NHS Lothian Board

Wed 08 October 2025, 09:30 - 12:15

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 loth.corporategovernanceteam@nhs.scot

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

Items for Approval or Noting

09:35 - 09:40 (5 min)

4. Items proposed for Approval or Noting without further discussion

Decision *John Connaghan*

4.1. Minutes of Previous Board Meeting - 13 August 2025

For Approval *John Connaghan*

4.1 13-08-25 Public Board Minutes (Draft to Meeting).pdf (7 pages)

4.2. Audit and Risk Committee Minutes - 16 June 2025

For Noting *Jonathan Blazeby*

4.2 Audit and Risk Committee Minutes - 16 June 2025.pdf (9 pages)

4.3. Finance and Resources Committee Minutes - 11 June 2025

For Noting *Martin Connor*

4.3 Finance and Resources Committee Minutes - 11 June 2025.pdf (4 pages)

4.4. Healthcare Governance Committee Minutes - 22 July 2025

For Noting *Andrew Cogan*

4.4 Healthcare Governance Committee Minutes - 22 July 2025.pdf (8 pages)

4.5. Staff Governance Committee Minutes - 30 July 2025

For Noting *Val de Souza*

4.5 Staff Governance Committee Minutes- 30 July 2025.pdf (7 pages)

4.6. Midlothian Integration Joint Board Minutes - 12 June 2025

For Noting *Val de Souza*

4.6 Midlothian IJB Minutes 12 June 2025.pdf (16 pages)

4.7. Edinburgh Integration Joint Board Minutes - 26 August 2025

For Noting *Katharina Kasper*

4.7 Edinburgh IJB Minutes 26 August 2025.pdf (10 pages)

4.8. East Lothian Integration Joint Board Minutes - 26 June 2025

For Noting *Andrew Cogan*

4.8 East Lothian IJB Minutes 26 June 2025.pdf (9 pages)

4.9. West Lothian Integration Joint Board Minutes - 13 August 2025

For Noting *Martin Connor*

4.9 West Lothian IJB Minutes 13 August 2025.pdf (10 pages)

4.10. Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July - 31 August 2025

For Noting *Alison Macdonald*

4.10 Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report.pdf (15 pages)

4.11. Pharmacy Practices Committee – Outcomes Report Q1 & Q2 2025/26

For Noting *Tracey Mckigen*

4.11 Pharmacy Practices Committee – Outcomes Report Q1 & Q2 2025-26.pdf (4 pages)

Items for Discussion

09:40 - 09:50
10 min

5. Board Chair's Report - October 2025

Verbal *John Connaghan*

09:50 - 10:10
20 min

6. Chief Executive's Report - October 2025

Discussion *Caroline Hiscox*

6. Board Chief Executive's Report 2025-10-08 final.pdf (6 pages)

10:10 - 10:20
10 min

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

Verbal *John Connaghan*

10:20 - 10:45
25 min

8. NHS Lothian Board Performance Paper

Discussion *Michelle Carr*

8. Board Performance Report (Inc. Appendix).pdf (30 pages)

10:45 - 10:55 *Comfort Break*
10 min

10:55 - 11:10 **9. Annual Delivery Plan Update**
15 min

Verbal Update *Colin Briggs*

11:10 - 11:30 **10. Corporate Risk Register**
20 min

Discussion *Tracey Gillies*

10. Corporate Risk Register (Board October 2025).pdf (12 pages)

11:30 - 11:40 **11. NHS Lothian July 2025 Financial Position and Quarter 1 Forecast update**
10 min

Discussion *Craig Marriott*

11. Board Paper_Finance Update M4 and Q1_FINAL.pdf (9 pages)

11:40 - 11:50 **12. Winter Planning**
10 min

Verbal Update *Colin Briggs*

11:50 - 12:10 **13. Midlothian IJB Strategic Plan - Formal Agreement**
20 min

Discussion *Morag Barrow*

13. Midlothian Integration Joint Board Strategic Plan (Inc. Appendix).pdf (70 pages)

12:10 - 12:12 **14. Any Other Business**
2 min

Verbal *John Connaghan*

12:12 - 12:14 **15. Reflections on the Meeting**
2 min

Verbal *John Connaghan*

12:14 - 12:15 **16. 2025 Meeting Dates**
1 min

For Noting *John Connaghan*

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

DRAFT **4.1**

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 0900hrs on Wednesday 13 August 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; Mr A. Cogan; Mr M. Connor; Mr G. Gordon; Prof J. Innes; Mrs K. Kasper; Prof A. Khan; Mr P. Knight; Prof. L. Marson 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); Ms A. MacDonald (Executive Nurse Director) and Mrs S. Webb (Director of Public Health and Health Policy)**.**

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); 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. Barrow (Chief Officer, Midlothian IJB)(from 9.50am); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB)(until 11.58am); Ms M. Black (HSCDU Area Manager) and Mr R. Aitken (Associate Director of Operations – Facilities)(for Item 35); Mr D. Thompson (Board Secretary) and Mr. C Graham (Corporate Governance Team, minutes).

Apologies for Absence: Ms T. A. Miller, (Non-Executive Board Member); Cllr D. Milligan, (Non-Executive Board Member); Ms E. Gordon, (Non-Executive Board Member); Cllr H. Cartmill, (Non-Executive Board Member); Mr R. Roberts, (Non-Executive Board Member); Ms H. Campbell, (Non-Executive Board Member); Ms C. Laverty (Chief Officer, Edinburgh IJB) and Ms M. Campbell (Director of Estates & Facilities).

32. Welcome & Declaration of Interests

32.1 The Chair welcomed members, colleagues, and observers to the Board meeting.

32.2 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

33. Items proposed for Approval or Noting without further discussion

33.1 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.

