NHS Lothian Board

Wed 13 August 2025, 09:30 - 12:00

**Carrington Room, Inverleith Building, Western General Hospital,
EH4 2LF**

Agenda

09:30 - 09:33
3 min

1. Welcome

Verbal   *John Connaghan*

09:33 - 09:34
1 min

2. Apologies for Absence

Verbal   *John Connaghan*

09:34 - 09:35
1 min

3. Declaration of Interests

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 <u>*loth.corporategovernanceteam@nhs.scot*</u>

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

09:35 - 09:40
5 min

4. Items proposed for Approval or Noting without further discussion

Decision   *John Connaghan*

4.1. Minutes of Previous Board Meeting - 25 June 2025

For Approval   *John Connaghan*

📄 4.1 Board Minutes - 25 June 2025 (Draft to Meeting).pdf (8 pages)

4.2. Healthcare Governance Committee Minutes - 20 May 2025

For Noting   *Andrew Cogan*

📄 4.2 Healthcare Governance Committee Minutes - 20 May 2025.pdf (6 pages)

4.3. Staff Governance Committee Minutes - 27 May 2025

For Noting   *Val de Souza*

📄 4.3 Staff Governance Committee Minutes - 27 May 2025.pdf (11 pages)

4.4. Midlothian Integration Joint Board Minutes - 24 April 2025

For Noting   *Val de Souza*

📄 4.4 Midlothian IJB Minutes - 24 April 2025.pdf (18 pages)

4.5. Edinburgh Integration Joint Board Minutes - 13 May 2025

For Noting　　　　*Katharina Kasper*

📄 4.5 Edinburgh IJB Minutes - 13 May 2025.pdf (8 pages)

4.6. West Lothian Integration Joint Board Minutes - 01 May 2025

For Noting　　　　*Martin Connor*

📄 4.6 West Lothian IJB Minutes - 01 May 2025.pdf (5 pages)

4.7. East Lothian Integration Joint Board Minutes - 22 May 2025

For Noting　　　　*Andrew Cogan*

📄 4.7 East Lothian IJB Minutes - 22 May 2025.pdf (8 pages)

4.8. Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2025

For Noting　　　　*Alison Macdonald*

📄 4.8 Health and Care (Staffing) (Scotland) Act 2019, Quarterl 1 2025 Board Compliance Report.pdf (33 pages)

4.9. Quarter 1 2025/26 - National Whistleblowing Standards Performance Report

For Noting　　　　*Tom Power*

📄 4.9 Q1 2025-26 Whistleblowing Performance Report (Inc. Appendix).pdf (16 pages)

4.10. Board Appointments

For Approval　　　　*Darren Thompson*

📄 4.10 Board Appointments - August 2025.pdf (4 pages)

Items for Discussion

09:40 - 09:45
5 min

5. Board Chair's Report - August 2025

Verbal　　　　*John Connaghan*

09:45 - 10:05
20 min

6. Chief Executive's Report - August 2025

Discussion　　　　*Caroline Hiscox*

📄 6. Board Chief Executive's Report 2025-08-13 (Final).pdf (6 pages)

10:05 - 10:15
10 min

7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

Verbal　　　　*John Connaghan*

10:15 - 10:35
20 min

8. NHS Lothian Board Performance Paper

Discussion　　　　*Jim Crombie*

📄 8. NHS Lothian Board Performance Paper (Inc. Appendix).pdf (28 pages)

10:35 - 10:55
20 min

9. Child and Adolescent Mental Health Services (CAMHS) Performance Update

Discussion　　　　*Alison White*

📄 9. CAMHS Performance Update.pdf (7 pages)

10:55 - 11:05 *Break*
10 min

11:05 - 11:25 ## 10. NHS Lothian Annual Delivery Plan
20 min

Discussion   *Colin Briggs*

📄 10. NHS Lothian Annual Delivery Plan (Inc. Appendices).pdf (83 pages)

11:25 - 11:35 ## 11. NHS Lothian Financial Position - June 2025
10 min

Discussion   *Craig Marriott*

📄 11. NHS Lothian Financial Position - June 2025.pdf (10 pages)

11:35 - 11:45 ## 12. Corporate Risk Register
10 min

Discussion   *Tracey Gillies*

📄 12. Corporate Risk Register - Board 13 August 2025.pdf (28 pages)

11:45 - 11:47 ## 13. Any Other Business
2 min

Verbal   *John Connaghan*

11:47 - 11:49 ## 14. Reflections on the Meeting
2 min

Verbal   *John Connaghan*

11:49 - 11:50 ## 15. 2025 Meeting Dates
1 min

For Noting   *John Connaghan*

- **08 October 2025**
- **03 December 2025 (10.30am start)**

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.00am on Wednesday 25 June 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); Cllr S. Akhtar; Mr P. Allenby; Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Prof J. Innes; Mrs K. Kasper; Prof A. Khan; Mr P. Knight; Prof. L. Marson; Cllr D. Milligan and Ms V. de Souza.

Executive Board Members: Prof. C. Hiscox (Chief Executive); Miss T. Gillies (Executive Medical Director); Mr C. Marriott (Director of Finance) and Ms A. MacDonald (Executive Nurse Director).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr T. Power (Director of People & Culture); Ms M. Carr (Chief Officer, Acute Services); Mr C. Briggs (Director of Strategic Planning); Ms A. Goodfellow (Acting Director of Public Health and Health Policy); Dr J. Long (Director of Innovation and Transformation); Ms T. McKigen (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms M. Campbell (Director of Estates & Facilities); Ms J. Gillies (Associate Director of Quality); Ms C. Palmer (Acting Acute Nurse Director); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms C. Laverty (Chief Officer, Edinburgh IJB); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary) and Ms B. Pillath (Corporate Governance Team, minutes).

Apologies for Absence: Mr G. Gordon (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member).

17. Welcome & Declaration of Interests

17.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Chair also welcomed Nigel Henderson (NES Non-Executive) who was attending to shadow the Chair as part of the Aspiring Chairs Programme.

17.2 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

18. Items proposed for Approval or Noting without further discussion

18.1 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.

18.2 <u>Minutes of Previous Board Meeting held on 16 April 2025</u> – Minutes were approved.

18.3 <u>Finance & Resources Committee Minutes – 26 March 2025</u> – Minutes were noted.

18.4 <u>Healthcare Governance Committee Minutes – 18 March 2025</u> – Minutes were noted.

18.5   Staff Governance Committee Minutes – 03 April 2025 – Minutes were noted.

18.6   Audit and Risk Committee Minutes – 14 April 2025 – Minutes were noted.

18.7   Midlothian Integration Joint Board Minutes – 20 February 2025 – Minutes were noted.

18.8   Edinburgh Integration Joint Board Minutes – 25 March 2025 – Minutes were noted.

18.9   West Lothian Integration Joint Board Minutes – 20 March 2025 – Minutes were noted.

18.10   East Lothian Integration Joint Board Minutes – 20 March 2025– Minutes were noted.

18.11   NHS Lothian Resilience Framework– The Board approved the Resilience Framework and agreed to accept significant assurance that NHS Lothian had in place a suitable Framework to support and enable the Board's compliance with the Civil Contingencies Act 2004 and its associated Regulations, as well as the Scottish Government's published guidance on Preparing for Emergencies.

18.12   Quarter 4 and Annual Whistleblowing Performance Report 2024/25

18.12.1 In response to a question about the timescales for closing the cases that remained open, the Director of People and Culture advised that investigations were being worked through but could take time due to the number of people to be interviewed and the need for skilled interviewers to be available to carry these out. Those raising concerns were being kept up to date with the progress of the investigations. The Staff Governance Committee would monitor progress through quarterly updates, including available investigation resource. The Non-Executive Whistleblowing Champion acknowledged that the statutory timescales had always been challenging, given the complexity of cases, and confirmed that, where these timescales were not met, there were clear and justified reasons.

18.12.2 There was not a requirement on NHS Lothian to account for the performance of primary care contractors' handling of whistleblowing cases, but the data was included in NHS Lothian's reports and trends and themes would be monitored.

18.12.2 The Board accepted moderate assurance based on the evidence presented that systems and process were in place to help create a culture in NHS Lothian which would ensure staff had confidence in the fairness and objectivity of the procedure through which their concerns were raised and acted upon, and accepted significant assurance that the performance report met the requirements of the Standards based on the evidence presented.

18.13   Pharmacy Practices Committee – Terms of Reference Review – The revised Terms of Reference was approved.

18.14   Board Appointments – The Board approved the following appointments:
- Removal of Katharina Kasper as a member of the Board's Remuneration Committee, with immediate effect
- Appointment of Lorna Marson as a member of the Board's Remuneration Committee, with immediate effect
- Reappointment of Katharina Kasper as the Lead Voting Member, Edinburgh Integration Joint Board, from 27 June 2025;
- Extension of Elizabeth Gordon's current appointment as Voting Member, Edinburgh Integration Joint Board, to 31 July 2025;
- Appointment of Patricia Cantley as Voting Member, Edinburgh Integration Joint Board, from 1 August 2025;
- Appointment of John Innes as the Lead Voting Member, West Lothian Integration Joint

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Board, from 1 September 2025;

- Reappointment of Dr Rebecca Green, General Practitioner, as a Non-Voting Member of the Midlothian IJB, from 18 July 2025 (for a three-year term)
- Reappointment of Dr Robin Balfour, General Practitioner, as a Non-Voting Member of the Edinburgh Integration Joint Board, from 1 October 2025 until 30 June 2026.

The Board Secretary explained that the recommendation on Dr Balfour's reappointment term differed from that set out in the accompanying paper, due to a late notification that Dr Balfour planned to retire from his role in July 2026. A recommendation on Dr Balfour's replacement from July 2026 would be brought forward in due course.

- Reappointment of Hazel Garven, Lead Pharmacist, Edinburgh HSCP, as a Non-Contractor Pharmacist Member of the Pharmacy Practices Committee, from 22 June 2025 (for a final three-year term);
- Reappointment of Mike Embrey, John Connolly and Kaye Greig as Contractor Pharmacist members of the Pharmacy Practices Committee, from 22 June 2025 (each for a final three-year term);
- Reappointment of John Niven as a Lay Member of the Pharmacy Practices Committee, from 22 June (for a final three-year term).

ITEMS FOR DISCUSSION

19. Board Chair's Report – June 2025

19.1 The Chair highlighted the following:

- Ministerial approval of the two new non-executive board members continued to be delayed due to the need to complete PVG Disclosure checks. A start date in late July was expected.

- The City of Edinburgh Council's Stakeholder Non-Executive, Cllr Margaret Graham, would be replaced by Cllr Joan Griffiths. However, formal Ministerial approval was again delayed due to the need to complete PVG Disclosure checks.

- The Audit Scotland: NHS in Scotland - Spotlight on Governance report had been published in May and circulated to board members for awareness. It was anticipated that the ongoing development of NHS Lothian's Board Assurance Framework would help to address the recommendations specific to NHS boards.

- The recently published Health and Care Reform and Renewal Frameworks had been discussed jointly between Board Chairs, Chief Executives and the Scottish Government, during a meeting on 23 June.

20.   Chief Executive's Report – June 2025

20.1   The Chief Executive presented her report, noting that this had been previously circulated, and welcomed any questions from board members. She noted the recent publication of the Scottish Government's Health and Care Reform and Renewal Frameworks and recommended that board members, individually, should take time to engage with the documents, starting with the Public Sector Reform Strategy. She highlighted a focus in her report on ongoing efforts to improve operational performance, including in relation to Planned Care and Mental Health. Whilst the Board's 2025/26 Annual Delivery Plan (ADP) would set out the specific performance trajectories, this remained in draft form due to the ongoing finalisation of Scottish Government funding allocations. The updated ADP would be considered again by the Board's Strategy, Planning & Performance Committee (SPPC) before being presented to the Board for formal approval.

20.2   The Chief Executive invited the Board to acknowledge the sad passing of Professor Sir Geoff Palmer, noting his significant contribution to NHS Lothian's work on assessing its own role in the transatlantic slavery trade and the subsequent development of an anti-racism plan. The Board's annual Equality, Diversity & Inclusion Conference, scheduled for the following day, would provide a further opportunity to reflect on his legacy.

20.3   Board members discussed the content of the Chief Executive's Report and raised a number of questions. It was confirmed that the plans being developed to transform the delivery of Mental Health Services would be presented to the Board, initially via the SPPC. It was also confirmed that the recent decision taken by the Edinburgh IJB to commission external mental health rehabilitation beds and correspondingly close a number of beds within the Royal Edinburgh Hospital had been fully supported by the NHS Lothian Corporate Management Team. Work to enact this change was progressing.

20.4   The successful recommissioning of the Princess Alexandra Eye Pavilion and the return of all services to the site was noted, and the Board recognised the significant efforts of all staff involved in this. A lessons learned exercise had been commissioned and the results of this would be reported to the Board in due course.

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

21.1   <u>Finance and Resources Committee</u>

21.1.1 A development session would be held on the Board's sustainability requirements, and this would be open to Board members. Details would be circulated once confirmed.

21.1.2 A paper on the Hospital Sterilisation and Decontamination Unit (HSDU) provision had been discussed at the previous meeting. This as a high risk and had been on the risk register for some time. There was no robust contingency for service provision across Scotland. The Scottish Government had been looking at a national programme for Scottish contingency, but this had not been progressed. The Chair agreed to ask the Cabinet Secretary for an update on this.

21.2   <u>Staff Governance Committee</u>

21.2.1 Work was ongoing on the implementation of the elements of Agenda for Change (AfC) reform, including protected learning time, the Band 5 and 6 review, and the reduced working week. The acknowledged risks continued to be effectively managed.

21.2.2 The Nursing Workforce risk had been significantly mitigated for the current year and this was reflected in changes to the Corporate Risk Register. However, a low university intake for first

year nursing in the current year was anticipated to cause further workforce challenges in three years' time.

21.3 Healthcare Governance Committee

21.3.1 The Chair of the Healthcare Governance Committee gave assurance that a significant amount of time had been devoted at recent Committee meetings considering safe, effective and person-centred care in mental health services, and that specific assurance reports had been requested for the September meeting.

21.4 Audit and Risk Committee

21.4.1 The Internal Audit Report for 2024/25 had been completed and the hand over to the new internal auditors was complete. The Committee had approved the report, which included provision for reviewing areas of limited assurance to ensure that improvements had been embedded in the system.

21.4.2 The Chair of the Audit and Risk Committee requested that managers prioritise the timely return of responses to audits during 2025/26, in order to support the effective delivery of the audit programme.

22. NHS Lothian Board Performance Report

22.1 The Deputy Chief Executive presented the Board Performance report, outlining the Board's performance across the agreed metrics. NHS Lothian had achieved over 70% performance in the past week on 4-hour emergency access and was above the Scottish average of 68%. This achievement was the result of targeted transformation work with the whole system to reduce bed occupancy and delayed discharge. The focus had been on the Royal Infirmary, with the ambition to extend this transformative approach to other acute sites. Discussions were ongoing with the Scottish Government about the additional resources required to support this.

22.2 There would be further discussion at the Strategy, Planning and Performance Committee and at the Board about the new Scottish Government funding for scheduled care and what this would be used for. It was noted that all proposals to the Scottish Government on the spend would be subject to Board approval.

22.3 Cancer 62-day performance had been reported in the media recently, reflecting a deteriorating national position. An improvement plan was being worked on within NHS Lothian, focusing on diagnostic pathways, mitigating actions, and job plan review. Consultants in the department were keen to engage. This was reflected in the Board's submissions to Scottish Government for additional resources.

22.4 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.

23. Lothian Strategic Development Framework Annual Report

23.1 The Director of Strategic Planning presented the 2024/25 Annual Report on the delivery of the Lothian Strategic Development Framework (LSDF), highlighting key achievements and learning points during the year. He sought the Board's approval for the content of the slide presentation to be published on the website.

23.2 During discussion, board members highlighted the need for more quantitative reporting on performance against each of the LSDF pillars and their aims, as well as more regular performance reporting in-year, specifically against the LSDF. It was also suggested that

transformation activity within each of the pillars of the Framework should be more clearly highlighted. Finally, consideration should be given to whether the aims of the LSDF may need to be more clearly articulated to demonstrate alignment with the Scottish Government's recently published reform and renewal frameworks.

23.2 Notwithstanding these suggested areas for future improvement, the Board acknowledged the positive achievements highlighted and approved the content presented as the LSDF Annual Report for 2024/25, which would be suitably narrated and published on the website in due course.

24. NHS Lothian Corporate Objectives 2025/26

24.1 The Director of Strategic Planning presented a paper setting out the 2025/26 Corporate Objectives for the Board's consideration and approval, noting that there had been previous discussion of these at the Strategy, Planning and Performance Committee.

24.2 Board members discussed the Corporate Objectives, noting that not all of them were directly measurable. However, members acknowledged that the objectives represented high-level summary aims and that a significant level of further detail was represented via the corresponding personal objectives of executive and corporate directors. It was expected that further detail on the specificity and timebound nature of actions underpinning each objective would be provided to the Strategy, Planning and Performance Committee and that this would include quantitative performance data.

24.3 On this basis, the Board approved the NHS Lothian Corporate Objectives for 2025/26, as presented in the paper.

25. Corporate Risk Register

25.1 The Board received NHS Lothian's Corporate Risk Register, reviewing the April 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.

25.2 The Board accepted the report and noted that the grading of risk 3600 Finance had reduced from Very High 25 to Very High 20 on the basis of a lower likelihood of occurrence.

26. Quality Report and Annual Plan

26.1 The Executive Medical Director and Associate Director of Quality outlined the plans to support the delivery of the NHS Lothian Quality Strategy (2018-2027), including the Quality Directorate 2024-25 Annual Report and the 2025-26 Quality Directorate Annual Plan.

26.2 In response to a question about measuring the impact of improvement programmes, it was noted that this was part of the discussion and assurances taken at the Healthcare Governance Committee.

26.3 Regarding Medicines Safety, it was noted that Medicines Safety Officers were used in England. However, this was not considered by the Scottish Government's Chief Pharmaceutical Officer to be best practice as it reduced the responsibility for safety to a named individual, when it should be the responsibility of all members of the team working together.

26.4 Quality improvement work was at a patient level and was complementary to transformational change, which was service change.

26.5   Two Healthcare Governance Committee workshops had been held to discuss the new Clinical Assurance Framework which was now in place with further elements to be added. This was about ensuring the right data and information was available to gain assurance in complex clinical systems.

26.6   The Executive Medical Director offered to arrange a future Board Development Session covering this area in greater detail, if this was felt to be of benefit by board members and if there was space within the schedule.

26.7   Following discussion, the Board noted the Quality Directorate Annual Report for 2024/25 and the Annual Plan for 2025/26.

27.   2024/25 Financial Outturn Position

27.1   The Director of Finance provided the Board with an update on the 2024/25 financial position which showed that NHS Lothian had achieved a balanced outturn for the financial year.

27.2   The Director of Finance reminded board members about the challenging decisions which had been necessary to achieve this position and reiterated that, in 2025/26, there remained a need to deliver 3% of efficiency savings. He stressed how important it was that the majority of these savings be delivered on a recurring basis, in order to reduce the recurrent financial deficit position.

27.3   The Board acknowledged this important update, and the contribution made by all staff to achieving a breakeven position. Particular thanks were offered to staff in the Finance Directorate for supporting the delivery of key efficiency programmes.

27.4   Board members enquired about the impacts of high drug spend on the coming year and about how this would be managed. The importance of achieving efficiency savings in-year were considered important to offsetting these costs. The Executive Medical Director also advised that a robust mechanism was in place to make decisions on new drug usage, through the MHRA, Scottish Medicines Consortium and Formulary applications at a regional level. A further step had recently been introduced to consider the financial impact of high-cost drugs, including when to start and stop using these.

27.5   The Board noted the achievement of financial balance. It was noted that the small underspend of £771k reported for 2024/25 was the result of technical accounting policies. Members also noted the delivery of £60m of efficiency savings for 2024/25 and that all Integration Joint Boards had achieved a balanced position in relation to health expenditure.

28.   Scottish Hospitals Inquiry Interim Report

28.1   The Board Chair declared a connection in relation to this item, due to having given evidence in the Inquiry, related to his former role with the Scottish Government. Whilst it was not considered that this created a conflict of interest, he nonetheless asked that the Board's Vice Chair assume the role of Chair for the duration of the item.

28.2   The Director of Finance introduced the report reviewing the recommendations from the Scottish Hospital Inquiry's interim report on the Royal Hospital for Children and Young People/Department of Clinical Neurosciences (RHCYP / DCN), and the steps taken by NHS Lothian to date to address these recommendations. This paper had been considered by the Finance and Resources Committee in March 2025 and was brought to the Board for awareness.

28.2   The Board had publicly expressed its apologies on behalf of NHS Lothian for the impact on patients and staff of the delay in the opening of the RHCYP / DCN in 2021.

28.3   It was noted that recommendation 9 of the report, in relation to training to be provided to disciplines involved in healthcare buildings, would be challenging to implement as clinical staff could not be expected to have the technical expertise required, particularly with the risks involved. This had been discussed with the Scottish Government with the idea that NHS Assure would be developed to provide this expertise centrally for Scotland, within a robust assurance framework.

28.4   The Board noted the findings of the Interim report, the actions taken to date to address the recommendations, and the proposed actions for the development of future health construction projects. Oversight of local adoption and implementation of these actions would be provided by the Board's Finance and Resources Committee.

29.   Any Other Business

29.1   <u>Dr Andrew Flapan, Cardiologist and Associate Medical Director</u>

29.1.1 The Executive Medical Director reported with regret that Dr Andrew Flapan, a well-known and highly respected colleague, had died suddenly and unexpectedly on 23 June 2025. The Board Chair and Chief Executive had written to his family to express their condolences.

30.   Reflections on the Meeting

30.1   The Chair reminded board members that they could contact colleagues out with the meeting if they wished to discuss any items further.

31.   Date of Next Board Meeting

- Wednesday 13 August 2025 at 09:30am

Chair's Signature …………………………………………………………………………………
Date ………………………………………………………………………………………………

Prof. John Connaghan
Chair – Lothian NHS Board

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 20 May 2025 by video conference.

Present: Mr A. Cogan, Non-Executive Board Member (chair); Mr A. Fleming, Non-Executive Board Member; Professor A. Khan, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms M. Carr, Chief Officer, Acute Services; 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; Professor C. Hiscox, Chief Executive; Dr C. Love, Consultant Obstetrician (item 4.3); Ms G. McAuley, Associate Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Mr A. Mackay, Site Director, St John's Hospital (item 5.6); Ms J. Morrison, Head of Patient Experience; Ms M. Perez-Botella, Director of Midwifery (item 4.1); Mr A. Short, Director of Women's Services (item 4.1); Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms A. White, Chief Officer, West Lothian Health and Social Care Partnership; Ms M. Vernon-Stroud, Patient Experience Team Lead; Ms C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Nurse Director, Primary Care.

Apologies: Mr E. Balfour, Non-Executive Board Member; Mr J. Crombie, Deputy Chief Executive; Mr P. Knight, Non-Executive Board Member; Ms L. Yule, Chief Nurse, West Lothian 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.

1.   Patient Story

1.1   A video was shown where a woman who gave birth in the Birth Centre after initially wanting to have a home birth. She spoke about the importance of communication and a more holistic approach which would take into account her wishes and anxieties. Ms Perez Botella advised that whole person wellbeing had been a focus in the past year.

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2.   Committee Business

2.1   Minutes from Previous Meeting (18 March 2025)

2.1.1   The minutes from the meeting held on 18 March 2025 were approved as a correct record.

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

2.2   Healthcare Governance Committee Annual Report and Assurance Need

2.2.1   Ms J. Gillies presented the previously circulated Annual Report. There was discussion on how the part of the remit requiring the Committee had patient and public representation in decision making. The difficulty for a patient representative to fully take part in meetings was recognised. It was agreed that services should be asked to include in their reports how patient views were taken into account in service delivery.

2.2.2   Members approved the annual report for submission to the Audit and Risk Committee.

3.   Emerging Issues

3.1   Healthcare Improvement Scotland inspection

3.1.1   Evidence had been provided to Healthcare Improvement Scotland (HIS) to show what improvement actions had been taken following concerns raised about maternity services at a previous inspection. The HIS Team had returned to assess the improvements made. Formal feedback had not yet been received following this visit.

3.2   Healthcare Improvement Scotland and Mental Welfare Commission inspection

3.2.1   Following a television documentary programme on Skye House, the Child and Adolescent Mental Health Service (CAMHS) inpatient unit in Glasgow, NHS Lothian's CAMHS inpatient unit had received an unannounced inspection from the Healthcare Improvement Scotland and Mental Welfare Commission inspection teams. Informal feedback from HIS was complimentary about the care observed. Formal feedback had not yet been received.

4.   Women's Services Assurance Report

4.1   The chair welcomed Mr Short, Ms Perez Botella and Dr Love to the meeting and they presented the previously circulated paper.

4.2   In response to a question about whether something had been missed when moderate assurance had previously been accepted, Mr Short advised that it had been recognised that the leadership team had not acted fully when staffed raised concerns about safety. This was being worked on, along with implementation of

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other triangulation methods used elsewhere in acute services, for instance the LACAS standards.

4.3   Dr Love advised that caesarean section rates were rising across the UK and Scotland due to both clinical reasons and maternal choice.

4.4   More training sessions were planned as part of the Equality, Diversity and Inclusion programme. Demographic data needed to be captured in enough detail to allow triangulation of information with complaints and adverse events data. Short term goals were to continue to raise awareness and improve data collection.

4.5   It was noted that large numbers of patients were waiting over 52 weeks for both inpatient and outpatient gynaecology appointments, some the highest numbers of any specialty. Two new consultants had been recruited since December 2024 and there were another two vacances. The focus was on the longest waits.

4.6   Members accepted the recommendations laid out in the paper. They recognised the amount of work in progress to make improvements, and accepted limited assurance.

4.7   <u>MBRACE-UK Perinatal Deaths</u>

4.7.1   Ms T. Gillies presented the previously circulated paper. It was noted that the completeness of ethnicity data was lower than the average for the rest of the UK. Work was being done to encourage the community midwifery team to capture this data at the booking appointment for each patient.

4.7.2   Although the paper asked that significant assurance be taken on NHS Lothian's position, the Committee accepted moderate assurance and accepted the other recommendations laid out.

5.   Safe Care

5.1   <u>Mental Health Services, update on areas of limited assurance</u>

5.1.1   Ms White presented the previously circulated paper. A new director of service had been recruited and would start in August 2025. Work on transformation would be led by David Hood.

5.1.2   Moderate assurance was offered in the paper, but members noted that limited assurance had been accepted at the previous report, and some areas had deteriorated since that time. Professor Hiscox noted that this was one of NHS Lothian's greatest risk areas. Work on mitigating this risk was still ongoing and a transformation process was being developed; by the next report some improvement should be seen. Currently areas such as length of stay in the emergency department and caring for patients in inappropriate locations due to lack of capacity needed improvement.

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5.1.3   Mr Garden advised that medicines management medicines governance risks had been identified in the prison healthcare service; among other things there was currently no electronic prescribing system in place. Work was being done with the associate medical director to improve this.

5.1.4   There were two areas that the Committee required oversight on. Firstly, assurance that safe, effective and person centred care was being carried out and data to support this. Secondly, oversight of the transformation programme for future improvements.

5.1.5   The transformation programme had timescales of 12 to 18 months for implementation and considered whole system changes and priorities for the future of the service. Oversight of this would be to Integration Joint Boards and to NHS Lothian.

5.1.6   Regarding the current risks, the Corporate Management Team would consider papers on the prison healthcare risks and the CAMHS inpatient unit in the next few weeks, and the bed occupancy risk was considered at a weekly 'gold' meeting chaired by Professor Hiscox.

5.1.7   There was staff involvement in planning for both the transformational change programme and mitigation of current risks. The Employee Director was on the weekly 'gold' meeting as well as involved in transformation planning. The teams were also working closely with the medical and nursing associate directors.

5.1.8   Members accepted limited assurance and requested three short papers be brought to the meeting in September 2025 focusing on bed occupancy, the Melville Unit and prisons risks. Ms T. Gillies and Ms A. MacDonald would work with Ms White and team to identify what data should be included in these reports and this would be shared with non-executive members of the Committee in advance so that any further data required could be requested.   **AW**

5.2   Infected Blood Inquiry Recommendations

5.2.1   Ms T. Gillies gave a verbal update. Actions in response to the recommendations from the Infected Blood Inquiry Report would be overseen in the annual blood transfusion service report to the Committee. A further report would be brought to the next meeting on local assurance.   **TG**

5.2.2   The outcomes from the national short life working group considering the impact in Scotland of the recommendations from the Inquiry were now available.

5.3   Public Protection update

5.3.1   Ms MacDonald presented the previously circulated paper. It was noted that the 41 reports of 24 crimes reported from hospitals referred to reports made from the hospital, not to the location of the incidents which happened in the community.

5.3.2   It was noted that there had been 30 referrals of radicalised young people to the 'Prevent' service, which was higher than the numbers in other areas. The possible reasons for this were being investigated.

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5.3.3   Members accepted the recommendations laid out in the paper and accepted moderate assurance.

5.4   Management and Learning from Adverse Events

5.4.1   Ms J. Gillies presented the previously circulated paper. It was requested that sub categories as well as main categories could be reported on to allow are further understanding of the kind of adverse events occurring.

5.4.2   Members accepted the recommendations laid out in the paper and accepted significant assurance that processes were in place to comply with national notification of adverse events, and moderate assurance that progress was being made in improving processes for management of significant adverse events.

5.5   Health and Safety Annual Report

5.5.1   Ms T. Gillies presented the previously circulated paper which covered clinical aspects of the Health and Safety service.

5.5.2   There had been recognition that the anti-ligature guidance for staff in ward based settings outside mental health areas required an update. Work was at the early stages on assessing the environment and the patient groups.

5.5.3   Members accepted the recommendations laid out in the paper.

5.6   Access to Treatment Risk

5.6.1   The chair welcomed Mr Mackay to the meeting and he presented the previously circulated paper. There was discussion on how any harm to patients as a result of decisions made to improve performance could be monitored, for instance using complaints and adverse events. Due to the time lag before incidents occurred, it could be difficult to match these up to any changes. A possibility would be to compare the data for a whole year to a previous year, with careful analysis.

5.6.2   Professor Hiscox noted that although analysis had not been undertaken, staff working in the services with the longest waits were convinced that the long waiting times were causing harm to patients. The corporate management team were therefore focussing on improving access to treatment and reducing waiting times.

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

6.   Effective Care

6.1   Research and Development Annual Report

6.1.1   Ms T. Gillies presented the previously circulated paper. Members noted the comprehensive work being done.

7. Exception Reporting Only

Members noted the following previously circulated reports for information:

7.1   Diabetes Management Clinical Network Annual Report;
7.2   Edinburgh Transplant Service Annual Report.

8. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

8.1   Health and Safety Committee, 6 November 2024;
8.2   Clinical Management Group, 11 March 2025;
8.3   Policy Approval Group, 28 January 2025.

9. Corporate Risk Register

9.1   Ms T. Gillies presented the previously circulated paper. It was noted that the target risk grading was not completed for all of the risks. Ms J. Gillies advised that some of these were awaiting funding decisions, but agreed to include this information in the table for the next report.

10. Reflections on the meeting

10.1   Mr Cogan agreed to report on the Committee's discussions about Mental Health and about Maternity Services at the chairs' update section at the next Board meeting.

10.2   The Chair thanked Ms Milne, Ms McAuley and Mr Short for their contributions to the Healthcare Governance Committee, as all were moving on either to new roles or to retirement.

11. Date of Next Meeting

11.1   The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 22 July 2025** by videoconference.

12. Further Meeting Dates

12.1   Meetings would take place on the following dates:
        - 23 September 2025
        - 21 October 2025
        - 18 November 2025
        - 27 January 2026
        - 17 March 2026.

Signed by Chair
22 July 2025

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NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Tuesday 27 May 2025 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); **Ms K. Kasper** (Non-Executive Board Member) and **Ms T. Miller** (Employee Director).

In Attendance: Mr T. Power, Director of People & Culture, Human Resources; **Ms A. MacDonald** (Executive Nurse Director, Nursing); **Mrs R. Kelly** (Deputy Director of People & Culture); **Ms L. Cunningham** (Partnership Representative); **Mr D. Thompson** (Board Secretary); **Ms F. Tynan** (Associate Nurse Director, Corporate Nursing); **Ms R. Weerakoon** (Speak Up Ambassador); **Ms K. Morris** (Specialist Education Lead, Staff Engagement and Experience) **Ms A. Whyte** (Strategic Lead, Practice Education Nursing & Midwifery) **Mr R. Aitken** (Associate Director of Operations, Facilities) and **Mr G. Ormerod** (Corporate Governance Team -Minute).

Apologies for absence was received from: Ms C. Hiscox (Chief Executive), **Miss T. Gillies** (Executive Medical Director), **Mr. J Crombie** (Deputy Chief Executive) and **Ms M. Campbell** (Director of Estates and Facilities)

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.

1.   Declaration of Conflicts of Interest

1.1   No interests were declared.

2   Presentation - iMatter Story

2.1   The Strategic Lead from the Practice Education Nursing & Midwifery team presented her teams iMatter story. She confirmed that the practice education team is responsible for primary and secondary care and non-NHS organisations, including universities, and has 17 educators, 2 care home educators, 1 project support and 1 Practice Learning Facilitator (PEF)/Care Home Education Facilitator (CHEFs) and 1 strategic lead.

2.2   The Strategic Lead confirmed the service plays a vital role in supporting a total of up to 600 students from partner universities into the midwifery workforce into practice supervisor and practice assessor roles and helps support the first-year transition to practice.

2.3   The Strategic Lead highlighted that the team has undergone a recent realignment with all the team now sitting under one service, creating a new team. She highlighted that the results from the recent iMatter response are varied because of the period of adjustment, but the team still achieved an 87% response rate and index score of 70%.

2.4   The team highlighted in their iMatter response that their involvement in decisions was an area that didn't perform quite as well as expected. To improve this, the team introduced an action plan focusing on compassionate leadership under the new team, team decision-making, celebrating success as a team, a better understanding of CHEFs, PEFs and contributions, and the

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opportunity to lead on different workstreams to improve leadership roles and skills through development pathways.

2.5 The service highlighted the importance of the whole team being involved in team meetings and informal wellbeing sessions twice monthly and celebrating achievements as a social element as important to the team, as well as providing staff the opportunity to lead on workstreams which has improved team working and collaborative approaches.

2.6 The team confirmed that the main work streams at team meetings are hot topics and troubleshooting, including discussion of student feedback, which feeds into quarterly reporting and is linked to excellence and care and improved focus for the team through the 6-monthly review of the bridge transition model to track performance and iMatter progress.

2.7 Members thanked the service for the presentation and highlighted the importance of sharing stories, whether good or bad, the reflection on the team culture and being able to meet in person and have human contact whilst adding a social element to team meetings.

2.8 A Non-Executive Board Member highlighted the benefits of staff being encouraged to pick up mentoring opportunities. He suggested sharing data and also communicating the benefits of mentoring opportunities to the wider workforce. **TP/VdS.**

2.9 The Chair commented on the great and effective team working through problem solving and planning for the future as a team.

3. **Minutes & Action Note of Previous Meetings held on 12 March 2025 and 3 April 2025.**

3.1 The minutes of the meeting held on the 12 March were approved as an accurate record.

3.2 The minutes of the extraordinary meeting held on the 3 April were approved as an accurate record with the exception of a correction at 82.2, which should read that NHS Highland is also doing the audit, not undertaking the audit.

4. **Matters Arising**

4.1 The Director of People & Culture provided an update on single sex facilities since the last meeting on 3 April. He confirmed since the UK Supreme Court ruled on 16 April 2025, in the case of For Women Scotland v The Scottish Ministers that the terms "man", "woman", and "sex" in the Equality Act 2010 refer to biological sex at birth.

4.2 Following the Supreme Court judgement in relation to the definition of sex in the Equality Act 2010 last month, the Equality and Human Rights Commission (EHRC) has confirmed that it will update its Code of Practice about single and separate sex facilities and services by the summer, and the EHRC is currently in discussions with the Scottish Government.

4.3 The Director of People & Culture confirmed that the Initial assessment was endorsed by the Corporate Management Team (CMT) for mitigating the risk and for an audit of the current configuration of toilets and changing facilities to be carried out and increased training for managers and specialist support. NHS Lothian has reviewed and removed the local guidance from the intranet and has communicated to staff that any queries will be on a case by case basis.

4.4 A further update would be provided to the Healthcare Governance Committee on single-sex services when there is further clarity and guidance, and it was agreed to add the risk to the corporate risk register for the suitability of single-sex changing facilities against case law.

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4.5   Member agreed that this topic would be added as a standard agenda item from July.   **VdS.**

4.6   Members welcomed the scrutiny around this area until further guidance is provided by EHRC and the Scottish Government. Members are advised to treat all staff with dignity and respect and to accommodate staff who have protected characteristics, as this is part of the board's values and there is also a legal risk. A development session would be set up to discuss staff and service facilities.

5.   STAFF EXPERIENCE

5.1   <u>Advancing Equalities Action Plan 2024/26 update</u>

5.1.1   The Deputy Director of People & Culture provided an update on the Advancing Equalities Action Plan for 2024/26.

5.1.2   The Deputy Director of People & Culture provided the following updates since the last committee:

- Work has progressed on the Equally Safe at Work Accreditation programme. The results from the employer survey and data will be reviewed by the working group to identify next steps and actions.
- The group are progressing towards Bronze Level, currently at development level.
- The Women's Network ran a survey on staff who are on maternity leave. This survey highlights a number of improvements, including emails inactivated after 12 weeks and clearer maternity pay information with actions to be worked through.
- The Gender Pay Gap report and Equal Pay Statement have been published on the internet.
- Staff feedback surveys for Disability Passports and Carers Passports is planned for June, with both programmes implemented for between 12 and 18 months, and looking to see if anything can be improved or addressed.
- Continue to work with all staff network chairs on outstanding actions.
- Equality and Diversity Conference will take place on 26 June with a focus on neurodiversity, racism and protected characteristics. 50 spaces are available specifically for middle/senior managers to attend the event to ensure representation at this level as this was not the case at the conference last year. .

5.1.3   A Non-Executive Board Member acknowledged that previously the conference has been excellent and encouraged managers to attend, with higher visibility of the executive team and board to support this work.

5.1.4   The Deputy Director of People & Culture confirmed that an equality and diversity objective will also need to be included in our Executive/Senior Manager objectives for 2025/26.

5.1.5   The Executive Nurse Director confirmed that work is progressing really well with the BMA Mentoring Programme and there is good engagement.

5.1.6   The Committee approved the report's recommendations.

5.2   Whistleblowing Report

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5.2.1 The Director of People & Culture presented the key updates from the Whistleblowing Annual Report, which will be presented at the next Board meeting:

- In the last year, 7 Stage 2 cases were raised, down from 10 raised in 2023/24,
- There has been an increase in the number of working days to conclude a case from 132 days to 182 days in 2024/25. Cases are more complex, with Stage 2 cases having more interviews and a limited pool of investigators which is impacting on the timeframes.
- Themes highlight that most cases relate to patient safety or clinical practice concerns, and they are linked to public disclosure and public interest with a need to separate these issues.
- Quarter 4 - three new Stage 2 concerns, two closed and six ongoing. (3 for Q3 and 3 for Q4)
- The reports for the two cases confirmed by the Independent National Whistleblowing Officer (INWO) for May 2024 and October 2024 have been published and now concluded.
- Three cases currently with the INWO: two are being investigated, and the other is awaiting feedback, as this is in the early stages.

5.2.2

5.2.3 A Non-Executive Board Member commented that the Committee is being asked to take assurance; he advised that commentary alongside the data is needed to allow the Committee to give the assurance required to the Board. **TP**

5.2.4 A Non-Executive Board Member thanked the Director of People & Culture for the report. She asked if there was anything done differently at NHS Grampian to speed things up other than additional investigators. The Director of People & Culture confirmed the INWO approached NHS Grampian with learning and investigating teams with HR and ER colleagues that will be shared. He highlighted the importance of separating cases early, as sometimes this is messy and areas become overlapped that are not related. He confirmed that additional investigators are needed to support this work and to appoint people into this role.

5.2.5

5.2.6 The Employee Director highlighted that there are areas that the Board can do better in, and sometimes it is a lack of understanding of what Whistleblowing is specifically used for.

5.2.7 The Committee approved the report's recommendations.

5.3   Agenda for Change Reform – update

5.3.1 The Deputy Director of People & Culture provided an update on the Agenda for Change Reforms, which are part of the 2023/24 pay agreement.

5.3.2 The Deputy Director of People & Culture confirmed that the Band 5 Nursing Review is making good progress with 215 applications received, with 64 outcomes, 36 staff promoted to Band 6 and 28 applications remaining at Band 5. She highlighted some issues with the number of panel meetings each month and commitment, which is being worked through. She confirmed that some application decisions have been appealed, then require going through another process which is adding further steps in the overall progression, which will require an appeals process to be set up.

5.3.3 The Deputy Director of People & Culture confirmed the reduction of 30 minutes has been implemented, and a further reduction of 1 hour will be implemented by next April 2026. Currently, the RWW Implementation Group is capturing information on the implications for services for this further one hour reduction and the mitigations that can be put in place.   This will be considered further by the CMT during the summer months.

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5.3.4   The Protected Learning Time is working on a different timeframe from the other workstreams and a national workstream has been established to deliver this programme. Lothian continues to progress local activity to support implementation readiness.

5.3.5   The Employee Director highlighted there are currently a few issues with the Band 5 Review that require resolution and clarity, including when a panel disagrees and when individuals approach the staff side for appeals. She commented that the panel makes a decision based on the information in the application submitted, and these can vary from each employee, but guidance booklets, workshops and walk rounds have been provided to support staff.

5.3.6   The Partnership Representative raised concern around the reduced working week implementation and the protected learning as a national piece of work. The Director of People & Culture advised that boards are working on different job families that have been identified to help capacity and to make sure there is adequate time for staff to do this in core hours.

5.3.7   The Director of People & Culture advised the paper is seeking assurance from the Committee that systems and processes are in place to support the implementation of the reduced working week. Once the detail has been provided from the services and we move towards implementation is it likely that the risk will move to a more limited assurance.

5.3.8   A Non-Executive Board Member commented that they would be interested in understanding the data and conclusions as work progresses. The Deputy Director of People & Culture confirmed the paper at the July meeting will have an indication of implications from services.   **RK**

5.3.9   The Committee approved the report's recommendations.

5.4   Speak Up Service Report

5.4.1   The Speak Up Ambassador presented an update on the Speak Up Service confirming the service has been in place for six years and which also provides a contact role for the Whistleblowing standards. She confirmed the service is led by Hannah Monaghan, Caroline McDowall, and Rebecca Weerakoon as the three Speak Up Ambassadors. The service provides the Confidential Contact role for the Bullying and Harassment Policy and the National Whistleblowing Standards and a signposting service for NHS Lothian employees.

5.4.2   Members noted the key workstreams during 2024/25 and key objectives for the services, which has expanded the service with 19 current Speak Up Advocates working in primary and secondary care roles in NHS Lothian. The expansion of 9 new advocates has increased in-person networks, meetings and work with services to support staff.

5.4.3   The Speak Up Ambassador highlighted concern with the increase in patient safety and bullying and harassment contacts with an increase in each quarter during 2024/25 with the most contacts from acute services and nursing and midwifery.

5.4.4   The Non-Executive Board Member highlighted impressive initiative, and the report details what is being achieved. He mentioned a lot of involvement from midwifery and nursing and asked, how does the service include other areas?

5.4.5   The Speak Up Ambassador commented that the service benefit is to provide a safe space and confidentiality to staff and that a person has knowledge of the system. The service understands the barrier to raising concerns and how people are being more strategic, but the service can plan and use workshops to raise awareness for understanding the barriers.

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5.4.6 The Director of People & Culture commented that the importance of Speak Up has been discussed with a good blend of ownership and awareness and how this is used throughout the year. He mentioned the challenges at the Royal Edinburgh Hospital (REH) and the opportunity for a Speak Up Advocate on the site that would benefit staff and address issues early.

5.4.7 The Employee Director congratulated the Speak Up team and their role in promoting the service.

5.4.8 The Committee noted the update from the Speak Up service.

6. SUSTAINABLE WORKFORCE

6.1 Workforce Report

6.1.1 The Deputy Director of HR presented an update on the workforce report, highlighting some key areas from the report:

- Staff absence levels at 5.86%, down from February and up from the same period last year.
- High levels of absence and work ongoing with managers to address both short and long term absence.
- The most common reasons for absences are cough, cold and flu. Anxiety and stress are also reasons for the greatest hours lost.
- Mandatory training at 72% below the 80% target, computer-based learning is at 91%, an increase of 3%.
- Appraisal compliance is currently 67%.

6.1.2 A Non-Executive Board Member emphasised the importance of the data and stated that commentary would demonstrate the significance of the trends and intelligence, adding value to the trends and data collected. **RK**

6.1.3 A Non-Executive Board Member commented on the increase in facilities absence level from 8% in March 2024 to 10% in May 2025. The Associate Director of Operations - Facilities advised that an absence management group is monitoring whether this is a one off month or a significant trend, but this increase has been gradual, and this has been discussed within the team.

6.1.4 The Employee Director commented on the success of sickness absence panels within East Lothian, including monitoring of return to work and attendance at work, which may help with absence challenges.

6.1.5 The Partnership representative highlighted that further work is required around appraisal compliance, which is linked to leadership. She commented that West Lothian is sitting at 84% compliance.

6.2 Equality and Diversity Monitoring Report 2025

6.2.1 The Deputy Director of People & Culture provided an update on the Annual Equality and Diversity Monitoring Report, which is produced in line with the Equality Act and Public Sector Equality Duty and publishes information on race, disability, sex, age, religion, sexual orientation, and protected characteristics in relation to our current workforce.

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6.2.2 The Deputy Director of People & Culture confirmed there has been a suggestion for a summary of this report to be provided, but the evidence and analysis are set out in the report, which has updated information and data from the 2021 Census.

6.2.3 A Non-Executive Board Member highlighted information within 5.2 and 5.4 of the data that could be identifiable for an employee that has declared themselves as having a disability by ethnic group category. The Deputy Director of People & Culture confirmed this would be checked and changed to <5.

RK

6.2.4 The Chair enquired about themes around women in the service and ethnicity and religion. The Deputy Director of People & Culture confirmed further analysis is often required, but what is in the report is what is required to be submitted.

6.2.5 The Committee approved the report's recommendations.

7. ASSURANCE AND SCRUTINY

7.1 Corporate Risk Register

7.1.1 *Corporate Risk 3455 –Management of Violence and Aggression*

7.1.1.1 The Executive Nurse Director provided an update on the Violence and Aggression (V&A) risk. She confirmed that July will be the last report to this Committee as the availability of training risk identified through the internal audit is moving towards business as usual, and work will progress through the Health and Safety programme board.

7.1.1.2 The Chair congratulated the team on this work.

7.1.2 *Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels*

7.1.2.1 The Executive Nurse Director provided an update on the Corporate Risk Register, addressing the risk mitigation strategy for managing nursing and midwifery staffing risk. She confirmed that risk will be removed from the corporate risk register, as the risk is below the 4% target and there is significant assurance that work has been achieved through the student nursing intake.

7.1.2.2 Members noted that the risk will be added back onto the Corporate Risk Register in 2027 as an additional 1,000 extra nurses are required as part of the Agenda for Change Reform reduced working week.

7.1.3 *Corporate Risk 3328 – Traffic Management*

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

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7.1.3.2 The Associate Director of Operations - Facilities confirmed that backlog maintenance has been approved for work on the one-way system at the Western General Hospital (WGH).

7.1.3.3 The traffic regulation risk at the Royal Edinburgh Hospital (REH) for the turning circle due to the ongoing issues with vehicles obstruction is now in the final stage of consultation.

7.1.3.4 The three red risks at the Royal Infirmary of Edinburgh (RIE) are progressing for the Zebra Crossing, the QMRI corner and the Emergency Department Environment. The university now owns one risk and a short life working group was set up for the A&E work.

7.1.3.5 A Non-Executive Board Member confirmed that additional information is required under adequacy of control. He also confirmed that detail within the narrative of the report needs to be clearer for the risks and implications between adequate and inadequate.

7.1.3.6 The Chair highlighted the continued zero tolerance behaviour stance towards parking staff.

7.1.3.7 The Committee approved the report's recommendations.

7.1.4 *RIE Fire Safety*

7.1.4.1 The Associate Director of Operations - Facilities provided an update on the RIE Fire Safety risk, stating that there have been no changes to the grading, controls, or associated risks. He confirmed the Royal Infirmary of Edinburgh Fire Technical Safety Group and the RIE Fire Strategy Development & Implementation Group have been established and are looking further ahead. Projects are on timetable, with work in ward 108 currently progressing and then moving to ward 110 with a 10 -week duration.

7.1.4.2 Risk assessment work is continuing to collate documentary evidence of compliance with legal requirements, risk assessment and fire response rates with no issues reported; training on site is also at 85% compliance. Phase 1 of the fire strategy is out for consultation, with work on fire doors, fire dampers underway

7.1.4.3 A Non-Executive Board Member confirmed that the risk mitigation has been put in place to reduce the risk. He asked if there has been any progress on getting to the answers and implementing a fire control system. The Associate Director of Operations - Facilities confirmed this will go to a formal appeal process in the middle of July on the informal appeal process. Work is progressing with the Scottish Fire and Rescue Service (SFRS) and Engie for further agreed processes.

7.1.4.4 A Non-Executive Board Member highlighted concern that the site is still in a legal issue that is not compliant; he asked what further assurance is required that this work is progressing as well as it can. The service confirmed that nothing has slipped in terms of progress to date.

7.1.4.5 The Chair confirmed that further assurance and clarity would be required against this risk at the July meeting. **JC/MC**

7.1.5 Staff Governance Committee Annual Report

7.1.5.1 The Deputy Director of People & Culture provided an update on the Staff Governance Committee Annual Report, which is a requirement for all Board Committees. She confirmed that the Statement of Assurance report has been pulled together and is updated after each meeting throughout the year.

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7.1.5.2 The Deputy Director of People & Culture confirmed the RIE Fire Safety has been included in the report as a control weakness or issue, and this should be disclosed in the governance statement.

7.1.5.3 The Deputy Director of People & Culture confirmed year-end statement confirms the reflection on the committee and helpful suggestions on how to improve and how the committee can do things differently. The Annual Report also notes that the Committee receives reports from both the Health and Safety Committee and the Remuneration Committee as subcommittees.

7.1.5.4 A Non-Executive Board Member highlighted major issues have been raised and reported at the Committee throughout the year.

7.1.5.5 The Committee approved the report's recommendations.

7.1.6 Internal Audit – Workforce Planning Review

7.1.6.1 The Associate Nurse Director of Corporate Nursing presented an update on the internal audit to assess the workforce within nursing and midwifery, accessing compliance with key elements of the Health and Care (Staffing) (Scotland) Act 2019, particularly in relation to workforce planning processes and staff engagement.

7.1.6.2 The internal audit results were positive and reported significant assurance that NHS Lothian is broadly aligned with the statutory duties. The key area and feedback provided 25 responses, with 80% of respondents indicating some dissatisfaction with their level of involvement in staffing decisions. 68% of staff feel that staffing decisions lack transparency, and 60% expressed dissatisfaction with how staffing decisions are conveyed, with an impact on trust and an impact on patient care.

7.1.6.3 The Associate Nurse Director of Corporate Nursing confirmed that the Nursing and Midwifery Workforce Programme Board will look at the delivery plan and implement changes including:

- Upgrading the functionality of the electronic real-time staffing assessment tool 'SafeCare' to allow managers to document staffing decisions and mitigations and provide direct feedback to the staff member who reported the staffing risk.
- Launch a new Standing Operating Procedure (SOP) under the Health and Care (Staffing) (Scotland) Act 2019, 12IJ imposes a duty on Health Boards, to follow the common staffing method when undertaking staffing/establishment reviews, with oversight from the Nursing and Midwifery Workforce Programme Board.
- An increase in management walk rounds and two-way communication is encouraged to enable staff to feel safe to raise concerns.
- The audit provides a clear direction and steer for future workload.

7.1.6.4 The Chair commented that it's positive that the team has picked up on the actions and themes and a consistent set of concerns. Members echoed these comments and asked if nursing and midwifery are more prepared to challenge areas and make a stand.

7.1.6.5 The Executive Nurse Director confirmed that nursing and midwifery have engaged with workforce tools, and some of these are not in other areas such as medicine, but the team are looking at work to engage with other specialities as a live action plan.

7.1.6.6 The Committee supported the report and recommendations.

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8. FOR INFORMATION AND NOTING

8.1 Staff Governance Assurance Statement

8.1.1 The Committee noted the Staff Governance Assurance Statement.

8.2 Remuneration Committee – Agenda – 24 February 2025

8.2.1 The Committee noted the Remuneration Committee Agenda – 24 February 2025.

9. REFLECTIONS ON THE MEETING

9.1 Matters to be highlighted at the next Board meeting

9.1.1 The Chair confirmed that she would raise the following areas at the next board meeting:

- The planned development session to include data and analysis.
- Agenda for Change – operational challenges and the discussion on reduced working week.
- Success of the iMatter presentation from the Strategic Lead, Practice Education Nursing & Midwifery.
- Speak Up Week and Neurodiversity.

9.2 Matters to be highlighted to another Board Committee

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

10. Any Other Competent Business

10.1 The Employee Director highlighted the positive discussions at today's meeting and the opportunity to feedback, which makes the difference.

10.2 PVG update

10.2.1 The Chair confirmed discussions on PVG status and impact were held at the Strategy, Planning & Performance Committee. A report would be presented at the next Committee in July. **VdS**

10.3 Update on Women Services report

10.3.1 The Deputy Director of People & Culture presented an update on behalf of the Director of People and Culture confirming that on the back of a Whistleblowing concern raised about maternity services; the Deputy Chief Executive and Director of HR and OD undertook a review , with the board appointing an independent consultant, Zuhra, to undertake this review.

10.3.2 The Deputy Director of People & Culture confirmed the final draft report was received, and this went to the Corporate Management Team (CMT) in March with recommendations to be finalised

by May. The report highlighted concerns within the workplace and areas of improvement and additional staffing.

10.3.3   The Deputy Director of People & Culture highlighted that the overview of the report was shared before the report was published on the intranet. The Director of People & Culture was also interviewed by the Media although, there was less media interest than anticipated.

10.3.4   Following the restructure of the Women and Children's service, action has been taken forward by the service, and a formal update will be provided in one year with reference to culture.

10.3.5   The Employee Director highlighted that it is crucial to have the right staff in place to plan and move forward. She advised that staff morale is low but there is willingness to help.

10.3.6   Members raised concern that issues, including staffing shortages hadn't been picked up sooner, commenting that other services may be in similar position but noting that this started as a whistleblowing complaint that led to bigger issues within the service.

10.3.7   The Executive Nurse Director confirmed a health check was undertaken across the organisation with staffing tools, and this was picked up, but the service didn't have any vacancies against the current establishment.

11.   Date of Next Meeting

11.1   Date of Next meeting: Wednesday 30 July 2025 at 9.30am

Signed by Chair
30 July 2025

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 24 April 2025	13:00	Council Chambers, Midlothian House and Virtual Meeting held using Microsoft Teams

Present (voting members):		
Councillor McManus (Chair)	Councillor Parry	Dr Amjad Khan (NHS Lothian) (Virtual)
Val de Souza (Vice Chair, NHS) (Virtual)	Andrew Fleming (NHS Lothian)	

Present (non-voting members):		
Morag Barrow (Chief Officer)	Chris King (Chief Finance Officer)	Nick Clater (Head of Adult Services and Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Claire Ross (Chief AHP)	Dr Rebecca Green (Clinical Director)
Grace Chalmers (Partnership Representative)	Magda Clark (Third Sector Representative)	Dr Wendy Metcalfe (Medical Practitioner)

In attendance:		
Gill Main (Integration Manager)	Roxanne King (Virtual) Executive Business Manager	Elouise Johnstone (Performance Manager)
Hannah Forbes (Democratic Services Officer)	Louise Middleton (Democratic Services Officer)	

Midlothian Integration Joint Board

Apologies:		
Grace Cowan (Head of Older People and Primary Care Services)	Keith Chapman (Lived Experience member)	Councillor Milligan
Councillor Winchester		

1. Welcome and Introductions

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

2. Order of Business

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

3. Declarations of Interest

There were no declarations of interest noted.

