update to Board.

City of Edinburgh - South East Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	21 Cameron Toll Shopping Centre 6 Lady Road	EH16 5PB	0900-1900	0900-1800	1000-1700
Boots UK Ltd	101-103 Princes Street	EH2 3AA	0900-1900	0900-1900	1000-1800
Boots UK Ltd	46-48 Shandwick Place	EH2 4SA	0900-1800	0900-1800	Closed
Boots UK Ltd	St James Quarter, 121-127 St. James Crescent	EH1 3AD	0900-2000	0900-2000	1000-1800
Boots UK Ltd	16-20 Earl Grey Street	EH3 9BN	0900-1800	0900-1800	Closed
Southside Pharmacy	79 Nicolson Street	EH8 9BZ	0900-1900	0900-1800	Closed
Bristo Square Pharmacy And Travel Clinic	6 Bristo Square	EH8 9AL	0900-1800	0900-1700	Closed
Grange Pharmacy	2 Beaufort Road	EH9 1AG	0900-1800	0900-1300	Closed
Alliance Pharmacy	28/30 Newington Road	EH9 1QS	0845-1745	0900-1700	Closed
Boots UK Ltd	207-209 Morningside Road	EH10 4QT	0900-1800	0900-1700	Closed
Boots UK Ltd	6 St Patrick Street	EH8 9HB	0900-1800	0900-1730	Closed
Lindsay & Gilmour Chemist	18-20 Comiston Road	EH10 5QE	0900-1800	0900-1730	Closed
Boots UK Ltd	32 West Maitland Street	EH12 5DX	0900-1800	0900-1700	Closed
Paton & Finlay	177 Bruntsfield Place	EH10 4DG	0900-1730	0900-1700	Closed
Omnicare Pharmacy	2 Home Street	EH3 9LY	0900-1800	0900-1300	Closed
Lindsay & Gilmour Chemist	37 Moredun Park Road	EH17 7ES	0900-1730	0900-1300	Closed
Mackenzie & Co Chemists	45 Forrest Road	EH1 2QP	0900-1800	0900-1300	Closed

Lorimer Pharmacy	153 Morningside Road	EH10 4AX	0900-1800	0900-1300	Closed
Marchmont Pharmacy	41-43 Warrender Park Road	EH9 1EU	0830-1730	0930-1530	Closed
W King & Son	142 Marchmont Road	EH9 1AQ	0900-1800	0900-1300	Closed
Gordons Chemists	1 Gracemount Drive	EH16 6RR	0900-1730	0900-1730	Closed
Newington Pharmacy	46-50 Clerk Street	EH8 9JB	0830-1830	0900-1800	Closed
Omnicare Pharmacy	160 Causewayside	EH9 1PR	0900-1800	0900-1230	Closed
Royal Mile Pharmacy	67 High Street	EH1 1SR	0900-1800	0900-1700	Closed
Omnicare Pharmacy	102 Walter Scott Avenue	EH16 5RL	0900-1800	0900-1300	Closed
Fleming Pharmacy	1 Liberton Drive	EH16 6NL	0900-1730	0900-1300	Closed
Clear Pharmacy	26 Brougham Place	EH3 9JU	0830-1730	0900-1300	Closed
Broughton Pharmacy	105 Broughton Street	EH1 3RZ	0900-1730	0900-1300	Closed
Gilmerton Pharmacy	2 Ferniehill Road	EH17 7AB	0900-1800	0900-1300	Closed
Bruntsfield Pharmacy	129 Bruntsfield Place	EH10 4EQ	0900-1800	0900-1700	1200-1600
Dears Pharmacy	55a-57a Mayfield Road	EH9 3AA	0900-1730	0900-1300	Closed
City of Edinburgh - South West Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	230-232 Gorgie Road	EH11 2PN	0900-1800	0900-1800	Closed
Colinton Pharmacy Ltd	46a Bridge Rd	EH13 0LQ	0900-1745	0900-1300	Closed
Lindsay & Gilmour Chemist	2 Pentland View Court	EH14 5NP	08:30-1800	0900-1730	Closed
Colinton Mains Pharmacy (A H Tod Ltd)	84 Colinton Mains Drive	EH13 9BJ	0900-1800	0900-1300	Closed
Lindsay & Gilmour Chemist	536 Lanark Road Juniper Green	EH14 5DJ	0900-1730	0900-1300	Closed
Your Local Boots Pharmacy	10a Buckstone Terrace	EH10 6PZ	0900-1800	0900-1700	Closed
Polwarth Pharmacy	10 Polwarth Gardens	EH11 1LW	0900-1800	0900-1300	Closed
Well	4 Stenhouse Cross	EH11 3JY	0900-1730	0900-1300	Closed
Apple Pharmacy	65 Dalry Road	EH11 2BZ	0900-1730	0900-1230	Closed
Omnicare Pharmacy	1 Ardmillan Terrace	EH11 2JN	0900-1800	0900-1230	Closed