33.2 Minutes of Previous Board Meeting held on 25 June 2025 – Minutes were approved.

33.3 Healthcare Governance Committee Minutes – 20 May 2025 – Minutes were noted.

33.4 Staff Governance Committee Minutes – 27 May 2025 – Minutes were noted.

33.5 Midlothian Integration Joint Board Minutes – 24 April 2025 – Minutes were noted.

33.6 Edinburgh Integration Joint Board Minutes – 13 May 2025 – Minutes were noted.

33.7 West Lothian Integration Joint Board Minutes – 01 May 2025 – Minutes were noted.

33.8 East Lothian Integration Joint Board Minutes – 22 May 2025– Minutes were noted.

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

33.10 Quarter 1 2025/26 - National Whistleblowing Standards Performance Report – Report was noted.

33.11 Board Appointments – The Board approved the following appointments:

- 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).

ITEMS FOR DISCUSSION

34. Board Chair's Report – August 2025

34.1 The Chair highlighted that with the addition of two new non-executive board members, he intended to hold discussions with other non-executive members about current and future appointments to the Board's governance committees, to ensure that the capacity and experience available was best utilised.

34.2 The Chair reported that a planned visit by the Cabinet Secretary for Health and Social Care to the Royal Infirmary of Edinburgh would take place on 14 August. The intention was to provide a demonstration of the new 'Infix: Schedule' theatre scheduling system which improves the efficiency of surgical operating theatres, optimises the patient pathway and helps address patient waiting list backlogs.

35. Chief Executive's Report – August 2025

35.1 There was discussion on the report, areas highlighted included:

- **NHS Scotland Board Chief Executives / Executive Group Update -** The Board noted that national work was ongoing around the public sector reform landscape. NHS Lothian's unscheduled care work was also now being cited as having the potential to influence the urgent and unscheduled care model for Scotland. The Chief Executive thanked the Deputy Chief Executive and Chief Officers for their commitment in developing this work.

- **Mental Health Services -** The Board noted the continued escalated position in relation to CAMHS performance and that this would be discussed elsewhere on the agenda, with further details to be reported to the Strategy, Planning & Performance Committee in September.

- **Equality Diversity and Inclusion Conference -** The Board noted that the Conference had taken place on 26 June. The Conference was part of the advancing equalities action plan taken to each Staff Governance Committee meeting. The Director of People & Culture agreed to share the slides from the event with Board Members.

- **Board Development Session, 2 October 2025 -** The Board noted the proposal for a Board Development Session in early October. This would support members' discussion and shaping of the steps needed in reforming and transforming the health and care system as a strategic response to recent frameworks and plans published by the Scottish Government.

  The Board also recognised useful connections for transformation work at the national level, with the Chair now chairing Board Chairs and the Chief Executive chairing Board Chief Executives. The appointment of Prof. Innes to the Innovation Design Authority was also noted.

- **Hospital Sterilisation and Decontamination Unit -** The Deputy Chief Executive reminded the Board of the critical nature of the HSDU and the challenges created by ongoing resilience risks around this service. The Board heard from staff colleagues attending about recent local service outages that had occurred in July due to engineering issues, where recovery had been further challenged due to the lack of resilience at a national level. Despite this challenge, local recovery efforts had been aided by prior contingency planning, good collaboration and communication, and the effective use of data and forecasting.

  The Board recognised the significant efforts demonstrated by staff in dealing with and responding to the ongoing levels of fragility in the HSDU service. However, members expressed a level of frustration that these service vulnerabilities remained unaddressed. The Chief Executive recognised the frustrations raised, highlighting that challenges remained due to a lack of capital funding and that resilience in this area needed to be considered at a national level. This had been recognised and there was now work in hand via the Board Chief Executives' Group to consider this key infrastructure risk collectively, significantly driven by NHS Lothian's experience. The outputs of this national work would inform NHS Lothian's risk mitigation plan, which would continue to be reported via the Board's Finance & Resources Committee.

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

36.1 Staff Governance Committee – The Committee had acknowledged and discussed significant ongoing risks and complexity relating to the implementation of Agenda for Change reform measures, which included the further planned reduction in the working week, the review of Band 5/6 nursing roles, and protected learning time. The Committee had asked the Corporate Management Team to consider whether this needed to be escalated to the Corporate Risk Register and to make an appropriate recommendation to the Board.

It was also reported that the Committee had recently agreed to stand down the Workforce Efficiencies Programme Board, as its work had concluded. The Committee continued to receive standing updates on actions being considered in response to a recent ruling of the UK Supreme Court [2025] UKSC 16 and information was available to be shared with other board members, as required.

The Committee had welcomed recent presentations on work undertaken by departments in relation to staff wellbeing and a slide was shared to help illustrate the impacts of this work for other board members. The Committee Chair also reported her attendance at the recent NHS Lothian Equality, Diversity & Inclusion Conference, which had been an important showcase of the Board's work in this area.

36.2 Healthcare Governance Committee - The Board noted the work of the Public Health Team and staff in the delivery of adult & child vaccination programmes across Lothian, bowel cancer screening programmes and diabetic eye screening programmes. The Committee wished to highlight to the Board these examples of positive work taking place around the prevention agenda and the moderate assurance taken in respect of all the above programmes was noted.

37. NHS Lothian Board Performance Report

37.1 The Deputy Chief Executive presented the Board Performance report, outlining the Board's performance across the agreed metrics.

37.2 There was discussion on indicators within planned care, Scottish Government proposals to have no patients waiting over 52 weeks for outpatients and treatment time guarantee by the end of March 2026, the availability of funding to deliver this and the impact on trajectories, due to a reduced level of funding and receipt of non-recurring funding.

37.3 The Deputy Chief Executive gave further information on the 'Infix:Schedule' theatre scheduling system and how this would be used to maximise and optimise use of funding, with NHS Lothian taking forward testing of the new scheduling system ahead of an NHS Scotland directive for all Boards to implement use of 'Infix:Schedule' later this year. The Board noted that in other services such as radiology and endoscopy, there was a focus on maximising the use of non-recurring funding

37.4 The Board also received an update on the ongoing Unscheduled Care programme work and the sustained improvement within this whole system approach. This work had been presented to the First Minister and there had been a request to share this work and the processes involved with other Boards.