4. Minute of Previous Meetings

4.1   The Minute of previous Midlothian IJB Board Meeting held on 20th February 2025 was approved as an accurate record.

4.2   The Minute of the meeting of the MIJB – Strategic Planning Group held on 16th January 2025 was noted by the Board.

4.3   The Minute of the meeting of the MIJB – Audit and Risk Committee held on 5th December 2024 was noted by the Board.

Midlothian Integration Joint Board

5.   Public Reports

	Decision	Action Owner	Date to be Completed/ Comments
5.1 Chair's Update – Councillor McManus, Chair The Chair opened the meeting by informing the Board that due to technical issues, it would not be possible to broadcast meeting live to the public. The meeting will be recorded and made publicly available on Midlothian Council's Website. The Chair provided an update and advised that following the Special Board meeting on the 27th March 2025, Midlothian IJB have written to Partners to advise of the decisions taken by Midlothian Integration Joint Board (MIJB) in order to set a balanced budget for 2025. The Chair noted the resignation of Kirsty MacDonald who was an NHS Voting Member of the IJB. The Chair advised that the IJB are hugely grateful and thanked Kirsty for their service and wished them well for their future. The Chair highlighted to the IJB that they have received notification from the Chief Officer regarding a delay at Scottish Government in the appointment of two new NHS Lothian Non-Executive Board Members. The Chair noted that the Board will continue to work with NHS Lothian to ensure the business of Midlothian IJB can be carried out effectively during this time. It was further highlighted to the Board that the next Development Session will be held on the 8th of May 2025 between 2-4pm in the Committee Room, Midlothian House, for IJB members. The Development Session will have 2 sections, (1) discussing the work of the Third Sector in Midlothian and (2) agreeing the Midlothian IJB Board Members Self-Development Plan for 2025/2026.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Members were asked to note that the Spring Third Sector Summit will be held on Wednesday 21st March 2025 at 13:30-16:00pm in St Johns and Kings Park Church, Dalkeith.			
5.2 Chief Officers Report – Morag Barrow, Chief Officer Morag Barrow, Chief Officer presented the report and advised the paper sets out the key strategic updates for Midlothian IJB Board. This report is for noting. The Chief Officer highlighted items for the attention of the Board. • The progression of the Health and Social Care Partnership (HSCP) Programme as detailed in the report. A full update will be brought to the Board in the future. • The financial recovery action with a focus on the resource panel and allocation of care packages. The Group Service Manager and the team were thanked for the work that is in place around this. • The governance route and progress of the new draft Strategic Plan. The Chair thanked the Chief Officer for the report and opened to questions from the Board. The Board noted that this report is helpful with providing updates and progress. The Board asked for an update on the current activity and engagement in relation to the National Care Service (NCS). The Head of Adult Services and Chief Social Work Officer gave an update and noted the establishment of an Advisory Board and a National Social Work Agency. The Head of Adult Services and Chief Social Work Officer noted that they welcomed the principle of establishing a National Social Work Agency, however noted some concerns with the routing of it within Scottish Government. The preference from Chief Social Work Officers and Social Work Scotland would be that it is independent from Scottish			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Government completely. It was noted that the workforce planning, particularly around education training and professional development, is welcome and this will have benefit being part of a wider government set up. The view from the Head of Adult Services and Chief Social Work Officer would be the National Social Work Agency to be an independent external body to Government.			
5.3 Strategic Planning Group Update – Andrew Fleming, Strategic Planning Group Chair Andrew Fleming, Strategic Planning Group Chair, presented the main activity of the Strategic Planning Group since the last Board. This included the first draft of the Annual Performance Report, and the development of the Midlothian IJB Performance Framework which is scheduled for discussion at SPG in July 2025 and will be presented to the Board in August 2025. It was also noted that the SPG had site of the Joint Strategic Needs Assessment and an update on the rolling programme to ensure the data is up to date. Ongoing work includes supporting the progression of the Strategic Plan through the governance routes of both partner organisations and to prepare the key statutory documentation. It was also highlighted that the Vice Chair of the SPG is currently vacant. It has been suggested the Third Sector may wish to consider undertaking this position.			
5.4 Audit and Risk Committee Update – Val de Souza, Audit and Risk Committee Chair Val de Souza, Audit and Risk Committee Chair presented the main activity of the Audit and Risk Committee (A&R) held on 6th March 2025 to the Board. This included noting that this was the first			

	Decision	Action Owner	Date to be Completed/ Comments
meeting for the Chief Finance Officer (Chris King) and Independent Member (Anthony Clark), and that the Committee signed off the Internal Audit Plan and the timeline for the external audit. The Chief Finance Officer advised that the Annual Accounts will be discussed at the next Audit and Risk Committee on 6th June 2025.			
For Decision **5.5 Midlothian IJB Equalities Outcomes 2025-2029 - Paper presented by Gill Main, Integration Manager** Gill Main, Integration Manager, presented the report of Midlothian IJB Equality Outcomes for 2025-2029, providing assurance on the development process and, subject to any amendments, seeking delegated authority to publish before the 30th April 2025. **As a result of the report, Members were asked to:** • Note the legislative requirement to develop and publish Equality Outcomes, • Review and, subject to any required amendments, approve the draft Equality Outcomes 2025- 2029 for publication, and • Note that Mainstreaming Equality progress is proposed to be included annually in the Midlothian IJB Annual Performance Report. The Integration Manager explained with an extension had previously brought to the Board in relation to the publication date due to capacity limitations. However, the Integration Manager thanked the Board for their strong commitment to equality issues threaded throughout the draft Strategic Plan, and continuing			

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	Decision	Action Owner	Date to be Completed/ Comments
to keep this visible. This had allowed officers to progress more quickly than anticipated and facilitated the presentation of this key work to Board in line with the statutory publication dates. The Integration Manager also noted the ambition to report on progress annually within the Midlothian IJB Annual Performance Report. The Chair thanked the Integration Manger for the report and opened to questions from the Board. There was a question highlighted by the Board around the risk of not developing a plan in relation to all of the 9 protected characteristics. The Integration Manager explained the consultation process that helped to understand what was most important to people in the Lothians and the process of choosing those key areas to really focus on. The Integration Manager acknowledged risk of not focusing on all of the protective characteristics, but noted the challenge of establishing meaningful actions for local people where data does not support identifying the key areas for improvement. However, there is work underway to improve the available data which will support future targeted action. The Board approved the Equality Outcomes and Action Plan for publication.	Approved for publication	Integration Manager	Ongoing
For Discussion **5.6 Midlothian IJB Finance Update - Paper presented by Chris King, Chief Finance Officer** Chris King, Chief Finance Officer presented this report to provide an overview of key updates and proposed actions relating to the financial management of the Midlothian Integration Joint Board (IJB).			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
This includes the 2024/25 financial forecast, a review of the Midlothian IJB Reserve Policy, and ongoing work to develop the Midlothian IJB Medium-Term Financial Strategy (MTFS). **As a result of this report, Members were asked to:** • Note the financial position, • Agree to the Midlothian IJB Audit and Risk Committee reviewing the Reserve Policy. • Note the ongoing work to develop the Medium-Term Financial Strategy (MTFS). The Chief Finance Officer noted the high-level update is due to being in between both financial years, with no further information available at this time. It was further highlighted to the Board that the Medium-Term Financial Strategy (MTFS) is under review and will provide a framework to support strategic planning and financial sustainability over 3-5 years. The Strategy will outline the key financial challenges and risks facing Health and Social Care services and set out a proactive approach to manage these pressures. The MTFS will be updated to reflect the recent financial decisions that were made in the March 27th Special Board. This is to ensure that there is a stronger alignment between financial and strategic planning. The work for the MTFS will be led by the Chief Finance Officer with support from the Integration Manager and will come back to the Board in August 2025 for review. In relation to the proposal to review the Midlothian IJB Reserves Policy, the Board asked the Chief Finance Officer what the policy options are likely to be. The Chief Finance Officer explained to the Board that maintain 2% of total budget as policy, would mean a general reserve in excess of £3 million, and that does not seem feasible in the current climate. The Chief			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Officer noted that they will work closely with other IJBs in Lothian and nationally to ensure Midlothian IJB remains in step nationally with other Board's policy positions. The Chair noted that they attend COSLA Board for Health and Social Care and advised that they will have a discussion with the Chair to have some level of a national focus group to have a conversation regarding reserves as there are many IJBs that are in a similar position. The Board asked if there was a likely movement on the final out term position and how do we manage the financial position in that context. The Chief Finance Officer advised the Board that it is difficult to manage the financial position when we are 3 months behind and acknowledged this risk for 2024-2025. However, for 2025-2026 the Chief Finance Officer and the Integration Manager are considering more proactive reporting. The Chief Officer added that the Chief Finance Officer and the Integration Manager are scoping the development of a dashboard to improve reporting capabilities around the resource panel.			
5.7 Midlothian IJB Performance Update - Paper presented by Elouise Johnstone, Programme Manager Elouise Johnstone, Programme Manager, presented this report to provide an update to the Board on the progress of the Midlothian IJB performance goals set for the period 2023-2025, proposed the timeline for			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Midlothian IJB Performance Reporting on Directions 2025/26, and confirmed the revised process of updating the Joint Strategic Needs Assessment. **As a result of this report, Members were asked to:** • Note performance against the Midlothian IJB Improvement Goals for 2023-25 (appendix 1). • Note the proposed reporting timeline for Directions 2025/26. • Note the revised process of updating the Joint Strategic Needs Assessment. The Chair thanked the Programme Manager for the report and opened for questions from the Board. There were no questions from the Board.			
5.8 Midlothian IJB Draft Annual Performance Report - Paper presented by Gill Main, Integration Manager Gill Main, Integration Manager presented this repost to provide an update on the first draft of the 2024/25 Midlothian Integration Joint Board (IJB) Annual Performance Report (APR) and includes the proposed content as far as it has been available to include. **As a result of this report, Members were asked to:** • Review first draft of the Midlothian IJB Annual Performance Report (APR) and provide feedback on areas for review or additional inclusion. • Note that Public Health Scotland (PHS) will release validated data in July 2025. This does not allow sufficient time to meet the Scottish Government deadline for publication of 31st July 2025.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Integration Manager advised the Board the Health and Care Experience (HACE) Survey is updated every 2 years; therefore, the indicators that are generated by the HACE Survey will not be updated for the 2024-2025 APR. The Board was asked to provide any feedback on the draft APR and note due to the late release PHS data it is not possible for us to meet the statutory deadline of 31st of July. The APR will be presented for approval to the first available Board in August 2025. The Board asked a question in relation to indicator 5 and 6 where the trend is going against the national levels for adults receiving care or support and was interested to know why that is. The Integration Manager explained that the HACE Survey is sent to a random selection of residents who live in Midlothian that are registered to a General Practice (GP) and, as only a proportion of them respond, the data can often feel different from the experience locally. Midlothian IJB's solution to this is to undertake an annual Citizen's Panel to help us better understand the experience of local people. As there is only 1 previous year of data to work with, officers will compare this data with the 2025 Citizens Panel data when available and consider areas for improvement and action. The Clinical Director explained the limitations to the data but noted that GP performance has improved and was pleased to see this translated through into a small improvement in the indicators. The Clinical Director noted national issues around funding and declining workforce alongside other pressures are making practice more difficult, but improvement work is delivering results.	Liaise with Heads of Service for experience and Clinical Director for GP data	Integration Manager/ Programme Manager	21st August 2025

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
5.9 Midlothian Unscheduled Care Workstream Update - Presentation by Morag Barrow, Chief Office on behalf of Grace Cowan, Head of Primary Care and Older People's Services Morag Barrow, Chief Officer spoke to the presentation on behalf of the Head of Primary Care and Older People's Services. The presentation gave an overview of the key areas and highlighted to the Board: • there were currently 128 beds in use, with 14 considered as delayed discharge The Chair thanked the Chief Officer for the presentation and opened for questions from the Board There was a question raised in relation to care packages and where the constraints are in the system. The Chief Officer noted that it is a great piece of work however this takes up a considerable amount of management and clinical time and contributes to the workforce challenges. There are particular challenges locally and for community health and social acre to resolve alongside acute colleagues. The 4-hour target has significantly improved at Accident and Emergency (A&E), and that variation is being examined. The Clinical Director explained the cultural issues around change management can take time, with a common theme being confidence to deliver change. From an HSCP perspective, we understand the change required and that will take some time to embed. A follow up question was presented by the Board asking if we are discharging people without the support around them.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Chief Officer noted that Midlothian HSCP would not support a discharge that is not safe. The focus in Midlothian is safety and explained there is no data to suggest a pattern or trend of failed discharges. Additionally, Midlothian HSPC has invested in the Red Cross to support people on return home to ensure they are supported. The Chief AHP described the discharge risk indicator tool to the Board and the importance of a collaborative, system-wide approach to help us understand and consider both the Health and Social Cares perspective. Some gaps in the data remain for the reporting using the discharge risk indicator, but this tool is supporting us to better understand how many patients we have in the system, what the discharge risk indictor is, and the action needed to facilitate discharge. The Board queried why this approach has not been taken before now. The Chief Officer explained that leadership is key, and the national position as well as Midlothian's view around delayed discharges has changed. There are cultural changes to ways of working that are starting to see change in Midlothian despite a small team and the injection of additional resource has helped. It was further queried by the Board if the ongoing ambition to shift the balance of care to community creating additional pressure on Primary Care, what conversations are taking place in the community and how are we going to ensure resource follows this ambition. The Clinical Director highlighted this is the first time Scottish Government has supported the use of unscheduled care funds to be utilised outside of Acute and Secondary Care. This is the first time General Practice has been provided with resource to support the hospital flow work. However, there is a situation nationally now amongst GP, where we now have more GPs that are not able to find work.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Chief Officer noted that if a sustained improvement can be demonstrated, it is possible to start discussions around the allocation to acute services as part of our set aside budget. Over the next year we hopefully be in a position to come back to the Board and discuss this in more detail.			
5.10 Midlothian Overview of No.11 Services (Mental Health, Substance Use & Justice) - Presentation by Nick Clater, Head of Adult Services The Head of Adult Services and Chief Social Work Officer advised this presentation was originally delivered in 2024 and the Board has requested an update and overview of the services provided at Number 11 Recovery Hub. The Head of Adult Services and Chief Social Work Officer delivered a presentation highlighting key aspects of the work, challenges, successes, and opportunities for improvement. The Chair thanked the Head of Adult Services and Chief Social Work Officer for the presentation and opened for questions or comments from the Board. The Board commended the Head of Adult Services and Chief Social Work Officer for the report and the information that has been detailed to the Board today. The Chair noted that Number 11 is a jewel for the HSCP and expressed interest in supporting expansion into the South of Midlothian. Chair stated they would continue this conversation with relevant officers.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
5.11 Midlothian IJB Integrated Assurance Report - Paper presented by Fiona Stratton, Chief Nurse & Claire Ross, Chief AHP Fiona Stratton, Chief Nurse presented the Midlothian IJB Integrated Assurance Report provided by the Midlothian Health and Social Care Partnership (HSCP) to the Board. **As a result of this report, Board members were asked to:** • Note the contents of this report. • Consider and provide feedback on whether sufficient assurance is provided across delegated functions. • Provide feedback on any future additions or omissions requested for inclusion in the subsequent October 2025 report. The Chair thanked the Chief Nurse for the report and opened for questions from the Board. The Board raised a question relating to Serious Adverse Events and how recommendations from these reviews are brought forward and improvement sustained. The Chief Nurse advised there is a robust system in place, where outstanding actions in relation to a Serious Adverse Event and they are logged on the Datix system, and the Quality Improvement Support Team ensure they are completed.			

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
The Chief Officer highlighted to the Board the Governance Assurance Framework (GAF) as a groundbreaking piece of work that Midlothian team have developed to provide assurance across all integrated health and social care. The Chief AHP highlighted the report on Q4 for this year will allow comparison with the same period in 2023/2024. During implementation, reporting using the GAF had been completed by approximately half of the system reporting low levels of assurance where now between 85-100% of the system are consistently reporting increased overall levels of assurance. The Chief AHP described that the GAF allows for the collective oversight of overall levels of assurance and that the learning generated often describes collective issues. It was further noted that there is work ongoing with the Digital Innovations Team to test the platform utilised for this reporting			
For Noting **5.12 Category 1 Responder Update: Storm Eowyn - Paper provided by Roxanne King, Executive Business Manager** Roxanne King, Executive Business Manager presented this report that set out the actions taken by Midlothian Health and Social Care Partnership (HSCP), together with Partners Midlothian Council and NHS Lothian in response to the red weather warning issued by the MET office for storm Eowyn to provide	Noted		

Midlothian Integration Joint Board

	Decision	Action Owner	Date to be Completed/ Comments
Midlothian IJB with assurance in their role as Category 1 Responders under the Civil Contingencies Act (2004). **As a result of this report, Members were asked to:** • Note the contents of this report. • Note the risk identified in 8.1 which recommends Partners develop a Cyber Security Plan. The Chair thanked Executive Business Manager and advised the Board accepted this report for noting.			
5.13 Accounts Commission Integration Joint Boards Finance Bulletin The Chair advised the Board that this report is for noting.			

5   Private Reports

No items for discussion.

6   Any Other Business

No items for discussion.

7   Date of Next Meeting

Midlothian Integration Joint Board

The next meeting of Midlothian Integration Joint Board will be held on Thursday 12th June 2025, 14.00 - 16:00 and will be held virtually on MS Teams.

A Midlothian IJB Development Session will be held on Thursday 8th May 2025, 14:00 - 16:00, for IJB members only.

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 13 May 2025

Virtual Meeting via Microsoft Teams

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Philip Allenby, Councillor Alan Beal, Hannah Cairns, Bruce Crawford, Elizabeth Gordon (items 1- 4), George Gordon, Heather Gilfillan, Rose Howley, Matt Kennedy, Amjad Khan (Substituting Elizabeth Gordon items 4 – 13), Peter Knight, Christine Laverty, Councillor Max Mitchell, Councillor Alys Mumford, Eugene Mullan, Councillor Vicky Nicolson and Moira Pringle.

Officers

Ann Duff	Senior Communications Officer, CEC
Andrew Hall	Service Director Strategic Planning, EHSCP
Andrew Henderson (Clerk)	Committee Officer, CEC
Rachel Howe	Engagement and Participation Officer, EHSCP
Heather Mackie	Head of Service: Community Hospitals, Care Homes and Technology, NHSL
Mike Massaro-Mallinson	Service Director Strategic Operations, EHSCP
Joanna Pawlikowska	Assistant Committee Officer, CEC

Apologies

Robin Balfour

1. Minutes

Decision

1)   To approve the minute of the Edinburgh Integration Joint Board of Tuesday 25 March 2025 as a correct record subject to the inclusion of the following decision under section 4 Savings Programme 2025/2026: To note that the chair would consider how to improve effectiveness and efficiency of board meetings and how members could be included in this process; and

2)   To request an update on the annual questionnaire.

(Reference – minute of the Edinburgh Integration Joint Board of 25 March 2025, submitted)

2. Rolling Actions Log

The Rolling Actions Log updated to April 2025 was presented.

Decision:

1)   To agree to close the following item:

- Action 1 – Rolling Actions Log

- Action 2 – Financial Update

2)   To note the remaining outstanding actions

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

3. Annual Cycle of Business

The updated annual cycle of business for the Edinburgh Integration Joint Board was presented. Several changes to the annual cycle of business were referenced in paragraph 1 of this paper.

Decision

1)   Agree the annual cycle of business attached at appendix 1.

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

4. Reform of Serious Mental Illness Pathway

An overview of the proposals to reform Edinburgh's pathway for people acutely unwell with serious mental illness needs was presented. The Royal Edinburgh Hospital consistently operates above its safe capacity and is becoming increasingly dependent on diverting patients to non-specialist hospital sites such as the Royal Infirmary of Edinburgh. This situation is associated with profound safety risks for service users,

moral injury to staff who are unable to provide the care required and has a detrimental impact on system flow and performance.

It was outlined that operational actions taken to date have had some success in reducing delayed discharge and improving flow, but this has been insufficient to restore the safety of the pathway and that there is now widespread recognition that more fundamental changes are required to achieve sustainable improvement.

Officers confirmed that the property was available at the time of the meeting and that the proposal involved the provider bringing staff over from their existing staff and that due diligence had been undertaken to identify the appropriate service users who had been identified. Officers also acknowledged that the intention of the reduction in rehabilitation beds and increase in the capacity of community beds would provide a saving in the long term. Officers further outlined that changing 15 beds to 19 community beds would create physical space within the Royal Edinburgh Hospital to be used as a contingency. Officers confirmed that updates on the implementation of the plan would be reported to the EIJB Performance and Delivery Committee. Officers later highlighted that the facility had been developed with the EIJB commissioned service.

Proposal 1

1) To acknowledge that action is required to address the unsustainable pressures facing Edinburgh's serious mental illness pathway;

2) To support the three-horizon approach outlined;

3) To approve the creation of a dedicated social work team for the Royal Edinburgh Hospital, funded through repurposing the recurring allocation provided by the Scottish Government which was used to fund 12 escalation beds for 12 weeks and issue a direction to the City of Edinburgh Council to recruit the relevant staff;

4) To approve the commissioning of a new 19-bedded supported living 'Core and Cluster' accommodation for people with serious mental illness and issue a direction to the City of Edinburgh Council for this;

5) To approve the closure of a 15-bedded long-stay rehabilitation ward in the Royal Edinburgh Hospital and transfer of the recurring budget for the provision of increased community based services including a new supported living accommodation and issue a direction to NHS Lothian for this; and

6) To note and acknowledge the requirement for a comprehensive commissioning plan for the serious mental illness pathway aligned to the commitments set out in the EIJB's draft strategic plan.

- Moved by Katharina Kasper, Seconded by Councillor Pogson

Proposal 2

1) To acknowledge that action is required to address the unsustainable pressures facing Edinburgh's serious mental illness pathway. Unfortunately, there is not yet enough assurance for this decision to be taken, and EIJB does not to issue a

direction to partners until the assurance is received and the Draft Strategic Plan is ratified;

2) To support aspect one of the three-horizon approach outlined with provisional support for two and three as outlined in point one;

3) To approve the commissioning of a new 19-bedded supported living 'Core and Cluster' accommodation for people with serious mental illness, and issue a direction to the City of Edinburgh Council for this once the draft strategic plan is ratified and clarity is provided on the following questions:

- What is the origin of this housing arriving ready made for the council and why was this 19-bed supported living accommodation originally built?

- If it was built for a different organisation/company initially and this fell through?

- If it was for a different organisation, what did their contract state? If we are a backup purchaser, will both contracts be made available to the board with a full explanation of why void apartments would have to be paid rent in full?

- If the decision to rent the accommodation to CEC dependent on Wheatley also delivering care and support?

- Has an IIA been carried out?

- Can assurance be given that Wheatley, who are not part of the Thrive Contract, nor has the board seen evidence of them providing this type of support to individuals in Edinburgh, meet the rigorous criteria expected of other providers with expertise in this area? The criteria imposed on current expert mental health provider organisations facing proposed reductions to block grants via Thrive Contracts which will result in closure of services if they:

    o provide services which are not delegated functions of the IJB

    o provide non-statutory services

    o provide services that no longer align with our strategic priorities

    o provide services which are not delivering the intended volumes or outcomes

    o provide services which do not provide a measurable return on our investment

4). To delay issuing a direction to NHS Lothian for the closure of a 15-bed long-stay rehabilitation ward in the Royal Edinburgh Hospital and transfer of the recurring budget for the provision of increased community-based services including a new supported living accommodation; and

5) To acknowledge the EIJB's draft strategic plan has not yet been ratified by the EIJB.

Voting

For Proposal 1 – 5 Votes

For Proposal 2 – 4 Votes

(For Proposal 1 – Philip Allenby, Councillor Beal, Amjad Khan, Councillors Pogson and Mitchell

For Proposal 2 – George Gordon, Peter Knight, Councillors Mumford and Nicolson

Abstentions – Katharina Kasper)

Decision

1) To acknowledge that action is required to address the unsustainable pressures facing Edinburgh's serious mental illness pathway;

2) To support the three-horizon approach outlined;

3) To approve the creation of a dedicated social work team for the Royal Edinburgh Hospital, funded through repurposing the recurring allocation provided by the Scottish Government which was used to fund 12 escalation beds for 12 weeks and issue a direction to the City of Edinburgh Council to recruit the relevant staff;

4) To approve the commissioning of a new 19-bedded supported living 'Core and Cluster' accommodation for people with serious mental illness and issue a direction to the City of Edinburgh Council for this;

5) To approve the closure of a 15-bedded long-stay rehabilitation ward in the Royal Edinburgh Hospital and transfer of the recurring budget for the provision of increased communitybased services including a new supported living accommodation and issue a direction to NHS Lothian for this; and

6) To note and acknowledge the requirement for a comprehensive commissioning plan for the serious mental illness pathway aligned to the commitments set out in the EIJB's draft strategic plan.

Declarations of Interest

George Gordon made a transparency statement as a resident of a Wheatley Care facility.

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

5. Liberton Hospital Service Reprovision to Ellens Glen House

An overview of the plans to reprovision Liberton Hospital Service to Ellens Glen House was presented with reference being made to community capacity increases to manage reductions in Hospital Based Clinical Complex Care and intermediate care beds.

Details in relation to plans to relocate the Integrated Older Peoples Service which includes Edinburgh Hospital at Home service and Medical Day Hospital Hub from Liberton Hospital to Wester Hailes Healthy Living Centre which were paused when capital costs were significantly higher than estimated and were not deemed cost-

effective were provided. It was also highlighted that after reviewing the existing plan and considering recent experience of bed closures, opportunities for improving patient experience, for enhanced community provision through co-location of services, and cost-effectiveness, the clinical and management teams have recommended a further reconfiguration of the bed base that will also support the relocation of Integrated Older Peoples Service.

Decision

1) To note that the revised proposal is in line with the national strategy to support people with dying;

2) To approve the revised clinical and care model (reduction in Hospital Based Clinical Complex Care Beds and commissioning of community based services); and

3) To note this proposal will ensure that all clinical services are off the Liberton site by November 2025.

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

6. Adult Support and Protection and Social Work & Social Care Inspections Improvement Plan: Progress Report – referral from the EIJB Performance and Delivery Committee

On 10 March 2025 the EIJB Performance and Delivery Committee had referred a report on Adult Support and Protection and Social Work & Social Care Inspections Improvement Plan to the Edinburgh Integration Joint Board requesting that future updates on the progress of improvement or areas of concern are provided through the EIJB Chief Officer Report.

Decision

To agree that that future updates on the progress of improvement or areas of concern are provided through the EIJB Chief Officer Report.

(References – EIJB Performance and Delivery Committee 23 January 2025 (item 8); report by the Executive Director of Corporate Services, submitted.)

7. EIJB Appointments

An update was provided on the changes to the boards membership.

Decision

1) To note the decision of NHS Lothian Board to extend the appointment of Elizabeth Gordon until 24 June 2025 and Peter Knight's appointment until 30 April 2025, completing their three year terms of office on the EIJB; 2.

2) To note the reappointment of Peter Knight to the EIJB from the 1 May 2025 for a further three year term;

3) To note the reappointment of George Gordon as an EIJB Voting member from 15 May 2025 until 31 December 2026; and

4)   To note the reappointment of Councillors Alan Beal, Max Mitchell, Alys Mumford and Vicky Nicolson as voting members and the reappointment of Councillor Tim Pogson as a voting member and Vice Chair of the EIJB with effect from 8 May 2025.

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

8.   Committee Update Report

An update on the business of the Committees covering March – April 2025 was provided.

Decision

To note the work of the Committees

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

9.   Minute of the Strategic Planning Group of 5 March 2025

Decision

To note the minute of the Strategic Planning Group of 5 March 2025

(Reference – Minute of the Strategic Planning Group of 5 March 2025, submitted.)

10.   Minute of the IJB Performance and Delivery Committee of 10 March 2025

Decision

To note the minute of the IJB Performance and Delivery Committee of 10 March 2025.

(Reference – IJB Clinical and Care Governance Committee of 01 April 2025, submitted.)

11.   Draft minute of the IJB Clinical and Care Governance Committee 01 April 2025

Decision

To note the draft minute of the IJB Clinical and Care Governance Committee 01 April 2025

(Reference – Draft Minute IJB Clinical and Care Governance Committee of 01 April 2025, submitted.)

12.   Draft minute of the EIJB Performance and Delivery Committee of 15 April 2025

Decision

To note the draft minute of the EIJB Performance and Delivery Committee of 15 April 2025.

(Reference – Draft Minute of the Performance and Delivery Committee of 15 April 2025, submitted.)

13. Date of next meeting

Decision

1)   To note Tuesday 17 June 2025 at 10am as the date of the next EIJB meeting; and

2)   To request an update on the EIJB Strategic Plan feedback session.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 1 MAY 2025.

<u>Voting Members</u> – Tom Conn (Chair), Martin Connor, Tony Boyle, George Gordon, John Innes; and Amjad Khan

<u>Non-Voting Members</u> – Steven Dunn, Hamish Hamilton, David Huddlestone, Jo MacPherson, Alan McCloskey, Douglas McGowan, Donald Noble, Ann Pike, Alison White and Linda Yule

<u>Apologies</u> – Andrew McGuire and Lesley Cunningham

<u>In Attendance</u> – 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 (Project Officer), Jeanette Whiting (NHS Strategic Programme Manager), Fiona Huffer (Chief Allied Health Professional); Dana Crawford (NHS observer)

<u>Absent</u> – Damian Doran-Timson

1.   <u>DECLARATIONS OF INTEREST</u>

        <u>Agenda Item 12 (Review of Commissioned Services)</u> - Anne Pike stated a connection with the review of commissioned services specifically involving Carers of West Lothian. She would take part in the item of business.

2.   <u>MINUTE</u>

        The IJB approved the minute of its meeting held on 25 March 2025 as a correct record.

3.   <u>MINUTES FOR NOTING</u>

        The IJB noted the minute of the meeting of the West Lothian Integration Joint Board Strategic Planning Group held on 6 February 2025

4.   <u>MEMBERSHIP & MEETING CHANGES</u>

        The IJB noted that NHS Lothian had confirmed the re-appointment of George Gordon as Voting Member of West Lothian Integration Joint board from 15 May 2025 to 31 December 2026.

5.   <u>CHIEF OFFICER REPORT</u>

        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

1. To note the terms of the report.

2. To agree the publication of the IJB's Records Management Plan by the deadline of 8 May 2025

6.   CHIEF FINANCE OFFICER REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer which provided an update on IJB financial matters and to seek approval for the issue of revised Directions to West Lothian Council to implement 2025/26 savings measures.

It was recommended that the Board :-

1. Considers the finance updates covered in the report.

2. Agrees that the revised Savings Directions were issued to West Lothian Council in respect of operational delivery of savings measures (Appendix 1)

Decision

To approve the recommendations of the report.

7.   WHOLE SYSTEM MODEL REPORT

The IJB considered a report (copies of which had been circulated) by the Strategic Programme Manager (Home First) which advised of progress made in testing a multi-disciplinary team (MDT) model and taking the learning from this to expand the model across East and West localities in West Lothian.

The Integration Joint Board was asked to :-

- Note the progress and learning from the multi-disciplinary team (MDT) Broxburn Test of Change (ToC) - new ways of integrated working

- Support the expansion of the MDT model to optimise community staff resourcing, enhance efficiencies and ensure service users receive timely support and care at the right time, by skilled staff in the right place

Decision

1. To note the terms of the report.

2. To welcome the developments outlined in the report

3. To welcome regular updates on the model as it was rolled out across West Lothian

8. WEST LOTHIAN INTEGRATION JOINT BOARD EQUALITY MAINSTREAMING REPORT AND EQUALITY OUTCOMES 2025 - 2029

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance which provided the Integration Joint Board (IJB) with an update on the progress that had been made against the IJB Equality Outcomes for 2021–2025 and to also provide an overview of the approach that had been taken in developing the Equality Mainstreaming Report for 2025-2029.

It was recommended that the IJB :-

- Note the requirement for public bodies to develop and publish equality outcomes and report on them biennial alongside an equality mainstreaming report

- Note progress that had been made against the 2021-2025 Equality Outcomes

- Note that the IJB must set new Equality Outcomes for the period 20252029

- Note the approach that had been taken to develop the draft equality outcomes

- Agree the outcomes and actions detailed in the report (Appendix 1) for 2025-2029

Decision

To approve the recommendations of the report.

9. REVIEW OF ROSEMOUNT CAFE

The IJB considered a report (copies of which had been circulated) by the Senior Manager for Older People Services and which provided an update on any expressions of interest to deliver the Rosemount cafe function.

It was recommended that the IJB :-

- Note the updated position detailed within the report;

- Note a further report will be provided on 26 June 2025 confirming if an alternative provider to deliver the cafe function had been

identified.

Decision

To note the terms of the report.

10. REVIEW OF COMMISSIONED SERVICES

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance which provided an overview of the approach that was planned to review commissioned services for adults and older people in West Lothian.

It was recommended that the IJB:-

1. Notes and comments on the approach that will be undertaken to review commissioned services for adults and older people in West Lothian to ensure best value and support the identification of future years savings;

2. Notes that the review of commissioned services will commence early in 2025/26;

3. Agrees that the Chief Officer be given delegated authority to make decisions in relation to specific contracts as a result of the review.

Decision

1. To approve the recommendations of the report.

2. To agree that recommendation 3 include the following additional statement:- "*in collaboration with the Chair and Vice Chair, utilising the full structure of the IJB*"

3. To note that consultation would be undertaken with the Joint Trade Unions

11. WEST LOTHIAN PRIMARY CARE IMPROVEMENT PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the General Manager, Primary Care and Community Services providing an update on the funding and service achievements of the 2024/25 West Lothian Primary Care Improvement Plan (PCIP), which represents the PCIP version 7.0 and 7.5 submissions to the Scottish Government and to outline ambitions for the 2025/26 iteration of the Plan (PCIP version 8.0).

The IJB was asked to :-

1. Recognise the achievements of the 2024/25 PCIP and note the intention of 2025/26 Plan

2. Agree that further planning work will be progressed with future versions of the Primary Care Improvement Plan being aligned to the developing West Lothian HSCP Primary Care Strategy 2025-28.

Decision

To approve the recommendations of the report.

12. WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

13. DATE OF NEXT MEETING

The IJB noted that its next meeting would take place on Thursday 26 June 2025, commencing at 2pm.

Decision

To note that the meeting take be held via MSTeam

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

**THURSDAY 22 MAY 2025
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:
Councillor S Akhtar
Mr J Blazeby
Mr A Cogan (Chair)
Councillor J Findlay
Ms E Gordon
Councillor L Jardine
Prof A Khan (*substitute)
Councillor C McFarlane

Non-voting Members Present:

Mr D Bradley	Ms L Byrne
Ms S Gossner	Mr D Hood
Dr K Kasengele	Mr L Kerr
Dr C Mackintosh	Mr M Porteous

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms N Donald
Ms C Johnston	Ms L Kerr
Ms G Neil	Mr J Megaw
Ms R Miller	Mr N Munro
Mr G Whitehead	

Clerk:
Ms F Currie

Apologies:
Dr P Cantley*
Mr D Binnie
Ms M McNeill
Ms F Wilson

Declarations of Interest:
None

The Chair welcomed everyone to the meeting. He 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 IJB agreed to consider Item 11 in private session as it contained exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation).

1.   MINUTES OF THE EAST LOTHIAN IJB MEETING ON 20 MARCH 2025 (FOR APPROVAL)

The minutes of the IJB meeting on 20 March were approved.

2.   MATTERS ARISING FROM THE MINUTES OF 20 MARCH AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 20 March were discussed:

Item 4 (page 3) – Councillor Akhtar asked if the issue of improving engagement levels, raised by Maureen Allan, could be added to the Action Log to be passed to the Strategic Planning Group (SPG) for action. Laura Kerr advised that work on this was already being taken forward by the SPG and did not need to be added to the Action Log. The Chair said he was satisfied with that response.

Review of Actions Log:
The Chair noted that the Action Log had been introduced following a request from Jonathan Blazeby and asked if he had any comments. Mr Blazeby said he was content with the format of the Log.

Members reviewed each of the actions within the Log and agreed that actions 1, 2, 4, 5 and 6 had been completed and could be removed from the Log. They agreed that the 'owner' for action 3 should be Neil Munro and that the action should be completed during session 2025/26.

The members also noted that any actions from today's meeting would be added to the Log, with an updated version being presented to the next meeting.

3.   CHAIR'S REPORT

The Chair reported on his attendance at the IJB Chairs/Vice Chair's network meeting, and at a recent workshop on health and social care reforms. He outlined the three key outputs from the ongoing programme of work and said he would circulate to members a link to the health and social care recovery plan. He suggested that it may be worth reviewing the document from this work at a future meeting or development session.

Councillor Akhtar agreed with this proposal and also suggested that the recent letter from the Cabinet Secretary should be circulated to members.

Following a request from Councillor Jardine, the Chair agreed to consider providing a written Chair's report for future meetings.

He also drew attention to the National Care Service interim board noting that while no chair had yet been appointed there was an IJB representation within the membership.

4.   REAPPOINTMENT OF IJB VOTING MEMBER

A report was submitted by the Chief Officer informing the Integration Joint Board (IJB) of the reappointment of a voting member representing NHS Lothian.

David Hood presented the report highlighting the salient points.

There were no questions or comments from members.

Decision

The IJB agreed to note the reappointment of Elizabeth Gordon as a voting member of the IJB for the maximum term of office.

5.   REPORTING PROCESS: LOTHIAN STRATEGIC DEVELOPMENT FRAMEWORK (LSDF) & NHS LOTHIAN ANNUAL DELIVERY PLAN

A report was submitted by the Chief Officer seeking IJB approval with regards to a proposed approach whereby the East Lothian Integration Joint Board (IJB) and Strategic Planning Group (SPG) would be regularly updated on: progress within the Lothian Strategic Development Framework (LSDF) pillars pertaining to delegated functions, and; the annual compilation and submission of the NHS Lothian Annual Delivery Plan (ADP).

Rebecca Miller provided a detailed summery of her report outlining the proposed approach for regular updates on the LSDF and the NHS Lothian ADP. She advised that at a recent meeting of the SPG there had been discussion on maintaining the focus on shifting the balance of care and on the value of public engagement.

Ms Miller replied to questions from members. She outlined the links with the children's partnership board and with staff in the Council's children's services, however, she said that further consideration would have to be given to the role of the IJB as this was not a delegated function. She explained the term "implementation books" and their role in considering performance, progress and future direction. She was confident that the proposed approach would pick up issues and encourage appropriate scrutiny, with reporting to all four Lothian IJBs.

Decision

The IJB approved the proposed approach outlined in the body of the report and as discussed and agreed at the May meeting of East Lothian SPG.

6.   INTEGRATED MODEL OF DAY CENTRE AND DEMENTIA MEETING CENTRE IN MUSSELBURGH

A report was submitted by the Chief Officer updating the IJB on the proposal to develop an integrated model of the existing Dementia Meeting Centre and a new Older People's Day Centre, agreed by SPG in May 2025.

Christine Johnston presented the report outlining the background to the review and development of the integrated model. She advised that this involved a co-production approach will full engagement and transparency and would help to address the high level of unmet need in Musselburgh for those with complex needs. One of the main barriers to implementation was the lack of designated premises and conversation were ongoing with a number of partners. The expectation was that services would transition to the new model from April 2026, with a move to a specialised space the following year. Funding had previously been approved and a financially sustainable service must be delivered.

Ms Johnston replied to questions from members. She confirmed that the timescales could be brought forward is suitable accommodation was identified earlier but time was required for the necessary Care Inspectorate visit and other approvals. She said that feedback from existing services had highlighted the need for a centre regulated to provide care for those who progress from mild to moderate illness and key partners were engaged and signed up to the process.

Mike Porteous confirmed that there was funding available within the 2025/26 budget for this project. Ms Johnston pointed out that the funding model had been benchmarked on existing day centres. She said that one element of their success was that many were run by small charities and volunteers with the support of local communities.

Councillor Jardine welcomed the report and the well thought out format of the information provided. She was mindful of the longer-term sustainability of this project and ensuring that all of the necessary requirements were in place.

Councillor Akhtar said that the Integrated Impact Assessment demonstrated the clear rationale for the project and its long-term financial sustainability as part of work on early intervention and prevention.

Mr Blazeby commented that if the IJB believed this was the right approach then the project should be prioritised and the timeframe for delivery brought forward, if at all possible.

The Chair was confident that colleagues would do all they could to implement this approach as quickly as possible and he thanked them for the quality of the report.

Decision

The IJB agreed to:

i.   Note the findings in the SBAR which was considered at Strategic Planning Group

ii.   Agree the implementation of an integrated model of Dementia Meeting Centre and Day Centre.

iii.   Acknowledge the challenging financial environment facing the IJB and the need to ensure all developments deliver financially sustainable services.

7.   IJB FINANCE REPORT

A report was submitted by the Chief Finance Officer updating members on the final 2024/25 financial position for the IJB and presenting the Final NHS Lothian 2025/26 funding offer for consideration.

Mike Porteous provided a detailed summary of his report highlighting some of the key messages. He outlined the 2024/25 year-end position, the subsequent actions to address the overspend, including the use of reserves, and that both partners had agreed to provide additional funding to allow the IJB to achieve a break-even position. On efficiencies, he confirmed that there would be a review of all schemes that had not delivered in 2024/25 and, if they were still viable, they would be implemented in 2025/26. He drew members attention to the final funding offer from NHS Lothian for 2025/26 which had been received following agreement of their financial plan. The funding was in line with Scottish Government guidance, and he recommended that members accept the offer. Finally, he reported that there were already emerging pressures in this financial year which would require additional in-year efficiencies and would impact on the IJB's longer-term financial plan.

Mr Porteous responded to questions from members. He advised that additional monies for community services may come from Scottish Government later in the year and the IJB would receive its share. He advised that as the IJB had reported an overspend on its health budget it could not claim back the reserves given to NHS Lothian in 2024/25. The emphasised that the case for claiming back reserves could only be made if the IJB had recorded an underspend in the health budget at the year end. This had not occurred, and the director of NHS Lothian had confirmed that there were no funds to be returned to the IJB.

The Chair suggested that further discussion on this matter could take place following the meeting.

Mr Porteous explained the rationale for agreeing a balanced budget, and how the funding offers from the partners, collaborative working on efficiency savings and the expectation of additional funds from the Scottish Government all contributed to delivering this position. He acknowledged that there would be a significant risk without the additional allocations from government, but he argued that the IJB had a right to expect these as they were recurring allocations. He confirmed that the IJB was expected to deliver a break-even position for 2025/26 based on the elements he had outlined.

Mr Blazeby expressed some concerns about this budgeting approach, but he accepted the assurances provided by Mr Porteous.

The Chair commented that this was, in some ways, a distraction from considering how to make the required transformational change and it was important for the IJB to focus this work, rather than the vagaries of government, health board and local authority funding.

David Hood said that he had confidence in the budgets that had been set and in the figures.

Decision

The IJB agreed to:

    i.   Note the final financial position for 2024/25 and the additional funding confirmed by partner bodies to enable the IJB to deliver a break-even position.

    ii.   Note the final delivery of efficiencies reported.

    iii.   Note the final Reserves position reported.

    iv.   Accept the final funding offer for 2025/26 from NHS Lothian.

8. EAST LOTHIAN IJB EQUALITIES OUTCOMES 2025-2029 AND EAST LOTHIAN IJB EQUALITIES MAINSTREAMING REPORT 2023/2025

A report was submitted by the Chief Officer seeking approval from the IJB to finalise the East Lothian IJB Equality Outcomes 2025-2029 and the Equality Mainstreaming Report 2023-2025.

Kate Thornback highlighted the key messages from her report reminding members that the 2025-2029 outcomes were part of the IJB's equalities duties. And that the consultation and engagement process would also support the delivery of strategic objectives.

Ms Thornback responded to questions from members. She provided more detail on the development of the consultation and engagement model to include more lived experience and opinions from a wider base. She explained that the anti-racism outcome reflected the work ongoing in health partnerships and the increase in diversity within the county and what this would mean for delivery of services. Officers were working with NHS Lothian and peers across Scotland to identify and apply good practice. Training would be one part of the action plan and work was still ongoing to consider how best to track and measure progress.

Councillor Jardine welcomed the report and commented that given recent political and social trends the anti-racism outcome may prove to be an important way of tackling this issue.

Replying to further questions, Ms Thornback said that building an inclusive staff culture was a matter for partners organisations rather than the IJB itself. East Lothian Council and NHS Lothian were working on different timelines for producing outcomes and it was likely to be several more months before there was any clarity on future alignment. She confirmed that the plan would be co-designed with the community with particular efforts to target those groups that don't usually engage and to strengthen community links.

Ms Thornback outlined some of the planned work on developing indicators and improving performance around health inequalities, and how to quantify progress by commissioned services and others.

Ms Johnston added that commissioning was now related directly to outcomes and there quite a lot of detailed data available on the difference services were making in this area.

Mr Blazeby commented that all of this work must be measurable, and data driven but it was important not to over politicise when presenting data in this area. He commended the development session for members which took place in April.

The Chair thanked everyone for their contributions, for the report and for the development session which had added to members' understanding.

Decision

The IJB agreed to:

   i.   Read the final draft of the Equality Outcomes 2025-2029 and:
- Consider the suitability of the outcomes.
- Approve the outcomes.

> ii.   Read the Equality Mainstreaming Report 2023-2025 and:
>   • Consider the content.
>   • Approve the report.

9.   STRATEGIC WORKFORCE PLAN 2025-2028

A report was submitted by the Chief Officer presenting the ELHSCP Strategic Workforce Plan 2025-28 to the Integration Joint Board.

Nikki Donald presented the report noting that the Scottish Government had not yet asked for the new plan as they were aware that the health and social care sector remined under significant pressure. However, as the previous plan expired in April, this new plan had been prepared in anticipation of the request from government. She confirmed that the majority of plan would be delivered within budget, however, the establishment of a SVQ centre would require additional, one-off funding of £50,000.

Ms Donald and Ms Kerr replied to questions from members. They explained that some care providers do have high levels of overseas staff. While the recently announced visa changes would not affect existing staff, there may be added pressure in future, and this was something that would be monitored and may be brought back to the IJB as an area of concern. They confirmed that the workforce plan was a live document and would be updated to take account of the new Strategic Plan, as well as being reported to the IJB on an annual basis. The workforce plan took account of both NHS Lothian and East Lothian Council as employing partners while providing underlying principles and supporting a sustainable workforce.

Ms Donald provided more detail on health and wellbeing actions and the development and funding of the SVQ.

Sarah Gossner said that work on staff health and wellbeing had produced an encouraging change in culture across teams.

Ms Thornback responded to a question indicating that non-disclosure of ethnicity was a common problem. There has been some progress as a result of providing more detail on how they would use this information, however, not everyone felt that ethnicity information was relevant to their work.

Ms Donald said that she would like ethnicity information to be made mandatory but that was not within her gift. Addressing a point about staff appraisals, she considered them to be an important tool and was encouraging their use across the workforce. She also outlined some of the work being done with schools, including the development of the SVQ, to encourage young people into a career within the health and social care sector.

The Chair replied to a further question about the impact of future visa changes. He said that his understanding was that the partners' employee base exposure was low but for commissioned services it was high. This issue was causing a lot of concern for staff with existing visas and would need careful monitoring.

Mr Blazeby commended the report and workforce plan. He also suggested that careful thought should be given to how best to deal with gaps in data as this was sensitive topic.

Professor Khan commented that although employers wanted accurate data, such requests were often viewed suspiciously by those within ethnic minorities who wanted to be treated the same as everyone else. It was a common problem and needed to be dealt with sensitively. He added that appraisals could be viewed with suspicion too and the

subject should be managed carefully. He agreed that careers in the health and social care sector needed to be promoted with the pay and conditions they deserved. The sector could not continue to rely on overseas staff.

Decision

The IJB agreed to:

i.   Note the Workforce Plan 2025-2028 and its contents.

ii.   Approve Workforce Plan for 2025-2028.

10.   APPROVED MINUTES OR UPDATES FROM OTHER COMMITTEES OR GROUPS OF RELEVANT TO THE IJB (FOR NOTING)

a. Minutes of the Audit & Risk Committee meetings on 24 September and 3 December 2024

Councillor Jardine, as Chair of the Committee, provided a summary of the work undertaken since September 2024.

b. Update on the Clinical and Care Governance Committee

Ms Gossner provided an update on the work of the Committee. She reported that the review of governance processes, structure and documentation was ongoing. The Committee's annual report would be presented to the NHS Lothian Board in September, and a summary report could be presented to the IJB thereafter.

The Chair welcomed the update and the presentation of an appropriate report to the IJB to give assurance to members on these matters. He agreed to discuss with officers the form this should take.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION
The Integration Joint Board unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

Approved Minutes of the Strategic Planning Group meeting on 27 February 2025 (for noting)

The IJB considered the approved minutes of the Strategic Planning Group meeting on 27 February 2025 and agreed to note their contents.

NHS Lothian

4.8

Meeting:	NHS Lothian Board
Meeting date:	13 August 2025
Title	Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2025
Responsible Executive:	Alison Macdonald, Executive Nurse Director
Report Author:	Fiona Tynan, Associate Nurse Director (Corporate Nursing)

1 Purpose

This report is presented for:

Assurance	☒	Decision	☒
Discussion	☐	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☒	Other	☐

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

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	**Workforce (supply or wellbeing)**	☒
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

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

Safe	☒	**Effective**	☒
Person-Centred	☐		

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") stipulates that the Executive-level clinician on the Board responsible for the legislation, in this case the Executive Nurse Director, must submit quarterly reports to the Board, outlining compliance with the duties across all staff groups and settings covered by the Act. The views of staff on compliance must be included in these reports.

2.1.2   The Board are provided this report (appendix 1) as part of the legislative requirement under the Act and are recommended to accept this report as meeting that obligation under the Act.

2.1.3   Utilising the Corporate Governance and Assurance system the Board are asked to accept **Moderate Assurance** on how effectively NHS Lothian is meeting its legal duties in this area. 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 apply to all clinical staff and leaders/managers of clinical teams and requires clearly defined systems and processes to be in place, and used, to enable transparent staffing decisions to be made and recorded.

2.3   Assessment

Quality/ Patient Care

2.3.1   The duties under the provisions of the Act set in statute the section 12IA Duty to ensure appropriate staffing; "that at all times suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients or service users and the provision of high-quality health care." Detail of assessment of compliance with the duties to achieve this aim is within the Board Report (appendix 1).

Workforce

2.3.2   The report presents overall compliance levels by financial year quarter (point 4.2). In response to feedback, to better understand compliance over time, this information can also be found in **Table 1** below.

2.3.3   Please note, that the 12IE duty received a 'Reasonable' rating in Q4 of 2024/25. This rating reflects the use of a different assessment methodology from previous quarters, which explains the variation. Specifically, the Q4 report was integrated with the Scottish Government's Annual Compliance Report template, in which each subsection of the duties was assessed individually using RAYG (Red, Amber, Yellow, Green) rating. These individual ratings were then combined to determine the overall assurance level for the duty.

2.3.4 **Table 1.** Overall Level of Assurance by Individual Duty and Across All Duties Under the Health and Care (Staffing) (Scotland) Act: 2024/25 and 2025/26 to Date

Quarter

Duty	Q1, 2024/25	Q2, 2024/25	Q3, 2024/25	Q4, 2024/25	Q1, 2025/26
12IA Appropriate staffing	Limited	Limited	Limited	Limited	Reasonable
12IC Real-time staffing assessment	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12ID Risk escalation process	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12IE Address severe & recurrent risk	Reasonable	Limited	Limited	Reasonable	Limited
12IF Seek clinical advice on staffing	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12IH Adequate time for clinical leaders	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12II Training of staff	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12IJ Follow the common staffing method	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
Across all duties	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable

Financial

2.3.5 There are no specific financial implications associated with this paper, however, the paper reports on compliance with the 12IB Duty to ensure appropriate staffing: agency worker (points 4.16 to 4.21).

Risk Assessment/Management

2.3.6 The report includes an overall level of assurance by duty, and across all duties (point 4.2 and 4.3). In addition, the report disaggregates overall assurance by profession and provides context where there has been changes in assurance level.

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

Equality and Diversity, including health inequalities

2.3.8 The report and its recommendations will not have an impact on equality, socio-economic disadvantage or children's rights therefore no impact assessment is required.

Other impacts

2.3.9 None

Communication, involvement, engagement and consultation

2.3.10 The Board has carried out its duties to gather and consider the views of staff from across professions and settings on their views as to NHS Lothian's compliance with the duty to ensure appropriate staffing and on how clinical advice is sought and taken account in decision making. Detail of how this was carried out can be seen in point 3.6, 3.7 and 3.9 of the report. In addition, professional leads for Health and Care Staffing who represent a range of different professions, reviewed, contributed and approved the content of this report.

Route to the Meeting

2.3.11 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, Tuesday 01 July 2025.
- Staff Governance Committee, Wednesday 30 July 2025.

2.4   Recommendation

2.41   The Board are:

- provided with this quarterly report as part of the legislative requirement under the Act and is recommended to accept this report as meeting that obligation under the Act.

- Note that the report attached is constructed using the Scottish Government rating criteria.

- 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.

3   List of appendices

The following appendices are included with this report:

- **Appendix 1:** Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2025

Health and Care (Staffing) (Scotland) Act 2019
Quarterly Board Compliance Report

Quarter 1
01 April – 30 June 2025

Date: 13 August 2025

Report Authors:
Fiona Tynan, Associate Nurse Director, Corporate Nursing
Kevin Dickson, Health and Care Staffing Lead

Executive Lead: Alison Macdonald, Executive Nurse Director

Situation

2.0 The provisions in the Health & Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the Act) came into force on 1 April 2024.

2.1 The Act aims to enable high quality care and improved outcomes for people using services in both health and care by helping to ensure appropriate staffing. The Act places duties on health boards, care service providers, Healthcare Improvement Scotland, the Care Inspectorate and Scottish Ministers.

2.2 All clinical staff, including staff who provide clinical advice, are subject to the duties within the Act. Leaders/ Managers of clinical teams also have specific duties under the Act to comply with. The Act does not apply to non-clinical staff e.g. administrative staff.

2.3 Section 12IF of the Act sets out that quarterly reports, as a minimum, on compliance with the Act, are to be provided to the Board of the relevant organisation(s) by the Executive-level clinician on the board with responsibility for the legislation, in this case, the Executive Nurse Director. These reports must include staff's views on compliance. A board-wide Compliance and Assurance Audit was distributed to managers during quarter 1 (Q1) to gather staff views.

2.4 This quarterly report provides NHS Lothian's Board with a summary of compliance across all of the duties of the Act, broken down al group, including evidence of areas of success and challenges identified by staff in meeting compliance. This supports board-level assessment and decision-making on the duties within the Act since accountability for compliance with the health duties rests at Board level and not with individuals who may be charged with carrying out certain actions.

2.5 The report outlines how existing systems and processes support compliance with the Act's requirements and help ensure appropriate staffing levels. It does not include reporting on any workforce data as this is not a requirement of the Act.

2.6 Applying the Scottish Government rating system, the overall (across all professions) level of assurance across all duties is "Reasonable". That is, systems and processes that are aligned with the duties in the Health & Care (Staffing) (Scotland) Act 2019 are in place for, and used by, 50% or above of all services/ professional groups managed by respondents to the Q1 Compliance and Assurance Audit. Utilising the Corporate Governance and Assurance system employed within NHS Lothian's Board, the assurance level for Q1 is **Moderate** on how effectively NHS Lothian is meeting its legal duties within the Health & Care (Staffing) (Scotland) Act 2019.

Background

3.0 The duties under the provisions of the Act set in statute the 12IA Duty to ensure appropriate staffing; "that at all times suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients or service users and the provision of high-quality health care."

3.1 There are further duties within the Act:

- **12IB Duty to ensure appropriate staffing: agency worker** (reporting instances of high-cost agency staff, when agency costs have been higher than 150% of the equivalent NHS staff cost for the equivalent post for the same period).

- **12IC Duty to have real time staffing assessment in place and 12ID; Duty to have a risk escalation processes in place** (having procedures in place for identifying risks relating to staffing and then mitigating these or escalating as required).

- **12IE Duty to have arrangements to address severe and recurrent risks** (Having arrangements set out on how information on staffing risks will be collated, analysed and recorded, including reporting to The Board when required). The Act does not define what a severe or recurrent risk is – organisations are expected to determine a locally accepted definition.

- **12IF Duty to seek clinical advice on staffing** (to have in place arrangements for seeking and having regard to appropriate clinical advice in making staffing decisions and having arrangements for recording and explaining decisions that conflict with that clinical advice).

- **12IH Duty to ensure adequate time given to clinical leaders** (giving sufficient time and resources to clinical leaders to carry out their leadership role).

- **12II Duty to ensure appropriate staffing: training of staff** (to ensure that staff are provided with information and training to implement the duties in The Act effectively **and** ensure that staff are suitably qualified and able to maintain competence in their role).

- **12IJ Duty to follow the Common Staffing Method, including 12IL training and consultation of staff.** The Common Staffing Method is a consistent triangulated assessment with 9 components including reviewing the results of Staffing Level tools which should be run once per year. This Duty requires organisations to use the Common Staffing Method as a framework for gathering and analysing relevant staffing and quality data. This helps clinical leaders understand and evidence staffing requirements and quality of care for their clinical areas.

3.2 The Act also lists '**guiding principles**' to be met when organisations are arranging staffing:

    (a) that the main purposes of staffing for health care are:
        (i) to provide safe and high-quality services, and
        (ii) to ensure the best health care or care outcomes for service users

(b) in so far as consistent with these main purposes, staffing is to be arranged while:

> (i) improving standards and outcomes for service users;
> (ii) taking account of the particular needs, abilities, characteristics and circumstances of different service users;
> (iii) respecting the dignity and rights of service users;
> (iv) taking account of the views of staff and service users;
> (v) ensuring the wellbeing of staff;
> (vi) being open with staff and service users about decisions on staffing;
> (vii) allocating staff efficiently and effectively, and
> (viii) promoting multi-disciplinary services as appropriate.

3.3 All guiding principles must be considered collectively when determining staffing levels. Organisations are also expected to report on the actions taken to apply these principles in the Board's annual report to Scottish Ministers. In addition, Section 2 of the Act requires that these principles be applied when Boards are planning or securing the provision of healthcare services from third parties.

3.4 NHS Lothian's Health and Care Staffing Programme Board, chaired by the Executive Nurse Director sets direction and provides oversight on multi-professional efforts pan-Lothian to ensure compliance with the Act. A core implementation team and network of lead professionals have been established to support this work.

3.5 All Board Quarterly Compliance Reports during 2024/25 were approved by the Board. All reports utilised the Corporate Governance and Assurance system employed within the Board. The level of Moderate Assurance of how effectively the organisation had carried out its duties was provided and accepted for all reports. This Moderate Assurance was based on an overall "Reasonable Assurance" rating generated by the Scottish Government's compliance scoring.

3.6 A Q1 2025/26 Compliance and Assurance Audit used to inform this report was made available online from the 04 April to 3 May 2025 and consisted of 70 multiple choice and free text questions covering Health Duties within the legislation. A full list of audit questions can be seen in Appendix 1. Respondent answers were used to understand compliance with the legislation across NHS Lothian, to identify any gaps and develop recommendations as required by the legislation.

Completion Rate

3.7 The Q1 2025/26 Compliance and Assurance Audit was completed by NHS Lothian operational managers across all professional groups as identified by the Health and Care Staffing Professional Leads. Two professional groups appear to have over-reported while others under-reported. Further analysis will be undertaken to understand these discrepancies and to improve accuracy in future audits. A total of 184 responses were received, against an expected return of 227 (81% return rate). Table 1 provides a breakdown of responses by professional group. For comparison 181 responses were received in the Q1 2024/25 compliance and assurance audit and 204 were expected (88% return rate).