Craiglockhart Pharmacy	2 Craiglockhart Road North	EH14 1BU	0900-1800	0900-1300	Closed
Lindsay & Gilmour Pharmacy	107 Slateford Road	EH11 1QY	0900-1730	0900-1300	Closed
Dears Pharmacy & Travel Clinic	7 Oxfangs Broadway	EH13 9LQ	0900-1800	0900-1300	Closed
Ratho Pharmacy	64 North Street, Ratho	EH28 8RR	0900-1730	0900-1230	Closed
Fountainbridge Pharmacy	179 Dundee Street	EH11 1BY	0900-1800	0930-1300	Closed
Lindsay & Gilmour	24 Main Street, Balerno	EH14 7EH	0845-1730	0900-1300	Closed
M&D Green - Mackinnon Pharmacy	291 Calder Road	EH11 4RH	0900-1730	0900-1700	Closed
M&D Green -Calder Pharmacy	18 Calder Park, Sighthill	EH11 4JN	0900-1730	0900-1300	Closed
M&D Green - Shc Pharmacy	Sighthill Health Centre, 380 Calder Road	EH11 4AU	0900-1800	0900-1300	Closed
Wester Hailes Pharmacy	26 Wester Hailes Crescent, Shopping Centre	EH14 2SW	0900-1800	0900-1730	Closed
Currie Pharmacy	162 Lanark Road West, Currie	EH14 5NY	0845-1745	0900-1230	Closed
Sighthill Pharmacy	483a Calder Road, Sighthill Centre	EH11 4AW	0900-1730	0900-1300	Closed
Avante Pharmacy	39 Westfield Road,	EH11 2QW	0900-1800	0900-1700	Closed
City of Edinburgh - North East Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	42 New Kirkgate	EH6 6AA	0900-1800	0900-1730	Closed
Boots UK Ltd	174 Portobello High Street	EH15 1EX	0900-1730	0900-1730	Closed
Lindsay & Gilmour Chemist	11 Elm Row	EH7 4AA	0900-1800	0900-1700	Closed
Lindsay & Gilmour Chemist	257a Leith Walk	EH6 8NY	0900-1800	0900-1730	Closed
Tesco Instore Pharmacy	7 Broughton Road	EH7 4EW	0800-2000	0800-2000	1000-1600
Boots UK Ltd	Unit 1, Edinburgh Fort Retail Park, Newcraighall	EH15 3RH	0900-2030	0900-1800	0930-1800
Your Local Boots Pharmacy	123 Ferry Road	EH6 4ET	0900-1800	0900-1700	Closed
Asda Pharmacy	100 The Jewel, Brunstane	EH15 3AR	0900-1900	0900-1900	1000-1800
Lindsay & Gilmour Chemist	6 Milton Road West	EH15 1LF	0900-1800	0900-1300	Closed
Boots UK Ltd	Unit 22 Ocean Terminal, Ocean Drive, Leith	EH6 6JJ	0900-1800	0900-1800	1000-1800
Well	1 Restalrig Road	EH6 8BB	0900-1730	0930-1230	Closed

Well	100 Craigentenny Road	EH7 6RN	0900-1800	0900-1300	Closed
Well	12a Lochend Road South	EH7 6BP	0900-1730	0900-1300	Closed
Leith Pharmacy	7 Great Junction Street, Leith	EH6 5HX	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	92-96 Easter Road	EH7 5RQ	0900-1800	0900-1300	Closed
Niddrie Mains Pharmacy	96 Niddrie Mains Road	EH16 4DT	0830-1800	0900-1700	Closed
Craigmillar Pharmacy	58-60 Niddrie Mains Road	EH16 4BG	0900-1730	0900-1300	Closed
Lindsay & Gilmour Pharmacy Portobello	330-332 Portobello High Street, Portobello	EH15 2DA	0900-1800	0900-1700	Closed
Wooton Pharmacy	168 Portobello High Street	EH15 1EX	0900-1730	0900-1300	Closed
Clark Chemist	1 Lindsay Road	EH6 4EP	0845-1800	0900-1300	
Lindsay And Gilmour Nuchem Pharmacy	173 PIERSFIELD TERRACE	EH8 7BR	0900-1800	0900-1700	Closed
Crichton Pharmacy	6-7 Crichton Place	EH7 4NZ	0900-1800	0900-1730	Closed
Edinburgh Pharmacy "Foot Of The Walk"	3/5 Duke Street	EH6 6AE	0900-1800	0900-1730	Closed
M&D Green - Parsons Green	29-31 Parsons Green Terrace	EH8 7AF	0900-1800	0900-1300	Closed
City of Edinburgh - North West Edinburgh					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	129 St John's Road	EH12 7SB	0900-1730	0900-1730	Closed
Lindsay & Gilmour Chemist	228-230 Crewe Road North	EH5 2NS	0845-1800	0845-1730	Closed
Boots UK Ltd	Unit 10, Gyle Shopping Centre	EH12 9JR	0900-1900	0900-1800	1000-1800
Your Local Boots Pharmacy	58-60 Main Street, Davidson's Mains	EH4 5AA	0900-1800	0900-1730	Closed
Your Local Boots Pharmacy	151 Comely Bank Road	EH4 1BH	0900-1800	0900-1700	Closed
Lindsay & Gilmour Chemist	22 Hillhouse Road, Blackhall	EH4 2AG	0900-1800	0900-1300	Closed
Rowlands Pharmacy	5-5a Featherhall Avenue	EH12 7TG	0900-1800	0900-1300	Closed
Boots UK Ltd	24 South Groathill Avenue, Craigleith Retail Park	EH4 2LN	0900-2000	0900-1800	1000-1800
Well	38 Main Street, Kirkliston	EH29 9AA	0900-1800	0900-1230	Closed
Well	114-116 Granton Road	EH5 3RE	0900-1730	0900-1300	Closed
Omnicare Pharmacy	38 Duart Crescent	EH4 7JP	0900-1730	0900-1300	Closed