37.5 There was discussion on the Annual Delivery Plan trajectories and members expressed a desire to see trajectories relating to the removal of waits over 52 weeks, covering the full financial year and beyond, to understand when this was likely to be achieved for each specialty. It was also suggested that the level of ambition against targets should be reviewed regularly, increasing when appropriate. There was also discussion on the NHS Scotland operational improvement plan, the alignment of reporting, understanding waiting list reductions through use of data and the mental health performance position.

37.6 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.

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

38.1 The Board received a briefing on the current service position, recognising that this was unsatisfactory and that there was a desire to deliver meaningful performance improvements by December 2025. However, the significant challenges arising due to increased demand, reduced workforce availability and previous funding reductions within the Mental Health Outcomes Framework were also acknowledged. As such, any meaningful recovery of the position was likely to require additional resource allocation and may take longer.

38.2 The purpose of the report was 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. The report provided an overview of activities and actions already undertaken and detailed the necessary actions required to achieve the LDP Standard.

38.3 The Board discussed the challenges faced within CAMHS and whether CAMHS could be expected to meet the LDP standard by December 2025. There was acknowledgement that successful project delivery of the LDP Standard would likely require increased workforce capacity and additional time to implement plans effectively. The Board noted that relevant senior staff would continue to work together with Scottish Government officials to reduce waiting lists and would report on the actions and outcomes of the recovery plan as reflected within the Board's 2025/26 Annual Delivery Plan.

38.4 Board members noted the specific impact on NHS Lothian's reported performance due to how national waiting times guidance was applied in relation to initial appointments and the commencement of treatment. Lothian's approach was considered to be in line with national guidance and this differed from most other Boards, where an initial assessment appointment might be recorded as the commencement of treatment. NHS Lothian was consulting closely with clinicians to understand the circumstances in which an initial appointment could genuinely be considered as the commencement of treatment and recorded as such. Consultation was also underway with children and young people and their families to understand the potential impacts of revised recording methodologies.

38.5 The Board also acknowledged ongoing work on reviewing neuro-developmental pathways for children and adults and what was needed around this, the increase in referral rates and the national challenge around recruitment of child and adolescent psychiatrists.

38.6 The Board noted that there would be further detail around expected December 2025 trajectories brought to a Strategy, Planning & Performance Committee meeting.

39. NHS Lothian Annual Delivery Plan (ADP) 2025/26

39.1 The Director of Strategic Planning presented the ADP for formal Board approval.

39.2 The Board noted the length of time it had taken this year to get the plan to this stage and it was recognised that the Scottish Government's new Chief Operating Officer had now written to all health boards confirming the Scottish Government was comfortable with ADPs as submitted.

39.3 The Board acknowledged that the ADP detail had now been discussed in various places and the Director of Strategic Planning highlighted the addition of an executive summary and the table mapping plans and planned outcomes against previous First Minister commitments. Some elements remained to be finalised, due to the continued receipt and allocation of additional, non-recurring financial resource in year. Therefore, it was planned to bring addendums to the plan for Unscheduled Care and Mental Health to the next Board meeting.

39.4 Members recognised the time slip in relation to the ADP and noted that there would not be a separate reporting system for the delivery of ADP commitments. Reporting would be through the usual mid-year review, annual reports and through LSDF programme boards.

39.5 The Chair commented that this year's approach to the ADP had been more fragmented and protracted than in previous years and that, in future, it would be important for Scottish Government to let boards know their position around funding at the start of the financial year and not have money coming late that would impact board ADPs.

39.6 The Board agreed the ADP and agreed to receive addendums for Unscheduled Care and Mental Health at the October Board Meeting.

40. NHS Lothian Financial Position – June 2025

40.1 The Director of Finance provided an update on the Board's financial position. There was discussion on the Quarter 1 review and forecasts that would be further considered at the August Finance & Resources Committee meeting. The Board discussed the consistent cost pressures around drugs and prescribing, the receipt and allocation of non-recurrent Scottish Government "sustainability funding" to address recurring pressures, work to improve the nurse agency use position especially within the Royal Edinburgh & Associated Services, pressures within estates and the drive to improve performance whilst achieving efficiency targets and reducing the recurrent deficit.

40.2 The Board noted the uncertainty of the financial risk associated with the planned further reduction in the working week, which would have a recurring impact. There was also discussion on the dilemma of balancing short-term savings against further service impacts, recognising the same challenge was faced by the Integration Joint Boards.

40.3 The Board noted the reported financial position being a £5.6m overspend as at the end of June 2025 and noted the current shortfall on delivery of £3.6m of Financial Recovery Plans for May 2025 recognising there would be Financial Oversight Board (FOB) escalation for Business Units where delivery was not in line with plans or target. The importance of meeting the Board's statutory financial obligations was also acknowledged.

41. Corporate Risk Register

41.1 The Executive Medical Director introduced the report highlighting the June 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.

41.2 There was discussion on the potential addition to the Corporate Risk Register of a risk relating to the ongoing implementation of Agenda for Change reforms and the opportunity to use this as an example to separate the operational and strategic risk, establish principles and methodology to be able to work out where other risks would be moving forward. The Board noted the timescale for applying the further reduction in the working week, with an implementation plan to be submitted to Scottish Government by 1 October 2025. Concurrently, a draft corporate risk would be prepared for the Corporate Management Team to consider during August, with subsequent recommendations to be made to the Staff Governance Committee in September and thereafter to the October Board Meeting.

41.3 The Board noted a minor change in description for the current Finance risk (3600) to reflect the 2025/26 budget position, noted the overview of the changes in the Corporate Risk Register over the past two calendar years as set out in Table 1, noted the divisional high and very high risks as reviewed by the CMT in July 2025 and noted the planned work to identify and agree strategic risks to strengthen existing risk management arrangements.