3.8 **Table 1.** April 2025 Compliance and Assurance Audit Responses by Professional Group

Professional Group	Actual Responses	Expected Responses
Allied Health Professions (AHP)	29	26
Dental	3	6
Healthcare Scientists	16	18
Medical	7	18
Nursing & Midwifery	93	115
Pharmacy	31	39
Psychology	1	1
Public Health	3	3
Registered Chaplains	1	1
Grand Total	**184**	**227**

3.9 It was agreed that a single response for the Psychology service is appropriate and has proven effective for reporting purposes. Similarly, a consolidated response for the Registered Chaplains profession was deemed suitable; however, this approach may be revised in future audits to allow for devolved responses if required.

3.10 It is important to note that some professions and areas have comparatively lower response rates. It is expected that progressive improvements will be made over time, leading to a broader base of staff views being captured in subsequent audits. Notably, this is the first year that Registered Chaplains and Public Health roles have been included in the reporting process and they are now reflected in Table 1 and throughout this report. Further work is ongoing to fully clarify how the legislative duties apply to these professions.

Assurance Level Rating

3.11 Responses from the April 2025 audit were used to rate compliance at NHS Lothian level and by professional group. A Red, Amber, Yellow and Green (RAYG) system (Table 2) of categorising the assurance level is employed throughout this report. This aligns with the rating system employed within the Health and Care (Staffing) (Scotland) Act 2019 Annual Reporting Template on compliance, provided by the Scottish Government (SG). Aligning the rating system in the Board's quarterly reports will enable the accurate formulation of the annual report submitted to the Scottish Government. Boards are free to develop their own format/ template for quarterly reporting as none has been provided by the Scottish Government.

3.12 **Table 2.** Red, Amber, Yellow and Green (RAYG) Compliance Ratings

Green (substantial assurance)	Systems and processes are in place for and used by all services and professional groups managed by respondents.
Yellow (reasonable assurance)	Systems and processes are in place for, and used by, 50% or above of all services/ professional groups managed by respondents.
Amber (limited assurance)	Systems and processes are in place for, and used by, under 50% of all services and professional groups managed by respondents.
Red (No assurance)	No systems are in place.

3.13 RAYG ratings are based on average responses from the April 2025 audit. Further detail on how the RAYG Ratings were calculated can be found in Appendix 2.

3.14 The RAYG reporting scale is broad, which may result in incremental improvements within an assurance level being under-reported. However, assurance of progress is supported through a combination of narrative insights from the audit and the oversight provided by HCSA Professional Leads, highlighting variation and advancement within each RAYG category.

3.15 Increases in assurance levels reported may, in whole or in part, reflect improved understanding of the Act resulting from ongoing education efforts within and across professions.

3.16 The Scottish Government has indicated that Boards will be expected to demonstrate robust processes are in place to meet legislative requirements. A common thread throughout the Statutory Guidance is that the legislation is not prescriptive in nature, therefore with the exception of the Staffing Level Tools, the processes, practices and procedures Boards choose to use is often at their discretion.

3.17 Since enactment on 1 April 2024, Healthcare Improvement Scotland's (HIS) role and function has changed to monitoring health boards compliance with the duties as cited within the legislation.

3.18 Each quarter, HIS will request a copy of the Board's Internal Quarterly Report and the Use of High-Cost Agency Staff Report at the end of the financial year, HIS will also request the Board's Annual Report to Scottish Government. To support this function, NHS Lothian's Executive Leads for the Act participate in quarterly Board Engagement Calls that include HIS, providing an opportunity to discuss the quarterly reports content and review progress against the duties set out in the Act.

3.19 A combined Q4 Board/ Annual Compliance report was approved 16 April 2025 by the Board and sent to the Scottish Government 29 April 2025.

Assessment

Overall level of assurance

4.0 The overall (across all professions) level of assurance for each duty has remained largely consistent with the Q1 2024/25 Board Report. However, the 12IE Duty to have arrangements in place to address severe and recurrent staffing risks has now been rated as 'Limited Assurance' based on responses to the 2025/26 audit. Respondents highlighted a range of challenges that help explain this rating. These include inconsistent definitions of 'severe' and 'recurrent' risk, limited availability of real-time staffing tools for some professional groups, ongoing financial and recruitment constraints, and unclear escalation routes, particularly in smaller services or areas under significant demand. These issues are discussed further in the individual duty sections below. A 'Reasonable' rating was assigned to Duty 12IE in Q4 of 2024/25. This overall assurance level was based on a distinct methodology that differs from previous quarters and this report, which explains the variation. The Q4 report was integrated with the Scottish Government's Annual Compliance Report template, where each subsection within the duties received an individual RAYG rating, and these were then used to determine the overall RAYG rating for the duty.

4.1 The Duty to ensure appropriate staffing is the overarching duty of the Act. In Q1 2025/26, the assurance rating for this duty improved from 'Limited' to 'Reasonable' compared to Q1 2024/25. Respondents provided examples of successes and areas of learning that may explain this improvement. These included increased engagement with leadership development, protected time for clinical leaders, and robust job planning. Collectively, these efforts have contributed to greater confidence, increased governance, and improved service quality across NHS Lothian.

4.2 **Table 1.** Overall Level of Assurance by Individual Duty and Across All Duties Under the Health and Care (Staffing) (Scotland) Act: 2024/25 and 2025/26 to Date

Quarter

Duty	Q1, 2024/25	Q2, 2024/25	Q3, 2024/25	Q4, 2024/25	Q1, 2025/26
12IA - Appropriate staffing	Limited	Limited	Limited	Limited	Reasonable
12IC - Real-time staffing assessment	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12ID - Risk escalation process	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12IE - Address severe & recurrent risk	Reasonable	Limited	Limited	Reasonable	Limited
12IF - Seek clinical advice on staffing	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12IH - Adequate time for clinical leaders	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12II - Training of staff	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
12IJ - Follow the common staffing method	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
Across all duties	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable

4.3 The **overall level of assurance** across all duties remains unchanged at Reasonably Assured.

4.4 This reflects the organisation's performance in discharging its responsibilities under section 2 of the 2019 Act, and sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL, as of June 2025:

Reasonably Assured

12IA Duty to ensure appropriate staffing

4.5 The Duty to ensure appropriate staffing is the overarching aim of the Act, set out in Section 12IA. It complements existing staff governance, clinical governance and financial governance obligations already in place for Health Boards. The legislation defines appropriate staffing as follows:

"It is the duty of every Health Board to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for:

(a) the health, wellbeing and safety of patients,

(b) the provision of safe and high-quality health care, and

(c) in so far as it affects either of those matters, the wellbeing of staff."

4.6 To comply with this overarching duty, Health Boards must comply with all other duties set out in the Act and give due regard to the guiding principles when determining staffing levels.

4.7 To assess staff perspectives on whether this duty was being met, respondents were asked:

"Does your service(s) at all times have suitably qualified and competent individuals, working in such numbers as are appropriate for-

(a) the health, wellbeing and safety of patients;
(b) the provision of safe and high-quality health care, and;
(c) in so far as it affects either of those matters, the wellbeing of staff?".

Answers to this question are presented below:

4.8 Please note, compliance data by professional group and financial year is presented in the tables below. For Q1 2023/24, Public Health and Registered Chaplains are greyed out as compliance data for these professions was not collected in that reporting period.

4.9 **12IA Duty to ensure appropriate staffing: Compliance by Professional Group and Financial Year, Quarter 1:**

Professional Group	Q1 Compliance Assurance	
	2024/25	2025/26
AHP	Reasonable	Reasonable
Dental	Reasonable	⇧ Substantial
Healthcare Scientists	Limited	Limited
Medical	Substantial	Substantial
Midwifery	Limited	⇧ Reasonable
Nursing	Limited	⇧ Reasonable
Pharmacy	Limited	⇧ Reasonable
Psychology	Limited	Limited
Public Health		Substantial
Registered Chaplains		No Assurance
All Professions	**Limited**	**⇧ Reasonable**

⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Assurance Level: All Professions

4.10 Across all professions, the assurance level has improved from Limited to Reasonable. This reflects that systems and processes are now in place and actively used by 50% or more of all services and professional groups included in the Q1 2025/26 audit. This is up from under 50% in the Q1 2024/25 audit, representing a 17% increase in compliance.

Profession specific changes in Assurance Level

4.11 This section provides context for the professions where there has been a change in assurance level for the Duty to ensure appropriate staffing, compared with Q1 2024/25. 4 out of 8 professions showed an increase in assurance level. Please note that these findings are based on services that responded to the audit and the views of professional leads; they may not apply to all services within a profession.

Dental
Reasonable to Substantial ⇧

4.12 100% of responses for the Dental were "yes" to meeting obligations around the Duty to ensure appropriate staffing in Q1 2025/26 a 50% increase from Q1 2024/25. This resulted in the profession changing from Reasonable to Substantial Assurance. Audit respondents highlighted successes contributing to this progress. Services consistently maintain appropriate staffing through robust rotas, supplemented by bank staff to cover absences, ensuring continuity of care and increasing staff wellbeing. Additionally, systems, documentation, and standard operating procedures (SOPs) are in place and actively used, that support consistent and safe clinical practice. These actions are important because appropriate staffing is not solely about headcount, robust systems in place support a consistent, transparent evidence-based approach to decisions around staffing. This enables oversight, mentorship, and service improvement, ultimately improving patient care outcomes and staff wellbeing.

Midwifery
Limited to Reasonable ⇧

4.13 67% of responses for Midwifery were "yes" to meeting obligations around the Duty to ensure appropriate staffing in Q1 2025/26 a 50% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. This reflects progress in meeting the Duty to ensure appropriate staffing under the Health and Care (Staffing) (Scotland) Act 2019. Audit respondents gave examples of processes and systems in place within their services, in line with the Act, that may explain this change. Key developments include the introduction of Clinical Education Midwives, who work clinically to support staff in developing skills and confidence, enhancing autonomy. Staff report this as highly beneficial. Additionally, the Foetal Wellbeing Midwife role supports training and audits practice, providing feedback that improves care quality. These roles demonstrate a commitment to the Act's principles, ensuring staff have the time, support, and leadership needed to deliver safe care. They also promote a culture of continuous improvement, transparency, and responsiveness to staff and service user needs.

Nursing
Limited → Reasonable ⇧

4.14 66% of responses for Nursing were "yes" to meeting obligations around the Duty to ensure appropriate staffing in Q1 2025/26 a 23% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Audit respondents gave examples of processes and systems in place within their services, in line with the Act, that may explain this change. For example, Services have embedded regular reviews of staffing levels and skill mix, using tools such as caseload weighting and national benchmarking to ensure the right number and type of staff are in place to meet patient needs safely. Alongside this, there is a strong focus on staff wellbeing and development through robust supervision, reflective practice, and targeted support for newly qualified staff, supported by wellbeing leads. These efforts align with the Health and Care (Staffing) (Scotland) Act 2019, which emphasises the importance of matching staffing to workload and acuity, whilst also recognising that staff wellbeing is essential to delivering safe, person-centred care and maintaining high standards.

Pharmacy
Limited → Reasonable ⇧

4.15 82% of responses for Pharmacy were "yes" to meeting obligations around the Duty to ensure appropriate staffing in Q1 2025/26 a 49% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Audit respondents gave examples of processes and systems in place within their services, in line with the Act, that may explain this change. For example, a recent skill mix review in the acute Pharmacy service led to the introduction of a new Pharmacy Support Worker role, enabling more effective delegation of tasks and allowing clinical staff to focus on advanced duties. In parallel, a small non-patient-facing team addressed staff shortages by redistributing tasks, prioritising delivery, and introducing flexible working patterns to support wellbeing. These actions demonstrate responsive workforce planning and align with the Health and Care (Staffing) (Scotland) Act 2019, which emphasises matching staff roles to service needs and promoting staff wellbeing to ensure safe, sustainable, and high-quality care.

12IB Duty to ensure appropriate staffing: agency workers

4.16 The Act stipulates that, the board must report on the number of occasions that it has paid an agency worker more than 150% of the amount that would be paid to a full-time equivalent employee to fill the equivalent post for the same period. The report must include the number of occasions on which it is paid more than 150%, the amount paid on each occasion and the circumstances that have required the higher amount to be paid. The Scottish Government provide a template for this report which includes the figures to be used for a full-time equivalent employee for each band / grade so that all Boards are using the same. NHS Lothian's Quarter 1 Agency Report will be submitted to Scottish Government on 31 July 2025 and a narrative based on this submission will be included in the Quarter 2 Board Compliance Report.

4.17 The duty does not prohibit the use of workers above the 150% figure, rather it states that the amount to be paid to secure the services of an agency worker should not exceed 150%, but if it does then all instances of this have to be reported quarterly to the Scottish Ministers.

4.18 Compliance with the Duty to ensure appropriate staffing: agency workers is not surveyed within the Compliance & Assurance Audit. The reporting obligations for Registered Nurses, Midwives, Health Care Support Workers, Medical Locums, Allied Health Professionals & Health Care Sciences Staff are managed through supplementary staffing services within Corporate Nursing rather that the wider workforce. It should be noted that Agency spend will be managed through appropriate operational lines and appropriate professional leads.

4.19 Reports should cover the following periods and be sent by the corresponding deadlines:

4.20 NHS Lothian: Agency Reporting Timeline and Update

Period	Deadline	Status
01 April to 30 June	31 July 2025	On track for submission
01 July to 30 September	31 October 2025	Not Yet Started
01 October to 31 December	31 January 2025	Not Yet Started
01 January to 31 March	30 March 2025	Not Yet Started

4.21 All four submission deadlines for 2024/25 were met.

12IC Duty to have real-time staffing assessment in place

4.22 Real-time staffing assessment aims to ensure appropriate staffing through identification and mitigation of risks relating to staffing in real time. This is not a requirement to solely assess numbers of staff on shift, and no staffing tools or calculators are required to comply with the duty. Real-time staffing assessment may consider:

- patient acuity / workload / activity for non-bed-holding areas
- number and skill mix of available staff
- professional judgement of the staff required

4.23 **12IC Duty to have real-time staffing assessment in place: Compliance by Professional Group and Financial Year, Quarter 1:**

Professional Group	Q1 Compliance Assurance	
	2024/25	2025/26
AHP	Reasonable	Reasonable
Dental	Substantial	Substantial
Healthcare Scientists	Reasonable	Reasonable
Medical	Substantial	⇩ Reasonable
Midwifery	Limited	⇧ Reasonable
Nursing	Reasonable	Reasonable
Pharmacy	Reasonable	Reasonable
Psychology	Substantial	Substantial
Public Health		Substantial
Registered Chaplains		Limited
All Professions	**Reasonable**	**Reasonable**

⇩ = Q1 2025/26 Assurance Level has decreased compared with Q1 2024/25
⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Assurance Level: All Professions

4.24 In the Q1 2025/26 audit, 83% of respondents answered "Yes" and 13% "Partially" when asked whether they met their obligations under the Duty to have real-time staffing assessment in place. Across all professions, this corresponds to a *Yellow* RAYG rating, indicating Reasonable Assurance, meaning systems and processes are in place and used by 50% or more of services/professional groups.

4.25 As a result, the overall RAYG rating remains unchanged from Q1 2024/25. However, there has been a 10% increase in "Yes" responses compared to the previous year. This improvement is not reflected in the overall "All Professions" RAYG rating in the table above, as the rating is based on fixed percentage thresholds

Profession specific changes in Assurance Level

4.26 1 out of a potential 8 professions decreased their assurance level based on audit responses and one profession, Midwifery, increased. This section provides context for the changes in assurance level relating to the Duty to have real-time staffing assessment

in place, compared with Q1 2024/25. It should be noted that these findings are based on responses from participating services and the views of professional leads, and may not reflect the position across all services within each profession.

Medical
Substantial to Reasonable ⇩

4.27 86% of responses for Medical were "yes" to meeting obligations around the Duty to have real-time staffing assessment in place in Q1 2025/26, a 14% decrease from Q1 2024/25. This led to a change in assurance from Substantial to Reasonable. The change from Substantial to Reasonable Assurance reflects developing challenges in consistently meeting the Duty to have real-time staffing assessment. Whilst services generally function well, issues such as last-minute sickness, disconnected rota systems across staff groups, and limited availability of cover staff have impacted the ability to respond dynamically to staffing pressures. For example, in medical areas, sudden absences often lead to reduced activities due to a lack of immediate replacements. Although escalation plans, such as reducing appointments during public holidays are in place, these are reactive rather than preventative. The need for clearer deputy arrangements and improved use of demand and capacity tools in real-time scenarios has been identified. The Act requires services to assess staffing in real-time and respond effectively to staffing level risks. In some services, strengthening real-time systems and learning from operational pressures is essential to restoring higher assurance levels with this duty.

Midwifery
Limited to Reasonable ⇧

4.28 67% of responses for Midwifery were "yes" to meeting obligations around the Duty to have real-time staffing assessment in place in Q1 2025/26 a 34% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Midwifery services that responded to the audit highlighted successes from within their profession that may help understand this increase in confidence and that align with the Duty to have real-time staffing assessment in place. A key example is the improvement of twice-daily Directorate Safety Huddles, now Pan-Lothian, which include real-time staffing data and participation from Staff Bank colleagues. This enables immediate escalation and mitigation of staffing issues. Additionally, staff are increasingly aware of the importance of proactive annual leave planning, which supports consistent staffing levels. These practices demonstrate a shift toward more responsive and transparent staffing decisions. From a legislative perspective, the Act mandates that organisations not only assess staffing in real time but also to escalate concerns and ensure safe, person-centred care is maintained.

12ID Duty to have risk escalation process in place

4.29 The purpose of this duty is to ensure that relevant organisations have robust risk escalation processes in place for identifying, recording, and mitigating staffing risks. Any member of staff who identifies a risk must report it to the designated lead professional responsible for that area, such as a team leader. If the lead professional is unable to mitigate the risk, it must be escalated to a more senior decision-maker for appropriate action.

4.30 **12ID Duty to have risk escalation process in place: Compliance by Professional Group and Financial Year, Quarter 1:**

Professional Group	Q1 Compliance Assurance	
	2024/25	2025/26
AHP	Reasonable	Reasonable
Dental	Reasonable	Reasonable
Healthcare Scientists	Limited	⇧ Reasonable
Medical	Limited	⇧ Reasonable
Midwifery	Limited	⇧ Reasonable
Nursing	Reasonable	Reasonable
Pharmacy	Limited	⇧ Reasonable
Psychology	Reasonable	Reasonable
Public Health		Reasonable
Registered Chaplains		Reasonable
All Professions	**Reasonable**	**Reasonable**

⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Assurance Level: All Professions

4.31 In the Q1 2025/26 Audit, on average 63% of responses were "Yes" and 21% were "Partially" to questions regarding compliance with the Duty to have a risk escalation process in place. Based on responses across all professions, this resulted in a Yellow RAYG rating, indicating reasonable assurance.

Assurance Level: Profession specific changes

4.32 4 out of a potential 8 professions increased their assurance level based on audit responses. This section gives context around these professions where there has been a change in assurance level for the Duty to have risk escalation process in place when compared with Q1 2024/25. Please note, these findings are based on services that responded to the audit and the views of professional leads and does not necessarily apply to all services within a profession.

Healthcare Scientists
Limited → Reasonable ⇧

4.33 On average 66% of responses for Healthcare Scientists were "yes" to meeting obligations around the duty to have risk escalation process in place in Q1 2025/26, a 19% increase from Q1 2024/25. This led to a change in assurance from Limited to Reasonable. Through meeting Health Care Science colleagues, the Health & Care Staffing Professional Lead for Healthcare Science explained that the increase in

assurance is likely due to improved awareness and education. Audit respondents gave examples of successes with meeting this duty. For example, staff know who to contact and escalation procedures are reinforced through regular meetings. Duty managers and clinical leads actively support workforce planning and escalation. An on-call rota has been implemented to provide backfill during unexpected absences. Whilst some services still face challenges, particularly in specialist areas, the ability to escalate risks promptly is critical. It enables services to prevent unsafe care, protect staff from unnecessary pressure and maintains continuity of service. These processes are operationally effective, required within the Act, and supporting the delivery of safe, person-centred care.

Medical
Limited to Reasonable ⇧

4.34 On average 83% of responses for Medical were "yes" to meeting obligations around the Duty to have risk escalation process in place in Q1 2025/26, a 50% increase from Q1 2024/25. This led to a change in assurance from Limited to Reasonable. Audit respondents gave examples of processes and systems in place within their services, in line with the Act, that may explain this change. This includes an increased confidence with risk escalation processes, a key duty under the Health and Care Staffing (Scotland) Act 2019. Escalation policies are reviewed regularly, particularly after public holidays, to reflect changing service demands. A 24/7 clinical on-call system provides a single point of contact for staffing issues. These practices are essential to fulfilling the Act's legal requirement to identify, escalate, and mitigate staffing level risks in real time, ensuring safe, person-centred care.

Midwifery
Limited to Reasonable ⇧

4.35 On average 76% of responses for Midwifery were "yes" to meeting obligations around the Duty to have risk escalation process in place in Q1 2025/26 a 51% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Audit respondents gave examples of processes and systems in place within their services, in line with the Act, that may explain this change. Respondents report increased confidence in their real-time staffing assessment and escalation processes, in line with duties 12IC and 12ID of the Health and Care Staffing (Scotland) Act 2019. One service highlighted the use of a colour-coded 'Prep Stat' tool to assess and escalate staffing risk, with regular reviews to ensure it remains effective. These systems are vital for identifying and responding to staffing risks in real time, as required by the Act.

Pharmacy
Limited to Reasonable ⇧

4.36 On average 70% of responses for Pharmacy were "yes" to meeting obligations around the Duty to have risk escalation process in place in Q1 2025/26, a 23% increase from Q1 2024/25. This led to a change in assurance from Limited to Reasonable. Audit respondents gave examples of processes and systems in place within their services, in line with the Act, that may explain this change. For example, clear escalation plans, supported by team huddles, line managers, and a designated point of contact for unresolved staffing gaps. On-call cover and a robust rota for resilience leads ensure 24/7 support. Whilst remaining gaps for new on-call staff at RHCYP were identified, interim mitigation measures are in place. These systems are essential to meeting the Act's legal duty to identify and mitigate staffing risks in real time, ensuring safe, effective and high-quality care.

12IE Duty to have arrangements to address severe and recurrent risks

4.37 This duty requires Boards to have arrangements set out how information on staffing risks will be collated, analysed and recorded, (including reporting to The Board when required). The Act does not define what a severe or recurring risk is – organisations are expected to determine a locally accepted definition.

4.38 **12IE Duty to have arrangements to address severe and recurrent risks: Compliance by Professional Group and Financial Year, Quarter 1:**

Professional Group	Q1 Compliance Assurance	
	2024/25	2025/26
AHP	Reasonable	Reasonable
Dental	Substantial	⇩ Reasonable
Healthcare Scientists	Reasonable	⇩ Limited
Medical	Substantial	⇩ Reasonable
Midwifery	Limited	⇧ Reasonable
Nursing	Reasonable	Reasonable
Pharmacy	Reasonable	⇩ Limited
Psychology	Limited	Limited
Public Health		Reasonable
Registered Chaplains		No Assurance
All Professions	**Reasonable**	**Limited**

⇩ = Q1 2025/26 Assurance Level has decreased compared with Q1 2024/25
⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Assurance Level: All Professions

4.39 In the Q1 2025/26 Audit, on average 52% of responses were "Yes" and 15% were "Partially" to questions about compliance with the Duty to have arrangements to address severe and recurrent risks. This resulted in an amber RAYG rating, indicating limited assurance, lower than the assurance level reported in Q1 2024/25. The decrease is largely due to the introduction of two new audit questions aimed at reducing uncertainty. Specifically, 58% of all respondents answered "No" to regularly producing or receiving reports on severe and/or recurrent staffing risks, and 57% answered "No" to having an agreed definition of such risks. These responses lowered the overall ("All Professions" average and contributed to drop in assurance levels by professional group.

Assurance Level: Profession Specific Changes

4.40 4 out of a potential 8 professions decreased their assurance level based on audit responses and one profession, Midwifery, increased. This section gives context around these professions where there has been a change in assurance level for the Duty to have arrangements to address severe and recurrent risks when compared with Q1 2024/25. Please note, these findings are based on services that responded to the audit and the views of professional leads and does not necessarily apply to all services within a profession.

Dental
Substantial to Reasonable ⇩

4.41 On average 60% of responses for Dental were "yes" to meeting obligations around the Duty to have arrangements to address severe and recurrent risks in Q1 2025/26, a 40% decrease from Q1 2024/25. This led to a change in assurance from Substantial to Reasonable. Whilst day-to-day staffing is well managed, there is reduced confidence in addressing severe and recurrent risks, as required by the Act. Although most vacancies are filled and staff redeployment systems are effective, reliance on reactive staffing redeployments between sites may not be sustainable during prolonged or repeated pressures. In Dental services, 1:1 staffing is clearly defined and managed, but there is limited evidence of long-term risk mitigation planning. Without robust escalation and review systems in place, services can struggle to respond to recurrent staffing challenges, potentially impacting continuity of care and compliance with the Act.

Healthcare Scientists
Reasonable to Limited ⇩

4.42 On average 49% of responses for Healthcare Scientists were "yes" to meeting obligations around the Duty to have arrangements to address severe and recurrent risks in Q1 2025/26, a 9% decrease from Q1 2024/25. This led to a change in assurance from Reasonable to Limited. Of those Healthcare Science services audited, confidence in addressing severe and recurrent staffing risks is reduced due to persistent challenges. A small workforce can lead to cancelled clinical activity when staff are unavailable. Recruitment is hindered by a lack of qualified professionals, with limited academic training pathways in Scotland and UK wide banding disparities. Under Duty 12IG of the Health and Care (Staffing) (Scotland) Act 2019, Scottish Ministers are required to take reasonable steps to ensure there are sufficient registered nurses, midwives, and medical practitioners available to enable health service bodies to meet their staffing duties. This duty does not extend to Healthcare Scientists. However, the Scottish Government actively supports the training and workforce planning of Healthcare Scientists through policy development, strategic leadership, and collaboration with NHS Education for Scotland.

4.43 Many new recruits require extensive on-the-job training. Additionally, funding constraints and reactive compliance further weaken compliance with this duty. These issues highlight the need for long-term workforce planning and investment to meet the Act's duty.

Medical
Substantial to Reasonable ⇩

4.44 On average 69% of responses for Medical were "yes" to meeting obligations around the Duty to have arrangements to address severe and recurrent risks in Q1 2025/26, a 31% decrease from Q1 2024/25. This led to a change in assurance from Substantial to Reasonable. Medical services that responded to the audit explained that rota fill rates within their area are consistently close to 100%, yet there is limited evidence of planning for severe or recurrent staffing risks, as required by Duty 12IE of the Health and Care Staffing (Scotland) Act 2019. The current system is effective for day-to-day staffing decisions but lacks strategies for the long-term identification and mitigation of risk. In the context of financial constraints, confidence in the service's ability to manage sustained pressures is reduced. Addressing this gap is essential to maintain safe staffing levels and meet legislative obligations during persistent challenges.

Midwifery
Limited to Reasonable ⇧

4.45 On average 60% of responses for Midwifery were "yes" to meeting obligations around the Duty to have arrangements to address severe and recurrent risks in Q1 2025/26 a 22% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Audit responses indicate increased confidence due to strengthened processes aligned with the Duty to address severe and recurrent risks. For example, the Nursing and Midwifery Workforce Escalation Framework consolidates risk assessment tools and governance processes into a single, accessible document. It supports decision-making based on patient acuity, staffing availability, and system-wide pressures. In addition, all Datix reports involving staffing concerns are annotated and escalated to senior leadership, with quarterly summaries reviewed by governance groups. These robust, transparent processes are used to identify staffing level risks patterns and mitigate ongoing risks, in line with legislative obligations.

Pharmacy
Reasonable to Limited ⇩

4.46 On average 46% of responses for Pharmacy were "yes" to meeting obligations around the Duty to have arrangements to address severe and recurrent risks in Q1 2025/26, a 6% decrease from Q1 2024/25. This led to a change in assurance from Reasonable to Limited. Respondents in Pharmacy services explained that confidence in addressing severe and recurrent staffing risks is lessened due to structural and operational challenges. Whilst small non-patient-facing teams can often manage shortages internally through prioritisation, maintaining up-to-date contingency plans is difficult. One respondent noted that their current business continuity planning (BCP) focuses on short-term solutions, leaving them vulnerable to long-term shortages, however BCPs are widely in place with robust thresholds. The absence of a definition of recurrent risks also adds to the uncertainty.

12IF Duty to seek clinical advice on staffing

4.47 This duty places the requirement on Boards to put, and keep in place, arrangements for seeking and having regard to appropriate clinical advice in making decisions, and putting in place arrangements in relation to staffing under the various sections of the Act; and to put, and keep in place, arrangements for recording and explaining decisions which conflict with that clinical advice.

4.48 **Duty to seek clinical advice on staffing: Compliance by Professional Group and Financial Year, Quarter 1:**

Professional Group	Q1 Compliance Assurance	
	2024/25	**2025/26**
AHP	Reasonable	Reasonable
Dental	Reasonable	Reasonable
Healthcare Scientists	Limited	⇧ Reasonable
Medical & Dental	Reasonable	Reasonable
Midwifery	Limited	⇧ Reasonable
Nursing	Reasonable	Reasonable
Pharmacy	Limited	⇧ Reasonable
Psychology	Substantial	⇩ Reasonable
Public Health		Reasonable
Registered Chaplains		Limited
All Professions	**Reasonable**	**Reasonable**

⇩ = Q1 2025/26 Assurance Level has decreased compared with Q1 2024/25
⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Assurance Level: All Professions

4.49 On average, 72% of responses to the Q1 2025/26 Audit were "Yes" and 11% were "Partially" when asked if they met obligations under the Duty to seek clinical advice on staffing. A Yellow RAYG Rating (reasonable assurance) was calculated based on responses across all professions.

Assurance Level: Profession specific changes

4.50 3 out of 4 professions increased their assurance level based on audit responses and one profession, Psychology, decreased. This section gives context around these professions where there has been a change in assurance level for the Duty to seek clinical advice on staffing when compared with Q1 2024/25. Please note, these findings are based on services that responded to the audit and the views of professional leads and does not necessarily apply to all services within a profession.

Healthcare Scientists
Limited to Reasonable ⇧

4.51 In Q1 2025/26, 60% of Healthcare Scientist responses were "yes" to meeting the Duty to seek and have regard to clinical advice, a 37% increase from Q1 2024/25, raising assurance from Limited to Reasonable. Services that responded to the audit have taken several steps within their profession that may help understand this increase in confidence and that align with the legislative requirement to seek and have regard to clinical advice

on staffing. Small staff groups use clinical advice to triage priority cases and ensure appropriate staff availability. A staffing tool helps determine Physiologist requirements based on activity levels. Regular workforce reviews and the involvement of the wider multidisciplinary team, including clinical, managerial, and partnership leads, supports collaborative decision-making. This robust approach ensures clinical input is embedded in staffing decisions, aligning with the legislative duty. Health Science respondents also feel more involved in staffing decisions and clinical advice is valued, ensuring safe staffing levels and supporting integrated workforce planning.

Midwifery
Limited to Reasonable ⇧

4.52 In Q1 2025/26, 70% of Midwifery responses were "yes" to meeting the Duty to seek and have regard to clinical advice, a 67% increase from Q1 2024/25, raising assurance from Limited to Reasonable. This improvement reflects robust processes employed within Midwifery services that responded to the audit. Including escalation routes through the Nursing lines to senior leadership and consultation with Medical professionals. Such multidisciplinary arrangements support compliance with Duty 12IF of the Act, ensuring staffing decisions have regard to clinical advice. This robust approach also promotes transparency, accountability and supports staffing decisions that are responsive to clinical need.

Pharmacy
Limited to Reasonable ⇧

4.53 On average 53% of responses for Pharmacy were "yes" to meeting obligations around the Duty to seek and have regard to clinical advice in Q1 2025/26 a 26% increase from Q1 2024/25. This resulted in the Pharmacy profession changing from Limited to Reasonable Assurance. Services that responded to the audit have taken several steps within their profession that may help understand this increase in confidence and that align with the legislative Duty to seek and clinical advice on staffing. Staffing decisions are made by registered practitioners, ensuring clinical expertise is central to workforce planning. Senior managers with a clinical background provide leadership that bridges operational and clinical priorities. Business cases for new services are developed with clinical input to ensure safe staffing capacity. Furthermore, maintaining consistent service availability across all covered hospitals reflects proactive planning based on clinical need. These practices demonstrate compliance with the Duty to seek and consider clinical advice, supporting safe, effective, and sustainable staffing aligned with legislative obligations.

Psychology
Substantial to Reasonable ⇩

4.54 On average 50% of responses for Psychology were "yes" to meeting obligations around the Duty to seek and have regard to clinical advice in Q1 2025/26 a 50% decrease from Q1 2024/25. This drop led to a change in assurance from Substantial to Reasonable. It should be noted that as there is one submission for the Psychology service, one answer has a large effect on the average response and therefore the assurance level. A key issue is the lack of formal processes to record when clinical advice is not followed. The respondent for the Psychology service explained that there is no system for clinicians to document disagreement with staffing decisions or to explain decisions that conflict with clinical input. Additionally, clinical advice in Psychology is often limited to recruitment and workforce changes, rather than daily staffing, and is not always recorded as part of safe staffing processes. The Act requires organisations to both seek and have regard to clinical advice. Without clear documentation, services risk reduced transparency, accountability and compliance with the Act.

12IH Duty to ensure adequate time given to clinical leaders

4.55 This duty is intended to ensure that clinical leaders receive the right amount of time and resources to discharge their responsibilities under the duties within the Act, alongside all the other professional duties and responsibilities they have. These include the clinical leadership and management functions that support the delivery of high-quality care. This section should be considered within the context of existing staff and clinical governance arrangements, and professional structures.

4.56 **Duty to ensure adequate time given to clinical leaders: Compliance by Professional Group and Financial Year, Quarter 1:**

	Q1 Compliance Assurance	
Professional Group	**2024/25**	**2025/26**
AHP	Reasonable	Reasonable
Dental	Reasonable	Reasonable
Healthcare Scientists	Limited	⇧ Reasonable
Medical	Reasonable	Reasonable
Midwifery	Limited	⇧ Reasonable
Nursing	Reasonable	Reasonable
Pharmacy	Limited	⇧ Reasonable
Psychology	Substantial	⇩ Reasonable
Public Health		Substantial
Registered Chaplains		No Assurance
All Professions	**Reasonable**	**Reasonable**

⇩ = Q1 2025/26 Assurance Level has decreased compared with Q1 2024/25
⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Assurance Level: All Professions

4.57 On average, 69% of responses to the Q1 2025/26 Audit were "Yes" and 24% were "Partially" when asked questions on if they met obligations under the Duty to ensure adequate time given to clinical leaders. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

Assurance Level: Profession Specific Changes

4.58 3 professions increased their assurance level based on audit responses and one profession, Psychology, decreased. This section gives context around these professions where there has been a change in assurance level for the Duty to ensure adequate time given to clinical leaders when compared with Q1 2024/25. Please note, these findings are based on services that responded to the audit and the views of professional leads and does not necessarily apply to all services within a profession.

Healthcare Scientists
Limited to Reasonable ⇧

4.59 On average 60% of Healthcare Scientist responses were "yes" to meeting obligations around the Duty to ensure adequate time given to clinical leaders in Q1 2025/26 a 23% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. There is growing confidence among respondents to the audit

that Duty 12 IH is being met, as clinical leaders now benefit from protected time to conduct managerial duties, to discuss support needs and to receive mentorship from Heads of Service. The introduction of fixed rotas enhances predictability in workloads, whilst monthly Continuing Professional Development (CPD) and departmental accreditation processes boost leadership growth and quality standards. These measures align with the duty's legislative aim to empower clinical leaders with the time and resources necessary to fulfil all aspects of their role.

Midwifery
Limited to Reasonable ⇧

4.60 On average 50% of responses for Midwifery were "yes" to meeting obligations around the Duty to ensure adequate time given to clinical leaders in Q1 2025/26 a 42% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Free text responses for Midwifery also demonstrated confidence with fulfilling this legislative duty. Charge Midwives' use of HealthRoster and SafeCare and their active role in twice-daily safety huddles, demonstrates time set aside for staffing oversight aspects of the clinical leadership role. Respondents also highlighted protected time for supervision and task allocation, during appropriate staffing levels. Despite services highlighting no formal leadership time allocation, increases in assurance levels around real-time staffing, risk escalation and addressing severe and recurrent risks implies a strong alignment with this duty and that time is utilised effectively for clinical leadership.

Pharmacy
Limited to Reasonable ⇧

4.61 On average 73% of responses for Pharmacy were "yes" to meeting obligations around the Duty to ensure adequate time given to clinical leaders in Q1 2025/26 a 34% increase from Q1 2024/25. This resulted in the profession changing from Limited to Reasonable Assurance. Services that responded to the audit have taken several steps within their profession that may help understand this increase in confidence and that align with the duty to ensure adequate time given to clinical leaders. Protected learning time is actively promoted across all staff grades, aligning with the Act's emphasis on appropriate staffing through training of staff. Pharmacists report greater success in accessing this time, supported by structured CPD and mentorship. Embedding protected learning time across roles strengthens team capability and fosters a culture of continuous improvement.

Psychology
Substantial to Reasonable ⇩

4.62 On average 50% of responses for Psychology were "yes" to meeting obligations around the Duty to ensure adequate time given to clinical leaders in Q1 2025/26, a 50% decrease from Q1 2024/25. This led to a change in assurance from Substantial to Reasonable. It should be noted that as there is one submission for the Psychology service, one answer has a large effect on the average response and therefore the assurance level. The audit respondent for the Psychology service, highlighted a decrease in confidence regarding the time allocated for leadership within Psychology Services, despite prior efforts in job planning, demand and capacity analysis, and Agenda for Change (AfC) job description work. While these initiatives laid a strong foundation, the implementation of the Act has highlighted gaps in communicating and securing protected leadership time. This learning has prompted a renewed focus on articulating and advocating for the leadership capacity required to meet legislative expectations and ensure safe, effective psychological care delivery.

12II Duty to ensure appropriate staffing: training of staff

4.63 This duty requires relevant organisations to ensure that employees have appropriate and relevant training, to ensure that suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients and the provision of safe and high-quality healthcare. This duty also requires that adequate time and resource is provided to undertake that training.

4.64 **Duty to ensure appropriate staffing: training of staff: Compliance by Professional Group and Financial Year, Quarter 1:**

Professional Group	Q1 Compliance Assurance	
	2024/25	**2025/26**
AHP	Reasonable	Reasonable
Dental	Substantial	⇩ Reasonable
Healthcare Scientists	Reasonable	Reasonable
Medical	Substantial	⇩ Reasonable
Midwifery	Reasonable	Reasonable
Nursing	Reasonable	Reasonable
Pharmacy	Reasonable	Reasonable
Psychology	Substantial	Substantial
Public Health		Substantial
Registered Chaplains		Substantial
All Professions	**Reasonable**	**Reasonable**

⇩ = Q1 2025/26 Assurance Level has decreased compared with Q1 2024/25

Assurance Level: All Professions

4.65 On average, 85% of responses to the Q1 2025/26 Audit were "Yes" and 13% were "Partially" when asked questions on compliance with the Duty to ensure appropriate staffing: training of staff. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

Assurance Level: Profession specific changes

4.66 2 out of a potential 8 professions changed their assurance level based on audit responses. This section gives context around these professions where there has been a change in assurance level for the Duty to ensure appropriate staffing: training of staff when compared with Q1 2024/25. Please note, these findings are based on services that responded to the audit and the views of professional leads and does not necessarily apply to all services within a profession.

Dental
Substantial to Reasonable ⇩

4.67 On average 84% of responses for Dental were "yes" to meeting obligations around the Duty to ensure appropriate staffing: training of staff in Q1 2025/26, a 16% decrease from Q1 2024/25. This led to a change in assurance from Substantial to Reasonable. Respondents for Dental services demonstrated a reduced confidence around training and role clarity. Whilst staffing levels currently allow Dental Team Leaders (DTLs) protected time for clinic rota planning with professional leads, this has not consistently

translated into comprehensive training structures. For example, Public Dental Service (PDS) clinicians have historically lacked formal job plans, an issue now being addressed. These gaps have highlighted the importance of aligning workforce plans with the Health and Care (Staffing) (Scotland) Act's requirements. Ensuring all staff have defined roles and access to training is essential to meet legislative of the Act.

Medical
Substantial to Reasonable ⇩

4.68 On average 79% of responses for Medical were "yes" to meeting obligations around the Duty to ensure appropriate staffing: training of staff in Q1 2025/26, a 21% decrease from Q1 2024/25. This led to a change in assurance from Substantial to Reasonable. This is despite progress in job planning and the introduction of 1:1 performance reviews and new roles. These initiatives have contributed to improved staff retention; however, inconsistencies in implementation and issues around clarity of role impact training assurance levels. Ensuring that time spent job planning, the introduction of new roles, and performance reviews lead to actionable staff development is important for increasing assurance with this duty in the Act.

12IJ and 12IL Duty to follow the Common Staffing Method inc. training and consultation of staff

4.69 The Common Staffing Method (CSM) sets out a process, including the use of the relevant Staffing Level Tool and the Professional Judgement Tool and a range of other considerations, which must be applied rigorously and consistently. The application of the CSM will support NHS Boards to ensure appropriate staffing, the health, wellbeing and safety of patients and the provision of safe and high-quality care. The frequency of applying the CSM has been defined as once per financial year as a minimum.

4.70 The types of health care, locations and employees that have a duty to use the CSM aligns with the availability of a speciality-specific Staffing Level Tools, as use of such tools are an integral part of the CSM. There are currently 10 Staffing Level Tools which apply to nursing and midwifery areas only and doctors within emergency departments. Therefore, only these staff groups had the option to answer questions around the Common Staffing Method and for medical this was answered on this occasion by the nurse manager who led the multi-professional team to complete the Emergency Department Tool.

4.71 **Duty to follow the Common Staffing Method inc. training and consultation of staff: Compliance by Professional Group and Financial Year, Quarter 1:**

	Q1 Compliance Assurance	
Professional Group	**2024/25**	**2025/26**
Medical	Reasonable	Reasonable
Midwifery	Limited	⇧ Reasonable
Nursing	Reasonable	Reasonable
All Professions	**Reasonable**	**Reasonable**

⇧ = Q1 2025/26 Assurance Level has increased compared with Q1 2024/25

Analysis

4.72 It should be noted that staffing level tools are recommended to be run a minimum of once per annum over a minimum two-week period, but there is no requirement in legislation that dictates when the tools are to be run. NHS Lothian has a well-established annual schedule of tool runs throughout the year, and so not all respondents will have had the opportunity to review their establishments following the common staffing method and this will be reflected in the overall assurance rating. Considering the last complete financial year of tool runs, 180 staffing level tools were successfully run during 2024/25 throughout NHS Lothian, across 10 different types of specialty specific staffing level tools. Training and support are provided by 1wte Health and Care Staffing Lead within Corporate Nursing.

4.73 On average, 59% of responses to the Q1 2025/26 Audit were "Yes" and 37% were "Partially" when asked if they met obligations under the Duty to follow the Common Staffing Method inc. training and consultation of staff. This resulted in an RAYG Rating (reasonable assurance) based on responses across all the applicable professions.

Example Areas of Success

4.74 The improvement in Midwifery's assurance rating from Limited to Reasonable, along with the stable Reasonable assurance across other professions using the Common Staffing Method, reflects progress in embedding the CSM into workforce planning processes. A key success is the high level of staff engagement with staffing tool runs, supported by comprehensive training and the proactive involvement of the Health & Care Staffing Team. This has enabled a culture of continuous improvement and collaboration.

4.75 Furthermore, the development of the Health Check template, which triangulates staffing tool data with quality and workforce metrics, provides a data-driven approach to staffing decisions. Implementation of staffing level tools when combined with the Health Check template has informed service redesigns. Furthermore, the introduction of a standardised reporting template ensures consistency in how staffing decisions are documented and reviewed. The template also incorporates local context and staff feedback and encourages transparency which aligns with the Duty to follow Common Staffing Method. The application of the nationally validated Professional Judgment Tool in specialties lacking validated speciality specific staffing level tools, such as Theatres and Outpatients, also demonstrates adaptability and a commitment to the Act's principles.

4.76 Governance structures including the Nursing & Midwifery Workforce Programme Board provide oversight and strategic alignment of the application of the common staffing method within Nursing and Midwifery. This governance and assurance framework includes alignment of staffing practices with statutory obligations to improve quality of care, and support workforce sustainability.

Example Areas of Challenge

4.77 Despite these successes, there are challenges to compliance with the Duty to follow common staffing method. One issue is the lack of nationally validated staffing tools for certain specialties, such as Community Mental Health and Research Nursing. This gap forces a reliance on professional judgment tools, which are effective, but lack speciality specific background calculators.

4.78 Additionally, the staffing tools currently in use are often described as outdated and not reflective of modern nursing roles, leading to frustration among staff. Manual data entry into systems like SSTS where the tools are hosted is time-consuming and resource-intensive, particularly in areas without dedicated administrative support.

4.79 Another barrier is the absence of a formal, documented process for incorporating service user feedback into staffing decisions, which limits the ability to fully demonstrate compliance with a Guiding Principle of the Act, namely, "taking account of the views of staff and service users". Whilst efforts are ongoing to address this, the lack of robust consultation processes is a gap. In addition, interpreting the results from tool runs can be challenging, with some staff reporting difficulty in understanding the results of tool runs or how to act on the data. This is exacerbated by automated tool run reports that often lack the nuance of personalised data analytical reports. These challenges suggest a need for continued investment in tool development and digital infrastructure.

Identified Gaps in Compliance

4.80 The Q1 2025/26 Compliance and Assurance Audit has identified several areas where NHS Lothian does not yet have fully robust or consistent processes in place across all professional groups to meet the legislative obligations of the Health & Care Staffing (Scotland) Act 2019. The following duties have been highlighted as having relatively low or inconsistent compliance:

12IE – Duty to Have Arrangements to Address Severe and Recurrent Risks

- Rated as Limited Assurance overall.
- 58% of respondents reported no regular reporting on severe/recurrent staffing level risks.
- 57% reported no agreed definition of what constitutes a severe or recurrent risk.
- Several professional groups experienced a drop in assurance due to lack of long-term staffing planning, unclear definitions, and limited reporting mechanisms.

12ID – Duty to Have Risk Escalation Processes in Place

- Although rated as Reasonable Assurance, the audit revealed variation in escalation systems across professions.
- Some services lack 24/7 escalation clarity, and training on escalation procedures is inconsistent.

12IF – Duty to Seek Clinical Advice on Staffing

- Rated as Reasonable Assurance, but gaps remain in documenting decisions that conflict with clinical advice.
- Some services lack formal processes for recording disagreements or providing feedback to clinicians when advice is not followed.

Recommendations

Actions to Address Gaps

1. **Continue the work on Board-wide communication and education planning to raise awareness of duties under the Act. This action will:**
   - Support the standardisation of definitions and reporting for severe and recurrent risks.
   - Enhance risk escalation processes.
   - Strengthen clinical advice governance.

2. **Produce Board-wide policy and guidance outlining definitions, responsibilities, and expectations under the Act, aligned with Statutory Guidance. This action will:**
   - Supports the establishment of a shared understanding of "severe" and "recurrent" risks.
   - Define consistent escalation protocols.
   - Clarify documentation and feedback processes for clinical advice.

3. **Health and Care Staffing Professional Leads to analyse audit results by profession group and area. Report findings through local governance structures. Identify and address profession-specific gaps. This action will:**
   - Tailor risk reporting and mitigation strategies to each profession.
   - Ensure escalation processes are embedded locally.
   - Promote consistent clinical engagement in staffing decisions.

4. **Continue onboarding and optimising systems such as HealthRoster, SafeCare, and eJobPlan. This action will:**
   - Support the integration of staffing data into service planning, workforce planning, and improvement cycles
   - Enable automated tracking and reporting of severe/recurrent risks.
   - Support real-time escalation and documentation.
   - Enable transparent decision-making and audit trails for clinical advice.

List of appendices

The following appendices are included with this report:

Appendix 1

April 2025 Compliance and Assurance Audit Questions

April 2025
Compliance and Ass

Appendix 2

Red, Amber, Yellow and Green (RAYG) Calculations

Red, Amber, Yellow
and Green (RAYG) Ca

NHS Lothian

NHS Lothian

Meeting:	**NHS Lothian Board**
Meeting date:	**13 August 2025**
Title:	**Q1 2025/26 Whistleblowing Performance Report**
Responsible Executive:	**Tom Power, Director of People & Culture**
Report Author:	**Kerran Reeder, Whistleblowing Programme and Liaison Manager**

1   Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☒
Legal requirement	☒	Other	☐

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

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☒
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

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

Safe	☒	Effective	☒
Person-Centred	☒		

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 (INWO).

2.2   Background

The National Whistleblowing Standards for the NHS in Scotland (the Standards) introduced in April 2021 require all Boards to produce and publish on a quarterly and annual 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 (INWO).

In line with the Standards, the Quarterly and Annual Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under the Raising Concerns page at the following link Whistleblowing Performance Reports and are shared with the INWO.

Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Q1 Performance Report (Appendix 1).

Whistleblowing Report – Q1 data

During Q1, no new Stage 2 concerns were received, in comparison one Stage 2 concern was received during the same period last year. In Q1, there were five ongoing whistleblowing investigations, two in relation to concerns received in Q3 of the last reporting year and three concerns received in Q4.

One stage 2 concern from the previous reporting year was closed.

Timescales for undertaking an investigation continue to be challenging. As reflected in the attached quarterly performance report, timescales this quarter (on average 192 working days) are higher than last year (on average 189 working days) to conclude an investigation.

This is due to the complexity of cases received (all cases in the past year have been raised at Stage 2), the limited number of investigators available to support investigations due to other work priorities, and in some cases, the number of witnesses the investigators need to meet. There are also cases that carry higher volumes of data to be understood by the investigators. The greater the influence of these factors on an investigation the more significant the impact on annual leave, resulting in a reduction of effective working days.
Processes are in place to collect data from Primary Care and Local Contractors on a quarterly basis, under the requirements of the Standards, both must provide annual returns to the Board, even if to report that there were no concerns raised.

The themes from cases highlight that the majority of concerns, many of which are raised with our Speak Up advocates in the first instance, relate to genuine matters of public interest, namely patient safety matters and standards of practice.

INWO Cases - Update

In relation to cases currently with the INWO

June 2025 Anonymous Concern

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. During Q1 one anonymous concern was received by the INWO which relates to an area where a whistleblowing concern had previously been raised. Assurance has been provided to the INWO that the concerns raised will be picked up through the Action Plan already in place.

Ongoing INWO Investigations

There are currently 3 whistleblowing cases that have been referred to the INWO. One of the cases is currently being investigated by the INWO and we await feedback from their investigations and any report. In relation to the second case, a provisional report has been shared with the Board and we anticipate receiving the final report shortly which will then be published in due course. The third case is at an earlier stage and the INWO are currently reviewing the documentation that has been provided to them in relation to this case and will advise in due course whether they plan to proceed to an investigation or not.

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

There is no specific financial resource associated with this report.

2.3.4 Risk Assessment/Management

In respect of the implementation of the Standards, there is a risk that if the standards are not promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, there is an annual communication and training plan which is implemented over the course of the year. 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 progress only there are no implications for health inequalities or general equality and diversity issues arising from this report.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation
Not applicable

2.3.8 Route to the Meeting

This is not applicable as this is an update paper only.

2.4 Recommendation

- **Awareness** – The Board is asked to note the content of the attached Q1 Whistleblowing Performance Report 205/26 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 appendix is included with this report:

Appendix 1 – Q1 Whistleblowing Performance Report 2025/26

NHS
Lothian

Whistleblowing Performance Report

Quarter 1 April to 30 June 2025

Kerran Reeder
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns – Quarter 1 (April – June) 2025

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.

Q1 Performance Information April – June 2025

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.

Indicator 1 - Total number of concerns, and concerns by Stage

During Q1 2025/26 no 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 Q1 2025/26 compared with Q1 2024/25.

Chart 2 provides a breakdown of the number of concerns received at each stage of the whistleblowing process over the same period.

Chart 1
Total Number of Concerns (stage 1 and 2) quarter
Comparison Q1 24/25 with Q1 25/26

Chart 1: bar chart showing Stage 2 concerns. Q1 2024/25 = 1, Q1 2025/26 = 0. Y-axis labelled "Number" ranging 0 to 4.

Chart 2
Concerns received by stage by quarter
Comparison Q1 24/25 with Q1 25/26

Chart 2: bar chart showing Stage 2 concerns. Q1 2024/25 = 1, Q1 2025/26 = 0. Y-axis labelled "Number" ranging 0 to 4.
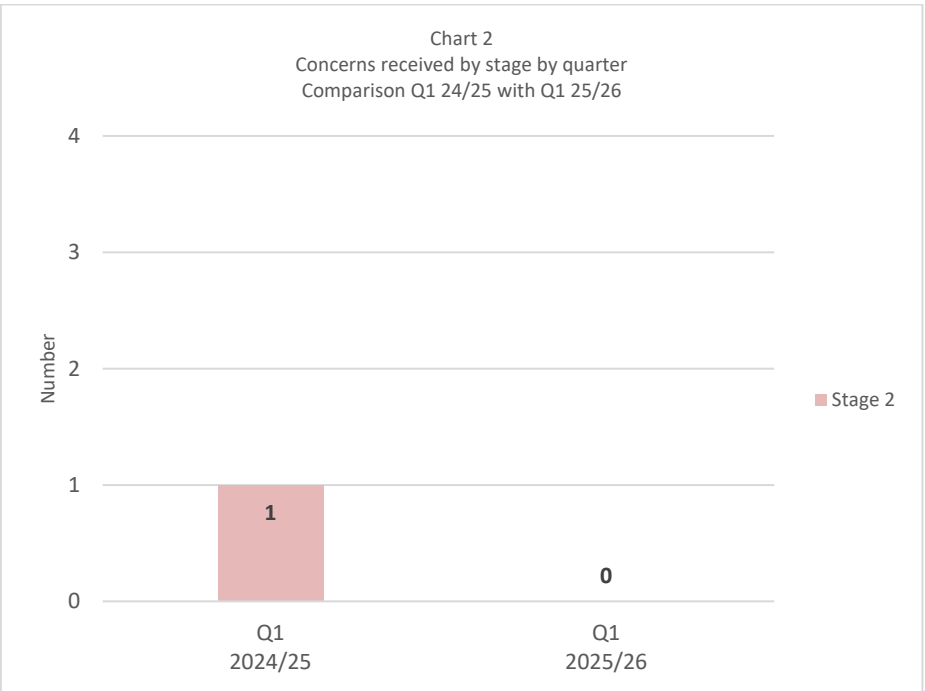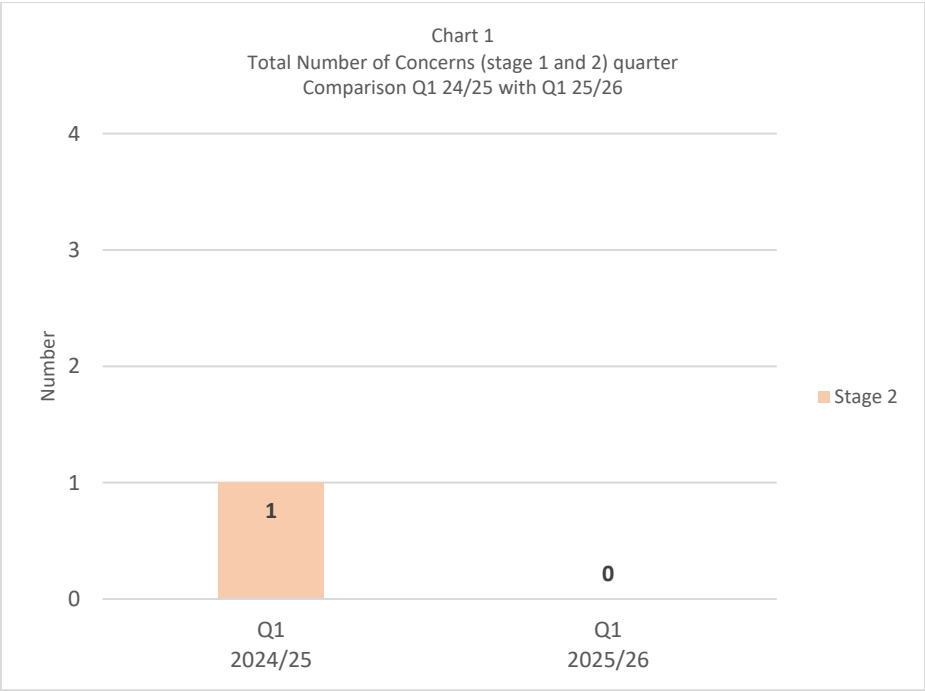
Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed.

During Q1, one stage 2 concern was closed, that was received in the previous reporting year.
Three Stage 2 concerns were closed in the same period of the previous year.
Chart 3 shows the quarterly comparisons.

Chart 3
Concerns closed at Stage 2 as % of all concerns closed
Comparison Q1 24/25 with Q1 25/26
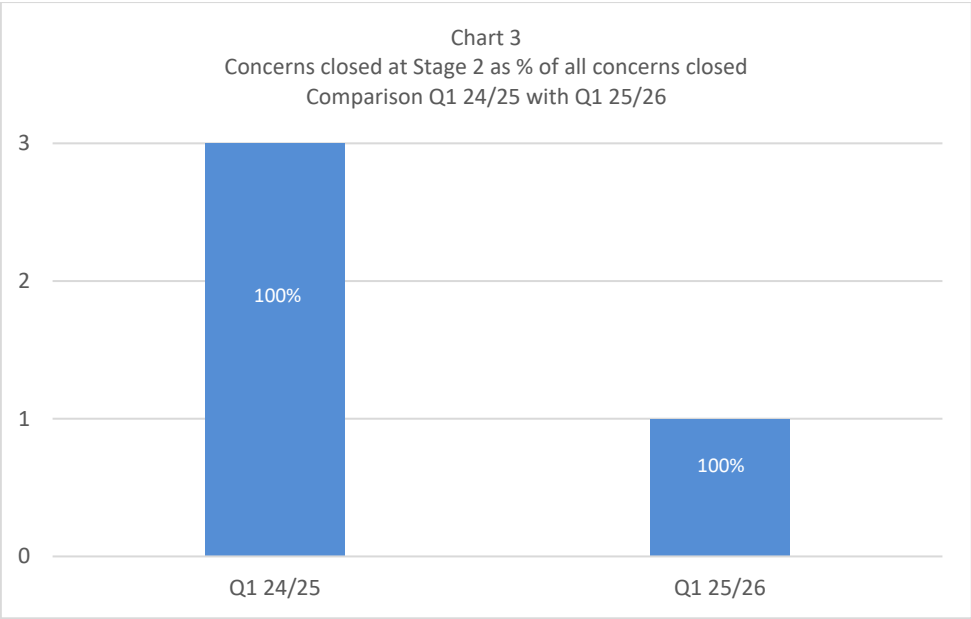
Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

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 Q1 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 concern that was closed during quarter 1, upheld. In comparison in the same quarter last year, three concerns were closed and partially upheld.