Omnicare Pharmacy Ltd	509 Queensferry Road	EH4 7QD	0900-1800	0900-1300	Closed
Right Medicine Pharmacy	9 - 11 Roseburn Terrace	EH12 5NG	0900-1800	0900-1300	Closed
Barnton Pharmacy	195 Whitehouse Road	EH4 6BU	Mon-Fri (Except Wed) 0900-1745 Wed 0900-1730	0900-1300	Closed
Stockbridge Pharmacy	35-37 North West Circus Place	EH3 6TW	0830-1800	0900-1730	Closed
Dears Pharmacy & Travel Clinic	645 Ferry Road	EH4 2TX	0900-1800	0900-1400	Closed
Corstorphine Pharmacy	159 St John's Road	EH12 7SD	0900-1730	0900-1730	Closed
Le Hartley Chemist	37 South Trinity Road	EH5 3PN	0900-1800	0930-1230	Closed
Goldenacre Pharmacy	5 Montagu Terrace	EH3 5QX	0900-1800	0930-1230	Closed
Carrick Knowe Pharmacy Limited	146-148 Saughton Road North	EH12 7DS	0900-1800	0900-1300	Closed
Queensferry Pharmacy	Unit 33, The Loan, South Queensferry	EH30 9SD	0845-1800	0900-1700	Closed
East Craigs Pharmacy	3 Bughtlin Market	EH12 8XP	0900-1800	0900-1300	Closed
Ferryburn Pharmacy	3 Ferryburn, Roseberry Avenue, South Queensferry	EH30 9QS	0900-1730	0900-1300	Closed
New Town Pharmacy	6 Eyre Place	EH3 5EP	0900-1730	0900-1300	Closed
Murrayfield Pharmacy	115 Corstorphine Road	EH12 5PZ	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	6 Macmillan Square,	EH4 4AB	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	7/9 Deanhaugh Street	EH4 1LU	0900-1800	0900-1700	Closed
East Lothian - East					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	36 High Street, Haddington	EH41 3EE	0900-1800	0900-1730	Closed
Boots UK Ltd	80 High Street, North Berwick	EH39 4HF	0830-1730	0900-1730	Closed
Linton Pharmacy	1 The Square, East Linton	EH40 3AD	0900-1730	0900-1230	Closed
Market Street Pharmacy	22 Market Street, Haddington	EH41 3JE	0900-1730	0900-1300	Closed
Right Medicine Pharmacy	20 High Street, Haddington	EH41 3ES	0900-1730	0900-1730	Closed
Smith's Pharmacy	66 High Street, North Berwick	EH39 4HF	0900-1730	0900-1700	Closed
Gullane Pharmacy	7 Roseberry Place, Gullane	EH31 2AN	0900-1730	0900-1300	Closed

Dunbar Pharmacy	67 High Street, Dunbar	EH42 1EW	0900-1730	0900-1300	Closed
High Street Pharmacy	25 High Street, Dunbar	EH42 1EN	0900-1800	0900-1300	Closed
East Lothian - West					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	164 High Street, Musselburgh	EH21 7DZ	0900-1800	0900-1730	Closed
Well	Ormiston Medical Centre, Tynemount Road, Ormiston	EH35 5AB	0830-1730	0900-1300	Closed
Well	42 Links Road, Port Seton	EH32 0EA	0900-1730	0900-1700	Closed
Well	115 High Street, Tranent	EH33 1LW	0830-1730	0830-1700	Closed
Well	123 North High Street, Musselburgh	EH21 6JE	0830-1730	0900-1700	Closed
Well	176 High Street, Prestonpans	EH32 9AZ	0900-1800	0900-1300	Closed
Prestonlinks Pharmacy	65c High Street, Prestonpans	EH32 9AF	0900-1800	0900-1700	Closed
Bankton Pharmacy	Hawthorn Road, Prestonpans	EH32 9QW	0900-1800	0900-1300	Closed
Longniddry Pharmacy	27 Links Road, Longniddry	EH32 0NH	0900-1730	0900-1230	Closed
Gordons Chemists	105 High Street, Musselburgh	EH21 7DA	0900-1800	0900-1700	Closed
Wallyford Pharmacy	121 Salters Road, Wallyford	EH21 8AQ	0900-1800	0900-1300	Closed
Eskside Dispensing Chemist	165 High Street, Musselburgh	EH21 7DE	0900-1800	0900-1700	Closed
Dears Pharmacy & Travel Clinic	49-51 High Street, Tranent	EH33 1LN	0900-1800	0900-1300	Closed
Midlothian - East					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	17-19 High Street, Dalkeith	EH22 1JB	0845-1745	0900-1730	Closed
Lindsay & Gilmour Chemist	18/20 Woodburn Avenue, Dalkeith	EH22 2BP	0900-1730	0900-1730	Closed
Danderhall Pharmacy	71 Newton Church Road, Danderhall	EH22 1LX	0900-1800	0900-1200	Closed
Right Medicine Pharmacy Pathhead	210 Main Street, Pathhead	EH37 5PP	0900-1800	0900-1300	Closed
Mayfield Pharmacy	2 Bogwood Court, Mayfield, Dalkeith	EH22 5DG	0830-1730	0900-1300	Closed
Newtongrange Pharmacy	123/125 Main Street, Newtongrange	EH22 4PF	0900-1730	0900-1200	Closed
Rowlands Pharmacy	Newbattle Medical Practice, 2 Blackcot Drive, Mayfield, Dalkeith	EH22 4AA	0830-1800	0900-1300	Closed