42. Any Other Business

42.1 None.

43. Reflections on the Meeting

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

44. Date of Next Board Meeting

- Wednesday 8 October 2025 at 09:30am

Chair's Signature ……
Date ……

Prof. John Connaghan
Chair – Lothian NHS Board

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 16th June 2025 via MS Teams and in Meeting Room 10, West Port.

Present: Mr J. Blazeby, Non-Executive Board Member (Chair); Ms E. Gordon, Non-Executive Board Member; Ms P. Cantley, Non-Executive Board Member.

In Attendance: Ms L. Allen, Assistant Finance Manager; Ms J. Gillies Associate Director for Quality Improvement & Safety; Ms P. Gillen, Audit Scotland; Mr M. Lees, Grant Thornton; Ms C. Hiscox, Chief Executive; Ms G. Macleod, BDO; Mr C. Marriott, Director of Finance; Ms E. Mayne, Grant Thornton; Mr A. McCreadie, Deputy Director of Finance; Ms O. Notman, Head of Financial Services; Mr S. Nugent, Audit Scotland; Mr J. Old, Financial Controller; Ms C. Robertson, BDO; Mr J. Sturgeon, ; Head of Programmes & Development eHealth; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Apologies: Ms K. Kasper, Non-Executive Board Member; Councillor H. Cartmill, Non-Executive Board Member.

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

Welcomes and Introductions

The Chair welcomed Members to the June meeting of the Audit and Risk Committee.

11. Minutes of the previous meeting held on 14 April 2025

11.1 The minutes of the meeting held on 14 April 2025 were accepted as an accurate record and approved.

12. Running Action Note

12.1 The Committee noted the actions marked complete or items on the agenda for further discussion and those that were not due for consideration detailed within the report.

12.2 The Committee accepted the running action note and the information therein.

13. Risk Management

13.1 Corporate Risk Register – The previously circulated report on the NHS Lothian's Corporate Risk Register (CRR) and associated processes was received.

13.1.1 Attention was drawn to a number of risks that still awaited confirmation of risk grading relating to 4 Hr Emergency Access Standard, Hospital Occupancy and Access to Treatment. It was noted that final ratings would be agreed with Executive Leads once funding for these services had been confirmed with Scottish Government.

13.1.2 The Committee noted that the grading of risk 3600 – Finance has reduced from Very High 25 (Likelihood: Almost certain (5), Impact: Extreme (5)) to Very High 20 (Likelihood: Likely (4), Impact: Extreme (5)).

13.1.3 The Committee reviewed the April 2025 updates provided by the executive leads concerning risk mitigation.

13.1.4 The Committee noted that that the three risks set out below have been removed from the CRR, as agreed by the Board at the April meeting:

- 5020 - Water safety and quality
- 3828 - Nursing workforce
- 5784 - Inappropriate and Inadequate Low Secure Accommodation in the Estate

13.1.5 The Committee noted the overview of the changes in the CRR over that past two calendar years.

13.2 Litigation Annual Report 2024/25 - The previously circulated report that provided assurance on the management of litigation process within in NHS Lothian was received and attention was drawn to the key points within the report.

13.2.1 The Committee recognised that there were no significant high value claims closed within the financial year, noting that in 2025/26 there would be several high value claims due to closure of high value maternity claims.

13.2.2 The correlation between the improvement programme currently being undertaken in Women's and Children's Services relative to the number of claims and whether the work being carrying out would support the moderate assurance described within the report was discussed. Members took assurance from the detailed programme of work described and continued oversight from Healthcare Governance Committee, noting that NHS Lothian remained within the control limits and was not an outlier in terms litigation or outcome measures relating to Maternity Services.

13.2.3 The Committee took assurance from NHS Lothian's position and performance in comparison to other NHS Board, noting that the organisation was not an outlier in terms of CNORIS.

13.2.4 The increased complexity of litigation cases and action taken to increase Central Legal Office (CLO) resource and streamline processes were noted.

13.2.5 The Committee accepted the report as an annual update on litigation processes and activity in terms of numbers, financial impact and recurring themes.

13.2.6 The Committee accepted moderate assurance for the effectiveness of the processes and adherence to expected standards regarding the litigation process, and of evidence of learning after cases are closed based on programmes of work in place to improve management of and the response to adverse events. It was recognised that events resulting in a claim were not always part of an adverse event process and that claims do take a considerable time to reach completion.

13.3 Management of NHS Lothian Cyber Security Risk – The previously circulate report set out the risk mitigation plan to manage the Cyber Security Risk 5322 on the Corporate Risk Register (CRR) was received.

13.3.1 Attention was drawn to the significant work undertaken by Digital to address the ongoing challenge around cyber security and the vigilance and expertise required to ensure that the Board's system remain secure.

13.3.2 The Committee noted the extensive programme of work undertaken by Digital supported by Finance and the capital programme around supply and procurement of essential kit, taking into consideration the need to maintain, review and invest in new technology across the organisation to ensure that services were able to transform and develop in line with technological developments.

13.3.3 The Committee noted the progress and implementation of the risk mitigation plan.

13.3.4 The Committee accepted the risk mitigation plan as a source of moderate assurance.

13.3.5 The Committee noted that the update precedes the 2025 NISR final audit outcome.

13.3.6 The Committee supported the ongoing work to achieve improvement in compliance and to continued significant focus on data protection and cyber security to maintain the current position and make improvements in line with emerging threats, but also to note that the NISR audit compliance for policy and procedure, does not negate the need for the Boards continuous diligence, security monitoring and improvement, in conjunction with potential disaster recovery planning.

14. Internal Audit

14.1 Internal Audit Redesign of Urgent Care – The Internal Audit of Redesign of Urgent Care had identified two low findings and had been awarded an overall rating of significant.

14.1.1 It was noted that work to date relating to the specific piece of work within unscheduled care as part of additional funding awarded to the organisation had focused on Edinburgh services, phase 2 of this work would implement similar interventions at St. John's Hospital and the Western General Hospital. Members took assurance from principles described and how they would support the population in accessing unscheduled care.