Chart 4
Concerns upheld, partially upheld , not upheld
Stage 2
Comparison Q1 24/25 with Q1 25/26
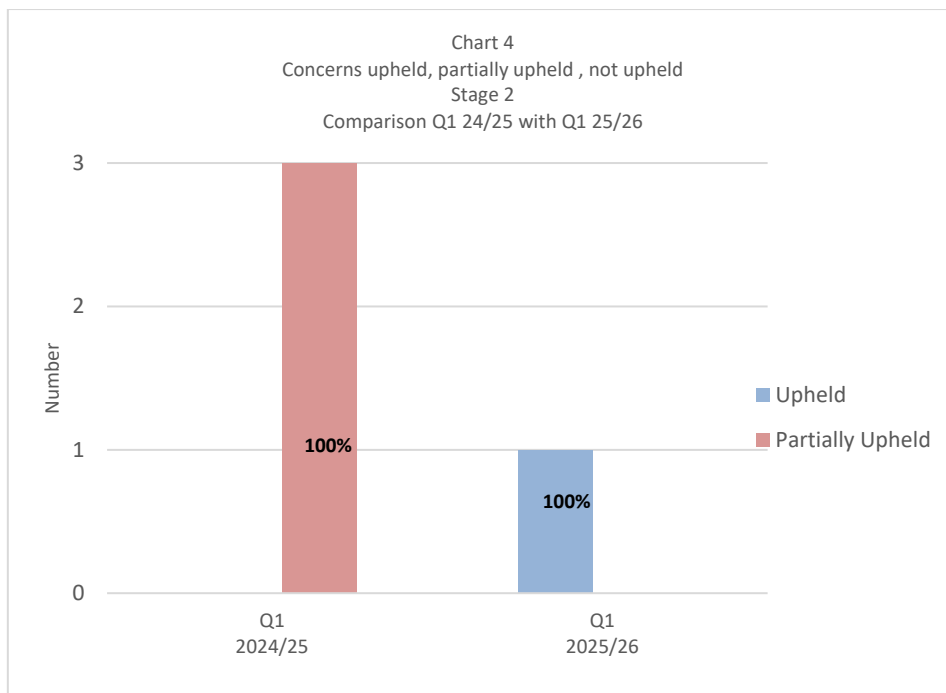
Indicator 4 - The average time in working days for a full response.

During this quarter one stage 2 concerns was closed, this compares with three stage 2 concerns being closed over the same period of the last reporting year.

No stage 1 concerns were closed during quarter 1 this reporting year.

Chart 5 below details the average number of working days to respond in full to concerns.
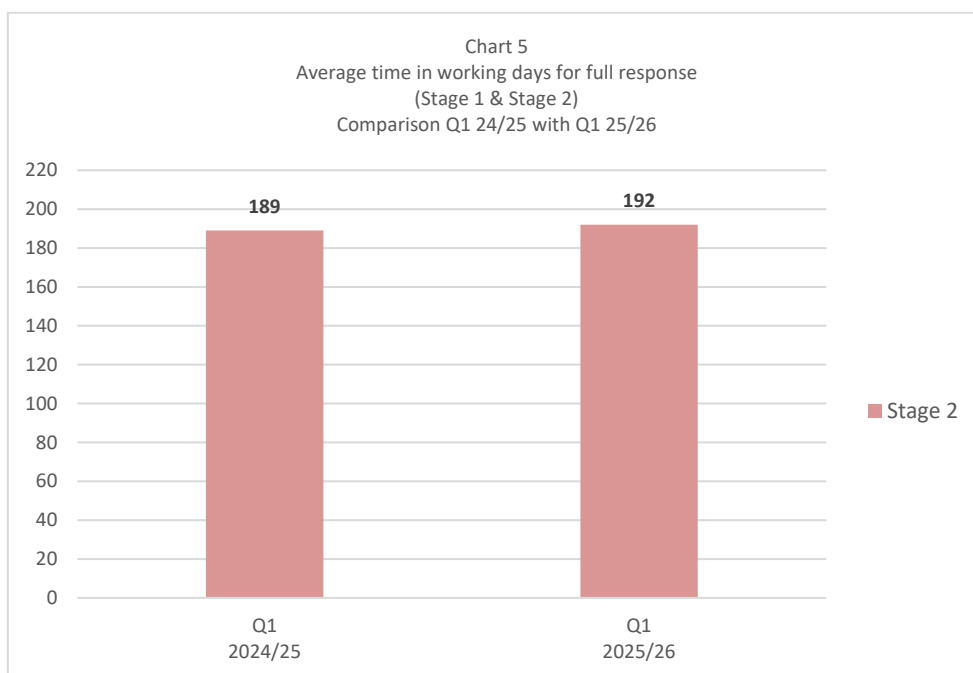
Chart 5
Average time in working days for full response
(Stage 1 & Stage 2)
Comparison Q1 24/25 with Q1 25/26

This is due to the complexity of cases received (all cases in the past year have been raised at Stage 2), the limited number of investigators available to support investigations due to other work priorities, and in some cases, the number of witnesses the investigators need to meet. There are also cases that carry higher volumes of data to be understood by the investigators. The greater the influence of these factors on an investigation the more significant the impact on the length of time it takes to complete an investigation.

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 110 returns were received for quarter 1, details are outlined below, this compares to a total of 112 returns over the same quarter last year.

Quarter 1 2025/26				
	No	%*	Stage 1	Stage 2
GP Practices	68	59%	0	0
Dental Practices	24	15%	0	0
Optometry Practices	16	14%	0	0
Community Pharmacies	1	1%	0	0

* 1 based on the current primary care contractor cohort as detailed below

No stage 1 or stage 2 concerns were received during this quarter in this or the last reporting year.

The figures for quarter 1 2024/25 are based on the current primary care contractor cohort of:

The figures above are based on the current primary care contractor cohort of:

- 116 GP practices including the challenging behaviour practice
- 174 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 Q1 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 Q1.

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. During Q1 one anonymous concern was received by the INWO which relates to an area where a whistleblowing concern had previously been raised. Assurance has been provided to the INWO that the concerns raised will be picked up through the Action Plan already in place.

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 now 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. Due to the time taken to investigate concerns, questionnaires are issued on an annual basis in June each year, and an update on the response(s) will be provided in the next performance report.

Those raising concerns at stage 2 are 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 or are being set up. 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, 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.

The chart below outlines the number of staff who have completed the online Turas training module 'Whistleblowing for Line Managers'. 11 members of Staff completed the module in Q1 this year which is a significant increase on Q1 last year where 5 colleagues completed the same module.

Turas Module Whistleblowing For Line Managers (Completed Module)

	Q1 24/25	Q1 25/26
Value	5	11
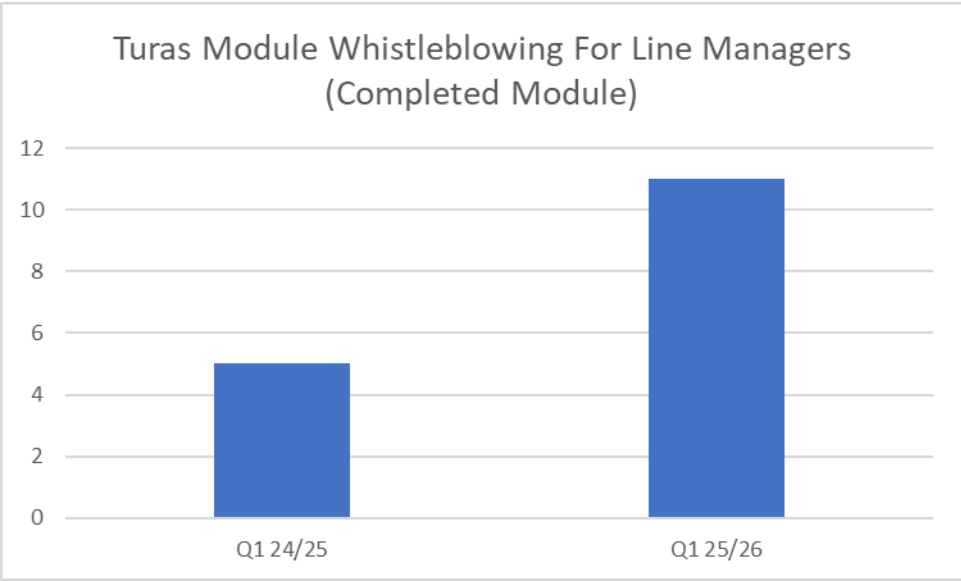
Whistleblowing and Speak Up

The stage 2 concern received this quarter was raised with a Speak 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 1 2024/25 and quarter 1 2025/26.

Theme*1	Q1 24/25	Q1 25/26
Patient Care / Patient Safety	1	0
Poor Practice	1	0
Unsafe Working Conditions	0	0
Fraud	0	0
Falsifying information about performance	1	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.

NHS Lothian

4.10

NHS Lothian

Meeting:	**NHS Lothian Board**
Meeting date:	**13 August 2025**
Title:	**Board Appointments – August 2025**
Responsible Executive:	**Board Chair**
Report Author:	**Darren Thompson, Board Secretary**

1   Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☐

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other – Board Business	☒

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

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

Board Appointments and Reappointments

The following non-executive appointments and reappointments have now been approved by Scottish Ministers and are reported for information:

- The extension of Martin Connor's appointment as a Non-Executive Member of the NHS Lothian Board, from 1 September to 31 December 2025.
- The appointment of Heather Campbell as a Non-Executive Member of the NHS Lothian Board, from 28 July 2025 (for a four-year term).
- The appointment of Ralph Roberts as a Non-Executive Member of the NHS Lothian Board, from 28 July 2025 (for a four-year term).

Further details on the Board's newly appointed non-executive members can be found here: https://www.gov.scot/publications/public-appointment-members-appointed-to-lothian-nhs-board-4/.

Board Committees

The following changes to membership of the Board's standing committees are presented for approval:

- Appointment of Ralph Roberts as an additional, sixth Non-Executive Member of the Finance & Resources Committee from 13 August 2025, and as the Non-Executive Chair of the Committee from 1 January 2026.

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 presented for the Board's approval:

- Appointment of Heather Campbell as a Voting Member of the Midlothian IJB, from 13 August 2025.

Pharmacy Practices Committee

The following reappointments to the membership of the Board's Pharmacy Practices Committee are presented for the Board's approval:

- Reappointment of Martin Connor as a co-Chair of the Pharmacy Practices Committee, from 1 September to 31 December 2025.

- Reappointment of Mike Ash as a Lay Member of the Pharmacy Practices Committee, from 13 August 2025 (for a final three-year term).

2.2 Background

Integration Joint Boards – Midlothian IJB

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.

Midlothian IJB has carried a single vacancy for a non-executive Voting Member since April 2025, caused by an unexpected delay in securing the ministerial approval required to make new appointments to the NHS Lothian Board. This vacancy is addressed by the recommendations in this paper.

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.

Reappointment decisions are sought for the members identified above in order to ensure the ongoing effective operation of the Committee.

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.

<u>Key Risks</u>

- A Committee, 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

- <u>Resource Implications</u> - This report contains proposals on the membership of Board committee and IJBs. Where members are new to committees or IJBs, 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 appointments and reappointments to Board committees and IJBs.

- Appointment of Ralph Roberts as an additional, sixth Non-Executive Member of the Finance & Resources Committee from 13 August 2025, and as the Non-Executive Chair of the Committee from 1 January 2026.
- Appointment of Heather Campbell as a Voting Member of the Midlothian IJB, from 13 August 2025.
- Reappointment of Martin Connor as a co-Chair of the Pharmacy Practices Committee, from 1 September to 31 December 2025.
- Reappointment of Mike Ash as a Lay Member of the Pharmacy Practices Committee, from 13 August 2025 (for a final three-year term).

3 List of appendices

- None.

NHS Lothian

NHS Lothian

Meeting:	**NHS Lothian Board**
Meeting date:	**13 August 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	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other [Priority Issues]	☒

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

Improving Population Health	☒	Scheduled Care	☒
Children & Young People	☒	Finance (revenue or capital)	☒
Mental Health, Illness & Wellbeing	☒	Workforce (supply or wellbeing)	☒
Primary Care	☒	Digital	☒
Unscheduled Care	☒	Environmental Sustainability	☒

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

1

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 – August 2025**

2

Chief Executive's Report
NHS Lothian Board Meeting, 13 August 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.

2. **Investigation Reports by the Scottish Public Services Ombudsman (SPSO)**

   I feel it is important for the Board to be aware of two SPSO investigation reports published in 2025 relating to complaints made about NHS Lothian. Both complaints related to the care of patients in an acute setting and the SPSO investigations have each highlighted failings in the level of care we provided to the patients concerned. The SPSO's investigation reports are publicly available:

   SPSO Report number 202307063 (published July 2025)
   SPSO Report number 2021111459 (published January 2025)

   We are understandably concerned when any complaint is received but even more so when it becomes necessary for the SPSO to investigate because we have not provided an adequate response or identified learning opportunities when given the opportunity to do so.

   I welcome the findings of these two reports and the opportunities they provide to learn from complaints. Appropriate actions in response to the recommendations are being developed. A paper is being prepared for the Healthcare Governance Committee to review at its next meeting in September, which will allow lessons from both reports to be fully considered, including the identification of any common themes or issues. This will provide assurance that the organisation is actively learning from complaints and that necessary improvements in the delivery of care have been identified and actioned.

3. **Mental Health Services**

   I am continuing to maintain our focus on improving and developing our mental health services in Lothian. As members will be aware, NHS Lothian remains on escalation for performance in Child and Adolescent Mental Health Services (CAMHS), which we will discuss further today. Please see agenda item 9 – CAMHS Performance Update.

4. **Women's Services**

   Work is continuing in women's services to improve patient safety, care and workplace culture.

   Extra support and oversight has been put in place, including in the neonatal department which is experiencing a rise in the number of patients and increase in acuity.

An Interim Midwifery Manager has been appointed to oversee the Labour Ward, Triage, Day Assessment and the Fetal Medicine services, while a pan-Lothian Induction of Labour coordinator has also been welcomed into post.

An organisational change process for staff is also underway to roll out a new improved hybrid midwifery model which was co-designed with staff.

Work to create the Culture Charter to improve support for staff is gathering pace with a number of workshops already completed in July. More Culture Renewal sessions will follow throughout August and are designed to help teams co-create initiatives that will make a real difference to their workplace culture.

Support is in place for the Women's Services SMT to progress what is a significant and complex programme of change.

5. Hospital Sterilisation and Decontamination Unit

I would like to acknowledge the significant contribution of colleagues working within the Hospital Sterilisation and Decontamination Unit (HSDU), particularly over the last few weeks. Recent challenges led to a significant backlog in cleaning, stocking and sterilising equipment trays for theatre, posing a potential risk to both our theatre activity and to patient safety. I am enormously grateful to the HSDU team for their phenomenal efforts to maintain standards, including travelling to Units within other Boards to process trays. I have invited colleagues from HSDU to join us to share more about recent events.

6. Board Development Session, October 2025

It is proposed to host a Board Development Session in early October. This will support members to discuss and shape the steps we need to take in reforming and transforming our health and care system as a strategic response to recent frameworks and plans published by the Scottish Government. The Vice Chair has already issued a call to non-executive board members, providing the chance to help design the programme and specific outcomes for this session.

Planning of the event will be led by the Directors of People & Culture, Transformation, Digital, Strategic Planning and Public Health. A date and diary invite will be issued to all board members as soon as this is confirmed.

7. "Meet the Chief Executive" events

Over the coming months, I will be visiting several of our main sites to meet with staff colleagues face-to-face, as part of our ongoing commitment to equality, diversity and inclusion. These walkarounds will be an opportunity for me to hear from staff directly, better appreciate the work they do every day and inform my understanding of current successes and challenges. I will be accompanied during these sessions by the relevant Site Director, a Wellbeing Lead and colleagues from our Equality & Human Rights Team. After the scheduled walkaround, I will also be available to staff for informal drop-in conversations, ensuring that all colleagues have an opportunity to come and speak to me if they wish to.

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8. **Equality Diversity and Inclusion Conference**

   NHS Lothian's 2025 Annual Equality, Diversity & Inclusion Conference took place on 26 June. This year's event, titled "NHS Lothian – Celebrating Diversity & Creating Change", featured a full day of engaging sessions. Topics included career progression for people from ethnic minorities, gender-inclusive healthcare, applying a gendered lens, transgender rights in the workplace, disability inclusion, and building an inclusive culture. The event welcomed around 100 attendees, representing a wide range of experiences and backgrounds — from senior management to individuals with lived experience of the issues discussed. Verbal feedback on the day was overwhelmingly positive.

   I am grateful to our guest speakers for their contributions to the day and to the NHS Lothian Charity for supporting the event, which made it possible to host a full day of workshops and inspiring speakers.

9. **Scran Academy Café at the RHCYP**

   On Tuesday July 15th, an Edinburgh-based social enterprise opened its exciting new youth empowerment café at the Royal Hospital for Children and Young People (RHCYP).

   Scran Academy is an Edinburgh youth work social enterprise on a mission to help young people realise their full potential in learning, work and life. Set within the Edinburgh children's hospital, the new Scran Café is a key milestone in its drive to open doors for young people in the region.

   Building on four successful years running a popular café at NHS Lothian's Comely Bank site, Scran Academy's new café at RHCYP will provide employment and support for dozens of young people across Lothian, giving them opportunities to gain hands-on experience, develop valuable skills, and grow in confidence within a supportive work environment. Initially employing six young people, the site will also provide a platform for hundreds of work placements and paid jobs.

   The bright youth-led space at Scran Café has been thoughtfully designed to offer a calm and comforting environment for both patients and their families navigating a hospital stay as well as colleagues taking a break from a busy shift.

10. **Princess Alexandra Eye Pavilion (PAEP) reopened**

    The PAEP fully reopened to patients on 25th June, with the return of services carefully managed over a number of weeks to ensure a smooth transition. All clinical Ophthalmology services that had to be relocated during the building's temporary closure have now returned and are available for patients. An extra benefit of the experience has been the decision to maintain an ongoing and additional service at the East Lothian Community Hospital to better serve our patients in that area. I am grateful to everyone who uses our services for their understanding while the building was temporarily closed.

11. Changes to Senior Management Roles

I was delighted to welcome Susan Webb as Director of Public Health and Health Policy last month. Susan previously held the role of Director of Public Health in NHS Grampian for almost seven years and is chair of the Scottish Directors of Public Health Network. As such, Susan brings a wealth of experience and expertise to Lothian, alongside a clear passion and drive to improve population health.

This month, Jillian Torrens joins us as Service Director for the Royal Edinburgh Hospital and Associated Services (REAS). Jillian brings over 15 years of experience across health and social care in a range of clinical and leadership roles, most recently as Head of Complex Care and Critical Services for NHS Fife.

12. Corporate Office Accommodation

Following a process of detailed engagement with Scottish Government, it was agreed in June that NES could extend its lease of Westport for a further 12 months, commencing at the end of July. By extension, this has enabled NHS Lothian HQ to remain in the building. This is positive for staff, as it avoids a rushed or temporary move elsewhere whilst future accommodation is sourced and also enables an appropriately considered approach to securing this accommodation.

An initial non-financial options appraisal of possible locations to move to from Westport, conducted in partnership, has identified a preferred option consistent with the previous Business Case that shaped the move from Waverley Gate to Westport. This is in keeping with the expectations of Ministers that public bodies will share accommodation when it is appropriate to do so.

We are now working to understand the financial aspects of this compared to the other different options that were appraised. Given the announcement that NES will, with NSS, form NHS Delivery from 1st April 2026, the NHS Lothian project team are working to complete the necessary move to enable a move within this financial year. That is subject to the degree of capital work that may be required to enable a new office environment to meet organisational needs. These are being further validated through staff surveys and space utilisation data. It is expected that a refreshed OBC will be put to CMT in early October.

13. Celebrating Success Awards

I am delighted to share that we have received a record number of nominations for our 2025 Celebrating Success Awards from staff across Lothian, recognising their colleagues who go the extra mile, and from members of the public who wanted to show their appreciation for the care and support they, or their loved ones, have received. The judging panel had a really difficult job to decide just three shortlisted finalists for each award, but after much deliberation, they have reached their decision. The shortlist for each award is now available on our website.

14. Benedetti plays RHCYP June

We were delighted to welcome world renowned violinist Nicola Benedetti to the Royal Hospital for Children and Young People in June. Ms Benedetti, who is the festival Director, performed for patients, families and hospital staff who are unable to attend the Festival.

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NHS Lothian

Meeting:		**NHS Lothian Board**
Meeting date:		**13 August 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	☐	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☒
Legal requirement	☐	Other	☐

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

Improving Population Health	☒	Scheduled Care	☒
Children & Young People	☒	Finance (revenue or capital)	☒
Mental Health, Illness & Wellbeing	☒	Workforce (supply or wellbeing)	☒
Primary Care	☒	Digital	☒
Unscheduled Care	☒	Environmental Sustainability	☐

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

Safe	☐	Effective	☒
Person-Centred	☐		

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 – March 2025	On Track – Q1 2025/26
Scheduled Care Inpatients/Day cases	Not Met – March 2025	On Track – Q1 2025/26
8 Key Diagnostic Tests - Endoscopy	N/A	On Track – Q1 2025/26
8 Key Diagnostic Tests - Radiology	N/A	On Track – Q1 2025/26
31-Day Cancer Performance	Not Met – May 2025	On Track – Q1 2025/26
62-Day Cancer Performance	Not Met – May 2025	Off Plan – Q1 2025/26
Accident and Emergency 4 Hour Performance	Not Met – May 2025	On Track – June 2025
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – March 2025	N/A
Early Access to Antenatal Services	Met – March 2025	N/A
Primary Care *General Practice Activity Measures*	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – March 2025	On Track – June 2025
CAMHS Waiting Times Performance	Not Met – March 2025	Off Plan – June 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 the financial year 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 2025/26** (ADP) and the quantitative indicators from this plan will be reported against at each Board meeting until June 2026.

Focusing on the short term, the **NHS Scotland Operational Improvement Plan**[2] details specific commitments for NHS Scotland that build on the wider delivery plans of Scotland's health boards. The plan focuses on four main areas:

- Improving access to treatment
- Shifting the balance of care from hospitals to primary care
- Improving access to health and social care services through digital and technological innovation
- Working with people to prevent illness and more proactively meet their needs.

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.

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[1] Item-6-Appendix-2-25-26-NHS-Board-Delivery-Plan-Guidance.pdf
[2] NHS Scotland Operational Improvement Plan

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**[3] 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.

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.

To ensure greater consistency in reporting of A&E performance across Scotland, the Scottish Government, in conjunction with Public Health Scotland (PHS) have now reviewed which patients and pathways should be included within the 4 Hour Emergency Access Standard (EAS) based on new models of care and service delivery. Further detail on the recommendations from the Expert Working Group was published in October 2024[4].

Following these recommendations, the revised EAS has been reflected in all PHS A&E statistics snice Tuesday 4th February 2025. Please note, all PHS publications have now been updated to include the revised definitions from prior to the above date to ensure consistency and transparency when viewing. NHS Lothian have adopted the same principles. Further information on the predicted impact on performance statistics was also published by PHS in October 2024[5].

Discussions are ongoing with LAS and PHS regarding the reporting of Endoscopy and Radiology indicators to ensure NHS Lothian are in full alignment to the national publication reporting.

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.

2.3.2   Workforce

The most recent workforce report is available from Staff Governance Committee in May 2025 (using data from March 2025).

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[3] https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/
[4] Four Hour Emergency Access Standard: Expert Working Group Recommendations Report
[5] Changes to the Four Hour Emergency Access Standard (EAS)

2.3.3 Financial

NHS Lothian has now received Scottish Government's final decision on funding allocation for 2025/26 with regards to both Scheduled Care and Unscheduled Care. Scheduled Care trajectories have now been finalised based on these decisions and submitted to Scottish Government for sign off. Trajectories used within this report may be subject to change following allocation of any additional funding.

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.

- CMT members on the 08 April 2025.
- SPPC members on the 21st May 2025.

Improvement trajectories for Scheduled Care performance have been developed and submitted to Scottish Government. These will be subject to a detailed briefing and discussion at the next SPPC session.

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 2025/26

NHS LOTHIAN BOARD PERFORMANCE SUMMARY

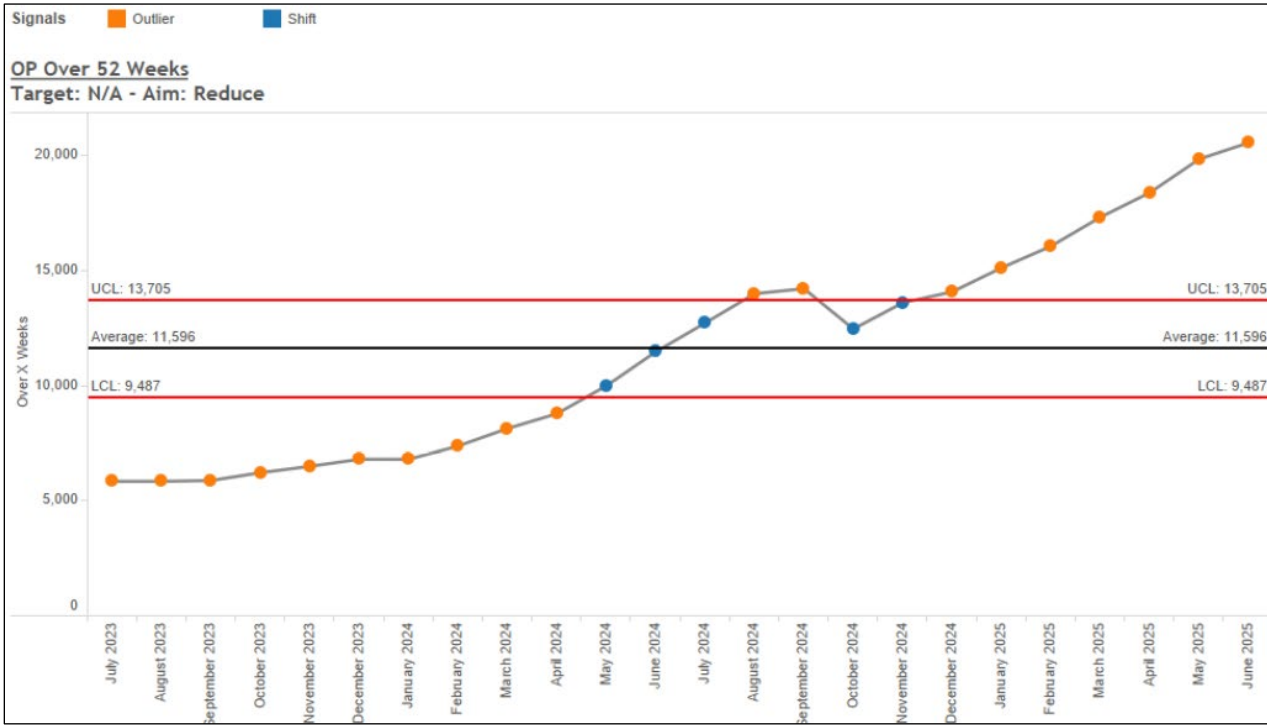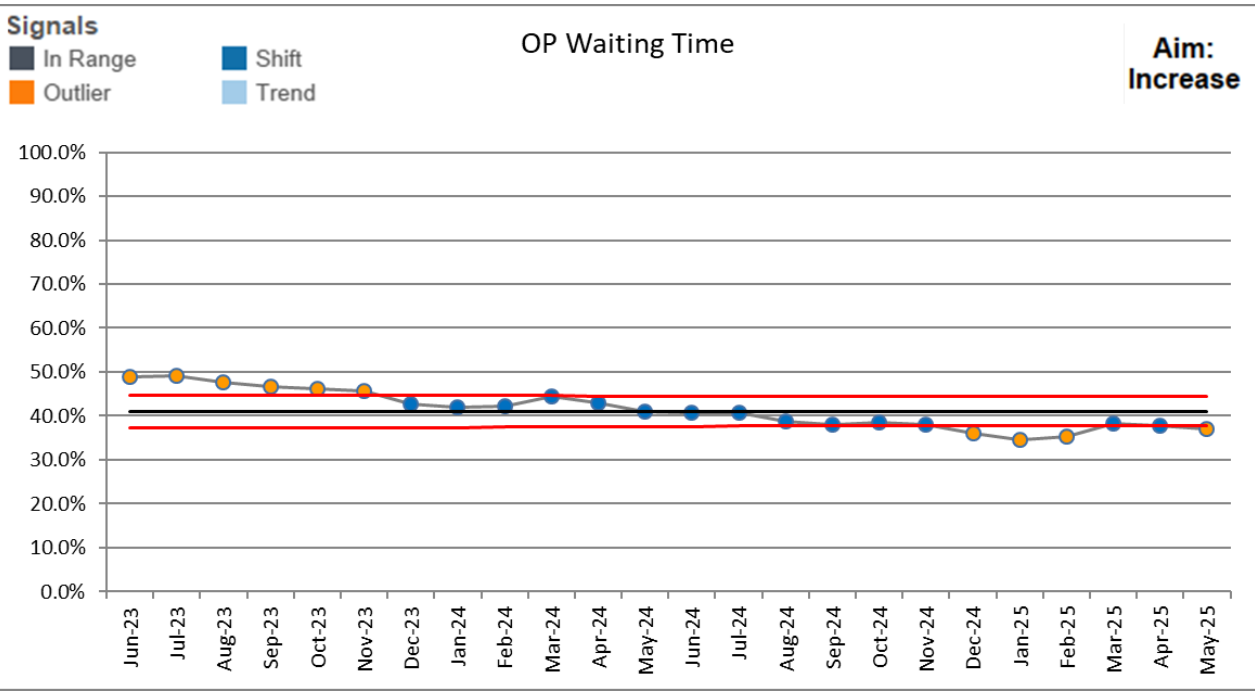August 2025/26

Overview of 2025/26 NHS Lothian Board Indicators

ADP Planning Priority	Indicator	Rationale for Inclusion	Linked to Corporate Risk	Performance vs ADP/Local Trajectory			National Performance	
				Latest Actual	ADP/Local Trajectory	Assurance for Delivery Against Standard/Trajectory by end of 2025/26	NHS Scotland Latest Published Performance	National Target/ Standard
Planned Care	12 Weeks 1st Outpatient Appointment	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	36.9% (May25)	N/A	Limited	41.4% (March25)	95%
	Outpatient >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	20,618 (June25)	22688 (Q1 25/26)	Limited	63,406 (March25)	N/A
	Treatment Time Guarantee (TTG)	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	54.4% (May25)	N/A	Limited	56.7% (March25)	100%
	TTG >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	5,196 (June25)	6,089 (Q1 25/26)	Limited	38,702 (March25)	N/A
	Diagnostic Tests – Endoscopy Waits >6 Weeks	Annual Delivery Plan (ADP) Measure Scottish Government Focus	5185 – Access to Treatment	5,784 (June25)	N/A	Limited	N/A	N/A
	Diagnostic Tests – Radiology Waits >6 Weeks	Annual Delivery Plan (ADP) Measure Scottish Government Focus	5185 – Access to Treatment	10,815 (June25)	N/A	Limited	N/A	N/A
Urgent and Unscheduled Care	Accident and Emergency Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure Scottish Government Focus	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	74.1% (June25)	N/A	Limited	71.9% (May25)	95%
	Delayed Discharges	Annual Delivery Plan (ADP) Measure	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	199 (June25)	N/A	Limited	N/A	N/A
Cancer Care	31 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	94.2% (May25)	94.0% (Q1 25/26)	Moderate	94.1% (May25)	95%
	62 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	66.7% (May25)	80.0% (Q1 25/26)	Limited	68.9% (May25)	95%
Mental Health	Psychological Therapies Waiting Times	Local Delivery Plan (LDP) Standard	-	79.4% (June25)	77.9% (March26)	Moderate	81.3% (March25)	90%
	CAMHS Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	61.0% (June25)	77.7% (March26)	Limited	94.1% (March25)	90%
Primary and Community Care	Primary Care	Annual Delivery Plan (ADP) Measure	-	See slide for breakdown				
Women and Children's Health	IVF Waiting Times	Local Delivery Plan (LDP) Standard	-	100% (May25)	N/A	Significant	100% (March25)	90%
	Early Access to Antenatal Services	Local Delivery Plan (LDP) Standard	-	85.6% SIMD1 94.0% SIMD5	N/A	Significant		80%
Population Health and Reducing Health Inequalities	Smoking Cessation	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	163/295	295	Limited	N/A	295/295

Planned Care – New Outpatients

Responsible Director(s):	Chief of Acute Services	Reporting Period:	June 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

12 Weeks 1st Outpatient Appointment - *LDP Standard*	Outpatient Waiting List Size >52 Weeks

OP Waiting Time — Aim: Increase

Signals: In Range, Outlier, Shift, Trend

OP Over 52 Weeks
Target: N/A - Aim: Reduce

Signals: Outlier, Shift

UCL: 13,705
Average: 11,596
LCL: 9,487

Planned Care – New Outpatients

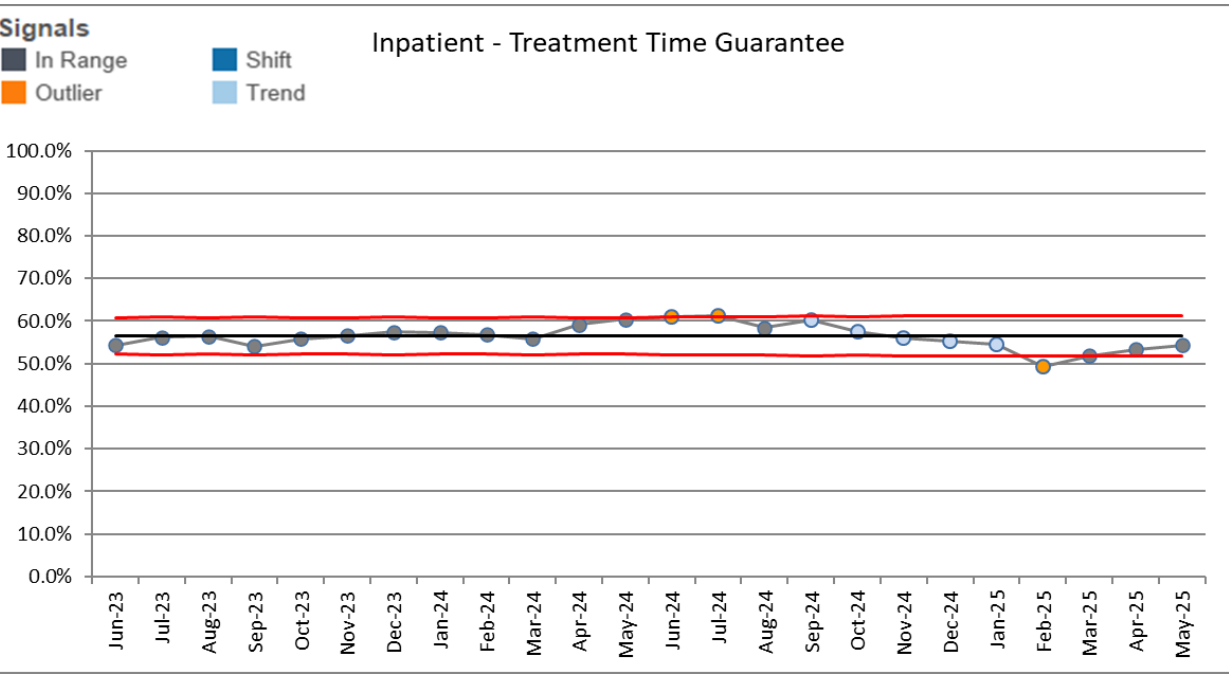| Responsible Director(s):	Chief of Acute Services		Reporting Period:	June 2025
Data Source:	PHS and Internal Management		Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

KPI *Data downloaded and reviewed on 23rd July 2025	Latest Performance (June 2025)	Trajectory (Q1 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (March 2025)
Total List Size	97,120	N/A	N/A	N/A
Waits > 52 weeks	20,618	22,688	15,601	N/A
Waits > 78 weeks	8,396	N/A	N/A	N/A
Waits > 104 weeks	2,852	N/A	N/A	N/A
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). (Waits <12 weeks at month end)	36.9% (May 2025)	N/A	N/A	41.4% Scottish Average

Summary	Actions	Assurance
In June 2025, 52-week performance was 2,070 better than trajectory. Activity delivered was c3.8% higher than planned and on plan for the year to date. Additions to the waiting list were also slightly lower than predicted (2.4%). In July 2025, a further non–recurring funding of £10m was approved by Scottish Government to deliver additional activity across 2025/26 and Outpatient trajectories will be updated to reflect the revised end of March 2026 position (currently 9,110 Outpatients waiting over 52 weeks). This revision will include achievement of zero patients waiting over 52 weeks by the end of March 2026 for a Dermatology new Outpatient appointment.	• Weekly and monthly Access meetings are in place to review the delivery of core and additional planned activity, identify mitigating actions where there is any deviation from trajectory, and maximise all productivity and efficiency measures. • All Outpatients waiting over 26 weeks have been validated. A rolling programme is now in place to review all patients as they reach 26 weeks. • High Impact Lists (HILs) are progressing with further lists planned, specifically targeting additional capacity to address the long waiting patients in key specialties. To date 1436 Outpatients have been seen via HILs. • Clinical validation work is underway in specialties with focused 'clinics' already planned in Colorectal, Plastics & Endoscopy. • KPIs are in place for the Outpatient Delivery Group with stretch targets for services in areas such as reducing DNAs. • In June 2025, a scoping exercise was undertaken to identify potential availability from local external providers to support delivery of additional activity and improve long wait trajectories should additional funding be made available. • Recruitment is ongoing for the additional posts supported by the newly received recurring funding. • Work is currently underway with NECU Dermatology to establish the photo triaging/validation pathway. Image clinics commenced on the 23rd June with over c300 patient images captured to date.	Limited

Planned Care – New TTG

Responsible Director(s):	Chief of Acute Services		Reporting Period:	June 2025
Data Source:	PHS and Internal Management		Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

12 Weeks 1st TTG Appointment - *LDP Standard*	TTG Waiting List Size >52 Weeks

Planned Care – New TTG

NHS Lothian

Responsible Director(s):	Chief of Acute Services		Reporting Period:	June 2025
Data Source:	PHS and Internal Management		Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

KPI *Data downloaded and reviewed on 23rd July 2025	Latest Performance (June 2025)	Trajectory (Q1 25/26)	Trajectory Forecast (March 2026)	National Benchmarking (March 2025)
Total List Size	22,756	N/A	N/A	N/A
Waits > 52 weeks	5,196	6,089	3,830	N/A
Waits > 78 weeks	1,846	N/A	N/A	N/A
Waits > 104 weeks	429	N/A	N/A	N/A
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)	54.4% (May 2025)	N/A	N/A	56.7% Scotland Average

Summary	Actions	Assurance
In June 2025, 52-week performance was 893 better than trajectory. Activity delivered was c7.4% higher than planned and on plan for the year to date. Additions to the waiting list where 2.6% lower than predicted. In July 2025, a further non–recurring funding of £10m was approved by Scottish Government to deliver additional activity across 2025/26 and Inpatient trajectories will be updated to reflect the revised end of March 2026 position (currently 3,776 Inpatients waiting over 52 weeks).	• Weekly and monthly Access meetings are in place to review the delivery of core and additional planned activity, identify mitigating actions where there is any deviation from trajectory, and maximise all productivity and efficiency measures. • All available capacity at Golden Jubilee and Fife NTC is being maximised with good uptake and this is closely reviewed at weekly and monthly performance meetings. • Additional capacity using High Impact Lists (HILs) continues to specifically address long waiting patients in key specialties. To date 21 HILs have been completed and a further 16 are confirmed for General Surgery, Urology, Colorectal, OMFS, Plastics and Gynaecology. • Infix eScheduling roll-out is progressing with 9 specialties now live and all remaining are set up ready for transfer. • Recruitment is progressing for the additional posts supported by the newly received recurring funding. • In June 2025, a scoping exercise was undertaken to identify potential availability from local external providers to support delivery of additional activity and improve long wait trajectories should additional funding be made available.	Limited

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Planned Care – Diagnostics (Endoscopy)

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**June 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 - Access to Treatment - Very High

Diagnostics (Endoscopy) Waiting Over 6 Weeks - *ADP Measure*

KPI *Data downloaded and reviewed on 23rd July 2025*	Latest Performance (June 2025)	Trajectory (Q1 2025/26)	Trajectory Forecast (March 2026)
Total List Size	7,852	N/A	N/A
Waits > 6 weeks	5,784	4,707	2,234
Waits > 26 weeks	3,854	N/A	N/A
Waits > 52 weeks	1,890	N/A	N/A
Percentage of waits within 6 weeks	26.3%	N/A	N/A

Summary	Actions	Assurance
The number of patients waiting over 6 weeks at the end of June 2025 exceeds the Q1 trajectory. A high number of referrals (68%) are triaged as USoC and Urgent, which is a key driver of the long wait position, though the service remains ahead of projection for activity delivered. The long wait position is pressured for both new and surveillance patients. As of June 2025, there is a surveillance backlog of 4028 patient, of which 1449 patients are deemed High Risk.	NHS Lothian will receive up to £2,835,483 non-recurring funding to deliver an additional 2,691 scopes in 2025/26, following receipt of formal confirmation of funding from Scottish Government. Trajectories have been revised following this allocation and predict 2,234 patients will be waiting over 6 weeks at the end of March 2026. Additionality will be targeted to fund insourced provision for the longest waiting patients (due to commence on 7th August 2025), up to 13 High Impact Lists per month, and recruitment of a nurse specialist to expand the Oesophageal Sponge pathway. High Impact List uptake is in line with plan. Due to Cancer pathway pressures, activity is being streamed towards USoC patients and Bowel Screening. Additional non-recurring funding is being sought to support development Of the Colorectal Optimal Pathway work. 2 Clinical Nurse Specialists are now in post for Endoscopy pre-assessment (14/7/25), impact will be anticipated over the next few months. The Oesophageal Sponge Urgent waiting list is anticipated to be within the 6 weeks target by March 2026. Uncertainty remains over the sustainability of the Nurse Endoscopist service, as funding allocation has been for short-term, non-recurring solutions. Advertising for 2 Trainee Nurse Endoscopists is underway.	Limited

Planned Care – Diagnostics (Radiology)

Responsible Director(s):	Chief of Acute Services		Reporting Period:	June 2025
Data Source:	PHS and Internal Management		Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

Diagnostics (Radiology) Waiting Over 6 Weeks - *ADP Measure*

KPI *Data downloaded and reviewed on 23rd July 2025	Latest Performance (June 2025)	Trajectory (Q1 2025/26)	Trajectory Forecast (March 2026)
Total List Size	21,277	N/A	N/A
Waits > 6 weeks	10,815	12,786	0
Waits > 26 weeks	1,970	N/A	N/A
Waits > 52 weeks	160	N/A	N/A
Percentage waits within 6 weeks	49.1%	N/A	N/A

Summary	Actions	Assurance
The number of patients waiting over 6 weeks at the end of Quarter 1 was ahead of trajectory – closing position for Q1 was 10,815 against planned trajectory of 12,786. The long wait position across modalities continues to be challenging, with the end of June 2025 over 6-week position (10, 815) broken down as follows: • CT: 2,344 patients waiting >6 weeks, 1,206 ahead of trajectory. • MR: 5414 patients waiting >6 weeks, 440 ahead of trajectory. • US: 3054 patients waiting >6 weeks, 323 ahead of trajectory. • Barium: <5 patients waiting >6 weeks, 2 ahead of trajectory.	Patients continue to be booked in accordance with clinical priority (USoC, Urgent, IP and ED) with additional attention to specific scan types within the long wait categories. Mobile MR unit is in situ on the WGH site providing capacity: 6 days per week, 12 hours per day to target the longest waiting patients. Continued use of the mobile MR unit is provided through the national imaging plan for 15 days per month at MCH. An additional 15 days per month for 4 months has been requested from August 1st 2025. Recruitment of staff to provide rota growth in MR and CT is underway with additional appointments planned from the end of July 2025. Procurement is complete for the provision of external CT capacity of 2285 scans. The contract has been awarded and will begin on the 1st August 2025 with first appointments offered to patients waiting over 52-weeks. Processes are in place to ensure capacity across all sites is utilised regardless of referral location. External capacity for cardiac scanning has been requested (130 MR and 28 CT) to support with over 26-week waits. Providing all additional capacity noted above is successfully delivered, all >52-week waits will be seen within Quarter 2 of 2025/26.	Limited

Urgent & Unscheduled Care – Accident and Emergency Waiting Times

Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	June 2025
Data Source:	PHS and Internal Management	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 Waiting Times – *LDP Standard*

KPI *Data downloaded and reviewed on 23rd July 2025	Latest Performance (June 2025)	Trajectory (June 2025)	Trajectory Forecast ( )	National Benchmarking (May 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)	74.1%	N/A	N/A	71.9% Scottish Average
RHCYP	91.7%	N/A	N/A	N/A
RIE	72.6%	79%	N/A	N/A
SJH	67.3%	N/A	N/A	N/A
WGH	67.6%	N/A	N/A	N/A

Urgent & Unscheduled Care – Accident and Emergency Waiting Times

NHS Lothian

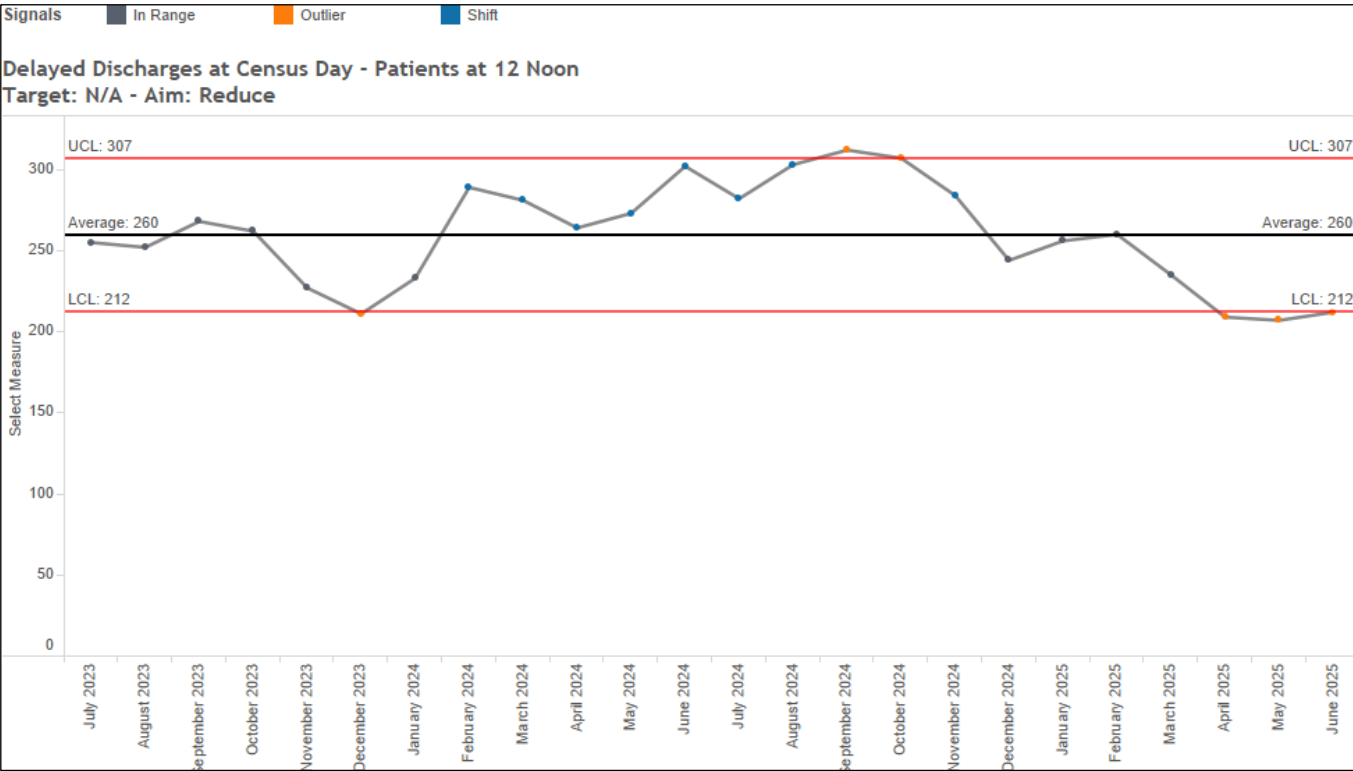| Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	June 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Accident and Emergency Waiting Times – *LDP Standard*

Summary	Actions	Assurance

• NHS Lothian performance for June 2025 - 74.1%. Data below compares the average 2024 NHSL performance to June 2025:
  ✓ 4-Hour performance has increased by 11 points.
  ✓ 12-Hour breaches have reduced by 71%.
  ✓ 8-Hour breaches have reduced by 56%.
  ✓ The time to first assessment in ED has reduced by 23%.
• RIE performance for June - 72.6%
  ✓ RIE data shows clear downward trends for long waits (8hr & 12hr breaches) and assessment delays, with a visible boost in 4hr performance.
  ✓ The June 2025 target of 79% was exceeded on 12 individual days within the month.
	3 broad priorities remain within NHSL unscheduled care focus:
	• 1. Reduce ED attendances
	• 2. Reduce LoS
	• 3. Reduce Admissions
	
	Implementation of the in-Reach model has enabled an increase in use of alternative pathways to ED attendance of 5% (June 2025 figure compared to average 2024 performance). In patient terms this is equivalent to an increase of 31 patients from ED each week. This equates to 98 bed days saved per week.
	
	Utilisation of the Frailty LES and the Enhanced ED Frailty Model has resulted in a decrease of total bed days of patients over the age of 75 by 13% (June 2025 figure compared to average 2024 performance).
	
	Continued use of Ambulatory care, SDEC, DVT clinics, and Hospital @ Home pathways are helping to avoid unnecessary admissions. Primary Care referrals to alternative pathways exceeded the internal 20% target for June 2025: 27.6% of urgent care referrals moved to an alternative pathway.
	
	Strengthening Primary Care ability to proactively manage frail patients in community, reducing reliance on hospital bed-based care by end of Quarter 2 2025/26.
	
	Enabling a shift in the balance of care, particularly around assessment and provision of rehabilitation support, from the acute hospital setting to the patient's home by end of Quarter 2 2025/26.
	
	In response to the Scottish Government's 19th February 2025 funding call, NHS Lothian submitted a £15M transformation proposal on 5th March. NHS Lothian was ultimately awarded £1.1M in July 2025, specifically for Hospital @ Home, falling far short of the funding required for the next stage of whole system focus and transformation.
		Limited
		
		10

Urgent & Unscheduled Care – Delayed Discharges

Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	Reporting Period:	June 2025
Data Source:	PHS and Internal Management	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 – *ADP Measure*

KPI *Data downloaded and reviewed on 23rd July 2025	Latest Performance (June 2025)	Trajectory ()	National Benchmarking ()
Total Delayed Discharges (Lothian)	199	N/A	N/A
Delays at monthly census point per 100,000 18+ East Lothian HSCP	24.6		N/A
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	25.5	34.6 total delays per 100,000 adults	N/A
Delays at monthly census point per 100,000 18+ Midlothian HSCP	25.4		N/A
Delays at monthly census point per 100,000 18+ West Lothian HSCP	27.1		N/A

Signals — In Range — Outlier — Shift

Delayed Discharges at Census Day - Patients at 12 Noon
Target: N/A - Aim: Reduce

UCL: 307
Average: 260
LCL: 212

11

Urgent & Unscheduled Care – Delayed Discharges

NHS Lothian

| **Responsible Director(s):**	Chief of Acute Services Unscheduled Care Programme Director	**Reporting Period:**	June 2025
Data Source:	PHS and Internal Management	**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 – *ADP Measure*

Summary	Actions	Assurance
HSCPs in Lothian now "outliers" with low levels of delays and now flagging as "significantly" lower than Scotland average. Occupied Bed Days associated with delays have remained on a downward trend since the beginning of 2025 providing assurance that the implementation of unscheduled care actions have been successful in improving hospital flow. Compared to June 2024, bed days across HSCPs have decreased with a breakdown below: ✓ East Lothian HSCP decreased by 3%. ✓ Edinburgh HSCP decreased by 5%. ✓ Midlothian HSCP decreased by 5%. ✓ West Lothian HSCP decreased by 7%. Challenges remain across all HSCPs with vacancies and high sickness absence in Home Care are impacting package of care availability and lack of access to Long Term Care (LTC).	In response to the Scottish Government's 19th February 2025 funding call, NHS Lothian submitted a £15M transformation proposal on 5th March. NHS Lothian was ultimately awarded £1.1M in July 2025, specifically for Hospital @ Home, falling far short of the funding required for the next stage of whole system focus and transformation. To date HSCPs have successfully decreased the number of inpatients in Acute settings by increased use of Care @ Home and enhancing the capacity of HSCP services. Ongoing actions include: • The development of enhanced in-Reach models of care for Nursing, MDT and D2A teams. • Weekly review processes to seek alternative pathways, downstream flow actions to reduce LoS in community hospitals. • In Midlothian HSCP, a British Red Cross (BRC) pathway is in place to support discharge from hospital via the third sector. • Edinburgh HSCP continue to test the impact of new/enhanced in reach services for Nursing, MDT and D2A teams during with 2 further Day of Care Audits in July 2025 to continue to understand challenges preventing discharge. • Edinburgh HSCP continue to progress enhanced rehabilitation services aiming for a soft launch by early September 2025. • In East Lothian, the ICAT team have received increased investment to support acute hospital flow across 7 days. D2A capacity is increasing with unscheduled care monies and successful recruitment. Work continues with SPoC to support a single discharge pathway and progress to a single point of access. • East Lothian HSCP continue to work with acute colleagues on optimising the LoS in the acute and ELCH wards. Significant improvement on Care at Home waits has been supported by unscheduled care monies. • West Lothian continue to progress a revised model of MDT working in the community across the two West Lothian localities (East and West) with teams co-located and based on GIRFE principles.	Limited

12

Cancer Care – 31 Day Cancer Waiting Times

	Responsible Director(s):	Chief of Acute Services		Reporting Period:	May 2025
	Data Source:	PHS and Internal Management		Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

31 Day Cancer Waiting Times – *LDP Standard*
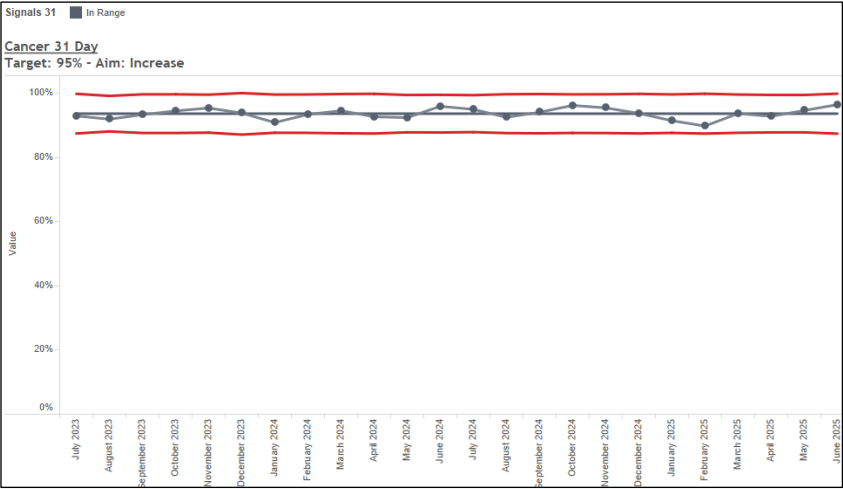
KPI	Latest Performance (May 2025)	Trajectory (Q1 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (May 2025)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	94.2%	94.0%	94.7%	94.1% Scottish Average
Median 31-Day Wait	7	N/A	N/A	N/A
95th Percentile 31-Day Wait	90	N/A	N/A	N/A

Summary	Actions	Assurance
NHS Lothian's performance against the 31-day target in May 2025 was 94.2%, which was above the NHS Lothian trajectory for Quarter 1 (94.0%) however below the Scotland average for May 2025 of 94.4%. Of the 12 cancer types, 10 met the 95% standard, 10 met the cancer-specific trajectory and 8 met or exceeded the national average performance. The main drivers for not meeting trajectory included: • The clearance of the robotic assisted radical prostatectomy (RARP) backlog with more breached patients currently being treated. • Delays in Breast and Colorectal surgery • Delays to Radio-Frequency Ablation (RFA) in Upper GI.	The Urology service is focusing on clearing the outstanding RARP backlog of complex patients. Non-complex cases are being booked within 4-8 weeks, with several patients now being seen within the 31-day standard. There has been a notable reduction in 31-day breaches (7 Prostate breaches for May 2025 compared to 16 in April 2025). This has been driven by the additional lists that have been run with NHS GGC Surgeons and training of NHS Lothian Consultants. RARP remains the biggest cause of 31-day breaches therefore this focus will contribute directly to overall performance. There is ongoing work to reduce wait for RFA in Upper GI through additional ad-hoc theatre lists where possible.	Moderate

13

Cancer Care – 62 Day Cancer Waiting Times

NHS Lothian

Responsible Director(s):	Chief of Acute Services		Reporting Period:	**May 2025**
Data Source:	PHS and Internal Management		Linked Corporate Risk(s):	ID 5185 - Access to Treatment - Very High

62 Day Cancer Waiting Times – *LDP Standard*
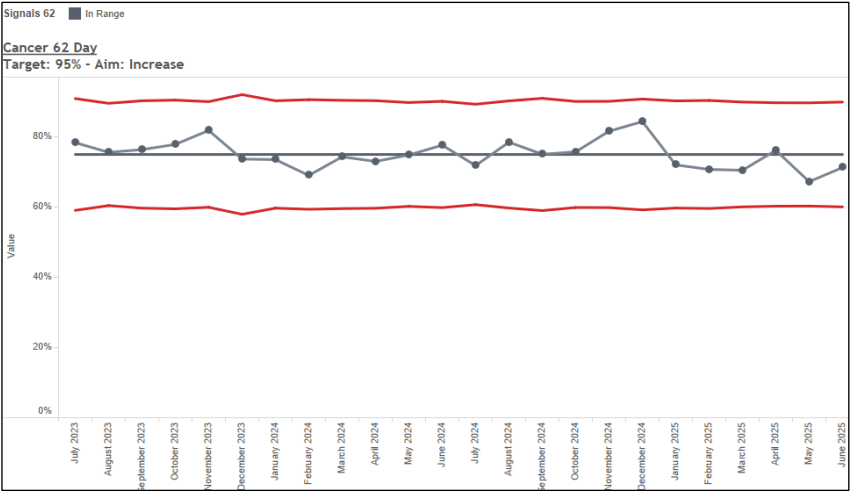
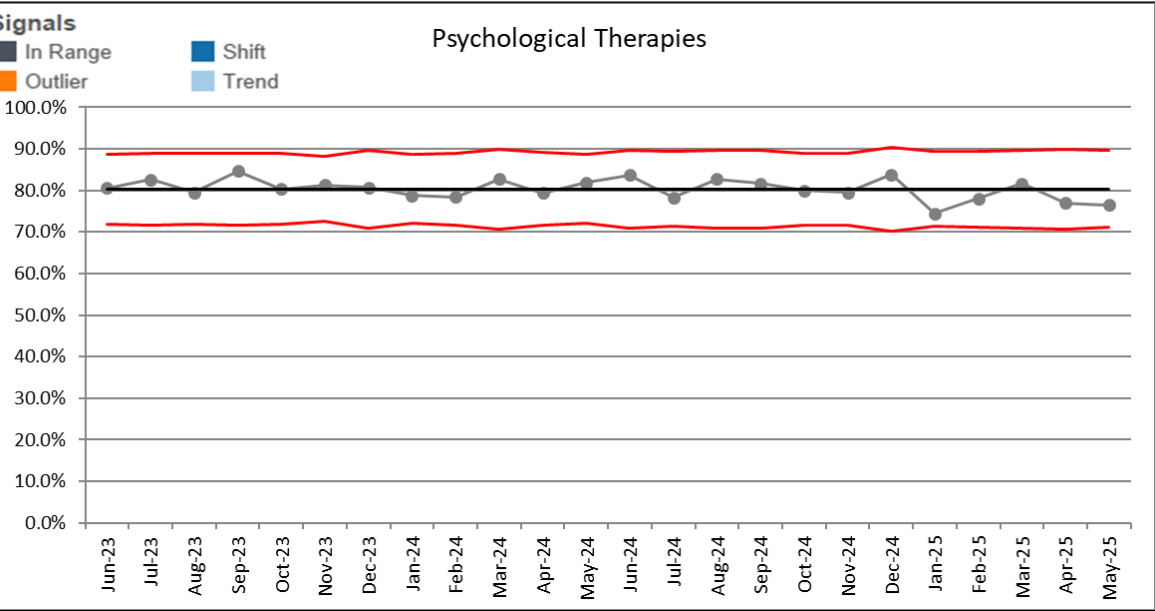| KPI	Latest Performance (May 2025)	Trajectory (Q1 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (May 2025)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	66.7%	80%	89.4%	68.9% Scottish Average
Median 62-Day Wait	52	N/A	N/A	N/A
95th Percentile 62-Day Wait	201	N/A	N/A	N/A

Summary	Actions	Assurance
NHS Lothian's performance against the 62-day target in May 2025 was 66.7%, which was below the NHS Lothian trajectory of 80.0% and also below the Scotland average for May 2025 of 68.1%. Of the 11 cancer types, 3 met the 95% standard, 4 met the cancer-specific trajectory and 5 met or exceeded the national average performance. The main drivers for not meeting trajectory included: • Long waits for Endoscopy impacting the Colorectal and Upper GI pathways. • Imaging delays across several tumour groups and scan types, • Backlogs across the Prostate pathway steps.	Additional activity is planned across the Urology Prostate pathway to clear backlogs at triage, MRI, TRUS and TP biopsy stages as well as surgical Outpatient clinics. Additional activity is also planned for Flexible Cystoscopies within the Bladder pathway. High Impact Lists are underway for Flexible Cystoscopy, Colorectal & Urology. Continued usage of the mobile MRI unit at WGH, primarily supporting the Prostate pathway with plans to support other USoC pathways (Breast and Colorectal). Insourcing has started within Radiology to reduce reporting turnaround times. Additional activity in Endoscopy will come online in August 2025 to address long waits for OGD and Colonoscopy with additional high impact lists already underway. Colorectal Optimal Pathway: Funding bid submitted and awaiting response.	Limited

14

Mental Health – Psychological Therapies

Responsible Director(s):	REAS Services Director	Reporting Period:	May/June 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

Psychological Therapies Waiting Times – *LDP Standard*

KPI	Latest Performance (June 2025)	Trajectory (March 2026)	National Benchmarking (March 2025)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	79.4%	77.9%	81.3% Scottish Average
Total Waits	4093	N/A	N/A
Waits > 52 weeks	127	N/A	N/A

Mental Health – Psychological Therapies

Responsible Director(s):	REAS Services Director	Reporting Period:	May/June 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

Psychological Therapies Waiting Times – _LDP Standard_

Summary	Actions	Assurance
The treatment waiting list has increased slightly over Quarter 1 from 4,021 (April 2025) to 4093 (June 2025). Analysis of the breakdown highlights that although there has been a reduction in the total number of waits under 18 weeks, (2952 in January 2025 to 2711 in June 2025) there has been an increase in the number of patients waiting 19-52 weeks (1,075 in January 2025 to 1,255 in June 2025) and also waiting over 52 weeks (83 in January 2025 to 127 in June 2025). This impact on waiting times was anticipated and reflects the loss of workforce and increase in demand across the services.