Gorebridge Pharmacy – Hunterfield	105 Hunterfield Road, Gorebridge	EH23 4TS	Mon - Fri Exc Wed: 0900-1800 Wed 900-1700	0900-1700	Closed
Gorebridge Pharmacy – Main Street	35 Main Street, Gorebridge	EH23 4BX	Mon - Fri Exc Wed: 0900-1800 Wed 900-1730	0900-1300	Closed
Dalkeith Pharmacy	17 Eskdail Court, Dalkeith	EH22 1AG	0830-1800	0900-1700	Closed
Midlothian - West					
Pharmacy Name	Address	Postcode	Mon-Fri	Sat	Sun
Rowlands Pharmacy	48 High Street, Bonnyrigg	EH19 2AB	0900-1800	0900-1700	Closed
Rowlands Pharmacy	27 John Street, Penicuik	EH26 8HN	0900-1800	0900-1700	Closed
Rowlands Pharmacy	22 Edinburgh Road, Penicuik	EH26 8NW	0900-1800	0900-1300	Closed
Rowlands Pharmacy	55 Clerk Street, Loanhead	EH20 9RE	0845-1800	0900-1700	Closed
Roslin Pharmacy	122 Penicuik Road, Roslin	EH25 9NT	0830-1800	0900-1300	Closed
Bonnyrigg Pharmacy	Bonnyrigg Health Centre, 109-111 High Street	EH19 2ET	0830-1800	0900-1200	Closed
Bonnyrigg High Street Pharmacy	32-34 High Street, Bonnyrigg	EH19 2AA	0900-1800	0900-1730	Closed
Penicuik Pharmacy	44a John Street, Penicuik	EH26 8AB	0900-1800	0900-1700	Closed
West Lothian - East					
Pharmacy name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	8/9 Argyle Court Shopping Centre, 114 East Main Street, Broxburn	EH52 5EQ	0900-1730	0900-1730	Closed
Boots UK Ltd	88/89 Almondvale Centre, Almondvale South, Livingston	EH54 6HR	Mon-Fri (Except Thu) 0900-1800 Thu 0900-2000	0900-1800	1000-1800
Lindsay & Gilmour Chemist	173 Main Street, East Calder	EH53 0EW	0900-1800	0900-1700	Closed
Your Local Boots Pharmacy	12 The Mall, Craigshill, Livingston	EH54 5ED	0830-1800	0900-1300	Closed
Boots UK Ltd	72/74 High Street, Linlithgow	EH49 7AQ	0900-1730	0900-1730	Closed
Village Pharmacy	5 Canal Road, Winchburgh	EH52 6FD	0900-1800	0900-1300	Closed
Omnicare Pharmacy	6 Main Street, Deans, Livingston	EH54 8BE	0900-1800	0900-1230	Closed
Morrisons Pharmacy	Dedridge Road North, Livingston	EH54 6DB	0830-1900	0800-1700	1000-1700

Morrisons Pharmacy	Carmondean Centre, Carmondean, Livingston	EH54 8PT	0800-2000	0830-1700	1000-1700
Ladywell Pharmacy	45 Fernbank, Ladywell, Livingston	EH54 6DT	0900-1800	0900-1700	Closed
Omnicare Pharmacy	23-25 West Main Street, Uphall	EH52 5DN	0900-1800	0900-1700	Closed
Kirknewton Pharmacy	24 Main Street, Kirknewton	EH27 8AH	0900-1800	0900-1300	Closed
Healthful Pharmacy Dedridge	157 Nigel Rise, Dedridge, Livingston	EH54 6LX	0830-1800	0830-1230	Closed
Murieston Pharmacy	2a Hamilton Square, Murieston Medical Practice, Livingston	EH54 9JZ	0900-1800	0900-1200	Closed
Rowlands Pharmacy	Howden Health Centre, Howden Road West, Livingston	EH54 6TP	0830-1800	Closed	Closed
Rowlands Pharmacy	Strathbrock Partnership Centre, 189a West Main Street, Broxburn	EH52 5LH	0830-1800	0830-1230	Closed
Omnicare Pharmacy	25 Main Street, Mid Calder	EH53 OAW	0900-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	286 High Street, Linlithgow	EH49 7ER	0830-1800	0900-1700	Closed
West Lothian - West					
Pharmacy name	Address	Postcode	Mon-Fri	Sat	Sun
Boots UK Ltd	26-30 George Street, Bathgate	EH48 1PW	0900-1730	0900-1730	Closed
Well	2a Main Street, Fauldhouse	EH47 9JA	0900-1730	0900-1700	Closed
Lindsay & Gilmour Pharmacy	65 West End, Burngrange	EH55 8EJ	0900-1800	0900-1300	Closed
Your Local Boots Pharmacy	7/9 Sycamore Walk, Blackburn	EH47 7LG	0900-1800	0900-1300	Closed
Your Local Boots Pharmacy	12 West Main Street, Whitburn	EH47 0QZ	0900-1730	0900-1700	Closed
Your Local Boots Pharmacy	Whitburn Health Centre, 1 Weaver's Lane, Whitburn	EH47 0SD	0830-1800	Closed	Closed
Lindsay & Gilmour Pharmacy	34 Main Street, West Calder	EH55 8DR	0900-1800	0900-1700	Closed
Stoneyburn Pharmacy	67 Main Street, Stoneyburn	EH33 2AP	0900-1800	0900-1300	Closed
Well	The Fauldhouse Partnership Centre, Lanrigg Road, Fauldhouse, Bathgate	EH47 9JD	0900-1800	0900-1300	Closed
Polbeth Pharmacy	107-109 Chapelton Drive, Polbeth	EH55 8SQ	0900-1800	0900-1300	Closed
Dunamis Pharmacy	27 Elizabeth Drive, Boghall, Bathgate	EH48 1SJ	0900-1800	0900-1300	Closed
Gordons Chemists	7 North Street, Armadale	EH48 3QB	0900-1800	0900-1700	Closed
Blackburn Pharmacy	2a Sycamore Walk, Blackburn	EH47 7LH	0830-1800	0900-1700	Closed