14.1.2 The Committee noted the scope of the audit had focused on the processes that support that unscheduled care rather than performance and delivery of services within Lothian.

14.1.3 The Committee accepted the report.

14.2 Internal Audit Progress Report (June 2025) – the previously circulated report was received. Since the April Meeting Internal Audit had delivered the final report concluding the 2024/25 plan.

14.2.1 The Committee accepted the report.

14.3 Internal Audit Recommendation Tracker Report (June 2025) – The previously circulated report was presented.

14.3.1 It was noted that at the time of finalising the report there were nine recommendations currently overdue and a further 33 had not reached their originally agreed target date. Of the nine recommendations overdue there was only one high risk recommendation related to Medicines Management.

14.3.2 It was noted that due to the complexity of the high risk Medicines Management the original timeline for completion would not be viable, however the service continued to make progress against the recommendation.

14.3.3 The Committee accepted the report subject to the correction of a typographical error identified on page 2 of the report relating to NHS Borders.

14.4 Internal Audit Annual Report and Opinion 2024/25 - the previously circulated report was received. The report summarised the work that had been undertaken by Internal Audit throughout the year and provided the annual internal audit opinion.

14.4.1 The Head of Internal Audit drew the Committee's attention to her opinion for the period 1 April 2024 to 31 March 2025. She explained that the opinion was based on the scope of reviews undertaken and the sample tests completed during that period. Noting that Moderate Assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

14.4.2 The Committee accepted the report, noting that the Internal Audit had concluded that there were sufficient arrangements in place, in the areas Internal Audit had reviewed, to promote value for money and secure regularity and propriety in the administration and operation of NHS Lothian controls.

14.4.3 The Committee extended thanks to Ms Mayne and her team for their support over the term of their contact with NHS Lothian and wished them well for the future.

14.4.4 Members took assurance from the detailed handover described and documentation provided to support BDO relating to tracking of all outstanding recommendations as they embed into their new role.

14.5 Internal Audit Plan 2025/2026 - The received a brief presentation of the previously circulated report that outlined the audit programme for 2025/26, drawing attention to the role of internal audit, planning processes, reviews scheduled for the coming year and the 3 year strategy for internal audit.

14.5.1 It was noted that the Internal Audit plan was a working document that was subject to change and Corporate Management Team (CMT) confirmation of timescales for the audits detailed therein.

14.5.2 The Committee discussed the details of the proposed Estates and Facilities and Mental Health Access audits. Noting that at the time of the reports production only a high level description of individual audits had been provided and there would be opportunities to discuss individual scopes in detail and target areas of concern such as backlog maintenance and Inpatient and outpatient Mental Health.

14.5.3 The Committee considered whether it would be appropriate to include a specific target audit that would consider broader maintenance issues and programme of work relating to the

reconfiguration of SJH, WGH windows replacement programme and long term investment required to improve acute sites, considering the financial position and improvement plans on a basis of priority.

14.5.4 There was some angst around the timescale for a re-audit of Medicines Management and whether improved compliance would be shown in the third audit. In the interim the organisation continued to work to mitigate the errors identified in the previous medicines management and report directly to Healthcare Governance and Aduit and Risk Committee at key milestones to assure the Board on compliance to medicines management policy.

14.5.5 The Committee noted the importance of engaging early and fast tracking the scopes of Q1 audits once the scheduled had been confirmed at CMT, ensuring that the programme stays on scheduled and audits are spready equally across the year.

14.5.6 The Committee accepted the Internal Audit Plan for 2024/25 subject to CMT approving the programme of audits for 2025/26 at their next meeting.

15. Counter Fraud Activity

15.1 Counter Fraud Activity for the year 1 April 2024 to 31 March 2025 – The Committee received a verbal overview of the previously circulated paper.

15.2 It was noted that throughout the year 15 intelligence alerts had been issued by Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.

15.3 On fraud detection, the Committee noted that there were 48 referrals had been made by NHS Lothian throughout the year equating to 15% of referrals in NHS Scotland. A number of the referrals and operations were ongoing, and some had closed during the year.

15.4 The Committee noted that Operation Ariston had concluded and the final report from CFS was awaited. There was some angst around staff members in Lothian not receiving adequate support when providing evidence in court on behalf of the organisation and the impact that this may have had on their wellbeing. It was agreed that the organisation would work with colleagues to ensure that they are sufficient support in the future in terms of trial awareness and the operation is used as an example and deterrent for future instance of fraud with staff.

15.5 The Committee accepted that the report provides a moderate level of assurance that the Board are raising the awareness of counter fraud strategy/ policy through communications and training and all cases of suspected fraud are accounted for and appropriate action is taken.

15.6 The Committee accepted the report as a summary of the counter fraud action during the period of 1 April 2024 to 31 March 2025.

Ms Hiscox left the meeting.

16. Corporate Governance

16.1 SFR18.0 – Summary of Losses and payments for the year ended 31 March 2024 – the report that summarised the losses and compensations payments incurred throughout 2024/25 was received.

16.1.1 Attention was drawn to a high value case that had closed in March 2025 and would be presented within the 2025/26 annual accounts.

16.1.2 The Committee accepted the report as a source of significant assurance that the Board has adequate and effective systems of control relating to losses and special payments, and that management are continually reviewing and evaluating changes to improve those systems.

16.2 National Services Audit Reports 2024/25 – The previously circulated report that provided the Committee with assurance that the systems of control managed by NHS NSS and NHS Ayrshire and Arran on the Board's behalf was received.

16.2.1 The Committee noted that the assurance gap in terms of all of the audit reports considering general IT controls, controls that support the e-Financial and disaster recovery systems would be addressed in 2025/26.

16.3.2 The Committee accepted these reports from the service auditors as a source of significant assurance that there are adequate and effective systems of internal control relating to the National Single Instance financial ledger, payroll, practitioner services and the National IT Services contract.