Due to reduced Mental Health Outcome Framework (MHOF) funding and historic reliance on slippage which is no longer available, Psychology have been required to reduce the workforce by approx. 18 WTE 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 it is anticipated that the total number of patients waiting over 18 weeks will grow.

There is also additional pressure on general Psychological Therapy Services across the four HSCPs due to the funding cuts and the reconfiguration of the Psychology Staff Support Service and Veteran's First Point. There is an ongoing review into how to effectively support these populations as a profession within statutory services.

West Lothian HSCP have recently removed funding from Neuropsychology Rehabilitation.

Discussion regarding potential redeployment for posts within the Adult Acute Inpatient service is ongoing due to slippage monies previously used to fund the posts permanently being no longer available.

Vacancy recruitment is currently limited due to the impending Psychology Review. This will affect fixed term posts beyond June 2026 and all posts are being considered on a case-by-case basis. | There has been agreement across the 4 HSCP's and NHS Lothian on funding reductions. The impact on workforce across services is now being worked through. This will include redeployment in the AMH Outpatient part of the service.

A paper will be presented to REAS SMT and REAS Partnership regarding the potential need for redeployment of a number of posts within Adult Acute Inpatient service.

A paper will be presented to the Programme Board detailing the reduction in Neuropsychology funding and the associated predicted impact on waiting lists within that service.

There will be a review into the job plan modelling and capacity planning to inform future trajectories, with discussion on the Scottish Government capacity model being considered (based on the original Lothian model).

There are ongoing requirements from eHealth to support TRAK builds and correcting historic errors that continue to impact the accurate recording of activity.

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. | It is anticipated that the LDP standard will not be met within the next five years due to the current capacity and projected financial impact.

There is moderate assurance that adequate controls are in place, even though the standard is not currently being met. |

Mental Health – CAMHS

Responsible Director(s):	REAS Services Director	Reporting Period:	May/June 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

CAMHS Waiting Times – *LDP Standard*
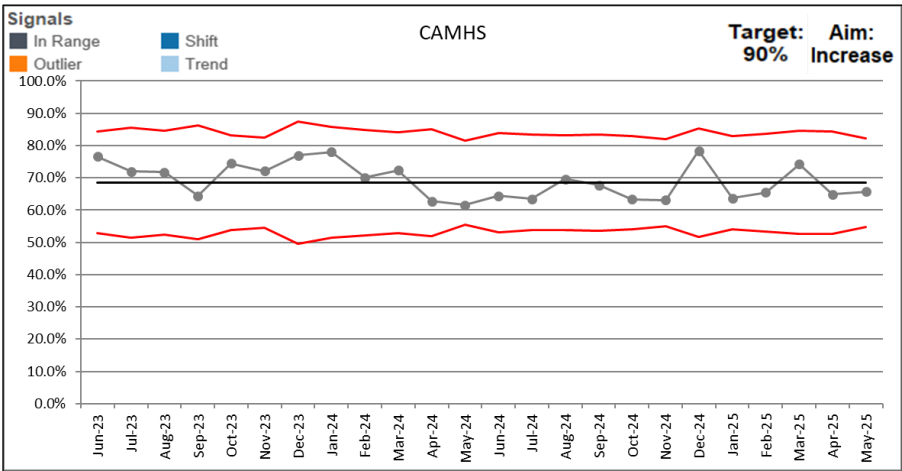
KPI	Latest Performance June 2025	Trajectory (March 2026)	National Benchmarking (March 2025)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	61.0%	77.7%	94.1% Scottish Average
Total Waits	1765	N/A	N/A
Waits > 52 weeks	126	N/A	N/A

Summary	Actions	Assurance
Across all CAMHS Lothian, the overall performance for the LDP standard is at 65.6% (June 2025). There continues to be a focus on allocating priority to clinically urgent and longest waiting patients. Overall, there were a total of 1,765 patients waiting at the end of June 2025 which is a reduction from 1909 patients in March 2025. At the end of June 2025 there was 639 patients waiting between 19-52 weeks and 126 patients waiting >52 weeks, which has reduced from 144 patients in March 2025. CAPA job planning process is subject to a 3 monthly planning cycle and undergoes constant refinement. Work is ongoing with the Scottish Government to review application of the LDP standard, specifically criteria for start of treatment. Due to reduction in MHOF funding, the workforce is required to reduce and this will impact access to the CAMHS service.	Being able to retain staff to sustain capacity remains a critical factor for ongoing performance to meet the LDP standard. Measures to support staff and promote wellbeing for all teams are in place to balance performance expectations. Weekly waiting times compliance meetings are taking place between CSM/SM. Ongoing monitoring and review of job plans ensures the best use of existing resources and regular review of the developing financial position. Monitoring of the CAMHS sector team capacity is ongoing to identify where teams can offer appointments to those patients waiting over 52 weeks in West Lothian to help recover their position. West Lothian are streamlining meetings, reducing CAPA Away Days, testing running zone regulations group with Band 5's and utilising the family systemic therapist to facilitate small group sessions. The LDP Standard Workshops in May 2025 provided staff with an opportunity to discuss the guidance, share ideas, concerns and identify risks. Future workshops will involve young people, families and carers.	It is anticipated that the target will not be met with current staffing levels due to reduced funding affecting service wait times performance. There is limited assurance on the continued management of performance despite not being able to meet the standard within current financial envelope.

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Primary and Community Care

NHS Lothian

Responsible Director(s):	Director of Primary Care	**Reporting Period:**	**July 2025**
Data Source:	DataLoch & Adastra	**Linked Corporate Risk(s):**	N/A

KPI	Latest Performance (July 2025 to Date)
Estimated General Practice (in hours) activity	Week commencing 7th July 2025 there were an estimated 95,596 patient consultations across the 116 General Practices in Lothian. This represents a rate of 91 weekly consultations per 1,000 population in Lothian. This level of activity is within normal variation.
General Practice Out-of-Hours (LUCS) activity	Week commencing 7th July LUCS activity was 2133, with the weekly mean excluding public holidays at 2400. This is within normal variation.
Closed Practice Lists	In July 2025 to date, there are 3 practices with closed lists: an increase of 1 since June 2025.

Summary	Notes	Assurance
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. Chart B provides the Lothian GP Out-of-Hours (LUCS) activity. 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. Activity levels are largely stable and within normal variation.	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.	Moderate

Primary and Community Care

Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) weekly direct patient activity (all clinical staff) across Lothian

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.

Chart B provides the Lothian GP Out-of-Hours (LUCS) weekly service activity

SPC Weekly LUCS Activity - *

Women & Children's Health – IVF Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	May 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

IVF Waiting Times – *LDP Standard*		
KPI	**Latest Performance (May 2025)**	**National Benchmarking (March 2025)**
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	100%

Signals
- In Range
- Outlier
- Shift
- Trend

IVF

Summary	Actions	Assurance
NHS Lothian performance for March 2025 was 100% against the national target of 90%. The national average was also 100%. Compliance with the target has been consistent over the past 24 months, with only single figure breaches noted which did not result in a failure to comply with the performance standard. No individual patient has breached the 12-month target since August 2023.	Ongoing monitoring of bookings in in place to ensure continued compliance against the performance target. No outstanding actions.	Significant

Women & Children's Health – Early Access to Antenatal

![NHS Lothian logo]

Responsible Director(s):	Chief of Acute Services	Reporting Period:	May 2025
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

IVF Waiting Times – *LDP Standard*		
KPI	**Latest Performance (May 2025)**	**National Benchmarking (Dec 2024)**
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.	85.6% (SIMD 1) 94.0% (SIMD 5) 90.6% (Overall)	91.1% (SIMD 1) 93.9% (SIMD 5)

Signals — In Range, Shift, Outlier, Trend — Antenatal

Summary	Actions	Assurance
Performance data for May 2025 broken down by SIMD is shown below: SIMD 1 – 85.6% SIMD 2 – 87.1% SIMD 3 – 93.6% SIMD 4 – 91.5% SIMD 5 – 94.0% Overall compliance of 90.6% against a target of 80%. Antenatal access for all SIMD quintiles remains above the target and in line with national benchmarking. At no point over the 24-month reporting period has the standard not been met.	Ongoing monitoring of bookings in in place to ensure continued compliance against the performance target. No outstanding actions.	Significant

21

Population Health & Reducing Health Inequalities – 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

Smoking Cessation – *LDP Standard*

Smoking Cessation

Signals
- In Range
- Outlier
- Shift
- Trend

Aim: Increase
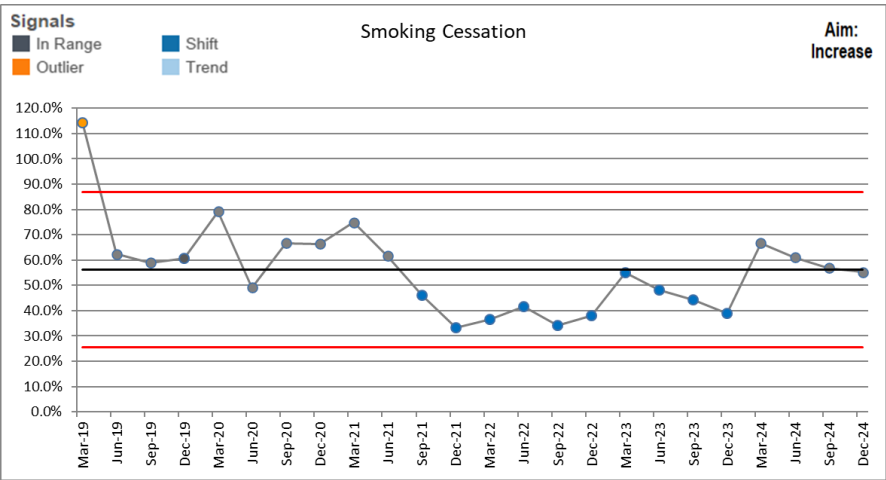
KPI	Latest Performance (Q1 to Q3 2024/25)	Trajectory (Q3 2024/25)	Trajectory Forecast (2024/25)	National Benchmarking (Q3 2024/25)
NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards)	58%	N/A	295/295	11 out of 14 NHS Scotland Health Boards

Summary	Actions	Assurance
For Q1 to Q3 of 2024-25, NHS Lothian achieved 58% of the ADP target.

Specialist community and acute quit numbers are at 80% of the target for Quarters 1-3 2024/25. Quit numbers have been consistently above the Scottish average and were among the better performing NHS Boards for 2023-24. Focus on improving the Edinburgh quit numbers to achieve targets for the Specialist service.

Community Pharmacy quit numbers have declined since Q2 2021-22. There is a small improvement in performance in early 2024-25.

Please note that 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. PHS reports data approximately six months after each quarter ends. | Quality improvement plans for Edinburgh and Community Pharmacy have been implemented although the latter has been delayed by unforeseen staff absence with cover now in place.

Varenicline is now available as a prescription from the specialist QYW service in conjunction with GPs. The new Patient Group Direction (PGD) now allows Community Pharmacies to supply Varenicline.

Public Health and Health Policy Population Health Senior Leadership Team and Senior Management Team receive bi-annual updates on performance. | Limited level of assurance against delivery by end March 2025 due to consistently failing to meet the target. |

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)

NHS Lothian

Meeting: NHS Lothian Board

Meeting date: 13 August 2025

Title: CAMHS Performance Update

Responsible Director: Alison White, Executive Lead for Mental Health

Report Author: Mike Reid, General Manager

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

Annual Delivery Plan	☒	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☒
Government policy or directive	☐	Performance / service delivery	☒
Legal requirement	☐	Other	☐

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

Improving Population Health	☒	Scheduled Care	☒
Children & Young People	☒	Finance (revenue or capital)	☒
Mental Health, Illness & Wellbeing	☒	Workforce (supply or wellbeing)	☒
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

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

Safe	☒	Effective	☒
Person-Centred	☐		

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

2   Report summary

2.1   Situation

Since December 2014, the LDP Standard is defined that 90% of young people are to commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

In December 2024, NHS Lothian was placed on escalation for CAMHS performance to Stage 3 of the NHS Scotland: support and intervention framework. This decision was made based on NHS Lothian not meeting the national standard for CAMHS, which says that 90% of children & young people (CYP) should start treatment for their mental health within 18 weeks of referral. Escalation will conclude when CAMHS NHS Lothian meets the standard for two consecutive quarters, and has no more than 10% of the waiting list over 18 weeks

It is acknowledged that the current service position is unsatisfactory, and NHS Lothian recognises that it will be necessary to deliver meaningful performance improvements by December 2025. The purpose of this report is to update the Board on progress in relation to improving performance against the CAMHS LDP Access Standard and associated initiatives to raise the standardisation and effectiveness of services. It provides an overview of activities and actions already undertaken and details the necessary actions required to achieve the LDP Standard.

This report details the recorded position at month end June 2025.

2.2   Background

As of end June 2025, for which local data is available, 61.0% patients were seen within the LDP Standard – this remains below the LDP Standard for 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. This compares to 65.6% at end May 2025 and 64.4% at end June 2024.

It should be noted that this period includes the reallocation of over 50 waits that are over 52 weeks from across the tier 3 teams and ongoing monitoring of demand and capacity will continue for the next quarter.

The graph below shows the number of patients waiting from January 2021 to June 2025 for all reportable waits across CAMHS (assessment and treatment). In June 2021, the total number of patients waiting was 2,327 with 1,034 patients waiting >18 weeks. This compares to 1,765 waiting and 765 patients waiting > 18 weeks at end June 2025.
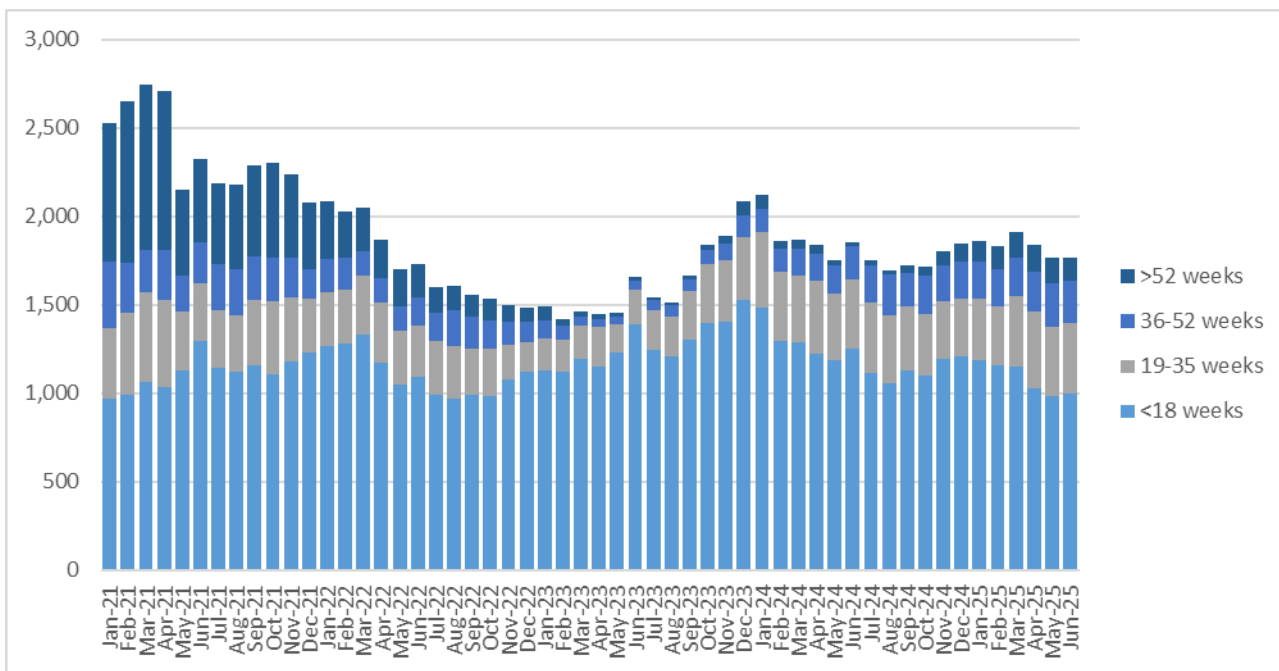
Note: _Neurodevelopmental Assessment waits have been excluded from the Waiting Times submission from December 2021 onwards (as advised by Scottish Government). ND data is not included in the graph above._

2.3   Assessment

2.3.1   Performance

Patients waiting at month end

Reporting of performance for NHS Lothian for the period ending June 2025 is shown below.

CAMHS Teams	CYP waiting at month end [adjusted]				
	Total Waiting	<18 weeks	>18 weeks	% <18 weeks	% >18 weeks
Outpatient Teams	**1,445**	782	663	54.1%	45.9%
Tier 4 / Specialist Teams	**320**	218	102	68.1%	31.9%
Total	**1,765**	**1,000**	**765**	**56.7%**	**43.3%**

Number of patients seen for first treatment appointment at month end

CAMHS Teams	CYP seen for 1st treatment [adjusted]				
	Total Seen	Seen <18 weeks	Seen >18 weeks	% seen <18 weeks	% Seen >18 weeks
Outpatient Teams	**130**	49	81	37.7%	62.3%
Tier 4 / Specialist Team	**124**	106	18	85.5%	14.5%
Total	**254**	**155**	**99**	**61.0%**	**39.0%**

Referral to Treatment %

In December 2024, 78.4% Children and Young People started treatment within 18 weeks from referral.

CAMHS: Percentage of CYP starting treatment within 18 weeks
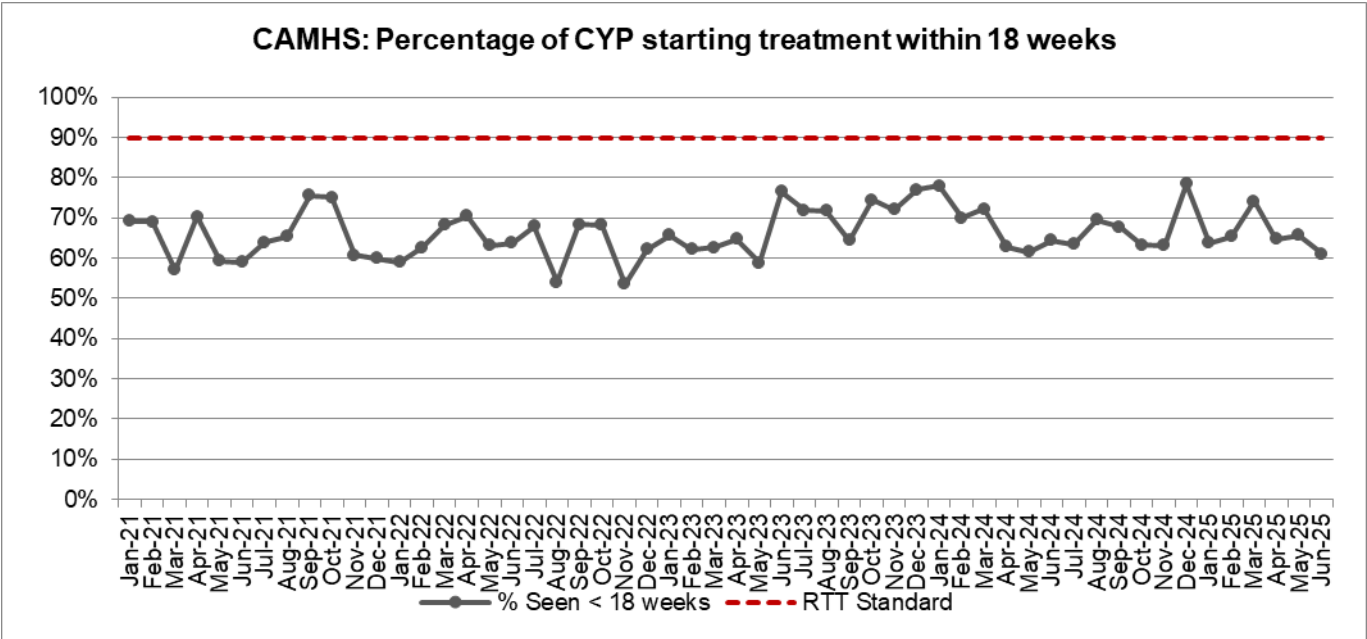
Treatment Demand

The Mental Health treatment demand average over a 12-month period was 76 in 2021; 75 in 2022; 102 in 2023; 121 in 2024. This represents a 62% increase in demand for treatment since 2021. Job plans are monitored on a weekly, monthly, and quarterly basis to ensure that capacity within teams is being maximised to respond to this demand.

Child, Adolescent and Psychological Therapies National Dataset (CAPTND)
Report published 4 March 2025.

[CAMHS in CAPTND 4 March 2025 - Child, adolescent, and psychological therapies national dataset (CAPTND) - Publications - Public Health Scotland](#)

In the CAPTND report, the submitted referral count for NHS CAMHS Lothian for the period ending December 2024, was 1,943. This has fallen from 2,114 at end June 2024 but remains higher than all other boards across Scotland. Historically, the % acceptance rate in CAMHS Lothian has been higher than other Boards; however, this trend has been decreasing and at end December 2024, the acceptance rate was 77.3%, lower than NHS Dumfries & Galloway, NHS Borders, and NHS Grampian. Of the 8,838 referrals to CAMHS in the quarter ending December 2024, the acceptance rate for NHS Scotland was 70%

It should be noted that in the quarter ending December 2024, CAMHS Lothian delivered a total of 7,625 appointments this is around 17% of all appointments delivered across Scotland.

2.3.2 Workforce

For case holding staff at end June (i.e. staff able to take work from the CAMHS waiting list), there was 94.75 WTE compared to funded establishment of 108.36 WTE (87.4% FE) or a vacancy gap of -13.61 WTE.

An additional 6.9 WTE for SLT and Clinical Pharmacy is aligned exclusively with the ND pathway.

Reductions in the Mental Health Outcome Framework (MHOF) funding provided by Scottish Government have led to decreased capacity, the need to reassess initial plans, and the ongoing review of services to develop new strategies aligned with current financial resources.

2.3.3 Reasons for Current Performance

To sufficiently recover the waiting times position by December 2025, CAMHS implemented an accelerated and resource intensive approach to delivering the CAMHS LDP Standard. There is ongoing monitoring of CAMHS sector team capacity to identify where teams can offer appointments to those waiting over 52 weeks.

The Scottish Government continue to provide support to enable teams to continue to fully implement the Choice and Partnership Approach (CAPA) model. In collaboration with the team leads, we are identifying opportunities to increase productivity, capacity, and flow.

Although considerable progress has been made with the Recovery & Renewal plan challenges remain; the tier 3 teams continue to experience challenges in the context of the increase in demand as well as increasing acuity with a need to focus on urgent cases and those patients at clinical risk.

There are ongoing challenges recruiting and retain psychiatrists in Lothian, even allowing for the national shortage of Child and Adolescent Psychiatrists. Challenges also continue around recruitment due in part to the current funding landscape and re-setting plans aligned to the MHOF funding.

ND assessment waits and waits for titration of ADHD medication within NHS Lothian brings significant challenges through its impact on CYP mental health whilst waiting for assessment and treatment, leading to increased pressure and demand in the teams with additional phone calls and complaints. We continue to work closely with the Children's Directorate, Child Health Commissioner, and wider stakeholders for Lothian on improvements to the ND pathway.

2.3.4 LDP Standard Actions Planned and Outcomes:

The CAMHS Recovery & Renewal Project is scheduled to run throughout 2025 and is planned to conclude in 2026 following full implementation of the workstreams. A key element is delivery of the CAMHS LDP Access Standard.

CAMHS are working closely with colleagues in Waiting Times Governance and Data Analytics as we review the application of the data definition of starting treatment within CAMHS to ensure this is being applied correctly within NHS Lothian CAMHS. We are aware of variation in interpretation of the specification across Scotland.

In view of the revised assumptions concerning demand and capacity, updated trajectories will be formulated and submitted to the CMT and Scottish Government for consideration.

It should be noted that achieving delivery of the LDP Standard will likely require a combination of increased clinical and administrative workforce capacity, alongside an increase in engagement with independent sector resources.

The CAMHS Senior Management Team continues to review actions in the CAMHS LDP Standard workstream, with a focus on staffing and service structures, including a skill mix audit. This review will ensure a sustainable and appropriately skilled clinical workforce to meet the needs of children, young people, and their families and carers. As part of this process, a financial and workforce plan will be developed to support the proposed actions and ensure effective delivery of the recovery plan.

Additionally, we will consider possible options for securing additional capacity, whether through direct provision, commissioned or a combination of both.

We aim to present clear recommendations to SPPC in September, including robust evidence of service user engagement and co-production of solutions. User involvement is being actively facilitated through a range of channels, including QR codes, Padlets, and improvements to the service website, ensuring that feedback is accessible, inclusive, and central to CAMHS service improvements.

The CAMHS LDP Standard action plan will ensure timely implementation of these deliverables while maintaining service quality and sustainability.

A summary of the LDP Standard action plan is below:

- Identify where existing CAMHS pathways already meet the CAMHS LDP standard but are not recorded as such. Service will amend recording systems to ensure this is captured and reported. This may require a change to the existing TRAK configuration
- Review existing CAMHS 'Choice' appointments to consider where integrated treatment plans may be incorporated into clinical pathways at an earlier point to make a meaningful treatment start earlier in the pathway
- Carry out an Impact Assessment to consider any potential negative impact on people of this work and opportunities to make a positive impact
- Ensure any changes are compliant with Scottish Waiting Time Guidance, through consultation with the Waiting Times Governance Team
- Identify and submit any actions required to amend CAMHS' TRAK configuration to support changes
- Continue ongoing 'Demand Capacity Activity Queue' work supported by Scottish Government, focusing on teams with the longest waits
- Continue to work with Lothian Analytic Service and Scottish Government to factor in projected changed assumptions following the above changes and develop revised trajectories.
- Continue to identify and report any additional workforce and financial requirements to meet the LDP standard

2.3.5 Key Risks

- There is a risk that clinical and administrative physical space constraints may restrict the ability to expand services and accommodate increased appointments.
- There is a risk that current service capacity is insufficient to meet the target of 90% of children and young people being seen within 18 weeks by December 2025. Preliminary trajectory projections in March 2025, indicated that an additional 127 new treatment appointments per month are required, representing a significant increase in resources.
- There is a risk that even with increased capacity or movement of resources this will still not be sufficient to reduce waiting times by December 2025.
- There is a risk that as demand for treatment increases, considerable pressure is being placed on available resources.
- There is a risk that increased compliance with the LDP Standard 'treatment start' definitions will result in a mismatch between reported waiting times and the public perception of a treatment start

2.3.6 Equality and Diversity, including health inequalities

No specific decision(s) are being sought from this paper.

2.3.7 Other impacts

N/A.

2.3.8 Communication, involvement, engagement, and consultation

There is ongoing communication as the recovery plan is being implemented

2.4   Recommendation

- **Discussion** – Given the challenges CAMHS Lothian faces, consider whether CAMHS can be expected to meet the LDP standard by December 2025.
- **Awareness** – To acknowledge that successful project delivery of the LDP Standard will likely require increased workforce capacity and additional time to implement the plans effectively.
- **Awareness** – To note that relevant senior staff will continue to work together with Scottish Government officials to reduce waiting lists and to report on the actions and outcomes of the recovery plan as reflected within the Board's 2025/26 Annual Delivery Plan (ADP).

3   List of appendices

None.

NHS Lothian

Meeting: NHS Lothian Board

Meeting date: 13 August 2025

Title: NHS Lothian Annual Delivery Plan (ADP)

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: as above

1 Purpose

To seek the agreement the Annual Delivery Plan.

This report is presented for:

Assurance		Decision	x
Discussion		Awareness	

This report relates to:

Annual Delivery Plan	☒	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☒
Government policy or directive	☐	Performance / service delivery	☒
Legal requirement	☐	Other	☐

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

Improving Population Health	☒	Scheduled Care	☒
Children & Young People	☒	Finance (revenue or capital)	☒
Mental Health, Illness & Wellbeing	☒	Workforce (supply or wellbeing)	☒
Primary Care	☒	Digital	☒
Unscheduled Care	☒	Environmental Sustainability	☒

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

Safe	☒	Effective	☒
Person-Centred	☒		

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 has a sophistication planning process, part of which is the Annual Delivery Plan. The Annual Delivery Plan needs to be agreed by the Board and this paper seeks approval.

2.2   Background

The Board has received regular updates on the ADP process through both the Board itself and the minutes of the Strategy, Planning, and Performance Committee, and is therefore aware of the issues associated with this year's production.

In sum, the Board has met deadlines set by the Scottish Government in its original November 24 commission, including the deadlines of 27th January and 19th March. The Board took a considered decision to wait for the confirmation of funding for scheduled care, unscheduled care, and child and adolescent mental health services (CAMHS).

Discussions are continuing with the unscheduled care and CAMHS funding position but the Board has agreed to accept an addendum on these elements at the October Board.

In informal briefings Board members have sought both an executive summary and a table outlining key performance delivery measures, and these have been added to the document. These are provided as appendices to this paper to allow Board members to see these more clearly.

Board members will wish to note that this paper and the appendices were revised on the afternoon of 8th August when information received during the week was supplied. This confirmed additional funding from SG and made minor reductions in the projected numbers of patients waiting over 52 weeks for both outpatients and inpatients/daycases. A larger improvement in performance against the 62-day Cancer Waiting Times standard is now projected. The Chief Officer for Acute Services will provided updated detail of trajectories and funding to Board members under separate cover.

2.3   Assessment

The Board has discussed the ADP and its associated process in some detail and further rehearsal is probably not required.

2.3.1 Quality/ Patient Care
The ADP is intended to support improved quality of patient care.

2.3.2 Workforce
The ADP is intended to support and appropriately allocate our workforce.

2.3.3 Financial
A separate financial delivery plan was submitted to and agreed by the Scottish Government in March of this calendar year.

2.3.4 Risk Assessment/Management

The ADP is intended to support our risk management.

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

Previously discussed.

2.3.8 Route to the Meeting

Discussed at CMT, SPPC, and Board on multiple occasions.

2.4 Recommendation

- The Board is asked to **agree** the ADP
- The Board is asked to **agree** to receive an addendum for unscheduled care and CAMHS in October

3 List of appendices

1 – Executive Summary
2 – Commitments and performance summary
3 – NHSL Annual Delivery Plan

Executive Summary: NHS Lothian Annual Delivery Plan 2025–26

Context & Challenges

- Population growth in the Lothians is the highest in Scotland, at 25% total between 2008–2033, with 84% of Scotland's growth over the next ten years
- Our population is currently younger than the rest of Scotland, but this means the changes associated an ageing demographic are growing.
- NHS Lothian faces a £120 million recurring revenue gap and a capital investment shortfall of over £200 million.
- We have been successful in bidding for additional funding last year for Unscheduled Care and this year for Scheduled Care, totaling over £40m for these key programs.
- We are currently "escalated" for our performance in child and adolescent (CAMHS) outpatient services.
- Our focus for the year is, in line with the Scottish Government's *Operational Improvement Plan*, to reduce the number of people waiting for outpatient appointments longer than 52 weeks to as close to zero as possible.
- We are working to develop and implement our response to the policy landscape described by the Scottish Government over the last 6 months, including the *Service Renewal Framework*, the *Population Health Framework*, and the *Public Sector Reform Strategy*
- We continue to work to develop funding for both our unscheduled care and CAMHS improvement plans and an addendum covering these will come to the October Board.

Key Strategic Areas

Unscheduled Care

- Backed by a £14.5m investment, NHS Lothian is implementing reforms at the Royal Infirmary of Edinburgh (RIE) to reduce emergency department pressure, long stays, and improve flow.
- Initiatives include: enhanced Frailty services, Hospital at Home expansion, and improved Flow Navigation Centres.
- Performance goals: reduce long ED waits >8 hours by 90%, and reduce RIE bed occupancy below 85% by Q4 2025–26.
- We delivered a 23% improvement in performance against the 4-hour standard in the Royal Infirmary of Edinburgh during the 2024-25 financial year, giving us a strong base for 2025-26

Scheduled Care

- Focus on eliminating all 52+ week waits and meeting diagnostic targets.
- Delivery mechanisms: internal workforce expansion, insourcing, independent sector partnerships, and high-impact additional theatre sessions.
- Equity assessments revealed some vulnerable groups were disproportionately affected in 2024–25; this will be addressed through targeted interventions.

Mental Health, Illness, and Wellbeing

- Priority to meet the 18-week CAMHS treatment standard by December 2025.
- Workforce action plan underway: new traineeships, digital tools, and enhanced collaboration across HSCPs and the Forensic Network.
- Focus areas include: unplanned mental health care with an emphasis on acute inpatient flow, neurodevelopmental services, eating disorder pathway reform, forensic mental health, and infrastructure improvement (e.g., Royal Edinburgh Hospital redevelopment).

Primary Care

- Ongoing delivery of General Medical Services, Pharmacy First, Dental and Ophthalmic services and the roll-out of the Community Glaucoma Service.
- Emphasis on multi-disciplinary teams, digital innovation, reducing inequalities, and out-of-hours care through LUCS.
- Edinburgh is piloting the Primary Care Phased Investment Programme, due for evaluation in late 2025.

Maternity services

- We have initiated a comprehensive improvement programme for our maternity services, in the light of concerns raised by staff.

Digital Transformation

- Expansion of digital services including: eComms, virtual outpatient clinics, digital pre-op assessment, digital dermatology, patient portals, and electronic theatre scheduling.

System Strengths & Innovation

- Integrated programme boards with IJBs
- Data intelligence platform DataLoch
- Class-leading workforce planning
- Collaborative working across sectors and boards (e.g., joint work with NHSGGC
- Proven ability to innovate, scale, and share good practice nationally
- A renewed focus on our strategic goals and the further development of our approaches to prevention, transformation, culture, and digital

Risks

- Financial instability remains a critical risk.
- Staffing shortages could delay service improvements.
- Infrastructure deficits (e.g., aged mental health facilities) could undermine quality and safety.

Conclusion

- This draft ADP outlines a pragmatic but ambitious roadmap for transforming health and care services in Lothian despite financial limitations.

Policy commitment for Scotland	Lothian Health & Care System position
By March 2026: Provide 150,000 more appointments and treatments	At least 20,277 additional outpatients and 3830 IP/DC, or 16% of the total, in line with population share
By March 2026: 95% of radiology appointments within 6 weeks of referral	To be met
Roll out a new digital dermatology pathway by Spring 2025	Pathway to be complete and in place by March 26
Deliver a maximum wait of 18 weeks for CAMHS by December 2025	To be confirmed in the October addendum
Increase capacity in Hospital at Home and Virtual beds to at least 2000 by December 2026	The Lothian system has the highest rate of H@H provision in Scotland, and we have been pioneers in developing Outpatient Antibiotic Therapies, Intensive Home Treatment Team, Community Respiratory Team, and virtual heart failure services. We estimate our current "H@H capacity" to be in the region of the equivalent 150 beds and are committed to a 40% increase in our total virtual capacity by the end of March 2026
Provide direct access to frailty services from Emergency Departments	We have developed and are rolling out a frailty Local Enhanced Service (LES) for primary care and we will have frailty services in place in each of our three medical receiving units by December 2025.
Increase capacity in general practice	See Primary Care section
Expand Pharmacy First services	We continue to work with SG on definition and will continue to build on the strong relationships with our independent pharmacies
A new app for health and social care	NHS Lothian has in place a bid to be part of the second wave of territorial boards in winter 2025-6
Digital theatre scheduling	Covered in our Scheduled Care section
In addition	
Patients waiting over 52 weeks for outpatients	8828 vs projection of 32,762
Patients waiting over 52 weeks for IP/DC	3735 vs projection of 7418
Cancer waiting times 31-day target	95%
Cancer waiting times 62-day target	89.4%
Waiting over 6 weeks for diagnostics	0
Waiting over 6 weeks for endoscopy	<2000

Lothian Health and Care System Annual Delivery Plan 2025-26

(logo will be inserted to final draft only after Board approval and before placing on NHSL website)

A note on the production of this ADP

NHS Lothian was commissioned by the Scottish Government to produce an Annual Delivery Plan for the 2025-26 financial year in November of 2024.

Initial deadlines were set for 27th January 2025 for a draft to be considered by the Scottish Government Health and Social Care Directorates (SGHSCD) and for final submission on 19th March 2025.

Positive feedback was provided by the Scottish Government in February 2025. Further investment was announced by SGHSCD to support the Unscheduled Care and Scheduled Care programmes and the work outlined in the *Operational Improvement Plan* and the period between March and July has seen intensive engagement between SGHSCD and all territorial Boards in Scotland.

NHSL's Board took the decision to wait to ensure that the ADP was a fair reflection of the work that was underway, recognising that the investment potentially available could be transformative for the system.

As at the final drafting of this ADP, for the August Board meeting of NHS Lothian, we have clarity on investment in Scheduled Care but continue to engage with SGHSCD colleagues on investments in Unscheduled Care and Child and Adolescent Mental Health. The Board has taken the decision to allow this to proceed and bring an addendum to this ADP to the October meeting to agree.

None of the above should be taken as implying that work has not been ongoing to improve services, but rather that the final shape and funding of some of this work was to be finally agreed.

This ADP therefore works from the perspective of summarising our plans as at April 2025 for the year ahead, with judicious additions on key areas of activity such as scheduled care.

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Executive Summary: NHS Lothian Annual Delivery Plan 2025–26

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- Priority to meet the 18-week CAMHS treatment standard by December 2025.

4

- Workforce action plan underway: new traineeships, digital tools, and enhanced collaboration across HSCPs and the Forensic Network.
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Risks

- Financial instability remains a critical risk.
- Staffing shortages could delay service improvements.
- Infrastructure deficits (e.g., aged mental health facilities) could undermine quality and safety.

Conclusion

- This draft ADP outlines a pragmatic but ambitious roadmap for transforming health and care services in Lothian despite financial limitations.

5

Introduction

NHS Lothian (NHSL) is part of the Lothian Health and Care System (LHCS), which is the collaboration between the four Integration Authorities within the Lothians and the Health Board. Collectively, these five organisations have the statutory responsibility to outline strategy and plan for its consequences across health and care in the Lothians.

In 2022 the LHCS agreed the *Lothian Strategic Development Framework* (LSDF), which remains the outline of the strategic direction for the system. This platform is the basis for reform and transformation for the next 3-5 years. Figure 1 and Figure 2 outline our vision and commitments;

Figure 1 –our collective vision

System Vision

People in Lothian lead longer, healthier lives, with better outcomes from the care & treatment we provide

We connect health and social care services seamlessly, wrapping around the person in their home

We improve performance across our system, with better experiences for those who live in Lothian, and those who work for and with us

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Figure 2 – our commitments

Developing as an Anchor to improve population health	Being a good neighbour, purchaser, and employer
Children & Young People	Treating investment in services for pre-conception to young adulthood as the ultimate investment to prevention
Mental Health, Illness & Wellbeing	RTT standards for Psychological Therapies and CAMHS achieved Delivering the agreed bed model for REH phase 2 so no-one is in hospital longer than they need to be
Primary Care	Sustainable services, providing access for growing/aging population
Scheduled Care	Improving to meet nationally-prevailing waiting standards, including Cancer Waiting Times
Unscheduled Care	95% 4hr Emergency Access Standard and 85% occupancy More of the last six months of life spent at home

The Lothians have seen significant population growth since 2008, with a 16% rise between 2008 and 2024. It is anticipated that the growth between 2008 and 2033 will be in the order of 25%. This period will also see an aging of the population in the Lothians, which has previously been relatively young. This demographic picture is unique within Scotland and provides challenges not just to NHSL and our four IJBs partners, but also to our other partners such as local authorities, Police Scotland, educational institutions, the third sector, and the private sector.

NHS Lothian aims to focus its work on the strategic goals laid out in the LSDF and as a result this ADP is tailored to meet the dual requirements of NHSL and the Scottish Government. Clearly, this will also mean cross-checking with the workplans of NHSL's four Integration Authority partners.

NHSL's Corporate Objectives all flow from the LSDF and are, again, cross-checked with the requirements laid down by the Scottish Government.

There are, therefore, a series of documents which must be read in conjunction with this document;

- *The Lothian Strategic Development Framework*
- *LSDF Annual Reports*
- *The LSDF Implementation Books*
- NHS Lothian Capital Prioritisation Plan
- NHS Lothian Capital Business Continuity Plan
- NHS Lothian Risk Register
- East Lothian IJB Strategic Plan
- Edinburgh IJB Strategic Plan
- Midlothian IJB Strategic Plan
- West Lothian IJB Strategic Plan

It is important to remember that the Strategic Plans of our four Integration Authority partners provide the detail on the actions required in respect of Primary Care, Unscheduled Care, and Mental Health, Illness, and Wellbeing. In order to ensure a coherent and collaborative approach we operate a system of programme boards which bring together Chief Officers of IJBs and NHS Lothian lead "provider" officers to agree how to progress these areas.

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The LHCS faces a challenging financial position in both capital and revenue terms. The "NHS Lothian Capital Business Continuity Plan" outlines the challenges associated with the capital position, where NHSL's work demonstrates a requirement for c. £297m capital investment over the next three years to maintain the current estate and service configuration. NHSL has, however, had to close both its Regional Infectious Diseases Unit and the Princess Alexandria Eye Pavilion in order to undertake emergency safety works. NHSL expects to receive approximately £80m over the next three years, leaving significant risk.

In revenue terms, NHSL faced a £140m gap for the 2024-25 financial year and expects to see a gap of £120m for the 2025-26 financial year. The associated financial planning submission lays this out more clearly.

These considerations increase the clinical risk for services.

This context illustrates well why the additional resources sought from the Scottish Government have the potential to transform the Lothian system. We were delighted to receive £14.4m from the Scottish Government to support our Unscheduled Care system in December 2024 and are seeing some green shoots of improvement connected to this.

We do see LHCS as a strong system with good relationships between partners, and NHSL continues to champion collaboration across the entirety of the public sector, as evidenced by effective work in Community Partnerships, Children's Services Partnerships, the public protection sphere, and our close working with other NHS Boards in the planning and delivery of specialist national and regional services.

We also increasingly see the LHCS as a place where we seek to develop a culture of innovation and transformation to deliver on the country's aspirations, and the NHS Lothian Corporate Objectives for the year include a focus on these two elements, wrapping around our rock-solid commitment to effective operational delivery within the Framework of the LSDF. Where resources can be made available, we are well-placed to maximise every single penny of these.

We intend to also use the 25-26 financial year to develop our approaches to prevention, culture, transformation, and use these as "golden threads" to improve our services.

We also see the LHCS as a place that other systems can learn from, whether this is from;

- our system of strategic and programme development built around our IJB-led programme boards
- our focus on anchoring our communities and being a good neighbour, purchaser, and employer
- our pioneering intelligence work on the shores of our DataLoch collaboration
- our class-leading workforce planning
- our proud history of delivering financial balance and efficiency
- our highly-influential approach to capital planning

Most recently, we have initiated a collaboration with our sister Board, NHS Greater Glasgow and Clyde, to learn from each other's efforts in improving Unscheduled Care performance, which we believe will deliver rich learning for the rest of the country to adopt.

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Our commitments against the national vision

In his speech at the Heriot-Watt University Robotarium on 27th January 2025, the First Minister laid out a vision for performance improvement over the 2025 and 2026 calendar years. We believe the work we have progressed under the auspices of the *Lothian Strategic Development Framework* has positioned us well to deliver on this vision.

This vision has been developed further by the Scottish Government's *Operational Improvement Plan, Service Renewal Framework, Public Health Framework,* and *Public Sector Reform Strategy.*

Table 1 provides a summary of the LHCS position against the commitments made by the First Minister.

Table 1 – LHCS performance and commitments against FM vision

Policy commitment for Scotland	Lothian Health & Care System position
By March 2026: Provide 150,000 more appointments and treatments	At least 20,277 additional outpatients and 3830 IP/DC, or 16% of the total, in line with population share
By March 2026: 95% of radiology appointments within 6 weeks of referral	To be met
Roll out a new digital dermatology pathway by Spring 2025	Pathway to be fully rolled-out and in place by March 26
Deliver a maximum wait of 18 weeks for CAMHS by December 2025	To be confirmed in the October addendum
Increase capacity in Hospital at Home and Virtual beds to at least 2000 by December 2026	The Lothian system has the highest rate of H@H provision in Scotland, and we have been pioneers in developing Outpatient Antibiotic Therapies, Intensive Home Treatment Team, Community Respiratory Team, and virtual heart failure services. We estimate our current "H@H capacity" to be in the region of the equivalent 150 beds and are committed to a 40% increase in our total virtual capacity by the end of March 2026
Provide direct access to frailty services from Emergency Departments	We have developed and are rolling out a frailty Local Enhanced Service (LES) for primary care and we will have frailty services in place in each of our three medical receiving units by December 2025.
Increase capacity in general practice	See Primary Care section
Expand Pharmacy First services	We continue to work with SG on definition and will continue to build on the strong relationships with our independent pharmacies
A new app for health and social care	NHS Lothian has in place a bid to be part of the second wave of territorial boards in winter 2025-6
Digital theatre scheduling	Covered in our Scheduled Care section

In addition	
Patients waiting over 52 weeks for outpatients	8828 vs projection of 32,762
Patients waiting over 52 weeks for IP/DC	3735 vs projection of 7418
Cancer waiting times 31-day target	95%
Cancer waiting times 62-day target	89.4%
Waiting over 6 weeks for diagnostics	0
Waiting over 6 weeks for endoscopy	<2000

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Our Corporate Objectives

LSDF reference	Objective	Lead Officer	Support
Children and Young People	Advance LSDF priorities by strengthening neurodevelopmental and transition supports, improving digital tools, and embedding shared performance measures. We will identify and scale effective practices, deepen strategic partnerships through children's plans to lay the groundwork for a more resilient, person-centred system that delivers better outcomes for children and young people.	Colin Briggs	DPH, Fiona Wilson, Morag Barrow, Alison White, Tracey Gillies, Alison MacDonald
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 Laverty, Alison White, Fiona Wilson
Mental Health, Illness, and Wellbeing	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 Laverty, Fiona Wilson

LSDF reference	Objective	Lead Officer	Support
Unscheduled Care	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 31st March 2026.	Fiona Wilson	Colin Briggs, Michelle Carr, Jim Crombie, Tracey Gillies, Alison Macdonald, Craig Marriott, Morag Barrow, Christine Laverty, Alison White
Scheduled Care	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 31st 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 Laverty, Alison White, Fiona Wilson

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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 related to workforce, expenditure and land and assets.	Director of Public Health	All

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LSDF reference	Objective	Lead Officer	Support
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
Royal Infirmary of Edinburgh	To continue mitigation measures to increase safety at the RIE by; 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

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LSDF reference	Objective	Lead Officer	Support
Integrated Assurance Framework	Develop and implement revised and integrated strategic performance, quality and risk reporting arrangements for the Board and its committees during 2025/26, as key components of a new Board Assurance Framework	Chief Executive and Chair	Darren Thompson, Colin Briggs, Tracey Gillies, Alison MacDonald, Craig Marriott, Tom Power, Jim Crombie, Board sub-committee chairs.

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Scheduled Care

SG Planned Care guidance for 25/26 outlines a requirement to :-

- ➢ **clear all over 52 week waits for Outpatients and Inpatient Daycase by end March 2026**
- ➢ **deliver 95% of key tests in Radiology within 6 weeks**
- ➢ **deliver 100% key tests for Endoscopy within 6 weeks**

The guidance has outlined there will be additional resource (£100m) allocated to support the achievement of these targets. NHSL have submitted bids to support additional activity on 6th March and await feedback. If funded, additional activity will be delivered through a variety of non recurring and recurring proposals which broadly include :-

- ➢ **Additional mdt staffing to increase internally delivered activity**
- ➢ **External see & treat, treat only & diagnostic capacity including independent sector**
- ➢ **Insourcing staff to use available endoscopy rooms**
- ➢ **High impact lists – in week, evenings and weekends**

The results of the planned care Equality Children's Rights Impact Assessments have helped us start to understand that some groups of our population may have been disproportionately negatively affected by the 2024-2025 financial situation. We will be building on this understanding at both individual speciality and corporate levels to have due regard to any disproportionate negative impact in decision-making as we seek to reduce long waits.

This section is in two parts. The first outlines our theory of change and approach to transforming our system, and the second what our performance aspirations for this year mean in numerical terms.

Part One – how we are transforming our services

In 25/26, Scheduled Care will continue the implementation of the Lothian Strategic Development Framework LSDF across 3 of the 4 key priorities :-

- ➢ Embed Realistic Medicine in everything we do
- ➢ Optimise current resource and capacity
- ➢ Support and develop workforce

The 4th priority to secure additional sustainable capacity has been paused through 24/25.

1.1 Structure & Oversight

NHSL Scheduled Care is overseen by the Scheduled Care Delivery Board SCDB, chaired by Michelle Carr, Chief Officer Acute. This board meets monthly and governs performance against agreed ADP trajectories, and the associated delivery plans for :-

- ➢ Cancer & Diagnostics
- ➢ Outpatient
- ➢ Inpatient Daycase

The programme is supported by a comprehensive performance management framework which brings all programme metrics together within a scorecard introduced in 24/25. This facilitates thorough and individual assessment of delivery against agreed clinical prioritisation for all services.

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The principles of Realistic Medicine continue to underpin the Scheduled Care programme as do CfSD high impact changes including ACRT, PIR, Day Surgery, ERAS and Opt In Pathways. All agreed Specialty Delivery Group SDG national pathway improvements are reflected within the Implementation Plan. Noting : NHSL will NOT be adopting Colon Capsule Endoscopy or Intermittent Claudication pathway.

1.2 Clinical Prioritisation

NHSL will align all available capacity to support clinical prioritisation of :-

USOC (seen within 4 weeks),

Urgent (seen within 12 weeks),

Clinically urgent returns (surveillance of pre cancerous conditions, conditions at risk of clinically significant deterioration, necessary disease or drug monitoring),

Long waits over 52 weeks (Outpatients & Inpatient Daycase),

Radiology and Endoscopy Diagnostics (within 6 weeks)

2.1 Cancer & Diagnostics

Cancer

The Framework for Effective Cancer Management underpins the Cancer and Diagnostic Delivery programme in Lothian. 39 of the 52 actions have been completed and are fully embedded.

Outstanding actions include a comprehensive review of all the cancer MDTs, with a planned completion date of Q3 2025. Ongoing pieces of work which will be progressed in 25/26 include development of a new cancer-specific capacity and demand model; full implementation of national Regrading Guidance; completion of SPOC rollout.

Regrading has been delayed due to issues with implementation of the technical solution by NHS Lothian's digital supplier. Once implemented, this will allow letters to be sent to the GP at point of regrading. Templates of these letters and patient letters have been drafted by Primary Care leads.

National Effective Breach Analysis Guidance is embedded and well-established within NHS Lothian. There is a dynamic escalation policy and specific escalation points with guidance for each tumour group. The central Cancer Performance team oversees breach analysis and escalation, and meets on a weekly basis with each Clinical Service in the PTL meetings. There is also a weekly Cancer Huddle which also includes representation from other key services, including Radiology, Pathology, and Oncology.

There has been a concentrated effort in 2024 on active tracking and escalation. In particular, we have focused on a clear escalation route so that any issues or individual patient roadblocks can be continually escalated until they are resolved, with issues being raised at the weekly Patient Tracker List and Cancer Huddle meetings, the monthly Cancer and Diagnostic Delivery Group and Access and Delivery Group meetings, and the Quarterly Performance Reviews with each service.

Each month any breaches are reviewed and audited before submission. A monthly report is compiled after data publication and shared widely across NHS Lothian, including with Senior and Executive staff. Each quarter a Quarterly Performance Review is carried out with each tumour group, reviewing any breaches and themes that underpin these.

This has been particularly effective in focusing on **Breast** first patient appointments and prioritising USoC patients for Bowel Screening, which is reflected in the improved 62 day performance in Breast and **Colorectal**.

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Urology CWT performance improvement will require focus across multiple areas of the pathway where there are high volumes of patients, primarily on the Prostate pathway. Work continues to improve access to MRI, TP biopsy and RAP capacity.

Timed cancer pathways are managed through the Cancer and Diagnostics Delivery Group and will be reviewed on an annual basis.

Optimal Cancer pathways delivery is overseen by the monthly Cancer and Diagnostics Delivery Group, with a compliance report reviewed at each meeting. Lung and Head and Neck pathways are embedded, with additional equipment purchased and training carried out to support delivery. A workgroup is being established for the Colorectal pathway in preparation for allocation of national funding to support.