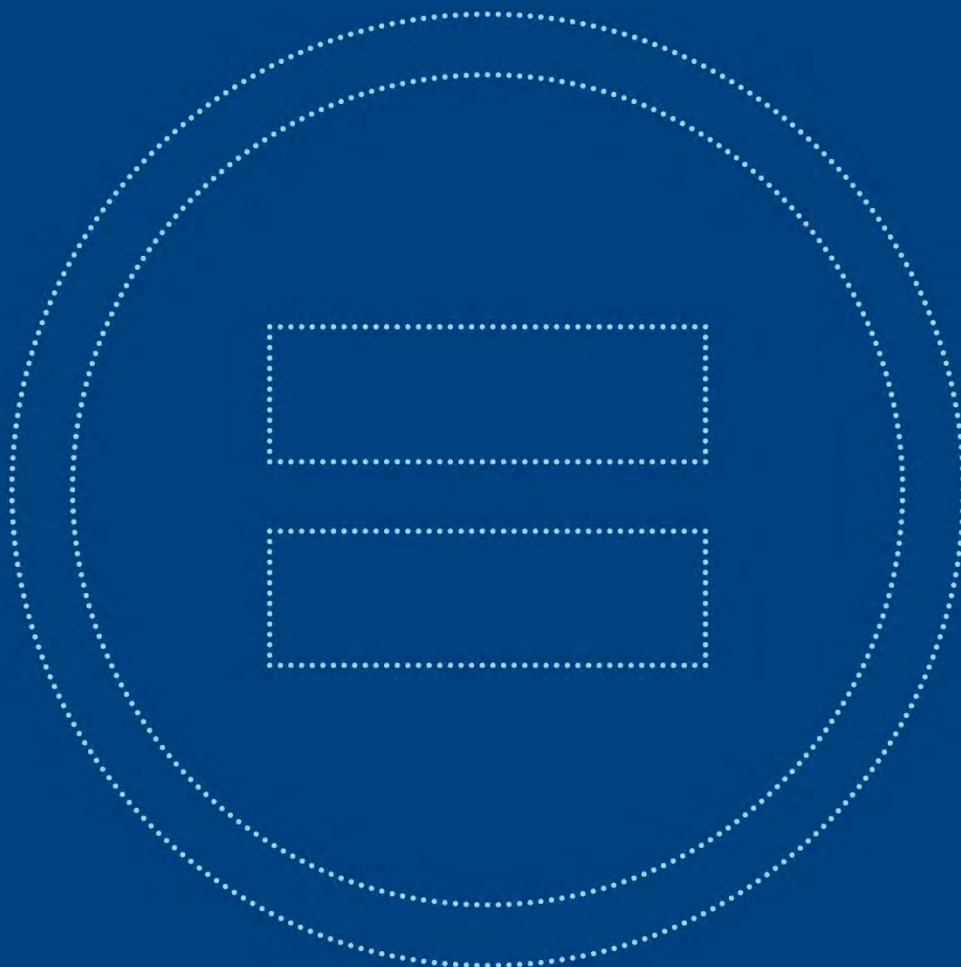
Blackridge Pharmacy	22 Main Street, Blackridge, Bathgate	EH48 3SA	0900-1800	0900-1300	Closed
Bathgate Pharmacy	25 King Street, Bathgate	EH48 1AZ	0900-1800	0900-1700	Closed
Bathgate Health Centre Pharmacy	Bathgate Primary Care Resource Centre, Whitburn Road, Bathgate	EH48 2SS	0800-1800	0900-1300	Closed
Dears Pharmacy & Travel Clinic	21-21a West Main Street, Armadale	EH48 3PZ	0900-1800	0900-1300	Closed