16.4 NHS Lothian Charity Annual Report and Financial Statements year ended 31 March 2025 – the previously circulated report that provided the Committee with assurance that the Annual Report and Financial Statements of the NHS Lothian Charity for the year ended 31 March 2025 have been prepared and audited was received.

16.4.1 The Committee accepted the report as a source of significant assurance that management have prepared the Annual Report and Financial Statements of the Charity for 2024/25, CT Audit Ltd. have carried out an external audit of the financial statements and have provided an unqualified audit opinion.

16.4.2 Attention was drawn to the efficiency of the declaration of interest process employed by the Charity in comparison to NHS Lothian's and lessons that could be learned to improve compliance. The Board Secretary and Director of Finance took an action to share the process and templates used within NHS Lothian with the Charity. **DT/CM**

17. Annual Accounts

17.1 Governance Statement – The Committee received a brief overview on the Governance Statement, its purpose and how it was collated.

17.1.1 The Committee accepted the report as a source of significant assurance that the process to develop the Governance Statement is consistent with the associated instructions and good practice.

17.1.2 Members reviewed the report and the draft Governance Statement and consider whether any additional disclosures are required.

17.1.3 The Committee approved the Governance Statement for inclusion in the 2024/25 accounts.

17.1.4 Strategy, Planning & Performance Committee Annual Report 2024/25 – The Committee accepted the Strategy, Planning & Performance & Development Annual Report 2024/25 as a source of assurance.

17.1.5 Finance and Resource Committee Annual Report 2024/25 – The Committee accepted the Finance and Resources Committee Annual Report 2024/25 as a source of assurance.

17.1.6 Staff Governance Committee Annual Report 2024/25 - The Committee accepted the Staff Governance Committee Annual Report 20224/25 as a source of assurance.

17.1.7 Healthcare Governance Committee Annual Report 2024/25 – The Committee accepted the Healthcare Governance Committee Annual Report 2024/25 as a source of assurance. It was noted that although the Child and Adult Mental Health Services (CAMHS) escalation was not specifically stated within the Annual Report the wider service issues had covered and discussed in detail

18. Audit Scotland: Cover letter and NHS Lothian Draft External Audit Report for the year to 31 March 2025

18.1 The Committee received a brief overview, highlighting how the cover letter and report was prepared, key findings and unmodified opinion therein.

18.2 The External Auditor received confirmation from those charged with governance that there had been no instances of any actual, suspected, or alleged fraud; any subsequent events that had occurred since the date of the financial statements, or material non-compliance with laws and regulations affecting the entity that should have been brought to their attention.

18.3 It was noted that several outstanding items listed within the cover letter would be concluded in the next couple of weeks. These would be addressed through updating the narrative of the Annual Report. Any changes made to the Annual Report would not affect the opinion provided and the External Auditors were comfortable that the Audit and Risk Committee take the External Audit Report along with the Annual Accounts to the Board in June 2025.

18.4 The Committee discussed the difference in opinion relating to the accounting treatment applied to the Liberton Hospital, noting that 2024/25 would be the last year that this would be seen in the Annual Accounts with the transfer of the site back to the City of Edinburgh Council.

18.5 It was noted that the decommissioning of PECOS, the current national procurement system for NHS Scotland, following Scottish Government moving to a new system. Directors of Finance noted the implication of this and would work together to identify a way forward.

18.6 The Committee accepted the report and thanked the External Auditors and Finance Team for the comprehensive report.

19. NHS Lothian Annual Accounts for the year ended 31 March 2025

19.1 The previously circulated accounts were presented.

19.1.1 The Committee reviewed the draft Annual Accounts for the year ended 31st March 2025.

19.1.2 The Committee recommended that:

- the Board that they adopt the Annual Accounts for the year ended 31st March 2025.
- the Board to authorise the designated signatories (Interim Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board, where indicated in the document.

Subject to the correction of a minor typographical error on page 29 relating to the correct of Amjad Kahn's name.

19.1.13 It was noted that the accounts are not in the public domain until they are adopted by Parliament later in the year.

19.2 Management Representation Letter – The Committee reviewed the draft Representation Letter to the External Auditors.

19.1.2 The Committee agreed that the statements properly represent confirmation to the External Auditors on matters arising during the course of their audit of the annual accounts for the year ended 31 March 2025. Members also agreed that the letter be adopted for the Interim Chief Executive to sign as Accountable Officer of the Board.

20. NHS Lothian Patients' Private Funds Annual Accounts 2024/25

20.1 The previously circulated report was presented.

20.2 The Committee accepted the management letter from Azets as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.

20.3 The Committee agreed to recommend to the Board that the Chief Executive and Director of Finance to sign the "Statement of Lothian NHS Board Members' Responsibilities" on behalf of the Board.

20.4 The Committee agreed to recommend to the Bord that following the Board's consideration, the Director of Finance and the Interim Chief Executive sign the "Abstract of receipts and Payments" (SRFS 19.0).

20.5 The Committee agreed to recommend to the Bord that they approve the draft Patients' Private Funds accounts for the year ended 31 March 2025.

21. Committee Business

21.2 Audit and Risk Committee Annual Report and Assurance Statement to the Board 2024/25 – The Committee reviewed its Annual Report for 2024/25, noting that it had been prepared in line with the Scottish Government's Audit and Assurance Committee Handbook.

21.2.1 The Committee approved its 2024/25 Annual Report for submission to the Board.

22. Any Other Competent Business

22.1 There were no other items of competent business for consideration.

23. Reflections on the meeting

23.1 The Committee welcomed the detailed discussions held. There were no other matters to raise with the Board with the exception of the annual accounts and assurance documents.

23.2 Following CMT approval the Chair would share the Internal Audit Plan 2025/2026 with the Committee Chairs Group as a matter of courtesy. **JB**

24. Date of Next Meeting

24.1 The next meeting of the Audit and Risk Committee will be held on Monday 11 August 2025 at 9.30 a.m. via Microsoft Teams.

Signed by the Chair 11 August 2025

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 13 June 2025 via Microsoft Teams.