Cancer Prehabilitation pilot projects funded by SG and Macmillan are due to finish within 25/26. These will be evaluated and learning will inform the resources required to deliver sustainable prehabilitation pathways for all patients diagnosed with cancer, as outlined in the national Cancer Strategy June 2023. We will build on current work to assess how SPOC, ICJ support workers and the Prehab teams can work collaboratively for maximum benefit to patients.

CfSD peer review recommendations relevant to cancer pathways are incorporated within our plans (across the 3 Delivery Groups) and specifically include :-

- ACRT & Discharge PIR managed via Outpatients Delivery Group. Live for all adult cancer services
- Cytosponge managed via Cancer and Diagnostics Delivery Group
- Breast Pain Pathway fully implemented managed by Cancer and Diagnostics Delivery Group
- QFIT implemented
- Haematuria Pathway managed by Outpatients Delivery Group
- Theatre Scheduling - ongoing workstream managed via Inpatient and Daycase Delivery Group.
- Endoscopy optimisation managed by Cancer and Diagnostics Delivery Group.

Diagnostics

Radiology

All internal capacity will be maximised to deliver clinical prioritisation and meet the 6 week target for key diagnostic tests by end March 2026. We will expand CT and MRI scanning workforce to work towards 7 day scanning across all 3 acute sites by the end of 25/26. The competing and growing demand generated from Unscheduled Care is recognised as a key challenge.

2nd CT pod at SJH will be maintained subject to confirmation of funding to support beyond end March 2025.

We will provide ongoing review of:- utilisation; DCAQ modelling for CT &US (now complete for MR); administrative processes to ensure no loss of capacity due to cancellation; proportional split of rota allocation to higher (ED; inpatient; urgent; Urgent Suspicion of Cancer) and lower priority (routine referrals; OPs) cases.

Utilisation of nationally sourced and funded resources from NHS (GJNH; NHS FV NTC) and commercial (contracted mobile scanning units) services, where fully funded, will be maximised.

If funding is secured we aim to transfer the mobile MR scanner from Mid Lothian Community Hospital to the WGH. This will provide additional capacity to support 6 week target, and mitigation for the scheduled 25/26 replacement of the extant WGH MRI scanner.

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As outlined in the national plan submission we specifically aim to improve nerve root injection and cardiac implant services in order to build a sustainable and radiographic led service where appropriate.

Whilst NHSL has not directly contributed to the national RCDS programme – we continue to provide direct access scanning for GPs across locally agreed clinical pathways.

Endoscopy

All internal available capacity will be used to prioritise USOC, high risk and surveillance patients.

We will continue to deliver:- Qfit testing; use of oesophageal sponge test; implementation of national IBS, IBD, coeliac, reflux, iron deficient anaemia, dysphagia and diverticulitis pathways; revalidation of planned repeat lists and clinical validation of high risk, surveillance and long wait patients; in house nurse endoscopist training programme.

We continue to build our workforce with recent recruitment of a Band 8A Nurse Endoscopist and plans to recruit 2 additional preassessment clinical nurse specialists.

If funding is secured beyond end March we will continue revalidation of long wait NP lists – this was started in December with 23% removal rate to date.

Additional investment will enable an expansion of capacity to target longest waiting and urgent queues, and support bowel screening diagnostics to align with national targets.

2.2 Outpatients

The scale of over 52 week waits in outpatients is considerable. Modelling is being undertaken to assess delivery across specialties including what additional activity is required to close the capacity gap across all clinical priorities, and the backlog.

CfSD Modernising Patient Pathway Programme incorporating **High Impact Changes** and **Specialty Delivery Group** developments drive the Outpatient Delivery programme. We have introduced an internal governance framework to support SDG workstream delivery incorporating a CfSD tracker and reporting structure.

All specialties are now enabled to deliver ACRT and PIR with ACRT assessing alternative options including:- back to referrer; advice only; opt in and return of inappropriate referrals. Performance against both high impact changes is monitored and managed through Outpatients Delivery Group and CfSD Heatmap meetings. Achieving ACRT & PIR targets will be supported by close monitoring of key balancing measures such as specialty DNA rate & clinic outcoming. We plan to increase our virtual (including telephone) appointments through a targeted clinical engagement programme. Demand management will continue to be underpinned by NHSL Ref Help services, encompassing Referral guidelines, Ref Bites – targeted specialty updates, and Ref Talks – clinically led webinars.

Information regarding referral and associated clinical guidance may be transferred to the national Right Decisions platform by clinical teams as an adjunct to, not replacement for, Ref Help.

Text reminders, PFB and eComms, will continue to embed in 2526 with eComms being extended to Inpatients. Through the use of eComms patients will be signposted to the national **Waiting Well** toolkit which will be adapted to provide details of Lothian specific resources. Enabling patients to optimally prepare for their health journey, especially where waiting times may be lengthy.

All patients on outpatient waiting lists over 26 weeks will undergo **digital admin validation** which in recent months has enabled over 30% removal of referrals validated. This removal rate will reduce in 25/26 as waiting times reduce. Targeted clinical validation is undertaken across individual specialties (endoscopy, plastics, orthopaedics, radiology) and will be enhanced through 2526 job planning. We will plan to undertake a focused validation exercise across all return waiting lists.

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Changes made to support the PAEP decant late 2024 will be evaluated, and where appropriate consolidated upon PAEP's reopening spring 2025.

2.3 Inpatient Daycase

The scale of over 52 week waits in inpatient daycase will be considerable. Modelling is being undertaken to assess delivery across specialties including what additional activity is required to close the capacity gap across all clinical priorities, and the backlog. Modelling will also assume additionality associated with conversion rate from activity required to reduce long waits in outpatients.

The national Perioperative Delivery Group principles underpin NHSL IPDC delivery plan.

All theatre sessions will be allocated in line with clinical prioritisation through weekly matrix (6 4 2) meetings and we will continue to operate within standardised operating times of 8.30 - 4.30 on all 3 acute sites. **Infix escheduling** will be in operation across all planned care specialties by end May 25, with the final phase underway and incorporating neurosurgery, cardiothoracic and vascular. Single procedure / pooled lists are considered across surgical specialties but currently constrained by clinical prioritisation, as minimal routine operating is being undertaken.

We will continue to maximise all **day case capacity** with improvement work supporting increased day case delivery for patients requiring cystectomy (bladder cancer) and arthroplasty. Work is planned in WGH day bed unit that will improve patient flow for day case and endoscopy.

We will deliver ECT, cardioversion and some Plastics activity in 2 **treatment rooms** within Day Surgery SJH and flexi cystoscopy outwith theatres WGH. We will assess opportunities for capacity release within GA theatres at RIE. Extended day operating for complex plastic cases (DIEP) will be maintained further to Consultant job planning for 25/26.

We will continue to ringfence beds in RIE Orthopaedics and SJH Daycase Unit to protect Scheduled Care delivery.

Productive opportunities will be maximised in **Ophthalmology** and **Orthopaedics**. Achieving a minimum of 8 cataracts per list is currently constrained with the reduction in Ophthalmology theatres due to PAEP closure. When reopened PAEP will aim to deliver the target operating model for Ophthalmology including bilateral cataract procedures where clinically appropriate.

To support ongoing achievement of 4 joint lists and expansion of Same Day arthroplasty (of which small volumes have been delivered in 24/25 due to clinical prioritisation) Orthopaedics seek to increase ERAS delivery across 7 days. We await confirmation of funding to support from the Trauma and Orthopaedic National Plan. The use of ELCH beds will continue to support Orthopaedic waiting list reduction.

Robotic assisted surgery will be delivered across all 3 acute sites in line with our approved Robotics Strategic Plan, ensuring appropriate and controlled expansion of service where clinically beneficial. We will extend the lease on the 2nd Da Vinci robot at SJH to support prostatectomy and introduction of Trans Oral Robotic Surgery (TORS). The Da Vinci at RIE currently provides robotic support for Thoracics, Gynaecology & General Surgery.

We aim to pilot **digital pre op assessment** across General Surgery and Breast delivered via Trakcare which could release up to 40% assessment capacity beyond initial review of digital submission. Preoperative assessment capacity remains a constraint for orthopaedics especially, but the implementation of the new **Prehabilitation** pathway (across all surgical specialties) will support patient optimisation and is anticipated to support reduction in same day cancellations.

ERAS pathways are embedded across Orthopaedics, Gynaecology, Colorectal and developing in Maxillofacial, Neurosurgery and Urology. The coordinated Prehab ERAS programme will continue in 25/26 and extend to SJH, supported by 2 Clinical Leads.

Site IPDC groups maintain focus and oversee performance against reducing cancellations, optimising day case rates, and improving theatre utilisation.

3.1 Digital developments

All outpatient specialties are now digitally enabled to provide :- ACRT, PFB, text reminders, PIR and waiting list validation. Development of a patient portal is ongoing and will start to implement early 25/26.

Ecomms will be extended to Inpatients.

Digital Dermatology (ANIA) has been piloted, will roll out from mid January 25. Through enhanced triage, this enables :- direct referral to surgery; discharge; or appointment for all new patients.

Endoscopy Patient Reporting system will be live in 25/26.

Community Glaucoma System is scheduled to go live April 2025. The service continues to work with the national programme in development of Openeyes.

Infix eScheduling will be fully introduced across all surgical specialties.

Digital Pre operative assessment via Trakcare or MyPreop will be piloted early 2025.

Part Two – our performance aspirations

NHSL is committed to ensuring that we deliver on Scotland's performance aspirations. We have worked closely with the Scottish Government to ensure that we maximise our contribution to the national goal of nobody waiting longer than 52 weeks for an outpatient appointment, and continuing to improve our performance on diagnostics, on inpatient and daycase treatment, and on cancer waiting times.

NHS Lothian submitted scheduled care proposals equating to £36.6m in year 25/26 with £22.3m recurring from 26/27 on the 6th March.

Even if fully funded, those plans would not have delivered zero waits over the 52 week target in multiple specialties. As such, NHS Lothian also requested additional national support, including utilising any available capacity at GJNH and other Boards. On the 13th May, NHS Lothian received formal written confirmation from SG of partial funding, with £27.791m funding in 25/26, and recurring funding of £14.405m.

On the 18 July NHS Lothian submitted to SG a proposed plan for an additional £10m, with revised >52-week trajectories incorporating these plans submitted to SG on the 1st August. Plans included investment and actions to deliver a plan for Dermatology which would achieve zero Dermatology out-patient waits over 52 weeks by the end of March 26. On 4th August NHSL received written formal confirmation. NHSL has also invested additional resources in other services and we expect this to provide us with additional activity in areas such as orthopaedics and paediatrics.

All told, we therefore expect our position at the end of March 2026 to be;

- No more than 8828 outpatients over 52 weeks, versus a projection of 32,672
- No more than 3735 inpatients and daycases waiting over 52 weeks, versus a projection of 7418
- Performance against the Cancer Waiting Times 31-day standard of 95%
- Performance against the Cancer Waiting Times 62-day standard of 89.4%
- 2000 patients waiting over 6 weeks for an endoscopy, as against c. 5000 at the start of the financial year
- No patients waiting over 6 weeks for a diagnostic test other than endoscopy, as against just under 15,000 at the start of the financial year.

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Urgent and Unscheduled Care

This section will form the basis of an addendum to the Board in October 2025 and as such needs to be seen as a work in progress

Strategic Context

In 25/26 NHS Lothian will continue the implementation of the "Lothian Strategic Development Framework" (LSDF) that sets out the Boards' key objectives & initiatives for Unscheduled Care. Namely;

- Reducing ED attendances
- Reducing occupancy and length of stay
- Reducing inappropriate admissions

Complementing this, NHS Lothian has recently been successful in securing an additional £14.5m recurring investment from Scottish Government to accelerate these plans, with particular initial focus on the Royal Infirmary of Edinburgh. The approved plan included;

(1) **Accelerating existing plans** to improve USC performance, with a particular focus on actions that will deliver improved performance along with patient safety over the winter months.
(2) Developing a comprehensive proposal that seeks to address the deficits in demand and capacity borne out over the Lothian Health & Care System whilst simultaneously enabling **radical transformation of models of care to ensure long term sustainability** and improved patient safety and experience.

The proposals under category (1) include;

- Expediting roll out of **DwD** including rapid adoption of PDD, with a focus on **reducing Length of Stay**
- Improving the experience for those presenting to the Emergency Department with **Mental Health conditions**.
- Transforming the services available through the **Rapid Assessment Care Unit**
- Transforming models of care across the LHCS for **frail citizens** who require medical and social support
- Strengthening the offer of the **Flow Navigation Centre** and the interface services accessible through this

The proposals under category (2) include;

- Enabling a shift in the balance of care, particularly around **assessment and provision of rehabilitation support**, from the acute hospital setting to the patient's home.
- Strengthening the HSCPs capacity to provide patients with **care at home to meet current demand**.
- Strengthening **Primary Care's capacity** to provide enhanced care for frail citizens, **reducing reliance on hospital bed based care**
- Reducing the reliance on the RIE Emergency Department as the "place of safety" for those with **acute mental health requirements**.

These proposals were modelled with input from CfSD colleagues to deliver the following impact;

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	End of Month Estimated Impact Timeline						
	Jan-25	Feb-25	Mar-25	Apr-25	End Q1 25/26	End Q2 25/26	End Q3 25/26
Anticipated Beds released	27	73	113	112	135	135	158
Long Waits (>8hrs) percentage reduction	34%	91%	In theory majority of long waits should be eradicated. (There will always be exceptions)				
Performance	53%	67%	79%	79%	86%	86%	93%
RIE Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
SG Performance Uplift	2%	4%	7%	7%	8%	8%	10%

25/26 USC Programme Structure

The Unscheduled Care (USC) Framework is an integral part of the NHS Lothian led LSDF. Performance is overseen by the 'whole system' USC Programme Board, Chaired by the East Lothian Chief Officer, Fiona Wilson, with support from the USC Tactical Committee. Both groups have senior service-wide representation, including from Acute, HSCPs and other key areas.

In 24/25 a review and refresh of the strategic framework was conducted and specific programmes of work were initiated to accelerate the delivery of performance and patient safety improvements. These revisions included;

- Development of a Pan-Lothian whole system **Frailty Programme Board** with a focus on redesigning models of care for frail patients
- Development of a **Navigation Programme Board** that brings together the Flow Navigation Centre, acute hospital teams, and importantly HSCP colleagues to ensure patients can be referred to appropriate support be it in community or an acute hospital.
- Development of an **Interface Programme Board** that is reviewing H@H delivery and variation across the teams in Lothian, and additionally reviewing the other interface services (OPAT/CRT/RACU) with a view to maximise and standardise models of care and routes into these services.
- Development of an **Acute Length of Stay Programme** led by each acute hospital site that complements the existing **DwD programme**, but also challenges and supports clinicians to review current clinical pathways with a view to improving patient experience through reducing their hospital length of stay.

To support the implementation of the initiatives related to the additional Scottish Government funding for unscheduled care, an oversight group comprising stakeholders and leaders from USC planning and operational services and chaired by the NHS Lothian Deputy Chief Executive, is driving action-focussed, system-wide improvement. This work is being progressed in conjunction with IJB Chief Officers recognising the whole system partnership approach required to deliver the required change.

The oversight group will provide strategic focus and has been established to ensure momentum in the delivery of achieving the improvement goals. In the short term the group will drive forward the implementation plan and provide oversight and monitoring of impact and performance. It will also seek evidence that appropriate assurance processes are in place across directorates/divisions to monitor, deliver and sustain improvement.

The NHS Lothian Chief Executive Officer (CEO) has also led discussions with the four Lothian Local Authority CEOs to reach consensus on a whole system approach and joint action. A new monthly

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meeting has been established to bring together leaders of the Lothian Health and Care System and Local Authorities.

Self-Assessment against Scottish Government Priority Areas

*refers to initiatives funded within the £14.5m

Scottish Government Priority Areas	New SG USC Plan*	Extant LSDF
Reduce Delayed Discharges	✔	✔
Optimising Flow Navigation Centres	✔	✔
Scheduling of Appointments	✔	✔
Professional-to-professional advice with a focus on care home support.	✔	✔
Reduce hospital admissions for patients with low clinical value such as those aged over 85 and end of life care	✔	✔
Improving urgent care in the community	✔	
increasing Hospital at Home pathways	✔	✔
Improving access to 'same day' services		✔
Early and effective triage, rapid decision-making and streaming to assessment areas.		✔
Ensure people are discharged as soon as they are medically safe, by promoting robust and responsive operational management	✔	✔
Rehabilitation and reablement in line with the 6 principles of good rehabilitation	✔	
Implement Frailty Units or designated bed base at the front door	✔	
Discharge to assess support that will facilitate new services within 24-36 hours of request, 7 day per week to provide recovery in the community	✔	✔

25-26 Aims & Objectives

The following are the proposed key objectives for 25/26

1. Implement the recently approved plan to improve USC performance, initially focused at the RIE. This includes;
   a. Expanding HSCP capacity to improve flow from acute sites into community as well as increase admission avoidance capability.
   b. Developing frailty teams withing the emergency departments
   c. Strengthening the Flow Navigation Centre through the addition of medical staff to assist with prof-prof calls with referrers.
   d. Explore and develop a chair assessment area adjacent to the emergency department within the RIE for mental health presentations.

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  e. Deploy the "Discharge Risk Indicator Tool" to be used by MDT teams to consistently stratify risk and pathways for patients at discharge.

  f. Ensure all areas use PDD effectively.

  g. Deploy the Primary Care Frailty Local Enhance Service

2. Ensure DwD is embedded in practice across the Lothian system and continue the site based LoS programmes, including the use of "criteria to reside"

3. Review "interface" models of care (RACU/H@H/OPAT/CRT/Heart Failure) to maximise, where appropriate expand, and standardise models of care and routes into these services.

4. Develop a case for Frailty Unit(s) or bespoke bed-based models for frail patients

5. Develop bespoke plans to improve performance at SJH based on the principles and initiatives found in the RIE improvement plan

6. Review USC portfolio spend (spend incurred across MTFF) across "frailty" and "interface" strands (via associated programme boards) with a view to maximise performance by shifting spend where appropriate from inpatient bed-based care to prevention, community or front door models of care.

Performance Targets

RIE Specific

Given the whole-system approach to this it is assumed that performance at the WGH will also improve

	End of Month Estimated Impact Timeline						
	Jan-25	Feb-25	Mar-25	Apr-25	End Q1 25/26	End Q2 25/26	End Q3 25/26
Anticipated Beds released	27	73	113	112	135	135	158
Long Waits (>8hrs) percentage reduction	34%	91%	In theory majority of long waits should be eradicated. (There will always be exceptions)				
Performance	53%	67%	79%	79%	86%	86%	93%
RIE Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%

SJH

SJH broadly operates within a single-system (1 acute site and 1 HSCP), and therefore additional actions, and likely investment, will be required to achieve similar performance improvements to that of the RIE. The West Lothian HSCP and acute colleagues are, however, engaged in the improvement work and will in the meantime use the experience of the RIE to further inform local plans.

A bespoke measurement framework has been developed to monitor improvement and encloses the key KPIs that NHS Lothian will monitor.

Risks

NHS Lothian faces a £120m financial gap in 25/26 and similar substantial financial challenges are faced by Local Authorities within the region. It must be noted that any improvement actions associated with improving USC and the corresponding investment risk being offset by other significant cuts which will be made to health and social care services across Lothian.

For some of the initiatives proposed, there is a limited pool of staff to draw upon, and limited external candidates to recruit, therefore the ability to implement all desired actions without extended timescales may be limited.

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Additionally, work is ongoing to ensure consistent application of SOPs within clinical areas to minimise variation in application of systems, processes and clinical judgement.

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Mental Health, Illness, and Wellbeing

Note: this section forms the basis of an addendum to be brought to the Board in October 2025 and needs to be considered as work in progress

Building on the Lothian Strategic Development Framework (LSDF), which provides a five-year vision for integrated, high-quality, and accessible care, the following Delivery Plan for Mental Health in NHS Lothian align to four key themes reflected in the Mental Health Illness and Wellbeing (MHIWB) Pillar Implementation Book: improving access and quality in Mental Health and Learning Disabilities services, optimising digital solutions, shifting care from hospital to home, and enhancing healthcare delivery within prison services.

We have, during the 2025/26 financial year, established a "Gold Command" structure to tackle the issues of over-occupancy and long waits in emergency departments. As of the drafting of this ADP, we have seen the eradication of long waits in the ED for mental health assessment and treatment, while occupancy remains a work in progress.

Key Achievements in 2024/25:

- Progress toward the CAMHS 18-week waiting time standard through capacity-building initiatives, reducing waiting times across key services.
- Targeted workforce development, including the introduction of mental health nursing traineeships and leadership development for senior staff.
- Enhanced collaboration across Integration Joint Boards (IJBs) to streamline care pathways, improve access, and strengthen equity in service delivery.

1. Main Objectives for 2025/26:

The Delivery Plan aims to:

- **Address National Priorities:** Reduce waiting times for CAMHS and Psychological Therapies, improve unplanned and urgent care pathways, and address inequalities affecting vulnerable groups.
- **Integrate Strategic Objectives:** Align financial, workforce, and service delivery planning to build sustainable and equitable mental health systems.
- **Strengthen Collaboration:** Promote partnerships across NHS Scotland, local authorities, and IJBs to deliver community-focused care.

Major Planned Actions and Outcomes:

1. Reduce occupancy in adult mental health beds to c.95%
2. Achieve the CAMHS 18-week waiting time standard by December 2025 through capacity expansion, workforce enhancements, and streamlined care pathways.
3. Implement National Mental Health Standards, including CAMHS, Eating Disorders, IPCU, and Neurodevelopmental specifications, to ensure high-quality and equitable care.
4. Strengthen urgent and unplanned mental health care by aligning Psychiatric Emergency Plans with national templates and leveraging data improvements with Public Health Scotland.
5. Advance forensic mental health governance and capacity through collaboration with the Forensic Network, addressing national recommendations.
6. Execute the Mental Health and Wellbeing Workforce Action Plan to address recruitment and retention challenges, prioritising critical service areas like CAMHS and specialist roles.
7. Enhance facilities using the Mental Health Built Environment Quality and Safety Toolkit, ensuring safe, person-centred, and effective care environments.
8. Improve data quality and submission compliance for CAMHS, Psychological Therapies, and workforce reporting, with enhanced collaboration with Public Health Scotland.

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9. Prioritise mental health services for vulnerable groups, including individuals affected by suicide, self-harm, and addiction, under the Public Sector Equality Duty.
10. Deliver annual health checks for individuals aged 16+ with learning disabilities, ensuring compliance with legal obligations and equity in access.

2.1 National Priorities

Scotland's mental health priorities are guided by a series of key national strategies and frameworks that aim to enhance mental health and wellbeing through systemic change and targeted interventions. These include:

- **Scottish Government Mental Health Strategy (2017-2027):** Focused on achieving parity between mental and physical health by promoting prevention, early intervention, and accessible treatment pathways.
- **Creating Hope Together: Suicide Prevention Strategy (2022-2032):** Aims to reduce suicide rates by addressing social determinants, fostering community resilience, and providing targeted support to at-risk individuals.
- **Rights, Respect, and Recovery (Alcohol and Drug Treatment Strategy):** Integrates mental health care into substance use recovery, recognising the interconnected nature of these issues.
- **Scotland's Public Health Priorities:** Highlights the need to reduce mental health inequalities and promote population-wide wellbeing.

These national priorities emphasise:

- Reducing waiting times for critical services such as CAMHS and Psychological Therapies.
- Expanding community-based care to shift the balance away from inpatient-focused delivery.
- Strengthening governance structures to ensure equitable and high-quality mental health service provision at local and national levels.

2.2 Local Context

NHS Lothian provides mental health services to a diverse and growing population of nearly one million residents across four localities: Edinburgh, East Lothian, Midlothian, and West Lothian. Population projections for 2018-2028 (National Records of Scotland) forecast a notable growth across all areas:

- **Edinburgh:** From 540,281 to 552,585 (+2.3%).
- **East Lothian:** From 110,182 to 113,403 (+2.9%).
- **West Lothian:** From 189,065 to 192,812 (+2.0%).
- **Midlothian:** From 99,002 to 103,945 (+5.0%).

Concurrently, the prevalence of mental health conditions has risen significantly, with a 15% increase in adults self-reporting mental health concerns between 2011 and 2022 in the 2022 Scotland's Census across all Lothian partnership regions. Younger adults (16-24) and urban populations show disproportionately high rates of anxiety and depression, as per the Lothian Public Health Survey 2023, reflecting broader societal and environmental pressures.

Key Challenges:

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- **Capacity and Demand:** Rising demand for mental health services, particularly CAMHS and Psychological Therapies, exceeds current capacity. Over 100% bed occupancy rates at the Royal Edinburgh Hospital highlight acute system pressures.
- **Workforce Issues:** Persistent shortages in mental health nursing and allied health professions, combined with recruitment challenges and an ageing workforce, impact service delivery and sustainability.
- **Funding and Infrastructure:** Delayed capital projects, such as the redevelopment of the Royal Edinburgh Hospital, hinder service improvements. Fiscal constraints require Boards to implement efficiency savings without compromising service quality.

NHS Boards have been allocated £120 million to support mental health service improvements, with 10% of frontline NHS Board budgets dedicated to mental health services, including 1% specifically for CAMHS. However, these allocations fall short of actual needs, with some areas receiving closer to 7% of required funding. NHS Lothian continues to advocate for a strategic approach to efficiency savings, addressing systemic gaps in services like substance use support and learning disabilities, while maintaining its focus on delivering sustainable and impactful care.

Integration with the Lothian Strategic Development Framework

The [Lothian Strategic Development Framework](#) (LSDF) provides the overarching vision for NHS Lothian's health and care services from 2022–2027, prioritising shifting care closer to home, enhancing service integration, and addressing inequalities. Collaborative partnerships with local IJBs, local authorities, and third-sector organisations ensure alignment with regional needs and priorities. Together, these partnerships support shared delivery of holistic mental health and wellbeing programmes. Within this framework, the MHIWB Pillar outlines targeted priorities, including:

- Improving access and quality of Mental Health and Learning Disabilities services.
- Optimising the use of digital solutions to enhance service delivery.
- Shifting the balance of care from hospital to home.
- Improving healthcare delivery within prison services.

The Mental Health and Learning Disabilities Programme Board, chaired by the West Lothian HSCP Director, provides strategic oversight for the MHIWB Pillar. This board manages governance structures to ensure equitable service delivery across all HSCPs and monitors the implementation of the Mental Health Implementation Book, which outlines detailed actions to achieve the LSDF objectives.

By aligning with national priorities and leveraging the LSDF's flexible framework, NHS Lothian is positioned to address the evolving needs of its population, overcome systemic challenges, and deliver meaningful improvements in mental health outcomes.

National Priorities for 2025	LSDF 2022-2027	MHIWB Implementation Book 2024-25
Build capacity for CAMHS 18-week waiting times standard by December 2025.	Broad focus on improving CAMHS waiting times.	CAMHS Strategy includes detailed timelines and a refresh plan to meet the 18-week standard sustainably.
Implement National Mental Health Standards (Core, CAMHS, Eating Disorders, IPCU).	Not explicitly mentioned as LSDF predates standards publications (2022-2024).	Comprehensive coverage of national standards, including detailed CAMHS implementation plans and Edinburgh HSCP team review for adult mental health (AMH) services.
Improve unplanned and urgent mental health care (Psychiatric Emergency Plans, PHS data improvements).	Mentions urgent care improvements in broad terms.	Includes phased enhancements for Psychiatric Emergency Plans, MHAS redesign, 24/7 CAMHS Tier 4 care, and the Melville Review for inpatient care.
Develop a coherent forensic mental health system through collaboration with the Forensic Network.	Not explicitly mentioned as predates decisions made in 2024.	Strong emphasis on forensic services, including governance, capacity-building, and inter-board collaboration with the Forensic Network.
Implement the Mental Health and Wellbeing Workforce Action Plan.	Not explicitly mentioned as LSDF predates Action Plan (Nov 2023).	Indirect reference through workforce initiatives, particularly for CAMHS and specialist services.
Enhance the mental health estate with the Quality and Safety Toolkit.	Not explicitly mentioned.	Focused references to estate improvements using the toolkit, aligning with safety and quality standards.
Improve the quality and completeness of mental health data returns (e.g., CAPTND).	Not explicitly mentioned.	Data quality improvements prioritised, with engagement in workforce and CAPTND submissions, leveraging PHS analytical advice.
Prioritise mental health services under the Public Sector Equality Duty, focusing on vulnerable groups.	Mentions equality goals and a general focus on vulnerable groups.	Limited mention; however, Equality and Children's Rights Impact Assessments (ECRIA) are conducted for all major decisions.
Deliver annual health checks for individuals aged 16+ with learning disabilities.	Not explicitly mentioned as LSDF predates the Annual Health Check Directions (May 2022).	Direct reference to annual health checks, ensuring compliance with legal duties and maintaining delivery models.

3. Delivery Plan

3.1 CAMHS Waiting Times and Backlog Reduction

Current Position

The CAMHS service in NHS Lothian continues to face significant challenges in meeting the 90% Scottish Government LDP standard for treatment commencement within 18 weeks of referral. Increased demand, reduced funding, and complexity of cases have exacerbated waiting times.

Following bullet-points to be updated for October addendum

As of September 2024:

- 65.4% of patients commenced treatment within 18 weeks, reflecting a slight improvement from the previous year but still below the national average of 84.1%.
- The backlog of patients waiting over 18 weeks remains substantial, particularly within Tier 3 outpatient teams and neurodevelopmental services.

On the former, it appears that there are differences between Boards in how performance is being reported. Our clinical teams are clear that the interpretation prevalent in NHSL captures the beginning of treatment, and not an assessment.

Actions Taken to Date

1. **Implementation of the Choice and Partnership Approach (CAPA):** Enhanced understanding of demand and capacity, enabling better planning and delivery of services, with successful "choice blitzes" in some teams, such as the South team reducing assessment waits from 22 weeks to 6 weeks.
2. **Recruitment and Multidisciplinary Team Expansion:** Added roles like Nurse Consultants, Advanced Nurse Practitioners, and Psychological Therapists to build capacity, and expanded support staff (e.g., Band 3 Clinical Support Workers) to alleviate pressures on clinicians.
3. **Private Provider Support:** Continued collaboration with HEALIOS to manage waiting lists and provide virtual support.
4. **Job Planning and Caseload Management:** Detailed job planning, and the introduction of new caseload reports to enhance transparency and accountability, and adoption of the 'Patient-Initiated Follow-Up' process to improve patient flow and facilitate timely discharges.
5. **Neurodevelopmental Pathway Redesign:** Establishment of the Lothian ND Pathway Operational Group to address long waiting times for neurodevelopmental assessments.

Key Challenges

1. **Demand vs. Capacity:** A mismatch between increasing referrals and limited workforce capacity, particularly in Tier 3 outpatient teams.
2. **Staffing Gaps:** Persistent challenges in recruiting experienced staff without drawing from existing teams, leading to reduced overall capacity.
3. **Funding Constraints:** Reductions in Mental Health Outcomes Framework funding have impacted service delivery and necessitated service reviews.

Next Steps and Strategic Actions

1. **Review and Adjust Trajectories**: Revisit current trajectory models to establish clear baselines for demand and capacity across all CAMHS services and develop realistic

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performance targets for Tier 3 and specialist teams. Initial review by March 2025, with adjustments implemented by June 2025. Ongoing monitoring quarterly thereafter.

2. **Workforce Planning**: Conduct a workforce audit by April 2025 to optimise the skills mix and ensure sustainable staffing levels, and reassess job plans to maximise productivity and capacity within existing resources by July 2025.

3. **Prioritisation and Resource Allocation**: Engage team leads to identify and risk-assess activities that can be paused or stopped to redirect resources to priority areas by March 2025, with impact and risk assessments and recommendations finalised by June 2025.

4. **Data and Performance Management**: Continue working with analysts to improve data quality and capacity modelling and validate waiting lists and refine performance expectations to ensure clarity and consistency. Key data quality improvements identified and implemented by March 2025, with validation and refinements completed by June 2025. Ongoing updates as part of regular performance reviews.

Expected Outcomes

- Achieve measurable reductions in waiting times for first treatment appointments.
- Work towards increasing the percentage of patients commencing treatment within 18 weeks, aiming to meet or exceed the national LDP standard by December 2025, while recognising the significant financial challenges that may impact our ability to fully achieve this target.
- Develop a sustainable, well-supported workforce equipped to manage current and future demand.
- Improve patient experience and service accessibility through streamlined processes and innovative solutions.

3.2. Implementation of National Mental Health Standards

3.2.1 Core Mental Health Standards

NHS Lothian is actively working to achieve accordance with the Core Mental Health Standards across Community Mental Health Teams, Intensive Home Treatment Teams, and acute wards. An ongoing self-assessment exercise, which is integral to the January 2025 Healthcare Improvement Scotland return, is supporting a systematic review of services to evaluate alignment with these standards and identify areas for improvement.

A key opportunity has been identified to collaborate across Health and Social Care Partnerships and the Royal Edinburgh Associated Services to focus on the core requirements of the standards and specifications. This collaboration will involve working closely with the REAS, four HSCP Services and Lothian Analytical Services to conduct a comprehensive gap analysis, ensuring consistent alignment across all services while addressing local differences and challenges.

Next steps include initiating the gap analysis process using the ongoing self-assessment as a foundation. Input from all HSCPs and REAS will be essential to ensure a robust understanding of service provision and any gaps requiring action. To coordinate this work, a working group has been convened, with representation from all service leads, alongside any additional staff who can contribute meaningfully to this effort. Initial recommendations will be presented to Mental Health and Learning Disabilities Programme Board and will guide the development of an action plan to strengthen service alignment with the Core Mental Health Standards and ensure NHS Lothian's readiness for inspections.

3.2.2 Specification for Psychological Therapies and Interventions.

NHS Lothian Psychological Therapies Service continues to work hard to achieve the Waiting Times Standard. Significant resource has been given to providing analytics support as well as building

capacity plans for teams and staff to ensure timely and efficient waiting list management and the maximisation of capacity. Although the Board-wide compliance is still to reach the waiting times standard, this does not fully describe the picture across different services, where some individual teams are meeting the Waiting Times Standard whilst some have long waits. The reduced, and reducing, financial envelope will mean a reduction in psychological therapist posts which will impact on the services' ability to further work towards meeting the standard. Recent figures have already started reflecting the impact of some vacancies not being filled while financial plans are made. It is no longer expected that the standard will be met within the next five years.

The service has been working with the Digital & IT team who have been upgrading TRAK and extending the number of services who can report on waiting times via TRAK. This has been primarily inpatient and specialist services.

The service is awaiting the publication of the audit tool to accompany the National Specification for Psychological Therapies. Compliance with some aspects regarding waiting times will be a challenge considering reduced funding. The service is working with SG colleagues to organise a visit in early 2025 to discuss the National Specification, the implications, and future steps. It is anticipated that, as the specification applies to all services, there will be a need to look at relative staffing across all services with particular challenges being in some of the inpatient and higher acuity community services. There is also an acknowledged need to review overall workforce structure to ensure appropriate level of senior staff who can provide clinical supervision as well as hold a caseload of complex cases to provide assurance on patient safety and staff wellbeing.

3.2.3 CAMHS and Neurodevelopmental Specifications

NHS Lothian is committed to meeting the National CAMHS and Neurodevelopmental Service Specifications as part of its overarching Recovery & Renewal Plan. These specifications aim to ensure timely access to high-quality, person-centred care that meets the diverse needs of children, young people, and their families.

CAMHS services have conducted a detailed gap analysis, identifying key areas for improvement, including reducing waiting times, enhancing workforce capacity, and streamlining service pathways. A comprehensive action plan has been developed, with a series of workstreams addressing these gaps. The implementation of this plan is underway, with full execution expected to extend into the 2025/26 financial year. The expected outcomes include achieving the 18-week referral-to-treatment standard by December 2025, reducing backlogs, and enhancing the overall service experience for young people and families.

For the Neurodevelopmental (ND) Service, the establishment of an ND Operations Group has provided a robust framework for driving forward key improvements. Building on previous progress, the group is ramping up efforts to ensure compliance with the ND Service Specification. Focus areas include reducing wait times for assessments and treatments, addressing capacity challenges, and enhancing collaboration with stakeholders across the system. This work is supported by targeted workforce expansion and capacity planning.

Discussions with the Scottish Government have further highlighted the need for pathway reviews to ensure efficiency and alignment with national standards. Key areas of focus include:

- **Streamlining Pathways**: Reducing wait times and ensuring that the first appointment is supportive and instils hope for young people and families.
- **Optimising the CAPA Model**: Implementing changes to the Choice and Partnership Approach model to improve patient experience and capture the true value of each appointment. This includes leveraging CAMHS and Psychological Therapies National Dataset

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(CAPTND) data to identify discrepancies in waitlist reporting and ensure alignment with appointment outcomes.
- **Clinician Engagement:** Supporting collaborative conversations with clinicians to address improvements, with a focus on effective capacity planning and workforce time allocation.

The action plan incorporates these priorities into its workstreams, with progress monitored through defined deliverables and timelines. These efforts will improve service delivery for both CAMHS and ND pathways, ensuring services are efficient, equitable, and aligned with the needs of the local population. Through the CAMHS Recovery & Renewal Plan, NHS Lothian aims to:

- Align with the National CAMHS Service Specification by ensuring services are equitable, accessible, and person-centred.
- Work towards increasing the percentage of patients commencing treatment within 18 weeks, aiming to meet or exceed the national LDP standard by December 2025, while recognising the significant financial challenges that may impact our ability to fully achieve this target.
- Improve service user experience by embedding the rights and needs of children and young people at the heart of care delivery.
- Enhance workforce capacity and capability to support long-term sustainability and resilience within CAMHS.

Regional collaboration on CAMHS delivery

Regional collaboration is focused on exploring regional solutions for inpatient CAMHS care, particularly regarding shared use of inpatient units and integration of community services to reduce the reliance on hospital-based care. NHS Lothian is also prioritising improvements in the transition between CAMHS and adult mental health services, ensuring continuity of care for young people as they move between age-based services. We will expand out inpatient CAMHS capacity this year and will work with our partners in Fife and Borders to develop a regional model for these services.

3.2.4 Eating Disorder Specifications

NHS Lothian continues to develop its services in alignment with the National Eating Disorder and Intensive Psychiatric Care Unit (IPCU) Service Specifications, ensuring these specialist pathways provide equitable, high-quality care across all age groups. The focus is on improving access, enhancing transitions, and delivering sustainable, person-centred care.

In Eating Disorder Services, progress has been made in improving outcomes for adult patients - building on this foundation, the strategic aim is to create an integrated, age-spanning eating disorder pathway. This includes:

- Developing smoother transitions for 16–18-year-olds who may benefit from adult services while ensuring a realistic medical approach tailored to their needs.
- Collaborating with clinical teams to review and refine pathways, narrowing specialist services to optimise resource allocation without compromising access.
- Addressing urgent capacity challenges where some patients face prolonged waits (e.g., 50 weeks) by rebalancing the distribution of resources and focusing on early intervention.

3.2.5 IPCU Specifications

For Child and Young Person's Intensive Psychiatric Care Unit services, NHS Lothian is monitoring developments in Glasgow, where the Scottish Government has decided to pilot the first CYP IPCU. NHS Lothian had previously developed a business case for a CYP IPCU but will pause further action until lessons are learned from Glasgow's implementation. Once the pilot outcomes are available, NHS Lothian will refine its approach and revisit its business case to secure funding and ensure best practices are integrated.

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3.3. Improvements in Urgent and Unplanned Mental Health Care

NHS Lothian is developing enhancements to urgent and unplanned mental health care services by aligning with national standards, addressing gaps in crisis intervention, and improving data integration to support informed decision-making and service delivery. These initiatives are designed to ensure timely, high-quality care for individuals in crisis while fostering sustainable service models. As noted above, NHSL is intensely focussed on dealing with over-occupancy in the Royal Edinburgh Hospital in particular.

In line with **Psychiatric Emergency Plans**, NHS Lothian is actively updating and enhancing its plans to align with national templates. This effort ensures consistency, readiness, and the capacity to respond effectively to urgent mental health crises. The approach incorporates best practices and integrates local plans with overarching strategic goals, supporting a cohesive and responsive system.

Efforts under **Mental Distress and Crisis Intervention Improvements** include the expansion of alternative care pathways and specialised psychiatric interventions. The key initiatives involve:

- **Brief Intervention (DBI) Expansion:** Providing immediate, person-centred support for individuals experiencing mental distress, with the aim of stabilising their condition and redirecting them to appropriate services, thereby reducing reliance on acute emergency departments.
- **Enhanced Mental Health Capacity at the RIE ED:** A central focus is the decompression of the Royal Infirmary of Edinburgh (RIE) Emergency Department through initiatives such as the establishment of a **chaired assessment area for mental health patients**, reducing ED stays for those presenting with psychiatric crises. The area is informed by the [EmPATH](#) **(Emergency Psychiatric Assessment, Treatment, and Healing)** model, which is proven to enhance care and expedite discharge planning.
- **Additional Winter 12-Bed Mental Health Assessment Capacity:** Within the Royal Edinburgh Hospital, a temporary 12-bed unit for winter (January to March 2025) specifically addresses immediate psychiatric needs, offering specialised care that reduces ED reliance and supports more focused, patient-centred treatment. This capacity is integral to alleviating system-wide pressures and aligns with the goal of minimising long stays for mental health patients in acute settings.
- **CAMHS 24/7 Crisis Service Challenges:** The 24/7 CAMHS crisis service has faced challenges due to reduced Mental Health Outcomes Framework funding. While not directly measured by the 18-week referral-to-treatment standard, it plays a critical role in unscheduled care. Sustainability of this service hinges on additional funding and integration into broader unscheduled care pathways, with collaboration from Women and Children's services to ensure a comprehensive strategy.

Data Improvements underpin these initiatives, providing the foundation for evidence-based decision-making and effective service delivery. Key efforts include:

- **Integration with Public Health Scotland**: Undertaking new data collection for Mental health Unscheduled Care for Scottish Government with PHS. In NHS Lothian, we are developing tools like Escalation Frameworks and advanced dashboards to generate actionable insights and improve monitoring of mental health outcomes.
- **Implementation of the Mental Health Assessment Service (MHAS) on TRAK:** By integrating MHAS as an ED build on TRAK, NHS Lothian is enhancing its ability to capture and report data comprehensively. This functionality enables better tracking of mental health crises and supports NHS Lothian's capacity to answer data requests. However, NHS analysts are

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engaging with PHS to clarify data needs and expectations remains a priority to optimise the use of these tools.

3.4 Development of Forensic Mental Health Services

Governance and capacity-building initiatives are being developed in collaboration with the Forensic Network, which supports strategic alignment and service improvement across Scotland. However, NHS Lothian recognises that not all recommendations from the Barron's Review of forensic mental health services have been fully implemented. While the Board does not fully agree with some aspects of the governance recommendations, it remains committed to complying with national escalation arrangements and working collaboratively to address systemic issues.

These efforts are guided by the recommendations of the Forensic Governance Advisory Group and the ongoing strategic planning work of the Forensic & Prisons Services Strategic Planning Group. Progress has been made in refining the forensic mental health system, with a focus on integrating care across inpatient, community, and custody settings. Key developments include:

- **Service Mapping and Integration:** NHS Lothian has conducted a detailed mapping exercise to identify overlaps, gaps, and opportunities for improved integration between forensic, prison, and police custody healthcare services. This has led to clearer referral pathways and enhanced service collaboration, particularly between the Orchard Clinic and secondary care providers.
- **Infrastructure Needs:** The Orchard Clinic, NHS Lothian's primary forensic inpatient unit, requires significant upgrades to meet demand and modern therapeutic requirements. Planning is underway to address these challenges, including the need for capital investment to improve the physical environment and expand capacity.
- **Workforce and Capacity Development**: Addressing critical recruitment and retention challenges in forensic mental health services, particularly for specialist roles in inpatient and community care. Workforce planning initiatives include targeted recruitment campaigns and the development of flexible working models to improve retention rates.
- **Improved Data and IT Systems:** Fragmented IT systems continue to hinder efficient communication and data sharing across forensic, prison, and custody services. Work is developed to align forensic services with NHS Lothian's broader digital strategy, enabling better tracking of patient outcomes and service performance.
- **Trauma-Informed and Holistic Care**: The emphasis on trauma-informed care is reflected in plans to enhance staff training and ensure services across all settings address both mental and physical health needs in a holistic, person-centred manner. This is particularly crucial for individuals transitioning between custody, inpatient care, and community services.

Future aims to optimise service delivery through short-term and long-term actions:

- **Short-Term Actions (2024-2025):** Completing a comprehensive review of referral pathways, initiating upgrades to critical infrastructure, and implementing targeted workforce strategies.
- **Long-Term Goals (2026-2030):** Achieving full integration of forensic, prison, and custody healthcare services, with upgraded facilities, reduced waiting times, and a robust digital ecosystem for data sharing and predictive analytics.

3.5 Workforce Action Plan Implementation

NHS Lothian's Workforce Action Plan for mental health and learning disabilities services addresses recruitment, retention, and workforce planning challenges to close capacity gaps, support staff

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wellbeing, and drive reform. Aligned with the LSDF, this plan contributes to the Mental Illness and Wellbeing pillar and broader strategic priorities.

Key initiatives include a partnership with the Open University to train mental health nurses, with 18 trainees set to join NHS Lothian by 2026. A Band 6 Clinical Educator post provides structured support for newly qualified nurses, enhancing retention. To address immediate gaps, NHS Lothian is recruiting Band 4 Assistant Practitioners and offering leadership training for Senior Charge Nurses and team leaders.

In learning disability nursing, targeted recruitment campaigns aim to counter declining student enrolment, with a Consultant for Learning Disabilities and Neurodevelopmental Disorders joining in January 2024. Efforts to enhance psychological therapies include expanding training opportunities for high-intensity interventions, leveraging digital platforms like SilverCloud, and creating graduate pathways for low-intensity care.

Grounded in equity and inclusion, NHS Lothian's plan integrates with the REAS Equality Action Plan, promoting local employment and skills development. Future priorities include expanding advanced practice roles, improving on-call psychiatry provision, and developing career pathways for specialty doctors and allied health professionals to address critical service needs.

3.6 Built Estate and Infrastructure

NHS Lothian is collaborating with NHS National Services Scotland to implement the Mental Health Built Environment Quality and Safety Toolkit, ensuring facilities are safe, person-centred, and effective. A key focus is addressing Edinburgh's accommodation crisis, particularly the need for downstream beds, which impacts patient flow and creates bottlenecks. A temporary 12-bed capacity has been added for January to March 2025 to alleviate winter pressures, supporting timely, high-quality care closer to home.

Efforts are underway to meet national rehabilitation standards, including learning from best practices in UK units. However, significant capital projects, such as the redevelopment of the Royal Edinburgh Hospital, remain paused due to financial constraints. These projects aim to modernise facilities, invest in community-based care settings, and align physical environments with trauma-informed design principles to meet both staff and patient needs.

Significant capital projects are currently paused due to the financial landscape that are prioritised and needed to modernise facilities and address identified gaps in the estate:

- The redevelopment of The Royal Edinburgh Hospital remains central to long-term infrastructure goals, addressing aging facilities and aligning with modern therapeutic needs.
- Investment in community-based care settings to reduce dependency on inpatient care and enhance accessibility.
- Strengthening the alignment of physical environments with the needs of staff and patients, focusing on trauma-informed design principles.

3.7 Data Quality and Reporting Improvements

NHS Lothian Mental Health services are dedicated to enhancing the quality and completeness of its data reporting, ensuring compliance with national standards, and leveraging data to improve service delivery. By focusing on key datasets, fostering collaboration with Public Health Scotland (PHS), and implementing technological upgrades, the organisation aims to strengthen its analytical capabilities and provide actionable insights for decision-making.

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Efforts to improve data quality include ongoing work with the CAMHS and Psychological Therapies National Dataset (CAPTND), where NHS Lothian is recognised as one of the better-performing boards. Regular collaboration with PHS ensures alignment with national priorities and continuous improvement in data submissions. This includes dedicated biweekly discussions with the PHS CAPTND project manager to address data quality and submission challenges and monthly focused sessions to refine data reporting and explore advanced analytical methodologies.

NHS Lothian is also enhancing workforce data reporting to the NHS Education for Scotland (NES) Workforce Information System. These efforts are critical for accurately tracking staffing levels, identifying gaps, and supporting workforce planning initiatives aligned with national strategies.

A notable focus is on integrating outcome measurement and compliance into Psychological Therapies. This includes:

- Exploring usable outputs and patient-facing interfaces to ensure that data not only meets compliance standards but also informs and improves patient care.
- Collaborating on upgrades to the TRAK electronic health record system, aiming to improve data capture, streamline workflows, and enhance the interface for both clinicians and patients.

Partnerships with PHS continue to play a pivotal role in driving data-driven decision-making. These collaborations provide analytical support and facilitate the utilisation of dashboards, quality metrics, and other tools to monitor performance and identify areas for improvement. For example, the ongoing exploration of CAPTND outputs is shaping how outcome measures are standardised and interpreted across services.

3.8 Public Sector Equality Duty and Vulnerable Groups

NHS Lothian prioritises the health and wellbeing of vulnerable groups, aligning with the Public Sector Equality Duty and conducting Equality and Children's Rights Impact Assessments (ECRIAs) to address inequalities and promote equitable, person-centred services. These actions are guided by the NHS Lothian's Equality and Human Rights Strategy, which emphasises anti-racist, trauma-informed, and inclusive care.

Key initiatives include implementing an Anti-Racism Plan with input from the BME Staff Network, delivering staff training on recognising and addressing bias, and issuing a formal apology for the Royal Infirmary of Edinburgh's historical links to slavery. The 'Listening, Understanding, and Taking Action Report' for REAS underscores the need for zero-tolerance policies against racism, equitable recruitment practices, and leadership development for underrepresented groups.

In response to a recent Mental Welfare Commission (MWC) report highlighting disparities in detention rates across different ethnicities, NHS Lothian is committed to further examining these variations at a local level. Plans are being developed to monitor detention rates by ethnicity regularly and ensure that any identified disparities are addressed through equitable policy adjustments, training, and inclusive practices. Additionally, NHS Lothian will integrate this monitoring into broader quality improvement frameworks to promote transparency and accountability.

The MWC has also raised concerns about supporting the parental roles of individuals receiving inpatient care. In response, NHS Lothian is reviewing inpatient services to ensure that the specific needs of parents are met, including access to child-friendly facilities, parenting support resources, and staff training on family-centred care approaches. This review aims to create an environment that acknowledges and supports the dual roles of patients as individuals and as parents.

NHS Lothian continues to develop tailored services for vulnerable populations, including person-centred suicide prevention interventions and addiction services, in collaboration with local authorities and third-sector partners. Equality considerations are integrated into the LSDF pillars,

including Mental Health, Illness, and Wellbeing, ensuring human rights remain central to planning and delivery. This approach addresses systemic inequalities, enhances accessibility, and improves outcomes for all service users.

3.9 Annual Health Checks for People with Learning Disabilities

Progress in Delivering Annual Health Checks

In May 2022, the Scottish Government issued Directions mandating all health boards to provide annual health checks for individuals aged 16+ with learning disabilities. The initiative aims to reduce health inequalities and improve health outcomes within this vulnerable population. However, the implementation faced initial challenges due to limited preparatory guidance and delayed funding availability until December 2022.

Momentum is now building in NHS Lothian, with plans to achieve full embedding of the model in 2025/26, accompanied by robust scrutiny at the Board level. NHS Lothian has developed a structured delivery model supported by £300,000 in annual funding, allocated across its four Health and Social Care Partnerships (City of Edinburgh, West Lothian, Midlothian, and East Lothian). Key milestones achieved as of October 2024 include:

- **Recruitment of Dedicated Staff:**
    - Three Learning Disability Nurses appointed in Edinburgh.
    - One nurse recruited in West Lothian.
    - Partial appointments shared between Midlothian and East Lothian.
- **Delivery of Health Checks:**
    - Approximately **17%** of the eligible population have been offered health checks across NHS Lothian, with variability by HSCP (e.g., East Lothian has achieved 36% coverage due to early appointments).
    - Over **50%** of individuals on Learning Disability Nurses' caseloads have either been offered or accepted a health check.
- **Piloting and Refining Models:**
    - Various delivery models have been scoped and tested, culminating in a centralised yet locally coordinated approach that leverages HSCP expertise and resources.

Delivery Challenges and Limitations

1. **Funding Constraints:** The delayed allocation of funding from the Scottish Government initially hindered implementation. Current annual funding, while sufficient for incremental progress, requires sustainable baselining to support long-term goals.
2. **Digital Infrastructure:** The reliance on a paper-based health check tool poses challenges for data capture, monitoring, and reporting. Advocating for a digital solution remains a national priority to streamline processes and enhance data accuracy.
3. **Engagement Barriers:** Engaging individuals not actively connected with Learning Disability services remains difficult, particularly those with significant communication or mobility challenges.

Future Direction and Compliance

To align fully with the Annual Health Check Directions (2022) and ensure ongoing improvements, NHS Lothian has established an **Oversight Group**, chaired by the Director of Nursing for Primary and Community Care. This group is tasked with monitoring progress and ensuring compliance with the Directions through:

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- **Digital Transformation:** Development and introduction of a digital health check system integrated with existing patient record platforms.
- **Service Integration:** Strengthening collaboration between Learning Disability Nurses and primary care teams to align health checks with routine long-term condition reviews.
- **Data and Reporting Enhancements:** Implementing a structured reporting mechanism to capture and analyse health check uptake, outcomes, and service gaps across all HSCPs.

Expected Outcomes

By 2025/26, NHS Lothian aims to:

- **Increase Coverage:** Work towards increasing the proportion of individuals receiving health checks, with a focus on improving equitable access across all HSCPs, while acknowledging that the pace of progress may depend on available funding and resource constraints.
- **Enhance Health Outcomes:** Focus on identifying unmet health needs to support improvements in the overall health status and life expectancy of individuals with learning disabilities, while recognising that addressing these needs will depend on available funding and resources..
- **Embed Sustainability:** Work towards transitioning to a fully digital, integrated system for the streamlined delivery, monitoring, and reporting of annual health checks, recognising the potential complexities of implementation. Advocate for a national solution to ensure efficiency and avoid the challenges of developing a time-intensive and localised approach.

Primary Care

This should be read in conjunction with NHS Lothian's Primary Care Pillar of the Lothian Strategic Development Framework (LSDF) which sets out our wider strategic direction for primary care against the following priorities:

1) Accessible primary medical services, both in and out of hours
2) Further development of local community pharmacy services in line with the Pharmaceutical Care Services Plan
3) Accessible primary dental services, both in and out of hours
4) Increased provision of community ophthalmic services
5) HSCP/board-wide infrastructure to deliver managed primary care services (note this priority supports delivery of above priorities and so some overlap)

SG planning priorities for 2025/26

General Medical Services

- **Ensuring the Board Executive Team has clear oversight of planning and delivery of General Practice within the Board territory, with approaches demonstrably supporting patient needs and regular monitoring of approaches in place.**

Primary Care is a key pillar of the LSDF and planning and delivery is reported through the Corporate Management Team, with clear oversight at Board level. This includes the planning and commissioning of General Medical Services with NHS Lothian's geographic area, and the delivery of board-managed services. Regular monitoring is in place in terms of all general practice activity, registrations, assignments, closed lists and PCIP delivery, however due to the nature of the independent contractor model, a number of key operational data (e.g. demand and capacity) rests with individual general practices and is not visible to NHS Lothian.

- **Improving interface working across secondary and primary care so that patient journeys and experience are prioritised, and system efficiency is optimised.**

This is a key planning principle in everything we do across our Lothian system and will remain so. A Lothian Interface Group brings together clinicians from across primary and secondary care to support improvements in interface working.

- **Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the Primary Care Phased Investment Programme.**

Primary Care Improvement Plans (PCIPs) continue to be updated across the four Lothian HSCPs and submitted to Scottish Government colleagues regularly. This includes focus on the three key priority areas of pharmacotherapy, CTAC and vaccination delivered by the wider MDT primary care team that supports both patient care and frees up GP capacity.

Additionally, Edinburgh is one of the sites of the Primary Care Phased Investment Programme and is working closely with HIS and SG colleagues with clear project plans to improve implementation of CTAC and pharmacotherapy services over the pilot site. The pilot delivery phase is planned to be

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concluded by October 2025, and the final evaluation is planned to be concluded by December 2025. Quantitative, qualitative and economic evaluation is being led by HIS colleagues and the EHSCP team is well engaged.

- **Ensuring the full provision of appropriately resourced Out of Hours services, with reporting of performance to the Board.**

Business-as-usual service delivery plans are well embedded, as well as service development plans, for NHS Lothian's General Practice Out-of-Hours service (LUCS). The service continues to deliver within budget and is planning to do so for 25/26, however, the distinct SG allocation to support the improvement and sustainability of GP OOH services is essential to ensure the Lothian service is appropriately resourced, and without this allocation for 25/26 the service will be challenged in full delivery.

Both in and out-of-hours activity data for general practice is reported to every NHS Lothian Board meeting through the board-wide performance report.

- **Working with Independent Contractor General Practices to (i) identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation; and (ii) support workforce and sustainability planning related to the General Practitioner workforce (in all localities).**

We have a specific GP Lead role for Health Inequalities within NHS Lothian's Public Health Directorate which focuses on developing strategic interventions to address health inequalities. While we will continue to work with our GP contractor colleagues over 25/26 to support the sustainability of general practice and reduction of health inequalities, the majority of levers to address this are within the national GMS funding model. We will continue to work with our SG primary care policy colleagues over 25/26 to support the national route map for primary care reform.

- **Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.**

We are working to deliver greatest impact for patient outcomes through strengthening our prevention approach across the Lothian health and care system, and a system wide prevention plan is in place for 25/26 with clear contributions from primary care services.

Additionally, over 24/25 we have been developing an intelligence framework within primary care, focussing initially on Type 2 Diabetes Management and with the aim to spread to other chronic conditions, to support decision making of design of services at population level and support evidence-based interventions at practice and patient level that improves patient outcomes. This will continue to be developed over 25/26 with wider reporting of the framework approach, clear project milestones and monitoring of impact.