11.0 Abbreviations

ADP	Alcohol & Drugs Partnership	MAT	Medication Assisted Treatment
A&E	Accident and Emergency	MCA	Medication Compliance Aid
AMS	Acute Medication Service	MCR	Medication Care and Review
APC	Area Pharmaceutical Committee	NES	NHS Education for Scotland
BBV	Blood Borne Virus	NHS	National Health Service
BC	Bridging Contraception	NRS	National Records of Scotland
CMO	Chief Medical Officer	NVQ	National Vocational Qualification
COPD	Chronic Obstructive Pulmonary Disease	OOH	Out of Hours
CP	Community Pharmacy	OST	Opiate Substitution Therapy
CPL	Community Pharmacy Lothian	PAT	Pharmacy Assist Team (Quit Your Way)
CPO	Chief Pharmaceutical Officer	PCJMG	Primary Care Programme Board / Primary Care Joint Management Group
CPUS	Community Pharmacy Urgent Supply	PCSP	Pharmaceutical Care Services Plan
DAA	Direct Acting Antiviral	PCR	Polymerase Chain Reaction
DPDP	Digital Prescribing and Dispensing Pathways	PGD	Patient Group Direction
DRD	Drug-related Deaths	PHS	Public Health Scotland
ECOSS	Electronic Communication of Surveillance Scotland	PSD	Practitioner Services Department
EHC	Emergency Hormonal Contraception	QI	Quality Improvement
GP	General Practitioner	QWY	Quit Your Way
GPhC	General Pharmaceutical Council	SARCs	Sexual Assault Response Coordination Service
HIS	Health Improvement Scotland	SBoD	Scottish Burden of Disease
HIV	Human Immunodeficiency Virus	SIMD	Scottish Index of Multiple Deprivation
HSCP	Health and Social Care Partnership	SLA	Service Level Agreement
IEP	Injection Equipment Provision	STI	Sexually Transmitted Infection
IJB	Integration Joint Board	UTI	Urinary Tract Infection
LAIB	Long-acting Injectable Buprenorphine	WHO	World Health Organisation
LDP	Local Delivery Plan	WTE	Whole Time Equivalent
LSDF	Lothian Strategic Development Framework		
MAR	Medication Administration Record		

Equality. Fairer Scotland. Children's Rights. Record of decision not to carry out an Impact Assessment

Pharmaceutical Care Services Plan 2025- 2028



Title of proposed work: **Pharmaceutical Care Services Plan 2025 -2028**

Purpose/objective of proposed work: Boards are required to publish and monitor a Pharmaceutical Care Services Plan (PCSP) on an annual basis as set out by NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011. The PCSP describes current community pharmacy services and is used by the Pharmacy Practices Committee when determining if a new pharmacy application is necessary and desirable according to NHS regulations. The PCSP also endeavours to provide an opportunity to highlight the role of community pharmacy in the strategic planning needs of the IJBs, particularly where there are unmet needs and gaps in service.

Following approval by the Board, a delivery plan will be developed which will support implementation of the strategic recommendations from the PCSP.

Reasons why no impact assessment is needed

1) **Relevance to the Equality Act 2010, socio-economic inequalities and children's rights**

[Do these statements apply to this proposed work. Delete Yes/No as appropriate]

Equality – This work has no or limited relevance to discrimination or equality and good relations.

~~Yes~~—/ No

Socio economic disadvantage – This work has no or limited relevance to health and/or employment inequalities caused by socio-economic disadvantage.

~~Yes~~—/ No

Upholding or Protecting Children's Rights - This work will have no or limited relevance to children and young people up to the age of 18 and their enjoyment of UNCRC rights or meeting the needs of care experienced children and young people.

~~Yes~~—/ No

2) Necessity – reasons an impact assessment is not required to give due regard to equality and children’s rights

[This work may be relevant to equality and children’s rights, but we have decided that we are able to give due regard to equality and children’s rights using other, more appropriate, means than an impact assessment. For example, this could be because we have done engagement with staff / service users, the work only affects a small number of people and we have been able to identify their needs and the impact, and/ or we are applying existing policy, guidance or legislation which has already been assessed for equality and children’s rights impact. Explain below the reasons why we have decided an impact assessment is not necessary, including information about how we have given due regard to equality and children’s rights.]

The PCSP provides the strategic intent for planning for community pharmacy services, some of which are informed by national legislation and policy. The PCSP does not set out any new or revised policies or practices for community pharmacy services and so an ECRIA is not necessary at this stage. Following approval of the PCSP by the Board, the intention is to develop a delivery plan which will support implementation of the PCSP and explore further opportunities to strengthen the role of community pharmacy in meeting the health needs of local populations. It is anticipated at this point that impact assessment would be undertaken alongside the patient-public engagement that will be key part of this delivery plan.

Written by:

Katherine Davidson
Consultant in Pharmaceutical Public Health

Authorised by:

Date:

Dona Milne
Director of Public Health
2/4/2025

Next steps

Keep a copy of this record and send it to the people who make the final decision with the other paperwork. You do not need to publish it or send it to the Equality and Human Rights team. However, you may need to use this record at a later date to explain the decision not to carry out an ECRIA and to demonstrate that we have given due regard to equality and children's rights, which are statutory duties.