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

In attendance: Mr B. Barron, Director of Capital Planning; Mr C. Briggs, Director of Strategic Planning (item 2.2); Ms M. Campbell, Director of Estates and Facilities (2.4, 2.5 and 2.6); Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Mr C. Kerr, Programme Director, Capital Planning; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr D. Mill, Senior Project Manager (item 4.1 and 4.2); Ms B. Pillath, Committee Administrator (minutes); Mr D. Thomson, Board Secretary; Ms I. Tricker, Interim Head of Property and Asset Management.

Apologies: Cllr S. Akhtar, Non-Executive Board Member; Mr P. Allenby, Non-Executive Board Member; Ms M. Carr, Chief Officer, Acute Services; Professor C. Hiscox, Chief Executive; Ms A. MacDonald, Executive Nurse Director;

Chair's Welcome

The Chair welcomed members to the meeting.

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

1. Committee Business

1.1 Minutes and Actions from Previous Meeting (26 March 2025)

1.1.1 Members accepted the minutes from the meeting held on 26 March 2025 as a correct record.

1.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

1.2 2024/25 Finance and Resources Committee Annual Report

1.2.1 Members accepted the final version of the Committee annual report, which had been discussed in draft at the previous meeting. This would now be submitted to the Audit and Risk Committee.

2. Capital

2.1 Property and Asset Management Investment Programme

2.1.1 Mr Barron presented the previously circulated paper. It was noted that there had been a delay in the LIMS project was behind the given timescales. This was due to

external problems and an update had been requested at the next Lothian Capital Investment Group meeting.

2.1.2 The transfer of inpatient and outpatient services at Liberton Hospital to Ellen's Glen would result in a reduction of bed numbers, but this was within the wider strategic plan of increasing social care provision and reducing hospital stays. The plan was to be out of Liberton Hospital by the end of the year.

2.1.3 Mr Crombie advised that a rough estimate of the Eye Pavilion project timeline would be 5-5.5 years, but there were a number of uncertainties at this early stage.

2.1.4 Members accepted the recommendations laid out in the paper and accepted significant assurance.

2.2 Strategic Assessment of Land Owned by NHS Lothian

2.2.1 Mr Briggs presented the previously circulated paper. This information on the process used to decide which buildings would be used had been provided following a request from members at a previous meeting.

2.3 Finance Corporate Risk (3600) review and update

2.3.1 Mr Marriott presented the previously circulated paper. The Corporate Management Team had agreed to review the risk level following moderate assurance of delivery of the financial plan. In response to a question on mitigation of the financial risk of population growth, Mr Marriott advised that the NRAC funding formula was a key mitigation as this was based on population size and the Scottish Government was working to address the current disparity.

2.3.2 Members accepted the recommendations laid out in the paper.

2.4 Royal Infirmary of Edinburgh Facilities Risk (5189) update

2.4.1 Ms Campbell presented the previously circulated paper and members accepted the recommendations laid out, accepting limited assurance.

2.5 Royal Infirmary of Edinburgh Fire Safety Risk (5737) update

2.5.1 Ms Campbell presented the previously circulated paper and members accepted the recommendations laid out, accepting limited assurance.

2.6 Hospital Sterilisation and Decontamination Unit (HSDU) Risk (5388) update

2.6.1 Ms Campbell gave a verbal update. Problems with the steam system resulted in a loss of production time. A warrant was now in place with Equans to replace a steam pipe. A plan was being developed to limit the impact of these works on the team and on production.

2.6.2 Mr Crombie advised that the service was vulnerable and there would be an increase in pressure as the Scottish Government focus on improving performance would result in an increase in inpatient and day case processing required. All health boards

would be in a similar position and would be seeking use of the external resilience resource. This was a significant national risk which required Scottish Government investment to improve.

2.7 Community Empowerment Annual Report

2.7.1 Mr Marriot presented the previously circulated paper. It was noted that there had been discussions with Sustain in Dunbar regarding a request under the Community Empowerment Act for the Belhaven Hospital site, but that the formal application had not yet been made. NHS Lothian would work with an organisation as soon as a note of interest had been made, but this would not be included in the Annual Report until a formal application had been received.

2.7.2 Members accepted the recommendations laid out in the paper and accepted significant assurance. The report would be published by 30 June 2025.

3. Revenue

3.1 2024/25 End Year Financial Position

3.1.1 Mr McCreadie presented the previously circulated paper, which showed that the Board had achieved financial balance at the end of the 2024/25 financial year, a position not all Boards had been able to achieve.

3.1.2 The 2025/26 financial year was progressing as expected at this stage and the efficiency programme was ongoing.

3.1.3 It was noted that there were challenges in the Integration Joint Boards which may be requesting more funding for prevention work. Additional non recurrent funding may be found to meet requests, but it was recognised that the recurring funding gap remained a significant burden on the organisation.

3.1.4 Mr Marriot advised that the achievement of financial balance had had an impact on performance, which needed to be improved in the coming year. The financial plan was to reduce the recurrent deficit and reduce the reliance on non recurrent funding for specific work which then could not be continued. Sustainability funding had been provided by the Scottish Government for this financial year, but the funding could not be used for new projects or developments.

3.1.5 Members recognised that transformational change was needed and capital funding was required to invest in this.

3.1.6 Members accepted the recommendations laid out in the paper.

4. Sustainability

4.1 Climate Emergency and Sustainability update

4.1.1 The chair welcomed Mr Mill to the meeting and he presented the previously circulated paper. It was noted that sustainability aims were included in the Lothian

Strategic Development Framework and the Scottish Government were planning to begin monitoring compliance with environmental standards.

4.1.2 It was agreed that a development session for Board Members would be led by the Finance and Resources Committee to discuss and raise awareness of the position. This would be arranged with Mr Crombie, Dr Hopton and Mr Mill. **BP / JC / JH**

4.1.3 Members requested more clarity in the next paper on what had been achieved as well as what was still to be done. They accepted the recommendations laid out in the paper.