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General Dental Services

- **Plan, organise, staff, lead and control critical Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile. Using newly acquired management information from NSS Scotland, provide local oral health needs assessments, alongside effective partnership programmes with dental contractors and bodies corporate to drive forward sustained improvements in NHS dental access in the immediate aftermath of payment reform.**

Business-as-usual service delivery plans are well embedded, as well as service development plans, for the NHS Lothian Oral Health Service which includes the PDS and Oral Health Improvement programmes. A local oral health needs assessment for NHS Lothian general dental services has already been undertaken in 2024 and submitted to SG policy colleagues, which has informed local implementation plans that can be shared as required. Mechanisms are now in place to update the local oral health needs assessment on an annual basis using all available data.

General Ophthalmic Services

- **Continuing to roll out new initiatives such as the Community Glaucoma Service; where this service is live, Boards should set out planning to ensure patients are discharged by ophthalmology and registered with a CGS accredited provider. Where there is not a live service, Board Plans should set out how they intend to introduce this, and if this is not due to occur in 2025/26, the reasons behind this.**

The Community Glaucoma Service for NHS Lothian is now on-track to go live in April 2025. Detailed project plans are in place with a project group overseeing progress, chaired by the Director of Primary Care and with SG policy colleagues included in the membership.

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Women's Health

The NHS Lothian Women's Health Plan, approved in September 2023, aims to improve the health and wellbeing of women and girls across the Lothian region through targeting actions in three priority areas. Those include ensure access to healthcare for all women and girls; promote good women's health and prevent ill health for women and girls; and, providing workforce support and information to promote positive patient experiences, staff equity and staff wellbeing.

NHS Lothian has delivered over 30 tasks within the Women's Health Plan, with a focus on sexual health services, cardiac rehabilitation services and workforce supports. For example, NHS Lothian has worked to improve access to abortion services through the creation of safe access zones, offer Early Medical Abortion at Home and run an additional unfunded clinic per week to maintain maximum waiting time within max limits to support this demand.

In addition, the Cardiac Rehabilitation service did an analysis, which showed a low DNA rate for the service, suggesting we're reaching women better. NHS Lothian also now have access to a Spontaneous Coronary Artery Dissection service hosted nationally by NHS Forth Valley, where SCAD is a cardiac condition of women predominantly.

NHS Lothian has also undertaken several actions in an effort to promote positive patient experiences, staff equity and staff wellbeing. For example, NHS Lothian developed a trans health awareness raising/ CPD module which includes discussion around language and terminology about sex and gender and clarification of Equality Act 2010 provisions for single and separate sex services. The module has been delivered twice to around 70 staff and will be promoting this resource as part of Equality and Human Rights Education Programme. NHS Lothian also rolled out a plan to achieve Breastfeeding Friendly status on key acute and community sites by mapping out existing Breastfeeding/Expression Rooms for staff to access and benchmarked against UNICEF standards. Work is now underway to procure materials/furniture and equipment to bring them up to standard.

In January and February of 2024 NHS Lothian staff, Health and Social Care Partners, Third Sector Organisations and other relevant stakeholders will meet to conduct an impact assessment to identify priorities within the plan and establish next steps.

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Maternity and Neonatal Services

Patient safety is at the core of every project in Maternity and Neonatal Services. Reducing avoidable harm and improving workforce culture are primary strategic aims for Maternity and Neonatal Services with Board level support. The Maternity and Neonatal Quality Improvement Project aims to reduce avoidable harm and improve the safety of the care delivered to women, birthing people and babies in Lothian. Action planning for this programme aligns with the Scottish Patient Safety Programme.

Workforce culture is a current priority being progressed under the Maternity and Neonatal Services quality improvement programme. In addition to the Patient Safety and Workforce Culture work, our focus in Maternity and Neonatal Services includes:

- Continuity of Carer (Antenatal and Postnatal) with a focus on maximising continuity for women with complex social factors.

- Bringing Routine Antenatal Care closer to home via Community Hubs.

- Providing enhanced midwifery support to women with complex social factors.

- Promoting the NHS Lothian Birth Centre as the default place of birth for women with straightforward pregnancies.

- Roll out of the 3 centre NNU model contingent on associated increases to clinical capacity.

The Best Start Programme is a key corporate objective for NHS Lothian and is an identified deliverable within the Children and Young People section in the Lothian Strategic Development Framework. As with all programmes under this pillar, Best Start is under review to reassess goals and priorities to fit to the current financial climate and capacity constraints.

The programme outcome goals and objectives for the next year are in development not yet finalised; however, conversations with staff and leadership show a few key themes. Regarding an overarching goal for the programme, there is a clear idea for mothers, babies and families to experience family-centred care where health outcomes are improved by evidence-based practice, realistic medicine and skilled workforce. Staff have discussed the importance of maximising antenatal and postnatal continuity of carer in the next year.

Intrapartum continuity of carer continues to be an aspiration but roll out is not currently considered a safe option due to midwifery workforce and financial challenges. Other priority areas include establishing a workforce culture that fosters respect, empathy and support while offering opportunities for staff to develop skills; providing patients and families with family-centred, evidence-based care with robust evaluation plans; and, decreasing health inequalities for pregnant people, mothers, parents and their children with protected characteristics and complex social factors.

Complex social factors training has been added to our skills passport for midwives. Roll out of this training will begin for community midwives in January 2025. Topics covered include:

- Trauma-informed care

- Mental Health

- Cultural Humility

- Substance Use

- Management of aggression

- Advanced child protection

Continuation of community hub pilots to ensure more accessible maternity care, especially for birthing people with complex social factors is a priority for NHS Lothian Maternity Services. We currently offer blood pressure monitoring through our community hub pilot in the southwest of Edinburgh and East Lothian. Training is underway for ultrasound presentation scanning. Equipment has been allocated for CTGs in the community hubs, this is contingent on K2 portal functionality.

NHS Lothian Maternity Services have incorporated Clinical Guidance and Schedule and Birthplace Decisions throughout our service delivery activity.

Firstly, the Pathways for Maternity Care emphasise continuous risk assessment to support high quality care tailored to a woman's needs. In keeping with the Pathways, women in Lothian are offered dynamic risk assessments in which they are assigned to a consultant-led or midwifery-led pathway. These risk assessments are offered continuously to ensure that any risks are promptly identified and managed. Additionally, NHS Lothian offers patients individualised care plans. As part of Best Start implementation in 2024/25 we surveyed women in Lothian and out of 148 respondents to our survey questions about birth planning, 142/148 or 96% agree that they discussed and recorded birth preferences with their midwife.

In 2024/25, NHS Lothian relaunched the "Where do I want to give birth?" webpage and have revised the Lothian Birth Centre criteria. We are promoting place of birth choices and the Lothian Birth Centre using our social media channels, including a Facebook group for pregnant people and new parents. We offer tours of the Lothian Birth Centre to women who are interested in the possibility of giving birth there. The 'Birth Decisions' leaflet is available on the NHS Lothian website along with detailed information about options for where to give birth, including the benefits and considerations for each setting. In 2025/26 we plan to launch our new Lothian Birth Centre criteria with clinicians and service users using engagement sessions and social media and to promote the Lothian Birth Centre as the default place of birth for low-risk pregnancies.

In 2024/25, the NHS Lothian Antenatal Operational Group developed an improvement programme to address access to translation services. The group is working with the NHS Lothian Interpretation and Translation Service to address challenges to interpreter availability and service satisfaction. The work is ongoing as the group is currently developing an SOP to reflect the Interpretation Toolkit recommendations. In 2025/26 we will roll out a suite of training to support women/birthing people with complex social factors including English as a second language, refugees, and ethnic minorities. This includes cultural humility training.

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Neonatology

The Best Start Programme outlined a new model of neonatal service provision which recommended that care for the smallest and sickest babies is consolidated to deliver the best possible outcomes; emphasises parents as key partners in caring for their baby and aims to keep mothers and babies together as much as possible.

Under the new model NHS Scotland will move to a service configuration of 3 centralised NICU units (from a historical provision of 8 units). The three designated NICUs are:

- Simpson Centre at RIE

- RHC in Queen Elizabeth University Hospital, Glasgow

- Aberdeen Maternity Hospital

Regional delivery of the national model is being taken forward by Regional Planning leads in the 3 regions of Scotland, with the programme in each region being led by a nominated regional lead Chief Executive. In the East of Scotland much of the activity in scope has already been transferred, supported by a pilot arrangement operating between NHS Fife and NHS Lothian since 2019.

Implementation of the full model in the East of Scotland will further centralise care for the smallest and sickest babies. At this stage capacity modelling identifies a requirement for an overall increase of 4 neonatal cots within the Region (all at the Simpson unit) to provide service sustainability and the capacity required to take additional transfers modelled in the revised flow of activity. This change, and any further changes anticipated in maternity provision, our neonatal unit in NHS Fife, and our Special Care Units in NHS Borders and St. John's Hospital in Livingston, are expected to be delivered on a cost neutral basis. All 3 Regions in Scotland however have indicated there will be a need for up front funding to make the service changes required. For the East region, our initial cost estimates are £3m gross to step-up capacity in the Simpson Unit and to provide additional capacity in maternity services to support additional mums transferred. Directors of Finance in Scotland have been commissioned to provide a financial mechanism which will support 'money following mums' under the new model and identify how to manage the upfront investment required.

The East Region submitted its draft Implementation Plan to Scottish Government at the end of September 2024, aligning at this stage with the phasing of change indicated to be adopted in the West and North of Scotland Regions. Plans were developed in line with the Scottish Government timetable for programme implementation, which seeks to complete delivery of reconfigured services by early 2026. All regional plans will be subject to further revision in the early part of 2025 given the barriers and constraints to delivery (both financial and implementation timelines) in active discussion with Scottish Government, within regions, and within the national Best Start programme structure.

Miscarriage care

After a patient experiences three chemical pregnancy losses, or two miscarriages at over eight weeks gestation, they are referred to the Recurrent Miscarriage service. Patients under the care of this service are offered a viability scan at approximately eight weeks gestation and may also be offered progesterone.

As a service, we do not routinely provide psychological support following miscarriage, however we signpost or refer families to local third sector organisations.

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1. Families experiencing a loss at any gestation less than 24 weeks are signposted to the Miscarriage Association who can offer peer support. We are also able to make referrals to the Miscarriage Association for counselling services.

2. Families experiencing a loss between 14- and 24-weeks gestation can be referred to the Hospital to Home (H2H) service, run by Held in our Hearts. This service focuses on providing early intervention and support for families who have experienced pregnancy loss. The service includes peer support and after the initial support period, referrals may be made for longer term peer support or counselling services.

3. Families seeking ongoing psychological support would be signposted to community mental health services by their GP.

Racialised health inequalities

Complex Social Factors is an identified deliverable within the Children and Young People section in the LSDF and aligns with a corporate objective to integrate anti-racist actions into corporate strategies and action plans.

Additional actions referred to in "Introducing the New Pathways for Maternity Care" above.

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<u>Children and Young People</u>

Audiology

The service remains focused on the delivery of the actions arising from the review, summarised below, and there is also separate work being progressed to support BSL use within the service to better support patients and families.

- The Paediatric Audiology service has recently integrated their patient management system with TRAK ensuring accurate and transparent data collection in order to meet designated KPI's relating to access, performace and waiting times.

- Internal and External Peer review for Paediatric Audiology in Scotland is in place for ABR testing and the paediatric service are active participants.

- A workforce review/plan is being progressed in order to maximise skill mix within the team.

- The service fully intends to work towards UKAS IQIPS accreditation over the coming year.

For noting, NHS Lothian have been formally de-escalated to Stage One for Paediatric Audiology Services by the SG National Planning and Performance Oversight Group.

Child Health Reviews

Health Visiting is identified deliverable within the Children and Young People section in the Lothian Strategic Development Framework under our universal services programme of work. As with all programmes under this pillar, Health Visiting is under review to reassess goals and priorities to fit to the current financial climate and capacity constraints. Leadership in this programme will meet in January to identify realistic outcomes and actions plans to reach those goals.

Along with the three child health reviews mentioned above discussion will focus on potential other KPI'S that could be introduced to help measure impact and outcomes. For example:

- keeping the variation in the percentage points of key HV contacts within 3 percentage points across all SIMD quintiles.

- Improving the quality of data across child health reviews, particularly at the 27 – 30 months and 4 – 5 years

- Decreasing the number of children presenting with a developmental concern year on year with a particular focus on the Speech and Language target of a decrease of 25% by 2030

- Improved uptake of the ante-natal visit

NHS Lothian will continue to implement and measure the Excellence in Care Programme for Scotland standard for Health Visiting which is that each new baby will have an initial GIRFEC assessment completed by 56 days.

Child Poverty

Child Poverty is an identified deliverable within the Anchors section in the Lothian Strategic Development Framework. Priorities include developing a set of common health actions to be delivered through co-produced local child poverty action plans with local authority partners; and maximising family income through effective pathways services and workforce development. Together these aim to support a demonstrable reduction in the number of families and children living in relative poverty as measured against the End Child Poverty Coalition and Loughborough

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University's annual metric of the proportion of children living in poverty, after housing costs, over time by local authority.

Activity to develop financial wellbeing referral pathways from secondary care to community-based financial welfare advice services has progressed well. An automated pathway using the maternity electronic care record for West, Mid and East Lothian went live in June 2024. Since then, 135 women have accepted referrals to community welfare advice services Development is ongoing to develop streamlined pathways for Edinburgh and health visiting/family nurse partnership teams in 2025.

Additional income maximisation activity, using Health Improvement Funding and developing emergency infant food insecurity pathways and links to services supporting with costs of food, energy and clothing, is also underway across the 4 partnership areas in conjunction with local authority colleagues.

Information on financial wellbeing referral pathways across the four partnership areas has been disseminated to Community Paediatric staff. Training is also provided in conjunction with relevant partners e.g., local authority or third sector money advice services. In 2025 work is underway to support more effective use of data to understand and act upon child poverty including through a range of projects funded through the Child Poverty Accelerator Fund and collaboration with Public Health Scotland to consider the development of indicators, a dashboard and a deep dive into income maximisation services within the NHS.

Neurodevelopmental Pathway for Children and Young People

NHS Lothian is in the process of redesigning our neurodevelopmental (ND) pathway of care for children and young people in collaboration with our local authority partners in line with the ND Specification. There is a strong connection between the groups doing this work and the adult ND services to ensure approaches are aligned for smoother transitions and better quality of care for all patients. Through this redesign, led by NHS Lothian's Child Health Commissioner and supported by Strategic Planning and Modernisation, Children's Services, CAMHS, Children's Strategic Partnerships, and other relevant colleagues, we are finalising a framework to guide the ongoing efforts around ND. The framework in centred in GIRFEC, UNCRC and The Promise principles and was created after dozens of discussions, research, and careful consideration to ensure it capture the scale of this work while focusing on patient needs.

To develop the framework and define our goals, those leading this effort have held discussion across NHS Lothian, consulted the National Autism Implementation Team, worked with our local authority colleagues, including adult ND services, approached ND leadership in Scottish Government and conferred with Child Health Commissioners across Scotland. In July, we he held a workshop where we heard from Scottish Government to better understand their vision for ND services across the country and developed some initial planning efforts with colleagues mentioned above. Additionally, we have held consultation sessions with children and families, including those engaged in champions boards and those in the Royal Hospital for Children and Young People. Most recently, held an impact assessment session to determine current gaps in services and potential opportunities for disparities toward groups with protected characteristics. The published impact assessment is available on the NHSL website.

NHS Lothian is working with our Strategic Children's Partnerships to ensure a pan-Lothian approach is used in designing this pathway so that stakeholders work in collaboration to achieve our aims. Those include:

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- Public Health Centred: Population-level strategies to promote early identification, equitable access to services and prevention of complications.
- Neuro-affirming: Language respects neurodiversity, avoids pathologising differences and emphasises strengths.
- Evidence Based: Data-driven approach to maximize the effectiveness of interventions and improve outcomes.
- Multi-Disciplinary: Collaboration between various professionals and agencies to provide holistic, coordinated and comprehensive care.
- Needs-Led and Child-Focused: Places the unique needs, preferences and strengths of each child at the centre of their care and ensures that interventions are personalised, flexible and holistic, rather than one-size-fits-all.

The Steering Group leading this work has agreed on priority areas, which are themes of five subgroups that will take actions forward. Those groups include:

- Referral Pathways
- Communications and Engagement
- Service Transfer
- Data and Digital Infrastructure
- Transitions to Adult Services

This work is ongoing with plans to develop and carry out actions starting in in 2025.

Employability Offer for Care Experienced Young People

The Employability work is a collaboration between Human Resources, the Children and Young People's Programme Board and NHS Lothian's Corporate Parenting Board to engage young people and connect them to work with the organisation. The programme's goal is to establish a flexible employability pathway that meets young people where they are and moves at their pace.

In 2024/2025, the programme established a steering group and a pathway for young people. This pathway has been shared with engaged, committed partners to connect a small group of young people to jobs and/or volunteering opportunities with NHS Lothian. The programme has also piloted paid work experience to increase opportunities for young people.

As next steps the programme will strengthen how it monitor the pathway and obtain structured feedback to identify areas of improvement.

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Population Health and Reducing Health Inequalities

Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions

In April 2024, the NHS Lothian Board approved a set of recommendations to strengthen our approach to prevention across the Lothian health and care system. These recommendations were subsequently endorsed by the four Lothian Integrated Joint Boards (IJBs) in June 2024. An Equality and Children's Rights Impact Assessment was undertaken in July 2024.

Prevention is one of the most cost-effective interventions the NHS and wider health and care system can make in relation to improving population health and reducing inequalities. Maintaining a focus on primary, secondary and tertiary prevention is critical in delivering long-term sustainability and reducing the future burden on the health and care system. Delivering against our ambitions to improve population health and narrow inequalities in the current financial environment is challenging. However, it will be important to protect investment in prevention (where there is a demonstrable impact and return on investment in relation to population health outcomes) to minimise the risks associated with short-term financial decisions.

Priorities were identified which focus on primary prevention and early intervention, and opportunities to embed prevention across health and care system activity. Priorities centred around:

- Addressing the building blocks of health through community planning and Anchor Institution activity.
- Protecting and increasing efforts to improve maternal, children and young people's health.
- Tackling modifiable disease risk factors and the future burden of disease.

Work is underway to develop a set of shared prevention outcomes for the Lothian health and care system, and to agree oversight and governance arrangements as part of the Lothian Strategic Development Framework infrastructure. A Prevention Plan will be developed around five objectives: making prevention a system-wide priority; maximising spending on prevention; assessing impact of prevention activity; supporting the local system to embed prevention in strategic plans and service delivery; establishing an effective learning and accountability system. The Scottish Government and COSLA will publish a Population Health Framework early in 2025. The Lothian Prevention Plan will support the health and care system to deliver on the ambitions of the national framework, alongside community planning partners.

NHS Lothian has public health (Partnership and Place) teams dedicated to each of the local authority areas in Lothian. These teams are each led by a Public Health Consultant. They have a remit to engage with partners to improve population health with a place-based approach. The priorities for the teams are

- Addressing inequalities by reducing poverty, including through community wealth building actions to mitigate the impacts of poverty

- Develop and strengthen place-based work supporting the development of healthy and safe communities

- Lead public health strategic input around place-based work to improve the health of children

The teams lead NHS Lothian's local work on child poverty action plans and contribute to a range of community planning activity. Each CPP Board is attended by either the Director of Public Health or

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the Deputy Director of Public Health. And senior public health staff are involved in CPP delivery and co-ordination groups and lead work streams for LOIP priorities.

Demonstrate the steps they are taking to implement and make progress towards meeting the interim national standards for vaccination services

The Scottish Vaccination and Immunisation Programme (SVIP) interim national standards for vaccination services are being developed via the SVIP Data and Digital Group. Draft standards were circulated in October 2024 with indicative timelines for finalising the standards over the coming year:

- June - November 2024: Creation and sign off of high-level standards.
- September 2024 - March 2025: Development of draft indicators for each standard, and a review of what data is available for each, or where data flows need to be created.
- April - Sept 2025: Set up data collection and reporting for indicators.
- Oct 2025 onwards: discuss options for targets to support improvement, set against some or all of the indicators; and ongoing review of appropriateness of the standards.

A summary of progress towards meeting the interim nine national standards for vaccination services is outlined below:

1	**Leadership and effective governance in the delivery of vaccination programmes is demonstrated at all levels, both locally and nationally**. Members of the Lothian vaccination programme team are nominated to attend national vaccination meetings and arrangements are in place to disseminate updates from national meetings. Lothian Immunisation Delivery Board meets monthly to provide leadership and governance associated with operational delivery arrangements. Lothian Immunisation Oversight Board meetings are scheduled quarterly to provide strategic direction and provide assurance on the delivery of vaccination services. An assurance framework is being piloted for NHS Lothian currently within children's services with a view to rolling out to cover all vaccine programmes.
2	**Vaccination services will support timely, equitable and high vaccination uptake, and will be provided with a range of flexible and accessible options, will have a good safety record, and will be person centred**. The four Lothian Health and Social Care Partnerships have responsibility for the operational delivery of vaccination services and always endeavour to provide person centred services. From the outset of vaccine programmes (routine and seasonal) inequalities are considered e.g. venue choice, appointing methods, accessibility. Lothian Analytical Services present and analyse local and national data at pertinent points during programme delivery. Targeted interventions to address inequalities are actioned where resource allows. It should be recognised that there are constraints (financial and availability) in providing flexible and accessible vaccination clinics to optimise every patient need. The Lothian Vaccination Quality and Safety Group meets monthly with standing agenda items which includes review of adverse events, complaints and enquiries to ensure any mitigating actions are identified e.g. highlight issues on the safety brief or provide education and training to support learning.
3	**All eligible individuals should have sufficient, relevant information, in an accessible format that they are supported to understand and use, to enable them to make an informed choice about vaccination.** Vaccination invites include national and local vaccination resources to support informed consent, resources are also available in all Lothian vaccination clinics and NHS Lothian

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	website which also provides links to NHS Inform. Materials are available in easy read or translated formats.
4	**Good quality information on under-represented groups and communities should be available, and steps should be taken to maximise uptake in order to reduce inequalities**. Regular review is undertaken of national vaccination publications associated with vaccination uptake of under-represented groups through the Lothian Vaccination Inequality Subgroup and engagement and liaison with our third sector partners such as MEHIS (Minority Ethnic Health Inclusion Service). Public Health Scotland have confirmed focus for 2025 will be prisons, pregnant women and children and young people. Lothian has groups established to discuss vaccination and identify any barriers in prison settings, maternity and children's services and therefore are well placed to take forward national improvement actions.
5	**There should be processes in place at all levels to maximise sustainability and efficiency in use of resources, including medicines, staff time, refuse, and non-renewable energy.** Sustainability measures have been discussed at our working group and a staff survey is planned to engage all staff into forward thinking and suggesting any other ways our vaccine programme can be more environmentally considerate. Staff resources are carefully monitored by the HSCP's and utilised in other roles where capacity within the programme allows. For example, the use of bank staff has vastly reduced within the school team this winter as band 3 HCSW within the team have been upskilled to deliver nasal flu under the 247A regulation. If community clinics are quieter than expected staff are mobilised to deliver domiciliary vaccinations.
6	**The number of eligible individuals participating in vaccination programmes should be maximised, within the principles of informed choice.** There is continual review of vaccination uptake during the various vaccination campaigns, on-going use of national social media assets, continual update of the vaccination hub on NHS Lothian's website and encouragement of staff vaccination update via regular updates on the intranet site, speed read and weekly briefs. Vaccinators and other healthcare professionals are encouraged to have opportunistic conversations about vaccination with those who are eligible for vaccination. Primary and secondary care colleagues are written to by the Immunisation Coordinator at the outset of any seasonal or new vaccination programme with clear eligibility and referral guidance links supplied.
7	**Rates of all vaccine preventable diseases, and morbidity and mortality from vaccine preventable diseases, should be minimised.** NHS Lothian is part of the ERHPS (East Region Health Protection Service) and respond promptly to any local or national outbreak requests. For example, a meningitis student death led to renewed outreach work and communication within our student population.
8	**Vaccination services should be delivered by staff who feel respected and valued in their workplace, are proficient, and are supported in their ongoing development according to recognised standards.** NHS Lothian employees are expected to adhere to NHS Lothian values which includes demonstrating dignity and respect. Vaccination teams receive on-going training and support through a close working relationship with our workforce education colleagues. Where relevant competency frameworks/proficiency documents are in place and every new vaccine programme is supported by national and local education.
9	**There should be regular and accurate data collection, using the appropriate recording mechanisms, to provide information at a local, board and national level.** Lothian Analytical Services provide a local vaccination dashboard to support availability of local vaccination information which is updated daily. The national Discovery Data Performance Reports are widely disseminated and reviewed by both the Lothian Immunisation Delivery and Oversight Boards. It should be noted that in the absence of a robust national digital recording tool that covers all vaccines administered, recording

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	mechanisms can be less than ideal and often rely on spreadsheets and can be recorded in multiple places which can cause some governance concerns. NHS Lothian is engaged with the national digital workstreams.

Demonstrate that there are local High consequence infectious diseases (HCID) pathways in place for assessment and management of suspected cases in secondary care (and for management until onward transfer of a confirmed case into the HCID network), and also ensure that any agreements with other NHS Boards in relation to HCID pathways are still relevant and up to date.

The East Region Health Protection Service (ERHPS) provides the Health Protection function for four Health Boards (NHS Borders, Fife, Forth Valley, and Lothian). The four Boards are served by two specialist tertiary centres, the Regional Infectious Diseases Unit at Western General Hospital and Ward 5C at Queen Elizabeth University Hospital.

Each Board has convened short life working groups supported or led by an ERHPS consultant to review HCID pathways and protocols. Through this process areas for improvement have been identified (including training and preparedness of non-specialist staff and availability of appropriate clinical environments) but each Board has considered and rehearsed pathways for possible or confirmed cases of HCID.

These pathways have been circulated for consultation, and have limited distribution, with ongoing further dissemination, communication, training, and exercising planned. Initial drafts of action cards for all staff and areas are in place and continue to be developed.

ERHPS continues to act as a conduit for discussion, agreement, and sharing of good practice across the four Health Boards and links through the Directors of Public Health with colleagues in Scottish Government taking forward this work.

Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes

A range of work is ongoing to address inequalities in uptake across cancer screening programmes including screening awareness sessions delivered to community groups, volunteers, education and health and wellbeing staff at Xcite Leisure.

Pathway mapping of each of the programmes is almost complete with identified areas for quality improvement, supported by collected local data at different stages of the pathway.

Piloting "Vision templates for use in primary care to gather data about screening barriers and support opportunistic conversations about screening.

Specific projects have been identified for each programme including:

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Bowel screening:

- Work in West Lothian with Regeneration Groups to identify approaches to address the low uptake of bowel screening in their areas. A project is being developed with Nat 5 health sector students at Inveralmond Community High School to increase awareness of bowel screening in the Craigshill area.
- We are also working with the SPFL Trust to incorporate information on screening into their Fans in Training (FIT) programme
- A project has been developed with Edinburgh Community Food to integrate information on bowel screening into their community-based activities, including cooking sessions and recipe cards.
- Work with prison teams to adapt the bowel screening pathway to the prison environment is ongoing to address low uptake in the prison population.
- A new video has been developed to improve bowel screening preparation and for CT colonography.   This will be available to view online via a QR code on the invitation letter

Cervical screening:

We are establishing an action plan to address low uptake in young women including; improving primary care registration and work to improve the undelivered mailer process, and strategies to better meet young women's needs, e.g. use of social media and through engagement with community stakeholders. Engagement with stakeholders in this age group is key alongside work with educational institutions across Lothian, including universities and colleges to both share information about cervical screening and support the process of updating contact details on graduation to support more accurate CHI registration. This work will include targeted information to first timers and never attenders to support engagement with the screening programme alongside training for sample takers to improve uptake in this group. Other work includes:

- Work in partnership with employers to include health screening into their health and wellbeing programmes e.g. allowing time off for screening appointments, encouraging "Screening Champions" within their wellbeing initiatives.
- Updating of the colposcopy leaflet, ensuring it is inclusive and accessible in various formats, with documented stakeholder approval and accessibility compliance.
- Develop strategies and actions that reach and support vulnerable communities to access cervical screening services e.g. staff training. Work with third sector organisations that support ethnic minorities, educational campaigns and culturally sensitive responses.
- Participate on the national refugee & displaced community group. Cascade info across the dept and use the group to identify and raise key issues relevant to Lothian PH.
- Support to deliver a sexual health clinic to support cervical screening at Royal Edinburgh Hospital for mental health in patients.

Breast screening:

- Facebook advertising in advance of screening at mobile locations.
- Analysis of uptake data further to the implementation of the "previous non-attender" letter pilot to evaluate the impact on inequalities.
- Work with Primary Care to explore opportunities to support attendance and opportunistic conversations about screening

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- An assessment clinic video has been developed - this will be available in 4 languages, identified as key to translation service. Storyboards are in the process of creation to support the assessment process.

Take forward the actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan, to support sexual health improvement, reduce sexually transmitted infections and unintended pregnancies, and help achieve viral hepatitis and HIV transmission elimination goals.

Ongoing work with partners aims to tackle underlying causes and structural determinants of health that can impact on the likelihood of someone experiencing poor outcomes in relation to their sexual health and wellbeing, including blood borne virus status. The Sexual Health and Blood Borne Virus Coordination Group (SHBBVCG), Chaired by a Consultant in Public Health, provides a forum to bring together all partners engaged in this agenda to enable a joined-up approach and cross agency working. This group has a lead role in coordinating the reporting back of actions in the SHBBV Action Plan and related others to the Scottish Government. There are several subgroups of the SHBBVCG which were reviewed following the publication of the SHBBV Action Plan to ensure all key areas were covered.

The Healthy Respect team continues to deliver a rolling programme of sexual health training and information to partner agencies who work with young people, with an aim of improving confidence across the workforce; improving information given to young people about sexual health (including signposting to services); and ensuring quality delivery of Relationships, Sexual Health and Parenthood (RSHP) national curriculum resource. Improving access to services is a key deliverable for the Healthy Respect team. In 2024 Healthy Respect launched an Easier to Understand (ETU) version of the Healthy Respect website to support young people with learning disabilities and additional support needs. Alongside this, we are leading on national work to commission an image library to support development of sexual health and wellbeing images that allow development of easy-read information about sexual health. This image library will launch in 2025 and be available online for all partners across Scotland to use.

We commission services with LGBT Youth Scotland and LGBT Health and Wellbeing to support sexual wellbeing. We commission Waverley Care to support people living with HIV; and to deliver sexual wellbeing services, including access to STI and BBV testing, to gay and bisexual men, and other men who have sex with men (GBMSM). Part of this approach is ensuring these organisations are linked to wider initiatives designed to provide support on issues such as benefits, income maximisation and housing.

Public Health and Health Policy (PHHP) co-chair the Integrated Locality Services Team (ILST) which meets every two months to take forward actions to improve access to sexual health services across Lothian, with a focus on inequalities. This is a crucial forum for bringing together clinical areas of work with the more upstream, wider determinants focus of Public Health. Partners on ILST are currently leading on a Quality Improvement project in West Lothian designed to improve access, pathways through services and outcomes for populations who experience multiple inequalities.

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Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets.

Lothian has a target from the Scottish Government to treat 355 patients for Hepatitis C virus in 2024/25. PHHP leads the Lothian Viral Hepatitis Managed Care Network (MCN) which continues to work with the wide range of NHS and community and voluntary sector services who see people at risk of BBVs, helping them to identify the barriers to offering testing and to look at ways to overcome these. Targeted provision of testing is key to meeting treatment targets. Haven fallen short of our treatment targets in recent years (due to various reasons including re-building of service provision post-pandemic) 2024/25 sees steady progress towards achieving our target. Potential barriers to progress include low BBV test uptake among people in drug treatment. In line with national Medicated Assisted Treatment (MAT) standards people in treatment should be offered BBV testing (minimum) every 12 months. We are working across the MCN and with Alcohol and Drug Partnerships (ADPs) to improve testing offer and uptake. A further potential barrier is the numbers of pharmacies who choose not to prescribe Hepatitis C medication, this is a national issue, in Lothian around 50% of pharmacies will not prescribe, creating a barrier to access for an already vulnerable and often chaotic patient group. Reinfection rates across this population are high.

Although there are no specific targets for hepatitis B diagnosis and treatment, we are working to increase testing in Substance Use Services to help ensure that infections in people who use drugs are diagnosed and outbreaks prevented. Alongside this the Viral Hepatitis MCN is working to standardise treatment across NHS Lothian and to improve vaccination rates which have fallen to low levels in people who use drugs across Scotland. Work with Substance Use Services, Primary Care and Community Vaccination Services to help them reach out to people eligible for vaccination has started.

Lothian has had two opt-out BBV testing initiatives in 2024/25, a 3-month pilot in ED offering opt-out BBV testing to all patients aged between 16 and 65 years who were getting blood taken; and a High Intensity Test and Treat (HITT) programme in HMP Edinburgh, offering opt-out testing to all prison residents across 3 days. Both initiatives have increased learning about prevalence of Hepatitis C (and HBV and HIV) and reports on both initiatives are being drafted and will be shared locally and nationally.

Taking forward the relevant actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan to support improvements to sexual health and BBV service delivery, and work towards HIV transmission elimination targets, including through interventions to increase HIV prevention, detection and retention in care, and work to improve the lives of people living with HIV.

We commission Waverley Care to support people living with HIV in Lothian. The current contract is being extended for 2025/2026. Impact assessment work will be undertaken across 2025/26 to determine the focus of any ongoing commissioning from 2026/2027. The current contract includes provision for holistic support to improve the lives of people living with HIV – peer support, group support, one to one intervention - with an underlying aim to ensure people remain in treatment.

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We support Lothian's Fast Track Cities work, which aims to tackle HIV stigma (through information) and focus on prevention (e.g. access to testing, access to PrEP). Fast Track Cities brings together NHS colleagues, health and social care partners and third sector organisations. This work is in its infancy in Lothian however our participation in the national Fast Track Cities consortium brings opportunities to learn what is working in other Board areas.

The opt-out testing initiatives highlighted under viral hepatitis are also relevant here as HIV was included in the testing activity.

Supporting improved population health, with particular reference to smoking cessation and weight management

If health outcomes are to improve in Lothian, there needs to be a strong focus on and investment in primary prevention; actions that improve the conditions in which people work, live and grow, delivered at both a whole population level and targeted at groups at highest risk. A range of public health programme are already offered on a universal or targeted basis across Lothian. There is an opportunity to further explore how these offers are better linked to the scheduled or unscheduled care touch points that people already have with our services. This can be particularly important for population groups who may be more likely to present in an unscheduled way, as well as those who are supported by specialist services. We know that adjusting service provision proportionately for populations such as 'inclusion health groups'[1], is an evidence-based way to improve outcomes. This could involve improving the way that we assess, support and treat the holistic health and wellbeing needs of these individuals, including supporting access to income maximisation, immunisation, screening and other disease detection such as BBV testing, as well as emphasising the benefits of smoking cessation and other harm reduction activities, even if these are not directly linked to a person's presenting complaint.

Balancing individual and population approaches is crucial when planning actions to promote healthy weight and curb the rising trend of type 2 diabetes. Historically, public health initiatives, like those targeting obesity, have emphasised individual-level changes in diet and physical activity. However, this focus often overlooks the need for upstream actions to modify structural and environmental determinants of health, such as the composition and marketing of mass-produced foods. Concentrating solely on individual behaviour can exacerbate inequalities and increase obesity-related stigma. Therefore, individual approaches should be considered as part of a comprehensive system response that includes upstream initiatives to address 'obesogenic' environments.

The following contribute to NHS Lothian's commitment to reduce obesity.

- Public Health will continue to contribute to the advancement of national policy and guidance around obesity prevention.
- Public Health will continue to deliver and further develop primary prevention of obesity programmes, such as

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[1]Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately. (Inclusion Health: applying All Our Health - GOV.UK (www.gov.uk))

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- o the HENRY programme, designed to increase staff knowledge, confidence and skills on health, exercise and family nutrition when working with families with young children in the most deprived areas.
- o Delivering Early Breastfeeding Support (DEBS) - additional antenatal support to women who intend to breastfeed. Additional post-natal support post-birth and once discharged from hospital.
- o The UNICEF Baby Friendly Initiative (BFI).   Includes staff training, practice audits and support to services to deliver expert care in the field of maternal and infant nutrition and support the development of a strong bond between the parent and their child during the first year of life.
- Both Public Health and Midlothian Health and Social care Partnership are launching a programme to tackle weight stigma and weight bias
- Public Health will continue to provide leadership on tackling the obesogenic environment and supporting the delivery of a Whole System Approach (WSA) to type-2 diabetes, working with stakeholders from across the community planning partnership, to help to tackle the root causes of overweight and obesity[2].
- NHS Lothian's Weight Management Service has worked to improve the delivery of weight management services, tiers 2 and 3.
- Planning is underway to realign Outcome Framework Funding to enhance primary prevention initiatives that will impact on healthy weight and physical activity in children.

The harms caused by smoking remain one of the largest preventable causes of ill-health and early death. As tobacco use remains heavily socially patterned, during 2025-26 we will continue to focus our Quit Your Way effort on achieving our target of 1,181 quits from the most deprived communities in Lothian. We will support new service quality improvement projects focused on our Edinburgh team and to support an increase in smoking quits via the community pharmacy smoking cessation service. We also want to work more closely with clinical colleagues to embed the tobacco dependency treatment pathway systematically across Lothian hospitals. And our team will support work to ensure that smoking cessation is embedded in Waiting Well and prehabilitation initiatives.

Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment

People's health, and inequalities in health between different population groups, are significantly shaped by their access to **money and resources**, **work**, **housing**, **transport**, the quality of their **neighbourhood and surroundings**, as well as **family, friends and community**.[3] Without these building blocks, it is harder for our population to live healthy lives. Although these determinants of health are largely shaped outside the Lothian health and care system, there are important roles for public health and strategic planning teams to engage with public, private and community and voluntary sector partners, in a place-based way, to ensure health is considered in wider policy making. NHS Lothian, as an anchor institution, is well placed to positively influence the social, economic and environmental conditions in local communities, thereby impacting on the wider determinants that influence health and wellbeing and ultimately preventing and reducing future ill health.

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[2] Whole systems approaches to obesity and other complex public health challenges: a systematic review | BMC Public Health | Full Text (biomedcentral.com)
[3] Evidence hub: What drives health inequalities? - The Health Foundation

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The Public Health Intelligence Team (PHIT) have supported IJBs prepare and update Joint Strategic Needs Assessments (JSNA). This has involved the provision of advice on selecting robust indicators which reflect population health outcomes, health inequalities and health determinants, with a focus on upstream indicators (the building blocks of health). PHIT provide analytical support in the acquisition, cleaning and visualisation of these data as well as providing support on contextualising the implications for population health through a 'Knowledge into Action' approach. This approach recognises the importance of evidence appraisal and robust evaluation alongside the reporting of quantitative metrics. PHIT are also currently participating in an exercise led by ScotPHO to identify a national core set of indicators for JSNA exercises, and develop guidance for the Scottish public health system on how to produce JSNA.

PHIT in conjunction with the University of Edinburgh conducted a population health survey in 2023. This involved assessing health outcomes and their determinants of a representative sample of around 15,000 Lothian residents.
Initial outputs from the Survey (summary and technical reports) were published at the end of June 2024. Since these publications, subsequent internal and external dissemination activities have taken place to maximise the utility of the data for population health. Survey findings have also formed part of JSNA analyses where appropriate.

On racialised inequalities, developing and delivering against anti-racism plans covering workforce and service delivery, aligning with the Scottish Government framework for action set out in the guidance.

Tackling racialised inequalities in employment and service delivery is one of NHS Lothian's six strategic equality and human rights priorities, included in the 5-year Equality and Human Rights Strategy 2023 – 2028. The strategy supports NHS Lothian to put equality and human rights are the heart of everything we do. Everyone in the organisation is expected to take action to ensure NHS Lothian realises its ambition to be an anti-racist organisation, where our work helps to eliminate racism, remove racialised inequalities and reduce racial prejudice.

The three overarching ways actions are delivered to help achieve the equality and human rights strategic priorities are through:

- Annual corporate objectives

- Equality and Human Rights annual work plan

- Employment Advancing Equalities annual action plan.

- Equality and Human Rights Annual Report, reporting progress being made to achieve the strategic priorities.

Therefore, a significant amount of work has already been done to develop and deliver against anti-racism plans. To ensure work going forward aligns with the Scottish Government framework for action set out in the guidance, NHS Lothian's updated statutory equality outcomes 2025-2028 (due to be published in April 2025) will include an outcome to support delivery of our anti-racism

strategic priority with actions that address any gaps between work already underway and the Scottish Government guidance.

Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan.

NHS Lothian has committed to being an Anchor Institution with the identification of Anchors as one of the six pillars in the [Lothian Strategic Development Framework](#).

Anchors work is a mechanism for addressing the determinants of population health. By thinking about our role as a good neighbour, good consumer and good employer, NHS Lothian can have an impact on our population's ability to sustain quality jobs, maintain a living income and contribute to a thriving, sustainable local economy.

The Lothian health and care system is fundamentally committed to delivering the highest quality of patient care and in doing so, spends approximately £2bn per year. Spending at this scale is powerful and can be used to have a positive impact on our communities, beyond the provision of health care. The opportunity presented by an anchors approach is to ensure strategic decisions about how we spend our public funds can have a beneficial impact on both the provision of healthcare and the determinants of health such as income and employment. Anchors is a preventative approach and provides a way for NHS Lothian to have an active role in the creation of conditions for good population health as well as the treatment of population ill-health.

Our commitment means adopting principles of intentionality, collaboration, and evaluation as the basis for an anchors mind-set. An active commitment to an anchors approach means reviewing how we do our business to embed a different way of working. Furthermore, we recognise that the Lothian health and care system is part of a whole system that creates health and wellbeing in the community. But NHS Lothian must be the exemplar organisation that leads the way in promoting health in this part of Scotland. This partnership approach is formalised in our workplan through a dual focus on internal and external activity.

To provide oversight and strategic direction, we have an Anchor Institution Programme Board (AIPB). The purpose of the Programme Board is to establish and embed the role of NHS Lothian as an Anchor Institution, with the aim of using its strategic influence to tackle poverty and health inequalities. The strategic responsibilities of the AIPB include: delivery of the anchors pillar of the LSDF Outcomes Framework; delivery of an NHS Lothian anchors workplan; baselining, measurement and evaluation of anchors work; and contributing to the national anchors workgroups. The Board is chaired by the Director of Public Health and Health Policy. There is representation at the Board from across the Lothian health and care system.

During 2024 NHS Lothian decided to include child poverty within the scope of the Anchor Institution Programme Board. A joint Anchors and Child Poverty Group now exists to ensure clear alignment and joined up working across the two work streams as per above updated governance structure.

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Initial work in NHS Lothian began in 2022 and to date we have: achieved Living Wage accreditation, established a Lothian Hospitals Income Maximisation service, established the NSS Community Benefits Portal with local partners and established the NHS Lothian Anchor Institution Programme Board.

As a result of the financial constraints applicable to all NHS Boards from December 2022, all pillars of the NHS Lothian Strategic Development Framework were asked to review work plans and commitments. This has meant some aspects of the programme have had timescales extended in the Anchors Institution work plan. But additions to the plan during 2024 have included a lead role for the Good Food Nation plans and greater alignment with child poverty.

<u>Workforce</u>

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

1. **Achieve further reductions in agency staffing use and to optimise staff bank arrangements**

Agency staffing utilisation overall has reduced from a monthly average of 220wte in the 2023/24 financial year to an average of 57wte for April to December 2024. Within this overall figure registered nursing has reduced from an average of 149wte in 2023/24 to 34wte this represents a 77% reduction. Given the extent of the reduction achieved the target for 2025/26 is to sustain the reduction that has been made during 2024/25. Utilisation will remain only where the alternative would have been no service delivery of cancellation of theatre sessions.

High-cost agency is almost exclusively associated with vacancy within the medical workforce. The focus for staff bank optimisation will be on 'hard to fill' areas and investigating direct engagement approached for AHPs.

2. **Achieve reductions in medical locum spend**

NHS Lothian is one of the best performing Boards with very low levels of agency medical locums utilisation in comparison with other boards. In 2025/26 the intention is to sustain this position.

3. **Increasing efficiencies across administrative and support services**

In line with the key principles of the Financial Recovery Programme for NHS Lothian, the focus must be on protecting clinical services as far as possible. There is a 2025/26 3% efficiency target (reducing cost) and an additional 3% target for savings as a result reviewing service delivery and appropriate reviewing or ceasing services. There has been a recognition that there is requirement for a specific focus on reviewing non-clinical to identify savings opportunities. To this end, a structured review of non-clinical services was commissioned by the Financial Improvement Group to focus on the 4% target.

This review involves 5 stages:

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- Defining activities and assessing the relative value
- Initial impact assessment incl quantification of financial benefit
- Peer review and development of final recommendations
- Authorisation of proposals
- Implementation planning (including actions that mitigate identified impacts)
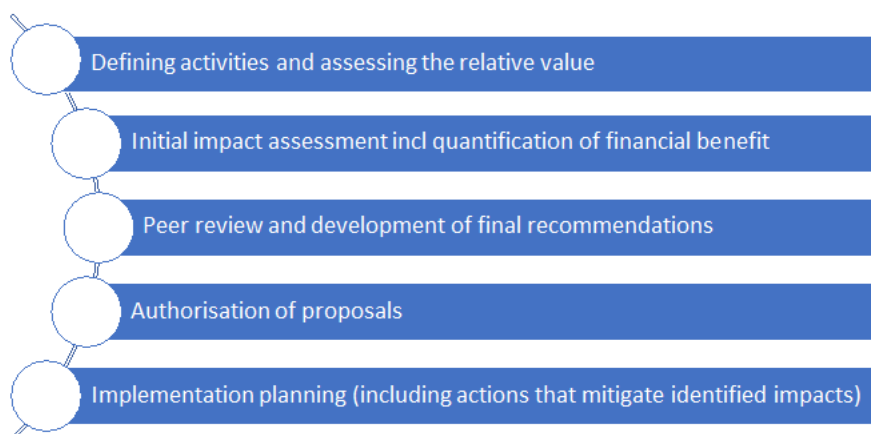
The review is well progressed with all areas complete with the exception of Corporate Nursing and Estates and Facilities which are nearing completion. Through the process to date the Non-Clinical Review working group has helped to identify a total of 46 schemes representing a combination of efficiency or service reduction of c.£1M in financial savings. These represent possible opportunities that would need further maturation through an impact assessment process and thus are subject to change and in some cases will likely take time to realise most likely in 2025/26. In addition to this quantifiable output, there are also a number of possible schemes that have yet to have a value assigned and may further contribute to savings in 2025/26. Any changes to workforce resulting from service impact schemes will need to be progressed in line with existing workforce organisational change policy and process, subsequent to impact assessment and endorsement through agreed governance routes.

The process has also garnered service user feedback, including;

- There may be benefit from considering efficiencies across corporate functions where role boundaries potentially overlap;

- There may be productive benefits from aligning interdependent functions (which are currently managed under different operational lines)

- Where capacity is occupied by the production of outputs (products, such as reports); the value of these should be tested with services (recipients) to ensure they are beneficial.

Following the completion of this first stage of the review looking at Corporate Services the second stage in 2025/26 will focus on non-clinical services across Acute, REAS, and HSCPs. This second stage will be taken forward by service in conjunction with Finance leads based on the toolkit and support materials that have been developed corporately during stage 1.

Additionally, as part of wider work looking at workforce efficiencies there are will remain controls in place corporately and at service level to critically review the need to replace vacancies when they arise to identify the impact of non-replacement and the scope for skill mix. There has also been a reduction in the utilisation of all forms of supplementary staffing and no agency utilisation, within administration and support services. There is also an on-

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going focus on reviewing the costs of pay protection and seeking to proactively identify areas at risk of falling into a pay protection scenario.

4. **Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the NHSScotland Attendance Policy**

In the period October 23 to October 24 overall sickness absence within NHS Lothian increased to 6.05% overall from 5.8% in the previous year. It has remained 7% lower than the national average (6.59%) and is the second lowest amongst large health boards. However, sickness absence is approximately 1% above pre-covid levels, with increases evident across job families. Whilst NHS Lothian is significantly (0.65%, 16pp) below the national average of 4.04% for long term sickness absence it is (0.2%, 8pp) higher for short-term sickness absence.

Consequently, there has been a significant focus on reducing short-term sickness absence, and a sickness absence working group has been established in partnership with Partnership representation, Managers and HR absence leads. This group has taken forward a number of key actions that will continue to support promoting attendance in 2025/26:

➢ Good Housekeeping – A series of workshops for Managers covering a range of key workforce and finance topics have been run with over 600 managers across services taking part. These workshops reminded managers of key requirements of staff and managers in managing sickness absence and including a 'myth busting' element to help clarify areas of uncertainty.

➢ Development of an analytical dashboard – In addition to existing comprehensive dashboards that provide on-going reporting of key sickness absence trends a further dashboard has been developed to highlight areas for prioritised review where there have been multiple instances of short-term absence.

➢ Managing Sickness Absence Managers Pack – In addition to existing materials relating to the National HR Attendance Policy a pack has been developed to support managers, including guidance on how absence should be reported by individuals and managers, how it should be recorded within attendance and rostering systems and how to support individuals to return to work.

➢ Wellbeing – To support staff wellbeing NHS Lothian has a comprehensive 3-year Work Well Strategy aimed at creating a healthier and happier culture for it's staff. In 2025-26 this will be underpinned by a year 2 delivery plan and build upon the 2024/25 initiatives focussed on Leading for Wellbeing, Proactive Mental wellbeing, improved communication of staff support sessions and materials.

5. **An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026**

The rollout of eRostering will not be fully implemented by March 2026 due to the impact of the reduced working week within Agenda for Change (AfC) job families which necessitated a pause in implementation in 2024/25. Consequently, implementation will run into 2026/27. Roll out is continuing with the Medical job family and revised implementation plans for AfC are currently being developed.

6. **How they are working with Further/Higher Education Institutions to improve the way they plan the education needs of their workforce, and what collaboration takes place to ensure education curriculums offered can respond to the changing population health needs both locally and nationally**

NHS Lothian has worked closely with the Open University (OU) on an 'Earn as you Learn' model for mental health nursing given the substantial gaps that exist within staffing establishments across mental health services. This proved to be a very attractive option for existing staff and was substantially oversubscribed, however following successful recruitment to 2 cohorts of students in 2022 and 2023. However, given the current national funding model does not support this approach the OU has been unable to support further programmes.

There is also currently consideration of the potential for a bridging course to allow band 4 staff to access year 2 of the nursing degree programme.

Currently we are working with Edinburgh Napier University (ENU) to identify the potential for different models for delivery, including the possibility for more local delivery within West Lothian in conjunction with West Lothian College. This would help support a local training pipeline which would be more attractive to West Lothian residents removing the need for a lengthy commute and support widening participation. West Lothian and St John's Hospital in particular still represent some of largest gaps in registered nursing.

We are also working with ENU around the potential for international nurse recruitment, where ENU would provide a programme for International nurses to train up to OSCE level and join the staff bank until in a position to apply for substantive registered nursing posts.

Given the very low fill rates within the 2024 intake there is an imperative for a change in the national funding model to enable progress with these areas in near future as in areas such adult general the estimated output of 2024 overall will be approximately half of projected leavers.

7. **Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.**

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NHS Lothian re-established its HCID Preparedness Group April 2024, chaired by Dona Milne, Director of Public Health, with representation from across NHS Lothian. The group has been working on a whole system response to HCIDs including VHF, respiratory conditions including MERS and Avian Influenza, and more recently mpox clade I.

The logistics of face fit testing primary care staff for FFP3 respirators, and providing access to these FFP3 respirators, or alternatives such as FFP2 or N95, are being considered at the HCID Preparedness Group. This work is ongoing however, this ADP objective will not be fully achievable until the following areas are addressed.

- There is no comprehensive definition of 'relevant staff' available to NHS Boards in current ARHAI infection prevention and control guidance (NIPCM).

- ARHAI have not yet completed review of transmission based precautions and policy recommendations.

- Extant national IPC policy permits individual staff to use FFP3 based on a 'personal risk assessment'. This applies in any clinical setting to any staff, not just 'relevant staff'.

- The Health & Safety Executive and other national advisory bodies do not endorse use of FFP2 or alternative respirators. FFP2 and N95 products are not available to purchase from National Procurement. Any local risk assessment to adopt alternative products would create legal, financial, logistical and reputational risks for the Board.

- There is a requirement for clear guidance on requirements to be clean shaven for 'relevant staff' – this remains voluntary. Staff with facial hair cannot be face fit tested.

- National advisory bodies have not yet provided evidence based guidance on filter change frequency or decontamination of alternative respirator equipment (powered air purifying respirators).

- Delivering full compliance with the annual delivery plan objective will represent a significant financial pressure given there is currently no additional national funding to facilitate the required expansion in programmes.

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Climate Emergency and Sustainability

NHS Lothian continues to progress the implementation of its Sustainable Development Framework and Action Plan Sustainability – NHS Lothian | Our Organisation which sets the wider context for the annual delivery priorities.

ADP 10.1 2025-2026 Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases.

Building Energy Use Reduction

The NHS Lothian Climate Emergency and Sustainability Report for 2023/24 report showed emissions from building energy have reduced by 71.5% from 1990 baseline, against a net zero pathway reduction of 65.5%. While currently ahead of target, significant actions are required to maintain progress in line with target trajectory

Through development of the Net Zero Strategy for buildings, progressing the actions identified in the report produced through NHS Assure funded support, the following priorities and actions are proposed:

- Working with local stakeholders to work in partnership and identify opportunities for collaborative energy projects options, in particular Heat Networks.

- BioQuarter (RIE & RHCYP and DCN) is the number one priority (based on both benefits and opportunity) within in the NHS Lothian Net Zero Strategy. There is recognition at SGHD, within Edinburgh Net Zero Leadership Board and with BioQuarter partners of the potential for RIE to anchor a heat network and energy transition within the wider area.   The Environmental Sustainability Team are continuing to build stakeholder engagement and are working to ensure that this will become a designated NHS Lothian project, with appropriate resources, in 2025 - 2026.

- Western General Hospital (WGH) is another key priority, due to the need for modernisation of the steam infrastructure and developing Granton Heat Network, being developed by City of Edinburgh Council (CEC). Work to be developed, aligning with the Business Continuity Planning process, to refresh the energy infrastructure masterplan.

- In recognition of current challenges and opportunities to engage in the wider energy sector, NHS Lothian is collaborating to explore options for increased renewable energy deployment to support the achievement of our sustainability goals and net-zero carbon initiatives. Following the Prior Information Notice (PIN) in 2024, NHS Lothian will explore a pathway and seek to realise short-term opportunities that provide energy demand reduction, cost savings and carbon savings via alternative financial models.

- The Environmental Sustainability Team are working to establish a Sustainability Rolling Programme for investment, that would commit funding to support measures across sustainability that contribute to the ongoing achievement of reductions. This will focus on

energy initially, based on known project pipeline and reduction potential, but will support development across other emissions streams.

- The Energy Team will continue to seek opportunities for additional funding, such as application to the Green Public Sector Estates Decarbonisation Scheme (GPSEDS) for further investment in energy efficiency and carbon reduction measures if available.

- The Energy Team will continue to implement and develop plans for optimising the existing estate, including an Energy Switch-off Campaign and effective Energy Management practices.

Transport and travel

See below

Medical gases

In 2024-2025 we focused on

- Continuous control monitoring of our use of desflurane and other fluorinated gases
- Decommissioning of nitrous oxide and Entonox manifolds or maintenance of Entonox manifolds where these cannot be decommissioned
- Widening the scope of our reporting on medical gases to include gases used in ophthalmological procedures

In 2025-2026 the delivery priorities are:
- Continuous monitoring and control of our use of medical gases
- Continued to maintain and improve the effective management of Entonox manifolds
- Actively review available technologies for capture or destruction of medical gases including undertaking a national trial of e-breathe
- Continuous review of new options for further reductions from current baseline levels

ADP 10.2 2025-2026

Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.

Key actions and leads (Strategic Planning, Acute Services, Capital Planning and Public Health) from across the organisation in relation to Adaptation agreed at CMT.

Actions are grouped in relation to:
- Role of Environmental Sustainability Team

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- Health
- Assets
- Services.

NHS Lothian BCP explicit on requirements of active management of Climate Change Risk Assessment and adaptation planning as part of Environmental Sustainability Rolling Programme and this will continue to be progressed.

Continue active engagement in Climate Ready South-East Scotland initiative and develop work with all local authorities on climate adaptation.

Key priorities for 25/26:

Focus on developing knowledge skills and capacity with designated leads and across the organisation

Focus on flood risk mitigation at RIE/RHCYP/Bioquarter as an example of opportunities on biodiversity, climate resilience, adaptation planning (including collaboration requirements) and ecosystem development. Need for preparatory work on this included in Sustainability Rolling Programme as part of NHS Lothian BCP.

Review available resources and CCRA tools to make more accessible across the organisation as a whole and simpler to embed in business as usual.

Keep under review the option of establishing an overall NHS Lothian adaptation lead

ADP 10.3 2025-2026

The achievement of national waste targets, local targets for clinical waste, and engagement with local procurement, waste leads and clinicians to progress Circular Economy programme within Boards.

In 2024-2025 NHS Lothian have:

- Undertaken an initial review of the Resources and Assets (Circular Economy) Section of the NHS Lothian Sustainable Development and Action Plan
- Developed the role of Waste Minimisation and Circular Economy Manager
- Set targets for reductions in orange stream clinical waste (10% reduction)
- Developed monitoring of food waste and set a target for reduction (10% reduction).

Priorities for 2025-2026

- Consolidate the role of the Circular Economy and Waste Minimisation Manager – via a steering group with input from Zero Waste Scotland and NHS Assure Waste Lead
- Review our current Resources and Assets (Circular Economy) actions within the NHS Lothian Sustainable Development Framework and Action Plan
- Develop an NHS Lothian Circular Economy Strategy
- Continue the work on Orange Stream Clinical Waste reduction
- Continue the work on food waste reduction as a key priority within NHS Lothian's commitment to Good Food Nation

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- Develop our data, reporting, governance and management of pharmaceutical waste and strengthen our approach to reducing pharmaceutical waste

ADP 10.4 2025-2026

Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.