Meeting:

Meeting date:

Title:

Responsible Executive:

Report Author:

NHS Lothian Board

16 April 2025

Health Board Collaboration and Leadership

Caroline Hiscox, Chief Executive

NHS Scotland Executive Group

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input checked="" type="checkbox"/>
Government policy or directive	<input checked="" type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other	<input type="checkbox"/>

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHSScotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The paper attached below (**Appendix 1**) is presented by the NHS Scotland Executive Group to the NHS Lothian Board, for formal noting and endorsement. The paper was previously considered and discussed by the Board's Strategy, Planning and Performance Committee (SPPC) on 19 March 2025.

This paper is being presented to all NHS Scotland boards, at the request of the NHS Scotland Executive Group and following collective discussion and endorsement by NHS Scotland Board Chief Executives. The paper:

- sets the context for NHS renewal and reform following the First Minister's public statement on this matter on 27 January 2025.
- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland.
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care.

In addition to asking the NHS Lothian Board to note ongoing developments in this area, the paper asks the Board to specifically **acknowledge** and **endorse**:

- the duality of its role for the population/Board it serves as well as its contribution to population planning that will cross traditional Board boundaries and to approve local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

2.2 Background

Following the First Minister's statement in January 2025, NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration (**Appendix 2**). This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

Board Chief Executives (BCEs), Executive Leads and Scottish Government (SG) officials met on 18 February 2025 to share information and perspectives on NHS renewal, with a view to ensuring clarity on the role of NHS BCEs in supporting and delivering reform. This

session was planned and delivered by BCE and SG representatives of the Health and Social Care Reform co-ordination group.

Following on from the session, a summary of the discussion was presented to Board Chairs at their meeting in March. Board Chairs were supportive of the work to date and agreed to ensure they have time in their meetings to continue to discuss reform and renewal, alongside their sessions with the Cabinet Secretary.

The attached paper on “Leadership and Collaboration” is an output of the discussions on 18 February, developed by SG officials, reviewed by the NHS Scotland Executive Group and endorsed by BCEs. It is being presented to all Scottish NHS Boards during March/April 2025 for general noting and endorsement.

2.3 Assessment

Discussions were held during NHS Lothian’s SPPC meeting on 23 January 2025 in relation to [DL\(2024\)31 – A Renewed Approach to population Based Planning Across NHS Scotland](#). Amongst other things, this indicated movement towards a revised regional and national planning approach, based on greater inter-Board collaboration and the application of relevant legislation that places a duty of collaboration on NHS boards. The attached paper from the NHS Scotland Executive Group describes the ongoing development of this approach.

Board members will be aware of the significant extent to which NHS Lothian already collaborates in planning and delivery of services locally, regionally and nationally. On a regional basis, we support neighbouring boards in their delivery of acute services and provide nationally commissioned services for all boards in Scotland, in a range of specialties such as spinal scoliosis surgery, paediatric epilepsy surgery, TAAA surgery, neurosurgery, TAVI, cardiac surgery, and oncology.

We will continue to engage through existing collaboration arrangements and structures (e.g., the Lothian Director of Strategic Planning is also the Interim Director of Regional Planning for the East Region, and NHSL holds a seat on the National Specialist Services Committee) and additionally await and engage with further developments in this space.

At this point there is no suggestion that NHSL would not continue to deliver specialist services, nor that it would cease to be equally involved in the commissioning of specialist services for the country.

2.3.1 Quality/ Patient Care

The paper is presented to the Board for noting and endorsement of the intended approach. No immediate impact on quality or patient care is anticipated from such endorsement. The paper anticipates improvements in service delivery nationally which should have positive impacts on quality and patient care.

2.3.2 Workforce

There are no direct workforce-related impacts arising from consideration of the paper or endorsement of its proposals. Subsequent developments as part of a wider reform and renewal agenda may bring workforce impacts which will be assessed on a case-by-case basis.

2.3.3 Financial

There are no direct financial impacts arising from consideration of the paper or endorsement of its proposals.

2.3.4 Risk Assessment/Management

No risk assessments have been undertaken by NHS Lothian in relation to the paper or its proposals. It is clearly anticipated by the Scottish Government that a wider programme of reform and renewal and increased collaboration between health boards should help mitigate a number of performance and service-related risks, both nationally and locally.

2.3.5 Equality and Diversity, including health inequalities

No specific decision is sought that is expected to have an impact on the Board's Public Sector Equality Duty, its Fairer Scotland Duty, or the rights of children. Any specific plans or proposals emerging as a result of increased collaborative activity between boards may require separate impact assessments to be undertaken.

2.3.6 Other impacts

No other significant impacts have been identified at this stage.

2.3.7 Communication, involvement, engagement and consultation

No internal communications or engagement activities have been undertaken so far within NHS Lothian.

2.3.8 Route to the Meeting

The attached paper has been developed at a national level and discussed at a local level, via the following meetings:

- NHS Scotland Executive Group, 5 March 2025
- NHS Scotland Board Chief Executives Group, 6 March 2025
- NHS Lothian Strategy, Planning and Performance Committee, 19 March 2025

2.4 Recommendation

The attached paper invites the NHS Lothian Board to:

- **Note:**
 - the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.

- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.
 - that, in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance frameworks and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.
- **Acknowledge and endorse:**
 - the duality of its role for the population/Board it serves as well as its contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
 - the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

3 List of appendices

The following appendices are included with this report:

- ***Appendix 1 – NHS Scotland Executive Group Paper: Health Board Collaboration and Leadership***
- ***Appendix 2 – Letter from Director-General Health & Social Care to NHS Scotland Board Chairs and Chief Executives, 7 February 2025***

Health Board Collaboration and Leadership NHS Scotland Executive Group 05 March 2025

Purpose

1. This paper:
 - sets the context for renewal and reform following the First Minister's statement on 27 January 2025
 - briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland
 - describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care

Background

2. The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.
3. The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.
4. NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

Appendix 1 – Paper from NHS Scotland Executive Group

5. This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

Governance Arrangements

6. Over the past year, steps have been taken to revise national governance arrangements. This is intended to enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.
7. In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.
8. NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

Renewal and Reform

9. Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.
10. Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:
 - Operational Improvement Plan (by the end March)
 - Population Health Framework (Spring)
 - Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)
11. These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients

Appendix 1 – Paper from NHS Scotland Executive Group

and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

12. In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

Improvements in Planned Care

13. NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.
14. The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.
15. The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

Recommendations

16. NHS Lothian Board is asked to **note**:
 - the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
 - the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.
17. NHS Lothian Board is asked to **acknowledge and endorse**:

Appendix 1 – Paper from NHS Scotland Executive Group

- the duality of its role for the population/Board it serves as well as its contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
 - the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.
18. NHS Lothian Board is asked to **note** that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance frameworks and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

Appendix 2

Director-General Health & Social Care and
Chief Executive NHS Scotland
Caroline Lamb



E: dghsc@gov.scot

All NHS Chairs and NHS Chief Executives

7 February 2025

Dear Colleagues

Following the First Minister's recent keynote speech on improving public services, I am writing to seek your support in taking forward the programme of reform and renewal for our NHS. The NHS Chairs meetings and the advent of the NHS Scotland Executive Group has meant a fundamental shift in the way we come together and lead the NHS, but we need to increase the pace at which we are implementing the range of improvements across our system, in order to maximise the effectiveness and efficiency of services.

In taking forward the range of system reform and improvement work, it is important that we fully utilise the opportunities provided by working across boundaries – giving life to the statutory duties placed upon all NHS Boards to work collaboratively in delivering healthcare services. This duty is set out in Section 12J of the National Health Service (Scotland) Act 1978 and provides the foundation for ensuring equitable and effective healthcare delivery across Scotland.

As system leaders, you are required to ensure that your Boards actively engage in collaborative arrangements with other Health Boards. This includes sharing resources, expertise and services, where appropriate, to optimise patient outcomes and improve efficiency across the system. Such co-operation is critical to achieving the best possible care for our population, especially given the complex challenges we face in addressing health inequalities and meeting the demands on services.

Over the last year we have strengthened our approach to collaboration and co-operation with you, beginning with the publication of the Model Framework Document for NHS Boards in April 2024. This document outlines how we collaborate and co-operate and provides a structured approach for Boards, detailing our respective roles, responsibilities, and the nature of how Boards interact with the Scottish Government. It aimed to provide greater clarity on governance and accountability and sets out our commitment to fostering effective partnerships to deliver high-quality healthcare services across Scotland.

Our commitment to working together has been further strengthened with the establishment of the NHS Scotland Executive Group, which first met in October 2024. Its primary aim is to support the effective governance, planning and delivery of healthcare services across Scotland. The NHS Scotland Executive Group plays a central role in supporting national and



regional planning initiatives, such as those outlined in the NHS Scotland Planning Framework.

The recent publication of the NHS Scotland Planning Director's Letter, in November 2024, provides additional guidance on population-based planning, once again highlighting the need for strengthened national and regional coordination. The DL emphasised the establishment of a Single Planning Framework to ensure coherence and alignment in service delivery, infrastructure investment, and workforce planning at national level. The NHS Scotland Planning and Delivery Board (NHSSPDB) will oversee and govern these efforts, ensuring that resources are deployed efficiently and equitably across all Health Boards.

At the regional level, the letter outlines the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations. Regional planning groups are expected to drive innovation and adaptability, responding to the unique health dynamics within their areas whilst aligning with the broader NHS Scotland priorities. These planning efforts are integral to achieving the vision set out in the 2016 National Clinical Strategy and the Public Bodies (Joint Working) (Scotland) Act, which prioritise integration and partnership working across sectors.

I believe we have all of the foundations now in place to allow you to fulfil your roles, as NHS leaders, but also in how we come together as an NHS Scotland to meet the needs of patients and the expectations of our communities.

Moving forward, I intend to work with employers to enhance the Executive Management Appraisal System so that we can properly assess and record the impact of working across board and wider system boundaries. This will be incorporated into the guidance for the 2024/25 performance review and 2025/26 objective setting process, which the Chief People Officer will issue in late February / early March. Similarly, the appraisals of NHS Chairs will encompass how they are facilitating and supporting the level of cross boundary working that we all see as essential.

For now, I encourage you all to review your current arrangements for cross-boundary collaboration and identify any areas requiring improvement. Please also ensure that staff within your Boards are familiar with the statutory requirements of the Model Framework.

In the meantime, should you require clarification or support, please do not hesitate to contact my office.

Thank you for your continued leadership and dedication to delivering high-quality, patient-centred care for the people of Scotland.

Yours sincerely,

Caroline Lamb



Director General Health and Social Care and Chief Executive NHS Scotland