In 2024-2025 NHS Lothian focused on:

- Consolidated and progressed the decarbonisation of the fleet
- Developing our data and dashboard on Grey Fleet Mileage
- Exploring options for a travel survey and work with Travelknowhow Scotland at the Western General Hospital

In 2025-2026

The NHS Lothian Environmental Sustainability Team priorities are:

- Review the forward plans for fleet decarbonisation in the context of finance and resilience issues
- Development of our information and data in relation to sustainable travel
- Review options for dedicated capacity in relation to sustainable travel planning and co-ordination across NHS Lothian
- Based on available information and data, undertake a high-level strategic assessment of current status of travel and transport across NHS Lothian, including the identification of internal and external stakeholders
- Use the strategic assessment to review the actions currently in the NHS Lothian Sustainable Development Framework and Action Plan set out below.

Reduce the emissions from the fleet by making sure all new vehicles are low carbon and an adequate number of electric charging points are made available
Reduce the impact of the 'grey' mileage by reviewing business travel and removing perverse incentives
Reduce the impact of staff commuting and patient attendance by making services available locally and enabling remote working and remote consultations
Implement Active Travel Strategy including Cycle Scotland accreditation
Plan services in a way that minimises travel between sites
Provide incentives for sustainable travel to work Our NHS
Work with local partners to develop an integrated transport system
Invest in remote working and remote consultation technology and put in place management service development systems to support this
Make minimising travel a criterion in procurement decision making

ADP 10.5 2025-2026

Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHS Scotland estate.

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Environmental Management and Use of EMS – continuing progress

- Ongoing development of Environmental Management System (EMS). Compliance status being managed, with continuous assessment of new and changing legislation being managed within legal register and updates established via dedicated EMS communications.
- Impacts and Aspects register developed and being reviewed with departments to detail significant risks to the environment from current operations. Detailed review completed with Labs operations, which indicates good appreciation of risks, control measures and compliance.
- Audit procedure and plan to be developed, based on priorities of risk, non-compliance and compliant with low assurance as recorded in the legal register.
- Environmental Management incident reporting system built and in test. System being developed in-house, with communications plan to support future role-out.

Priority for 2025-2026

Confirm system wide governance arrangements for EMS and embed in risk management processes and NHS Board Annual report.

Increasing biodiversity and improving greenspace across NHS Scotland estate

NHS Lothian Biodiversity Action Plan was developed in 2024-2025. Biodiversity Action Plan – Sustainability.

- The development of the Biodiversity Action Plan has been well supported by internal and external stakeholders. Final approval of the plan and delivery resources are expected in March 2025.
- Site-based greenspace management plans are being delivered for 3 major sites (REH, AAH, ELCH) a further 1 is in development (WGH). These plans will lead to a net increase in biodiversity and improve access to high quality greenspaces for patients, staff and local communities. Across the estate 8 biodiversity projects are in delivery and a further 4 are in development.
- There is an ongoing programme of nature-based activity at 7 key sites (AAH, WGH, RIE, REH, MLCH, SJH, Access Place). The disposal of major NHS Lothian sites will have a negative impact on the area of greenspace and biodiversity scores.

In 2025 –2026 the delivery priorities are:

- Implementation of the NHS Lothian Biodiversity Action Plan
- Continuous review of NHS Lothian Biodiversity Score and other key ecosystem metrics in the context of changes to the NHS Lothian estate
- Engage with capital planning and strategic planning on the impact of site disposals and clarify how this is dealt with in the Property Transactions Handbook
- Seek funding for the continuation of nature-based activity projects at the REH, SJH,WGH
- Set out plans to specify and maximise the contribution of Greenspace to NHS Lothian's approach to Prevention
- Continue to integrate with work to develop NHS Lothian's role as an Anchor Institution and its Good Food Nation plan
- Progress the contribution of greenspace and ecosystem development to NHS Lothian's Business Continuity Plan with an initial focus on adaptation at RIE

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ADP 10.6 2025-2026

Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process

In 2024-2025 NHS Lothian introduced an Environmental Sustainability Rolling Programme as a key component of the Business Continuity Planning process. Embedding and Environmental Sustainability Rolling programme as part of the BCP process is key to improving environmental performance in the context of environmental opportunities, climate change adaptation and addressing risks identified through the Environmental Management System.

The Environmental Sustainability Rolling Programme sits alongside and supports the development of major projects and the on-going programmes of the Environmental Sustainability Team, including: sustainable care (Green Theatres) waste minimisation, greenspace and ecosystem development and energy efficiency.

Priorities submitted for 2025-2026

Green Theatres	HVAC system upgrades in theatres - phase 2	HVAC Efficiency
Energy Efficiency	Replace, upgrade and optimise Building management Systems across the estate due to system obsolescence, in-efficient operation and effective operation of critical systems.	BMS Optimisation
Energy Efficiency	Replacement of inefficient and obsolete lighting with low energy LED fittings.	Lighting (LED Upgrade)
Energy Infrastructure	Steam infrastructure assessment to quantify risks, opportunities and capital as part of site resilience, energy efficiency and BLM.	EI - De-steaming survey
Energy Infrastructure	WGH Energy Infrastructure - Phase 3 - De-steaming	EI - De-steaming phase 3
Greenspace & Biodiversity	Greenspace, ecosystem development and biodiversity net gain	BAP Projecct Development Surveys
Waste Minimisation & Circular Economy	Onsite waste reprocessing facilities	Waste segregation and re-use

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Energy Efficiency	Energy Manager Small Works savings schemes identified	Energy Manager Small Works

ADP 10.7 2025-2026

Reducing environmental impact through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach.

National Green Theatres Programme

In 2024-2025 we consolidated the work of the NHS Lothian Green Theatres Group working with the National Green Theatre Programme:

- HVAC Setback (Energy Efficiency) – funding secured for enabling works for SJH Theatres and work initiated on scoping re SJH Theatres.
- Reducing use of IV Paracetamol where possible
- Clinical waste segregation focusing on reducing orange stream clinical waste – exemplar theatres in place in SJH and RHCYP/DCN
- Implementing Rub Not Scrub
- Consolidating scoping work and options for introduction of fluid suction systems
- Reducing environmental impact of Pulse Lavage (3220 procedures, 29880 batteries)
- Developing Gloves Aware Campaign
- Implementing reuseable theatre hats, gowns and diathermy pads

Priorities for 2025-2026

- Roll out of the HVAC Setback (Energy Efficiency) as part of the BCP Environmental Sustainability Programme
- Conclude the scoping of options for the introduction of fluid suction systems – pause or progress with business case
- Continue work on clinical waste segregation –focusing on orange stream clinical waste
- Progress Gloves Aware Campaign
- Scope options for recover of high-grade plastics
- Refresh options for progressing work on Lean Theatre Trays in the context of implementation of the Tracking and Traceability System
- Progress Metronidazole Intravenous to Oral Switch (IVOST)

Implementation of Quality Prescribing Guides

In 2024-2025 we consolidated our data dashboard on prescribing respiratory inhalers and took steps to communicate the environmental impact of respiratory care.

In 2025-2026 our priorities will be:

- Work with colleagues in pharmacy to undertake a stock take of respiratory prescribing action plans

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- Promote access and use of the inhalers dashboard
- Work with colleagues in pharmacy to review additional Quality Prescribing Guidelines from the perspective of environmental sustainability and prevention

Sustainability in Quality Improvement

In 2024 –2025 we continued to gather information on work being led at service level to make clinical services more environmentally sustainable and provide support, input and information exchange where there was capacity to do so.

We commenced development on an Environmentally Sustainable Care Toolkit to support groups and individuals to take forward changes in their service area.

Development work that the Environmental Sustainability Team are aware of (excluding Green Theatres) is summarised in the table below.

Green ED in NHS Lothian (RIE and SJH) in development. (Predicted savings combined of 32400 kg CO2 + >£20,000 from implementing a handful of projects, and will result in recurring cost savings). Green Dental Services Sustainable Simulation and teaching – Carbon Costing Practice in Lothian RIE Green Pharmacy Group Green Transplant Group Green Radiology Group Go for Green (Primary Care) Outpatient clinics (Sexual Health) Positive engagement with NHS Scotland Green Endoscopy Group and will include Endoscopy Suites in Green Theatres + approach. Green Lothian Unscheduled Care Service Development Areas we were not able to support and follow up on: Stroke Services Urology Intensive Care Units

We continued to link with the Realistic Medicine programme.

We secured fixed term funding secured from NHS Lothian Charity for the development of an Environmental Sustainability Network and a networking event in 2024.

Priorities for 2025-2026

- Complete the next stage of NHS Lothian Environmental Sustainability intranet site development as a key platform for awareness raising, information sharing and exchange.

- Continue to develop the NHS Lothian Environmentally Sustainable Care Toolkit.

- Continue to ensure that the NHS Lothian Environmental Sustainability Webinars support the work on Environmentally Sustainable Care

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- Review options for the development of an Environmental Sustainability Network including seeking funding for a Network Co-ordinator role.

- Seek funding for clinical time to embed environmental sustainability work as core to clinical practice.

- Strengthen the relationship between Environmentally Sustainable Care and the Realistic Medicine Programme and the respective programme boards.

- Seek to maximise the work on environmentally sustainable care in relation to prevention.

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NHS Lothian

Meeting:	NHS Lothian Board
Meeting date:	13 August 2025
Title:	June 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	☐	Decision	☒
Discussion	☐	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other - **Financial Reporting**	☒

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

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☒
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

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

Safe	☐	Effective	☐
Person-Centred	☐		

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 NHS Lothian Board with an update on the end of June financial position for 2025/26.

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.

2.3 Assessment

The reported financial position for NHS Lothian for month 3 of 2025/26 is an overspend of £5.6m. The financial position is comprised of an operational overspend of £14.4m, offset by the release of Non Pay uplift funding of £2.5m and a proportionate share of Sustainability funding of £6.3m (pending release to services). Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 3 Summary Financial Performance

	Year to date variance from Budget £'000
Pay	4,144
Non Pays	(24,625)
Income	6,056
Operational Position	**(14,425)**
Non Pay Uplift Funding	2,477
N/R Sustainability Funding	6,343
Total	**(5,605)**

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

<u>Financial Position as at 30th June 2025</u>

As at the first quarter of the year, an overspend is reported which shows financial pressures continuing in areas consistent with last financial year and the NHS Lothian Financial Plan. Acute Drugs, Medical supplies, GP Prescribing, and Medical & Dental Pay costs all continue with overspends being reported year to date. The IJBs 3% non-pay uplift funding has now been distributed against some key pressure areas, with the majority supporting the GP Prescribing overspend. A further 1/12th of the 3% base uplift relating to non-pay has once again been released corporately with work underway to propose a fair distribution of the £9.9m recurring funding against existing non pay pressures, acknowledging that the overall non-pay overspend is already at £25m after 3 months. Also released corporately is 3 months' worth of the balance of non-recurring sustainability funding again with work underway to apportion this against local pressures.

As highlighted last month, the emerging financial pressure within REAS services continues and, in particular, in Nursing costs and the use of Agency Nursing. REAS Nursing now reports a £1.5m overspend after 3 months. Chart 1 below shows the extent of the increase in use of Agency and in particular non-registered Agency Nursing. There continues to be strategic focus on these service issues and understanding, mitigating and managing the financial impact of the solutions is ongoing.

Chart 1 – Total Nursing Agency Usage June 2024 to June 2025
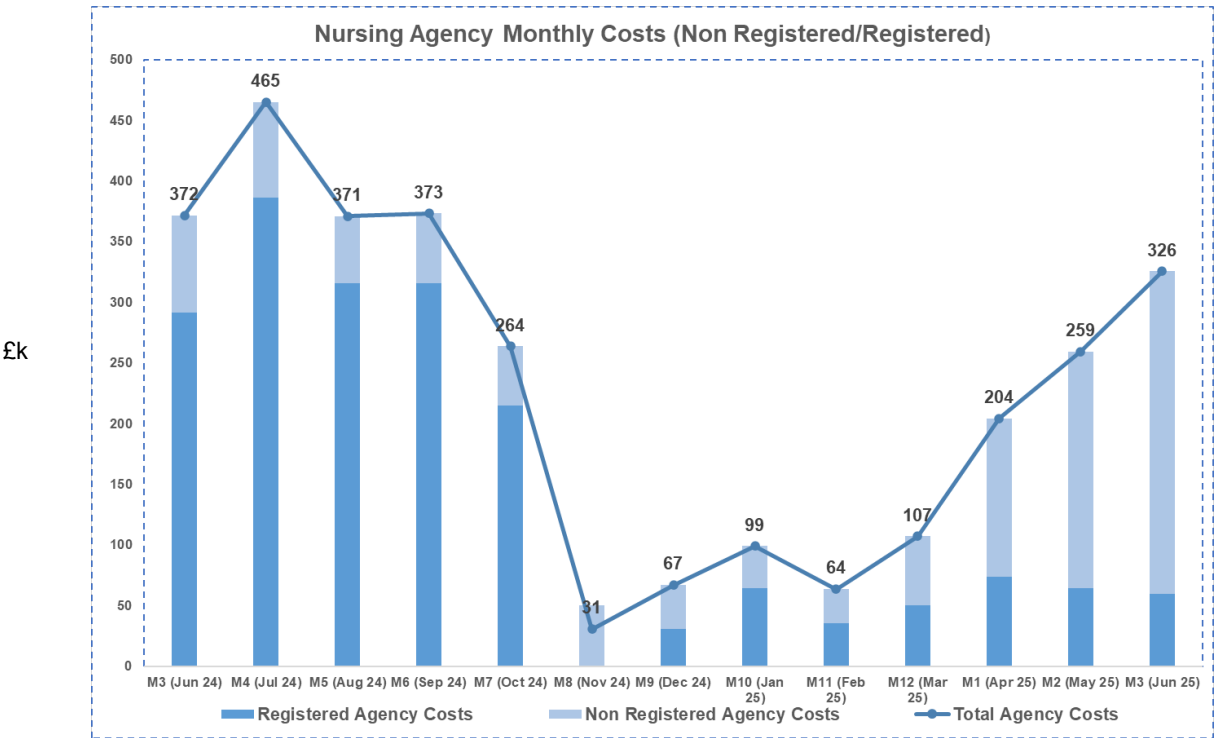
Table 2 below gives the current variance against budget across expenditure headings.

Table 2 – Breakdown of Variance

Description	Year to Date Variance from Budget £000's
Medical & Dental	(1,824)
Nursing	1,798
Administrative Services	2,902
Support Services	(811)
Other Therapeutic	1,084
Other Pay	994
Total Pay	**4,144**
Drugs	(4,183)
Medical Supplies	(7,402)
Property Costs	(3,536)
Administration Costs	(2,805)
Other Non-Pay	(4,125)
Pharmaceuticals	(1,845)
Other FHS	(366)
Total Non-pay	**(24,262)**
Income	**6,056**
Other	**(367)**
Profit/loss On Disposal	**4**
Operational Position	**(14,425)**
Non Pay Uplift Funding	2,477
N/R Sustainability Funding	6,343
Total Variance	**(5,605)**

<u>Distribution of Additional Resources</u>

As mentioned above, work is underway to gather a list of pre-existing, system wide structural financial pressures, for a proposal to be made to distribute the balance of the non-recurring Sustainability funding of £25m (£13m of the £38m funding was committed as part of the Financial Plan against ongoing PFI, Facilities and Energy pressures and new Office 365 costs). This will involve a review of baseline pressures, focusing on those areas which are unmanageable with no mitigation options. The Sustainability funding has been released into the bottom line position in advance of any agreement to allocate this funding to specific service areas.

Agenda for Change Pay uplift adjustments were processed in June to reflect the uplift agreed at 4.25% with funding assumed at this stage as no allocation for pay uplift has been received from the Scottish Government as yet. Assumptions remain that pay uplift costs will be fully funded.

The Financial Plan approved by the Board in April showed a gap before Financial Recovery Plans of £63m, made up of an overall gap of £195m offset by additional resources of £132m as shown in Table 3 below. Work has commenced to update the 2025/26 forecast based on the position at Quarter 1, with meetings planned with sites and directorates to discuss any exceptions or assumptions that have changed from those made in the Financial Plan. The output of the Quarter 1 update will be shared with Finances and Resources Committee on 29th August.

Table 3 – 2025/26 Financial Plan Summary

	£m
Financial Plan projected Gap	**(195)**
Uplift Funding - Pay (3%)	39
Uplift Funding - Non-Pay (3%)	22
NI Funding @ 60%	17
Sustainability Funding	11
Other Income	5
N/R Sustainability Funding	38
Total Additional Resources	**132**
Gap before Financial Recovery Plans	**(63)**
Financial Recovery Plans	48
Target for additional Plans	16
Financial Plan submission to Scottish Government	**0**

As part of the first quarter review, an assessment of any other available funding sources will be made with a view to releasing or allocating against system pressures to support the organisation achieving break even.

The Corporate Management Team has previously noted that the recurring element of Sustainability funding of £11m (separate to the £38m of non-recurring Sustainability funding support provided in 2025/26) has been distributed to Business Units to support the increase in employers National Insurance (NI) that was not covered by the Scottish Government specific NI funding. This resource has been applied across all delegated and non-delegated budgets. Following confirmation of the actual allocation from the Scottish Government, the allocations have come in at lower than the anticipated value that was intimated as part of the Financial Plan work. Discussion with the Scottish Government is ongoing as overall costs of the NI change are higher than originally calculated. Currently there is no pressure aligned to a shortfall in NI funding in the position.

Financial Recovery Plans (FRPs)

To allow the analysis of data to support and evidence savings made, there is a one month lag in reporting FRPs delivery against plan. Month 2 delivery of savings is now reported. There is a £63m (3%) recurring delivery target for FRPs with just short of £50m of plans identified to date. NHS Lothian's ability to deliver a balanced outturn is contingent on full delivery of savings at 3%, and there is currently minimal delivery against that outstanding balance. There remains £14m of schemes requiring to be identified against the FRP target shortfall and support a breakeven position. Lack of progress in this area is therefore a contributory factor to the £5.6m overspend variance. Appendix 3 shows the identification of savings plans against 3% target by Business Unit.

Based on those plans identified, there was £8m of savings due to be delivered at Month 2 and £4.4m of savings recorded as delivered, leaving a shortfall of £3.6m at this stage, another major contributing factor to the current year to date overspend. Currently only £39m of plans identified are going to be delivered recurrently, which brings ongoing challenges for next year and our underlying recurring deficit.

Financial Oversight Board (FOB) escalation for performance monitoring of the 3% target and recurring FRP delivery continues. Table 4 below shows the details of FRP plans and delivery by Business Units. As part of Quarter 1 review meetings, an update on plans expected savings delivery will be discussed with escalation to FOB if there is significant drop off against the original delivery value.

Table 4 – 2025/26 Month 2 Financial Recovery Plan Summary

	3% Target	FRP Plans	Planned Delivery to May	Achieved to May	Shortfall April - May	Recurrency of Plans
	£'000	£'000	£'000	£'000	£'000	£'000
Diagnostics A&T & CC	6,846	3,363	463	209	(254)	3,061
O/P & Assoc Services	812	1,180	190	141	(50)	928
RIE Site	6,166	6,373	1,062	296	(766)	940
St John's Hospital Site	2,447	1,625	163	102	(61)	1,346
WGH Site	5,832	6,676	1,039	749	(290)	5,759
Women & Children Services	4,300	2,481	393	220	(173)	2,687
AHP Services	745	705	121	121	0	407
Acute Div Mgt	1290	767	45	2	(42)	767
Acute Services Division	28,438	23,170	3,474	1,839	(1,635)	15,895
Corporate Services	4,736	5,643	1,424	871	(553)	4,091
East Lothian Partnership	3,375	2,450	390	218	(172)	2,450
Edinburgh Partnership	10,460	6,690	1,017	658	(359)	6,643
Midlothian Partnership	2,439	2,505	359	213	(147)	2,505
West Lothian Partnership	4,396	3,279	547	192	(355)	3,215
Facilities	4,724	3,261	398	162	(235)	3,261
REAS	3,861	1,270	212	70	(142)	170
Dir Of Primary Care	1,302	1,174	132	132	0	197
Income/H/C Purchases	441	441	0	0	0	441
Grand Total	**64,171**	**49,884**	**7,953**	**4,355**	**(3,598)**	**38,869**

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 3 financial position was reported to CMT on the 15th July.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the reported financial position being a £5.6m overspend as at the end of June 2025.
- **Awareness –** For Members to note the shortfall on delivery of £3.6m of Financial Recovery Plans for May 2025 recognising there will be FOB escalation for Business Units where delivery is not in line with plans or target.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 30th June 2025
- Appendix 2, NHS Lothian Summary by Operational Unit to 30th June 2025
- Appendix 3, NHS Lothian FRP Summary Planned vs Target

Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th June 2025

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	411,996	103,354	105,178	(1,824)
Nursing	718,275	174,050	172,251	1,798
Administrative Services	204,759	49,482	46,580	2,902
Allied Health Professionals	129,111	31,314	30,565	749
Health Science Services	60,613	14,744	14,324	420
Management	7,439	1,857	1,672	186
Support Services	110,625	26,665	27,476	(811)
Medical & Dental Support	21,485	5,244	5,341	(97)
Other Therapeutic	77,417	18,375	17,291	1,084
Personal & Social Care	3,813	830	719	111
Other Pay	(4,836)	(7,971)	(8,051)	80
Emergency Services	0	0	4	(4)
Vacancy Factor	(2,621)	(461)	(11)	(449)
Pay	**1,738,076**	**417,482**	**413,338**	**4,144**
Drugs	145,862	38,892	43,074	(4,183)
Medical Supplies	100,195	28,279	35,680	(7,402)
Maintenance Costs	6,059	1,522	2,038	(516)
Property Costs	48,515	11,941	15,477	(3,536)
Equipment Costs	33,127	8,199	10,269	(2,070)
Transport Costs	8,591	2,299	2,950	(651)
Administration Costs	345,568	23,522	26,327	(2,805)
Ancillary Costs	11,904	2,706	4,292	(1,586)
Other	(12,308)	(11,669)	(11,883)	213
Service Agreement Patient Services	37,670	8,312	8,557	(245)
Savings Target Non-pay	1,860	1,076	0	1,076
Resource Transfer/LA Payments	117,115	27,767	28,115	(348)
Non-pay	**844,159**	**142,845**	**164,896**	**(22,051)**
Global Sum	0	0	0	0
Premises	0	0	3	(3)
Other Payments/reimbursements	0	0	0	0
GPS Other Payments	0	0	0	0
Additional Services	0	0	0	0
GMS2 Expenditure	137,955	44,512	44,850	(339)
NCL Expenditure	813	203	230	(27)
Other Primary Care Expenditure	87	22	20	2
Pharmaceuticals	174,307	41,812	43,657	(1,845)
Primary Care	**313,161**	**86,548**	**88,760**	**(2,212)**
FHS Non Discret Allocation	(19)	(5)	0	(5)
Bad Debts	0	0	362	(362)
Other	**(19)**	**(5)**	**362**	**(367)**
Income	**(376,618)**	**(104,296)**	**(110,353)**	**6,056**
Capital Charges	**0**	**0**	**0**	**0**
Revenue Resource Limit	**0**	**0**	**0**	**0**
Extraordinary Items	**0**	**0**	**(4)**	**4**
Operational Position	**2,518,759**	**542,574**	**556,999**	**(14,425)**
Non Pay Uplift Funding	2,477	2,477	0	2,477
N/R Sustainability Funding	6,343	6,343	0	6,343
Total Variance	**2,527,579**	**551,394**	**556,999**	**(5,604)**

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2025

Month 03 Variance from Budget	Acute Services Division £'000	East Lothian Partnership £'000	Edinburgh Partnership £'000	Midlothian Partnership £'000	West Lothian Partnership £'000	Directorate Primary Care £'000	REAS £'000	Corporate Services £'000	Facilities £'000	Strategic Services £'000	Research & Teaching £'000	Income & Healthcare Purchases £'000	Operational Variance £'000	Corporate Reserves Flexibility £'000	Total £'000
Medical & Dental	(1,954)	200	92	11	(45)	318	(71)	156	(18)	0	(512)	0	(1,824)	0	(1,824)
Nursing	544	843	1,211	253	218	61	(1,539)	172	39	(0)	(3)	0	1,798	0	1,798
Administrative Services	876	181	604	15	98	5	22	895	248	0	(42)	0	2,902	0	2,902
Allied Health Professionals	(66)	239	498	(117)	164	3	0	23	17	0	(11)	0	749	0	749
Health Science Services	425	(4)	102	(4)	7	(1)	(12)	(89)	(6)	0	4	0	420	0	420
Management	(79)	23	78	2	0	(32)	35	96	63	0	(1)	0	186	0	186
Support Services	12	0	21	54	2	(13)	82	36	(1,004)	0	0	0	(811)	0	(811)
Medical & Dental Support	(296)	4	5	0	0	171	7	12	0	0	0	0	(97)	0	(97)
Other Therapeutic	30	178	130	45	3	(7)	280	325	(3)	0	103	0	1,084	0	1,084
Personal & Social Care	12	1	29	0	16	0	(13)	66	0	0	0	0	111	0	111
Other Pay	23	0	17	0	(20)	(0)	(0)	(12)	52	0	21	0	80	0	80
Emergency Services	0	0	0	0	0	0	0	0	(4)	0	0	0	(4)	0	(4)
Vacancy Factor	0	0	(600)	0	0	151	0	0	0	0	0	0	(449)	0	(449)
Savings Target Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pay	**(473)**	**1,665**	**2,186**	**258**	**442**	**655**	**(1,210)**	**1,680**	**(616)**	**0**	**(442)**	**0**	**4,144**	**0**	**4,144**
Drugs	(3,464)	(118)	(116)	(60)	(21)	(403)	(200)	203	(3)	0	0	0	(4,183)	0	(4,183)
Medical Supplies	(6,542)	(151)	(468)	(82)	(121)	80	(51)	18	(85)	0	0	0	(7,402)	0	(7,402)
Maintenance Costs	(204)	(14)	(43)	(4)	(73)	(36)	(67)	(67)	67	(142)	0	0	(516)	0	(516)
Property Costs	(31)	7	(44)	2	(62)	(57)	(6)	(1)	(3,343)	0	0	0	(3,536)	0	(3,536)
Equipment Costs	(1,141)	(98)	(90)	(21)	(113)	8	(55)	(573)	17	0	(4)	0	(2,070)	0	(2,070)
Transport Costs	(373)	(86)	(84)	(14)	5	(5)	(83)	4	(24)	7	(1)	4	(651)	0	(651)
Administration Costs	(875)	28	(93)	297	(64)	91	(81)	(2,545)	583	(442)	289	7	(2,805)	0	(2,805)
Ancillary Costs	(390)	(17)	(0)	(19)	(14)	(4)	(31)	(361)	(749)	0	0	0	(1,586)	0	(1,586)
Other	4	(0)	(0)	0	0	0	1	141	67	0	0	0	213	0	213
Service Agreement Patient Serv	(20)	(41)	(11)	(2)	(50)	(23)	18	7	(2)	0	38	(157)	(245)	0	(245)
Savings Target Non-pay	0	0	0	0	0	0	0	997	0	79	0	0	1,076	0	1,076
Resource Trf + L/a Payments	(6)	(87)	(148)	(150)	54	0	(0)	(11)	0	0	0	0	(348)	0	(348)
Non-pay	**(13,042)**	**(578)**	**(1,097)**	**(53)**	**(460)**	**(349)**	**(556)**	**(2,053)**	**(3,680)**	**(357)**	**322**	**(146)**	**(22,051)**	**0**	**(22,051)**
Global Sum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premises	(3)	0	0	0	0	0	0	0	0	0	0	0	(3)	0	(3)
Other Payments/reimbursements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gps Other Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gms2 Expenditure	(11)	(76)	(152)	(58)	(16)	1	(1)	(22)	(4)	0	0	0	(339)	0	(339)
Ncl Expenditure	0	0	0	0	0	(27)	0	0	0	0	0	0	(27)	0	(27)
Other Primary Care Expenditure	2	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Pharmaceuticals	0	(256)	(613)	(160)	(314)	(503)	0	0	0	0	0	0	(1,845)	0	(1,845)
Primary Care	**(12)**	**(332)**	**(765)**	**(218)**	**(330)**	**(529)**	**(1)**	**(22)**	**(4)**	**0**	**0**	**0**	**(2,212)**	**0**	**(2,212)**
Other	**0**	**0**	**(5)**	**0**	**0**	**0**	**0**	**0**	**(183)**	**0**	**0**	**(179)**	**(367)**	**0**	**(367)**
Income	**2,347**	**28**	**(54)**	**37**	**3**	**(16)**	**(14)**	**259**	**41**	**115**	**117**	**3,193**	**6,056**	**0**	**6,056**
Capital Charges	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Extraordinary Items	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**	**4**	**0**	**4**
Operational Position	**(11,180)**	**783**	**265**	**23**	**(345)**	**(238)**	**(1,781)**	**(136)**	**(4,443)**	**(238)**	**(3)**	**2,868**	**(14,425)**	**0**	**(14,425)**
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	2,477	2,477
N/R Sustainability Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	6,343	6,343
Total Variance	**(11,180)**	**783**	**265**	**23**	**(345)**	**(238)**	**(1,781)**	**(136)**	**(4,443)**	**(238)**	**(3)**	**2,868**	**(14,425)**	**8,820**	**(5,605)**

Appendix 3 - NHS Lothian FRP Summary Planned vs Target

		2025/26 Total Plans	3% Target	% Identified
		£'000	£'000	
Acute Services Division	Acute Management	767	1,290	1.8%
	DATCC	3,363	6,846	1.5%
	AHP Services	705	745	2.8%
	OAS	1,180	812	4.4%
	RIE Site	6,373	6,166	3.1%
	STJs Site	1,625	2,447	2.0%
	WGH Site	6,676	5,832	3.4%
	Women & Children Services	2,481	4,300	1.7%
Acute Services Division Total		**23,170**	**28,438**	**2.4%**
Corporate Services	Chief Executive	338	205	5.0%
	EHealth	1,505	1,505	3.0%
	Finance	902	524	5.2%
	Human Resources	508	291	5.2%
	Medical Directors Office	310	291	3.2%
	Nursing	800	640	3.8%
	Pharmacy	828	828	3.0%
	Public Health	452	452	3.0%
Corporate Services Total		**5,643**	**4,736**	**3.6%**
Directorate Of Primary Care		1,174	1,302	2.7%
East Lothian Partnership		2,450	3,375	2.2%
Edinburgh Partnership		6,690	10,460	1.9%
Midlothian Partnership		2,505	2,439	3.1%
West Lothian Partnership		3,279	4,396	2.2%
REAS		1,270	3,861	1.0%
Facilities		3,261	4,724	2.1%
Income/Healthcare Purchases		441	441	3.0%
Total		**49,884**	**64,171**	**2.3%**

NHS Lothian

Meeting:	**NHS Lothian Board**
Meeting date:	**13 August 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	☐	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other – corporate risk	☒

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

Improving Population Health	☐	Scheduled Care	☒
Children & Young People	☒	Finance (revenue or capital)	☒
Mental Health, Illness & Wellbeing	☒	Workforce (supply or wellbeing)	☒
Primary Care	☒	Digital	☒
Unscheduled Care	☒	Environmental Sustainability	☐

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

Safe	☒	Effective	☐
Person-Centred	☐		

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 June 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.

2.1.2 Note a minor change in description for 3600 Finance risk to reflect the 2025/26 budget position.

2.1.3 Note the overview of the changes in the CRR over the past 2 calendar years in table 1.

2.1.4 Note that the divisional high and very high risks were reviewed by the CMT in July 2025.

2.1.5 Note planned work to identify and agree strategic risks to strengthen existing risk management arrangements.

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 July 2025.

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 June 2025 where applicable.

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 Work will be undertaken in the coming months to identify strategic risks. This will support delivery of the Lothian strategic development framework, strengthening existing risk management processes as part of the developing Board assurance framework.

2.3.2 Divisional High and Very High Risks
High and very high risk on the acute services, HSCPs, REAS and corporate services risk registers were reviewed by the CMT in July 2025. There are common themes, closely related to risks contained in the CRR including:

- Finance
- Waiting times
- Capacity
- Workforce
- Violence and aggression
- Estates

2.3.3 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	Jul-23	Aug-23	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25
3600 - Finance	25	25	25	25	25	25	25	25	25	25	25	20	20
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
5785 - High Secure Female Accommodation	Split of risk 5687, approved by Board April 2024				12	12	12	12	12	12	12	12	12
5388 - HSDU Capacity	20	20	20	20	20	20	20	20	20	20	20	20	20
5737 - Royal Infirmary of Edinburgh Fire Safety	New risk approved by Board December 2023			20	20	25	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
5322 - Cyber Security	12	12	12	12	12	12	12	12	12	12	12	12	12

Risk Removed from CRR (April 2025)	Jul-23	Aug-23	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25
5020 - Water Safety and Quality	12	12	12	12	12	12	12	12	12	12	8		
3828 - Nursing Workforce	20	20	20	20	20	12	12	12	12	12	6		
5784 - Low Secure Accommodation	Split of risk 5687, approved by Board April 2024				20	15	15	15	15	15	10		

2.3.4 Quality/ Patient Care

The CRR includes risks to quality and patient care and risk mitigation plans will positively impact on quality of care.

2.3.5 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.

2.3.6 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.

2.3.7 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.

2.3.8 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.

2.3.9 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.

2.3.10 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

Discussion: Board members are asked to:

- Review the June 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1
- Note a minor change in description for 3600 Finance risk to reflect 2025/26 budget position
- Note the overview of the changes in the CRR over the past 2 calendar years in table 1
- Note that the divisional high and very high risks were reviewed by the CMT in July 2025
- Note planned work to identify and agree strategic risks to strengthen existing risk management arrangements.

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	**Finance** 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 ageing estate. This is due to a combination of the level of capital and revenue resources available for 2025/26, together with the uncertainty around future resources. This will result in a limited ability to plan for and deliver core services, based on a financially prioritised and risk/ needs assessed basis, and the additional capacity and infrastructure required. Resource limitation and future uncertainty also impacts the ability to plan in the medium to long term, against a trajectory of increasing demand and ageing capital assets. Executive Lead: Craig Marriott Corporate objective: Revenue **Risk Response: Treat**	**Finance & Resources Committee** **March 2025** • Interim paper considered with full update to be provided following re-evaluation of the risk once 2025/26 financial plan is agreed. **June 2025** • **Moderate assurance accepted.** **Outcome of Executive Lead Discussions** **April 2025** • In closing off 2024/25 financial year, the Board has delivered against all of it's financial targets subject to external audit review • For financial year 2025/26, the Board has approved a balanced financial plan. This has been achieved due to the release of sustainability funding of £40m non-recurring. This has allowed the Board to reset its efficiency challenge to 3% from a previous high of 7% in 2024/25 • Recognising the improved financial landscape in 2025/26, it is recommended that the risk rating is reduced to Very High 20 (Likelihood: Likely (4), Impact: Extreme (5)) • The desire to improve service performance while still living within available resources will require organisational focus • It is also planned to concentrate on reducing the size of the board's recurrent gap of circa £100m. This will require the 3% efficiency challenge to be delivered recurrently and in full. **June 2025** • **Month 2 financial results indicate an overspend of circa £9m. The quarter 1 review will reassess the deliverability of financial balance. The efficiency gap of £16m requires to be addressed urgently.** • **The national focus is on improving performance in scheduled and unscheduled care which could have an impact on the deliverability of our financial targets.** • **The Board were allocated 60% of the funding for NI increases, further additional funding was allocated at the discretion of Boards to meet sustainability challenges. The expectation was that this**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		funding would be sufficient to fully fund NI increases, there is still a concern that a gap will exist which is being explored. • The Board's financial strategy for 2025/26 is to reduce the size of its recurrent gap and improve its financial sustainability. There are a number of emerging financial pressures which will require to be addressed to live within the strategic objective. • The Board has successfully bid for business continuity planning capital investment which will provide some much-needed flexibility to support backlog capital investment requirements. There is a requirement to increase project management resource to deliver against this step up in investment.	
	Risk Grading:	**CMT May 2025**	**CMT July 2025**
		Very High 20 (Likelihood: Likely (4), Impact: Extreme (5))	**Very High 20** (Likelihood: Likely (4), 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	<u>Healthcare Governance Committee</u> – person-centred, safe, and effective care. **March 2025** • **Limited assurance accepted.** *Next to be presented October 2025* <u>Strategic Planning and Performance Committee</u> – Performance **May 2025** • **Limited assurance** *Next to be presented September 2025* <u>Outcome of Executive Lead Discussions</u>	

Datix ID	Risk Title & Description	Committee Assurance Review Date

	Corporate objective: Unscheduled care
	
	Risk Response: Treat
		April 2025
		• Albeit seeing an improvement, there is a lack of delivery of the 4 Hr EAS performance trajectory against the backdrop of improving process measures.
		
		<table><tr><td colspan="2">March 2025 Performance</td></tr><tr><td>RIE</td><td>66%</td></tr><tr><td>WGH</td><td>73%</td></tr><tr><td>SJH</td><td>68%</td></tr><tr><td>CYP</td><td>89%</td></tr><tr><td>NHS Lothian</td><td>72%</td></tr></table>
		• Reduction in the following (RIE) continue to be noted since the beginning of the year:
		    o Average wait for a bed
		    o Average LoS in emergency department
		    o 8 and 12 hour breaches
		• A funding proposal has been submitted to Scottish Government which aims to expand the initial RIE improvement programme across all Acute sites within NHS Lothian.
		
		June 2025
		• **While challenges persist in achieving the 4-hour Emergency Access Standard (EAS) trajectory, early signs point to meaningful improvements in patient flow and safety across the system.**
		
		As of 13/06/25
		• **Latest 7 days vs 2024 average at RIE showing a;**
		    o **Increase in 4hr performance by 27 percentage points**
		    o **Reduction in social delays by 15%**
		    o **91% reduction in waits over 12 hours**
		    o **80% reduction in waits over 8 hours**
		    o **37% reduction in time to first assessment**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **HSCPs in Lothian are now "outliers" with low levels of delays and now flagging as "significantly" lower than Scotland average.** • **Metrics remain heading in the right direction despite an increase (6%) in attendances to ED across NHS Lothian.** • **The funding proposal submitted to Scottish Government 16 April 25 aims to expand the initial RIE improvement programme across all Acute sites within NHS Lothian. As of 18 June 2025 funding is yet to be confirmed.**	
	Risk Grading:	**CMT May 2025**	**CMT July 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	**Hospital Bed Occupancy** 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. Executive Lead: Jim Crombie Corporate objective: Unscheduled care **Risk Response: Treat**	<u>**Healthcare Governance Committee**</u> – person-centred, safe, and effective care. **March 2025** • **Limited assurance accepted.** *Next to be presented October 2025* <u>**Strategic Planning and Performance Committee**</u> – Performance **May 2025** • **Limited assurance** *Next to be presented September 2025* <u>**Outcome of Executive Lead Discussions**</u>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	

		April 2025
		• Bed occupancy rates continue to exceed 85% in all sites. – no overall change to date.
		• WGH has been consistently seeing reductions to the bed occupancy resulting in a downstream transfer system being developed to help increase flow at RIE.
		• All 4 HSCPs continue reporting challenges due to lack of care home places and closure of in-patient beds. Work is ongoing to understand whether the type of additional capacity which has come online in stages since January is appropriate for the type of patients awaiting discharge.
		• A funding proposal has been submitted to Scottish Government which aims to expand the initial RIE improvement programme across all Acute sites within NHS Lothian.
		
		June 2025
		• **Reduction of around 89 beds utilised for USC across the adult acute system.**
		• **By utilising the Frailty LES and the Enhanced ED Frailty Model total beds days of over 75 has decrease by 11% across NHS Lothian.**
		• **The inReach model has enabled an increase of alternatives to ED attendance of 4%. In patient terms this is an increase of 29 from ED each week (4 a day) and this equates to 92 bed days saved per week**
		• **In the last month, each HSCP has decreased the number of inpatients by increased use of Care @ Home and enhancing the capacity of HSCP service**
		• **Compared to 2024**
		   ○ **East Lothian decreased by 2%**
		   ○ **Edinburgh decreased by 7%**
		   ○ **Midlothian decreased by 7%**
		   ○ **West Lothian decreased by 3%**	

	Risk Grading:	**CMT May 2025**	**CMT July 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))	

Datix ID	Risk Title & Description	Committee Assurance Review Date
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.	<u>Healthcare Governance Committee</u> – person-centred, safe, and effective care. **May 2025** • **Limited assurance accepted** *Next to be presented October 2025* <u>Strategic Planning and Performance Committee</u> – Performance **May 2025** • **Limited assurance** *Next to be presented September 2025*
	Executive Lead: Jim Crombie Corporate objective: Scheduled care **Risk Response: Treat**	<u>Outcome of Executive Lead Discussions</u> **April 2025**

Datix ID	Risk Title & Description	Committee Assurance Review Date						

			Jun-24	Sep-24	Dec-24	Jan-25	Feb-25	Mar-25
Outpatient	Over 52 weeks		11,433	14,151	13,955	14,982	15,909	17,203
	Trajectory		12,254	18,245	25,608			39,023
	Variance		-821	-4,094	-11,653			-21,820
	Over 78 weeks		2,539	3,301	4,895	5,463	5,991	6,710
	Trajectory		3,766	7,144	11,797			17,698
	Variance		-1,227	-3,843	-6,902			-10,988
	Over 104 weeks		132	504	1,150	1,317	1,577	1,810
	Trajectory		311	1,094	3,710			7,085
	Variance		-179	-590	-2,560			-5,275
	Activity (cumulative)		54,026	106,183	158,537	175,436	191,091	207,013
	Planned		52,857	106,473	159,814	177,901	195,399	213,582
	Variance		+1,169	-290	-1,277	-2,465	-4,308	-6,569
Inpatient Daycase	Over 52 weeks		6,780	6,798	6,405	6,317	6,160	5,865
	Trajectory		7,901	7,872	7,934			8,234
	Variance		-1,121	-1,074	-1,529			-2,369
	Over 78 weeks		2,360	2,459	2,543	2,468	2,368	2,252
	Trajectory		3,240	3,258	3,325			3,426
	Variance		-880	-799	-782			-1,174
	Over 104 weeks		471	464	507	524	500	498
	Trajectory		631	662	634			680
	Variance		-160	-198	-127			-182
	Activity (cumulative)		10,855	20,642	29,778	32,767	35,639	38,584
	Planned		10,543	21,408	31,853	35,331	38,744	42,288
	Variance		+312	-766	-2,075	-2,564	-3,105	-3,704

- Further information on performance against waiting time standards and ADP trajectories are included in the Public Board Performance paper at every meeting
- Achievement of ADP trajectories at year end as per table above noting trajectories predicted a deteriorating position from that of March 2024.
- NHS Lothian submitted detailed scheduled care proposals to Scottish Government on 6th March 2025. Most of these bids focussed on sustainable and recurring solutions to our recurrent capacity gap.
- Positive informal indications are the majority of NHS Lothian bids will be funded as requested and as agreed at CMT the Board are progressing delivery of some bids whilst awaiting written approval.
- These actions, if fully funded and implemented, will go a long way to addressing the long wait position in Lothian. They will not, however, deliver the 52 (and 6) week position in some more challenged specialties – Orthopaedics, Dermatology, Endoscopy, General Surgery, Plastic Surgery, ENT,

Datix ID	Risk Title & Description	Committee Assurance Review Date
		Gynaecology, Neurosurgery, Ophthalmology and Urology. • NHS Lothian has indicated this within the proposals and requested support to utilise any available capacity at GJNH and other Boards. • The transfer of services back to PAEP has been delayed by c2weeks and will inevitably impact activity. **June 2025** • **NHS Lothian submitted detailed scheduled care proposals to Scottish Government on 6th March 2025.** • **On 24 April 2025 NHS Lothian received formal written confirmation of partial funding of £27.791m in 25/26, and recurring funding of £14.405m.** • **Revised long wait trajectories in line with approved funding have been submitted to SG 4 June 2025.**

Trajectories	May-25 Predicted	May-25 Actual	Mar -26 Predicted
OP >52 weeks	21776	19819	15601
IP/DC >52 weeks	6199	5530	3830

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **Funded actions will not deliver the 52 (and 6) week position in some more challenged specialties – Orthopaedics, Dermatology, Endoscopy, General Surgery, Plastic Surgery, ENT, Gynaecology, Neurosurgery, Ophthalmology and Urology.** • **An additional plan has been approved by CMT to support achievement of zero patients waiting over 52 weeks in Dermatology by the end of March 2026 which is not yet included within the above end of March 26 trajectories.** • **NHS Lothian has reiterated with the submission of updated trajectories the Board's request for available capacity at GJNH/ NTCs and other Boards.** • **Services were transferred back to PAEP on 25 June 2025**	
	Risk Grading:	**CMT May 2025**	**CMT July 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 still in ADP process – will be reviewed once allocation known and reviewed by the Board**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
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> **March 2025** • **Limited assurance accepted.** *Update provided to every meeting alternating paper and verbal – next paper August 2025*	
		<u>**Outcome of Executive Lead Discussions**</u> **April 2025** • It is anticipated that additional information will be added regarding proposals to increase staffing as a result of upcoming increased Theatre activity. While this will not increase the overall risk, it is a consideration in the wider context of the HSDU particularly in terms of resilience should the unit be out of action. • One area of additional risk will exist in the form of resilience. With proposals currently in place for additional staffing and predicted significant increases to production within the unit (via increased Theatre activity) there will be increased risk of being able to locate suitable, external (neighbouring Boards) contingency to meet demand. This should be considered alongside the general infrastructure issues impacting the current unit. **June 2025** • **There is no deviation from the plan.** • **No foreseen significant risk is noted out with the detail of the current risk and associated mitigation plan.**	
	Risk Grading:	**CMT May 2025**	**CMT July 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**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5189	**RIE Facilities** 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: • 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 Leading to interruption to services, potential harm to patients and staff and significant remedial costs. New risk approved by Board June 2021. Executive Lead: Jim Crombie Corporate objective: RIE **Risk Response: Treat**	**Finance & Resources Committee** **June 2025** • **Limited assurance accepted** *Update provided to every meeting alternating paper and verbal – next paper October 2025*	
		Outcome of Executive Lead Discussions **April 2025** • It is anticipated that recommendations will be included to amend/update the risk to ensure it is reflective of the current risk profile of Hard FM delivery on the site. This will be scoped and proposed by the E&F Business Manager, Senior PFI Estates Lead and Programme Director. **June 2025** • **There is no deviation from the plan.** • **There is desire to ensure this risk is fully reviewed and updated to ensure it aligns with the current risks associated with Hard FM delivery on the RIE site. This review is current on hold while ongoing legal processes are concluded (the outcome of which may have a bearing on the risk moving forward).** • **While not directly linked to this risk, the hand back of the RIE from Consort to NHS Lothian is due in 2027. Elements of the mitigation plan will be impacted by this process. This will be defined within the mitigation plan as these discussions progress.**	
	Risk Grading:	**CMT May 2025**	**CMT July 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.**	

Datix ID	Risk Title & Description	Committee Assurance Review Date

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
	
	Risk Response: Treat
		<u>Staff Governance Committee</u>
		
		March 2025
		• **Moderate assurance accepted.**
		
		Next to be presented July 2025
		
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		<u>Outcome of Executive Lead Discussions</u>
		
		April 2025
		• The improvement work of the programme board is now complete with risk controls now in place
		• Following review of H&S quarter 1 returns (V&A risk assessment, local actions and training needs analysis) through local H&S Committees and by the NHS Lothian H&S committee in May it is proposed that the ongoing monitoring of controls will be business as usual and the programme board will be stood down after final meeting in July, as planned
		• Implementation of controls will continue to be monitored through H&S committee infrastructure and requirement for further risk mitigation plans at a corporate level considered through Health and Safety functions if required
		
		June 2025
		• **The improvement work of the programme board is now complete with risk controls now in place and H&S S quarter 1 returns (V&A risk assessment, local actions and training needs analysis) will be reviewed at local and NHS Lothian H&S committees in July**
		• **The paper to Staff governance committee in July proposes that the ongoing monitoring of controls will be business as usual, and the programme board will be stood down. Accordingly, owner ship of the risk would transfer to the Director of People and Culture as part of the H&S portfolio**
		• **A letter and report on an HSE audit findings on the management of risks from V&A and musculoskeletal disorders was circulated to all NHS Trusts and Boards in Great Britain. The report was considered by the Programme Board and the four categories for review and action closely align with all strands of work conducted by the V&A Programme Board:**
		   o **Risk Assessment**
		   o **Training**
		   o **Roles and Responsibilities**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		o **Monitoring and Review** • **H&S will conduct a gap analysis to ensure that any outstanding actions are identified**	
	Risk Grading:	**CMT May 2025**	**CMT July 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> **May 2025** • **Limited assurance accepted** *Update provided to every meeting alternating paper and verbal – next paper September 2025* <u>**Outcome of Executive Lead Discussions**</u> **April 2025** • The project to improve the road network at the WGH (Hospital Main Drive) has been delayed and will now progress in 2025/26. • The red risks which exist on the Little France Campus, specifically the ED, are subject to a short life working group who are reviewing and taking forward contingency and rectification measures. **June 2025** • **Future risk surrounding the WGH exists following the need to carry out repair work to the multi-storey car park and the future sale of the RVH. Car Park repairs must be carried out and concluded prior to the sale of the RVH land (Where a temporary staff car park is in place) or this could lead to an extremely high risk scenario for the campus (displaced vehicles from RVH attempting to park along with the closure of the multi-storey).** • **The repair works are being prioritised during this financial year to ensure no further degradation**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		over time. • **Contingency plans are currently being worked through regarding mitigation from the sale of the RVH.**	
	Risk Grading:	**CMT May 2025**	**CMT July 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	**Healthcare Associated Infection**
	
	There is a risk of patients developing a preventable infection while receiving healthcare as a result of:
	
	• sub-optimal clinical practice
	• exposure to healthcare environmental hazards
	• patient to patient or staff to patient transmission
	
	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.
	
	Executive Lead: Alison MacDonald
	
	Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian
	
	Risk Response: Treat
		<u>**Healthcare Governance Committee**</u>
		
		May 2024
		• Moderate assurance accepted
		
		March 2025
		• **An interim paper was considered and limited assurance was accepted in relation to IPC workforce, and moderate assurance in relation to Board performance against local delivery plan targets to end Q3 2024**
		
		Next to be presented September 2025
		
		--- 	
		<u>**Outcome of Executive Lead Discussions**</u>
		
		April 2025
		• A programme of work has been established, led by a dedicated Professional Advisor (Corporate Nursing) A comprehensive work plan is now in place to
		   o establish a robust governance framework for HAI
		   o address the immediate workforce requirements
		   o develop the workforce redesign to meet the requirements of the national strategic IPC workforce plan
		   o review / revise the local audit and action planning functions	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• A Stakeholder Oversight Group has been established chaired by the Nurse Director (Corporate Nursing) reporting to PLICC • New mandatory healthcare associated infection and antimicrobial standards and indicators have been published through DL 2025 (05) • NHS Boards are required to report no increase in the incidence of *Clostridioides difficile* infection, *Staphylococcus aureus* or Escherichia coli bacteraemias by March 2026 from the baseline of 2023/2024. • The wider HCAI surveillance programme requirements (including surgical site surveillance) remain under consideration and are expected to be published in November 2025. **June 2025** • **Discovery work in relation to the IPC service improvement programme has now been completed and work commenced on actions to mitigate current risks e.g. job descriptions for roles, including recruitment to the Business Manager & other vacant posts, plans for support to care homes, review of the infrastructure** • **Work to review the quality and accuracy of data and improvement planning of the self-reported audit programme (led by nursing quality team) is almost complete** • **Lead nurse posts were held up in recruitment, however, are now out to advert** • **We continue to monitor and report progress against the indicators for mandatory healthcare associated infection standards and indicators. The NHS Lothian discovery dashboard has been updated with the new indicators to improve visibility of performance data at ward and hospital level and to inform local quality improvement**	
	Risk Grading:	**CMT May 2025**	**CMT July 2025**
		High 16 (Likelihood: Likely (4) Impact: Major (4))	**High 16** (Likelihood: Likely (4) Impact: Major (4))
	Target Risk Grading	**Medium 9** (Likelihood: Possible (3) Impact: Moderate (3))	
5322	**Cyber Security** There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and	**Audit and Risk Committee** **June 2024** • **Moderate assurance accepted.**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	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. New risk approved by Board February 2022. Executive Lead: Tracey Gillies Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian **Risk Response: Treat**	*Next to be presented June 2026* **Board** **October 2024** • **Private Board accepted moderate assurance.** *Next to be presented October 2025*	
		Outcome of Executive Lead Discussions **April 2025** • 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. • NISR 2025 audit submission response April 2025 is complete. Report is pending and an executive management meeting with Scottish government auditor to discuss is scheduled for 5th June 2025 • Executive Cyber tabletop exercise with external security contractor has been completed. **June 2025** • **NISR executive management meetings with Scottish Government auditor complete, and final report received 12 June 2025. 99% compliance was detailed and noted by the auditor noted as a remarkable achievement** • **Continued vigilance is required for cyber security to mitigate ongoing threats** • **West Lothian council education department has been subject to a cyber-attack on 6 May 2025 and NHS Lothian severed its IT connection as a precaution. Lothian has now restored its connection to West Lothian council following cyber report and reassurance. Analysis of data exfiltration by the council is ongoing, and NHS Lothian representative will be part of these discussions**	
	Risk Grading:	**CMT May 2025**	**CMT July 2025**
		High 12 (Likelihood: Possible (3) Impact: Major (4))	**High 12** (Likelihood: Possible (3) Impact: Major (4))

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Target Risk Grading	Unlikely to be able to reduce	
5510	**Royal Edinburgh Bed Occupancy** 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 in areas within wards not designed for this purpose. New risk approved by Board December 2022. Executive Lead: Caroline Hiscox Corporate objective: Mental health, illness, and wellbeing **Risk Response: Treat**	<u>**Healthcare Governance Committee**</u> **March 2025** • **Limited assurance accepted** *Next to be presented July 2025*	
		<u>**Outcome of Executive Lead Discussions**</u> **April 2025** • 12 additional beds closed end March, occupancy remains significantly above 100% and acuity remains high • Consequently, there is increased pressure on RIE with diverts frequently in place from REH since early 2025 • The mental health transformation board, has refreshed it's TOR and membership and is now meeting monthly to maintain oversight of transformation agenda • Alongside this, a weekly progress meeting on immediate actions is in place, chaired by the Chief Executive • The review of CMHTs has begun across all 4 HSCPs and the first update to share key learning themes is due in early June • Work to improve data to enable real time, data driven decision making is in progress • Management capacity on REH site has been increased with a key focus on bed occupancy and flow **June 2025** • **Weekly 'Gold' meeting continues with clear actions delivered by the 'silver' operational group.** • **A new divert suite opened on REH site in early June, therefore no longer utilising the RIE site. Divert has significantly reduced due to focus on bed occupancy and flow.** • **Initial feedback from CMHT review has been delivered to the transformation board and it has been agreed that the initial focus will be on Edin HSCP teams.** • **New data pack now available enabling greater scrutiny of activity on a weekly basis at 'gold'.** • **Newly appointed Service director is due to start mid- August.**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• Options appraisal is currently in progress to review improvement for MHAS. • Additional supported accommodation (19 places) in EHSCP is due to come on stream mid-July which will allow discharge of some individuals and will improve overall flow on REH site. This will take place over a 4-month period.	
	Risk Grading:	CMT May 2025	CMT July 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)**	

Datix ID	Risk Title & Description	Committee Assurance Review Date
5737	**Royal Infirmary of Edinburgh Fire Safety** Two components: 1. 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. 2. 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. 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. 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. New risk approved by Board December 2023. Executive Lead: Caroline Hiscox Corporate objective: RIE **Risk Response: Treat**	<u>Staff Governance Committee</u> **May 2025** • Limited assurance accepted *Update paper provided to every meeting– next paper July 2025* <u>Finance & Resource Committee</u> **June 2025** • **Limited assurance accepted** *Update provided to every meeting alternating paper and verbal – next paper October 2025* --- <u>Outcome of Executive Lead Discussions</u> **April 2025** • Significant work continues to progress with the associate Risk Mitigation Plan(s) as detailed in both Committee update papers. **June 2025** • **There is no deviation from the plan.** • **Particular risk exits in the basement area of the site in terms of our ability to move waste throughout the site, via the basement and out of the building. At present, waste is being held in the basement which SFRS have noted as a particular risk area in their enforcement notice. A formal paper is being written which will include a staffing solution to mitigate this issue. Should this not be supported (via CMT/LCIG) then we will be unable to fully comply with this area of risk. An update on this will be presented as part of the next formal corporate risk update paper.**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	**CMT May 2025**	**CMT July 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**	
5785	**Absence of Female High Secure Accommodation in the Estate** 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. Executive Lead: Caroline Hiscox Corporate objective: Mental health, illness and wellbeing **Risk Response: Treat**	<u>Healthcare Governance Committee</u> **January 2025** • **Limited assurance accepted.** *Next to be presented July 2025* --- <u>Outcome of Executive Lead Discussions</u> **April 2025** • No further progress regarding national solution. **June 2025** • **Notification of a 6 bedded female until opening mid-July – risk to be reviewed once new unit opened** • **NHS Lothian staff involved in project group so can influence**	
	Risk Grading:	**CMT May 2025**	**CMT July 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
5020		**Water safety and quality**	Board approved closing the risk as per 16 April 2025 Board Corporate Register Paper	The grading for this risk was reduced from to **High 12** (Likelihood: Possible (3) Impact: Major (4)) to **Medium 8** (Likelihood: unlikely (2), impact major (4)) as 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.
3828		**Nursing workforce**	Board approved closing the risk as per 16 April 2025 Board Corporate Register Paper	The grading for this risk was reduced from **High 12** (Likelihood: Possible (3) Impact: Major (4)) to **Medium 6** (Likelihood: Unlikely, Impact: Moderate) based on current staffing. 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.
5784		**Inappropriate and Inadequate Low Secure Accommodation in the Estate**	Board approved closing the risk as per 16 April 2025 Board Corporate Register Paper	The grading for this risk was reduced from **High 15** (Likelihood: Almost Certain (5) Impact: Moderate (3)) to **High 10** (likelihood: almost certain (5), impact minor (2)) 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.
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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				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.
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: 1. New Risk - Inappropriate and Inadequate Low Secure Accommodation in the Estate 2. New Risk – Absence of Female High Secure Accommodation in the Estate
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.
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.

Risk ID	Opened	Risk Title	Recommendation	Rationale
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.
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.
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.
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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				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.
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.
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.
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.
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.