4.2 Net Zero Buildings Strategy

4.2.1 Mr Mill presented the previously circulated paper. It was noted that capital constraints meant that new buildings that would be more sustainable could not be built. The top 20 sustainable hospitals had the new Queen Elizabeth Hospital in Glasgow at the top. Moving to a more sustainable building was a significant part of the spend in the Eye Pavilion reprovision project. With a lack of capital for major projects, the aim was to make small incremental changes which would have an overall impact.

4.2.2 Mr Mill advised that at this stage the sustainability team was raising awareness of the issues so that if funding was requested the context would be understood. They were also applying for different external funding sources and previously been successful in attracting funding to the Board. The Climate and Sustainability Programme Board would be set up to oversee the action plan and any resources required. As part of the Sustainability Rolling Programme, another project manager was being recruited, which would add more capacity to the team.

4.2.3 Members accepted the recommendations laid out in the paper.

5. Reflections on the meeting

5.1 Mr Connor agreed to note the planned development session on sustainability, and the national risk for Hospital Decontamination and Sterilisation provision at next Board meeting.

6. Date of Next Meeting

6.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 20 August 2025**.

7. Further Meeting Dates

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

Signed by Chair, 20 August 2025

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 22 July 2025 via MS Teams.

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: Professor C. Hiscox, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health; Ms M. Carr, Chief Officer, Acute Services (left meeting after item 5); Miss F. Ireland, Deputy Director - Corporate Nursing & Business Support; Ms J. Mackay, Director of Communications; Ms A. White, Chief Officer, West Lothian Health and Social Care Partnership; Mr S. Garden, Director of Pharmacy; Dr H. Cameron, Director of Allied Health Professions; Ms E. Anderson, Associate Quality Improvement Advisor; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms J. Gillies, Associate Director of Quality; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership; Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr M. Massaro-Mallinson, EHSCP Service Director, Health and Social Care (until 3pm); Ms J. Morrison, Head of Patient Experience; Ms M. Vernon-Stroud, Patient Experience Team Lead; Ms C. Whitworth, Medical Director, Acute Services; Ms A. Harpur, Public Health Registrar ST5; Mr A. Tyrothoulakis, Service Director for Women's and Children's Services (Item 5); Dr Paul. Leonard, AMD Children's Services (Item 5); Mr P. Campbell, Associate Nurse Director, Medical (Item 5); Ms K. McLellan, Nurse Consultant, Public Health & Health Policy (Item 8.1); Ms J. Chadwick, Women's Health Plan Implementation Lead (Item 8.2); Ms C. Glen, Strategic Programme Manager - Screening & Early Detection (Item 8.3); Ms S. Cooke, Public Health Registrar ST5, (Item 8.4); Mr D. Thompson, Board Secretary and Mr C. Graham, Corporate Governance Team (minutes).

Apologies: Mr P. Knight, Non-Executive Board Member; Mr E. Balfour, Non-Executive Board Member; Ms A. MacDonald, Executive Nurse Director; Ms J. Clark, Nurse Consultant Advanced Practice Primary & Community Care and Mrs S. Webb, Director of Public Health & Health Policy.

Chair's Welcome and Introductions

The Chair welcomed members and service colleagues to the meeting.

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

1. Committee Business

1.1 Committee 2025/26 Workplan - The circulated Workplan was noted. Members also noted the minor changes to the workplan to better facilitate agenda planning.

1.2 Committee Assurance Questions - The circulated service template, based on Health Improvement Scotland Quality of Care Reviews, for those writing service reports for Healthcare Governance Committee was noted.

1.3 Committee Cumulative Action Note and Minutes from Previous Meeting (20 May 2025)

1.3.1 The minutes from the meeting held on 20 May 2025 were approved as a correct record.

1.3.2 The cumulative action note was discussed. The Committee noted that most actions were now complete with the full Ombudsman report and action plan on the death of a patient with chronic illness still to come back when ready and three papers (bed occupancy, Melville Unit and prisons risks) scheduled for the September 2025 Committee meeting.

2. Matters Arising

2.1 National Maternity & Perinatal Audit (NMPA) Maternity Services Outlier letter - The NMPA correspondence dated 9th June 2025 was noted. The Committee acknowledged that NHS Lothian would remain an outlier in the published NMPA report (based on 2023 data) for 'Proportion of women and birthing people giving birth vaginally to a singleton baby between 37+0 and 42+6 weeks of gestation, who experience a third- or fourth-degree tear'. Work remains ongoing in relation to the quality planning phase.

3. Emerging Issues

3.1 External Inspections Summary - The summary document was noted; this covered feedback from the following recent visits:

- **Royal Edinburgh Hospital – HIS Unannounced Inspection (**17-19 June 2025). Planned publication date of the report is 18 September 2025.
- **Maternity Services, RIE – HIS Unannounced Inspection** undertaken from 23 – 24 June 2025. Planned publication date of the report is 25 September 2025.
- **Melville Unit – joint HIS/MWC Inspection** undertaken from 12-15 May 2025. Planned publication date of the report is to be determined.

3.2 The Committee recognised that the HIS Clinical Governance Standards were currently out for consultation. Once finalised the standards would be used to inform the HIS inspections methodology, for both announced and unannounced visits. The Committee would await the key findings from the recent visits.

4. Patient Story

4.1 A video was shown where a patient spoke about their experiences within the Paediatric Critical Care Unit at RHCYP. The patient spoke about their journey from GP to A&E to PICU and eventual discharge and return to home and school.

4.2 The Committee noted that as a result of the patient story a new project was underway to better utilise garden space at the RHCYP for the enjoyment of stable critical care patients (children's and adult services). There was also ongoing engagement with the NHS Lothian Charity, around improving visual stimulation for PICU patients.

5. Children's Services Annual Assurance Report

The Chair welcomed Mr Tyrothoulakis, Dr Leonard and Mr Campbell to the meeting.

5.1 The service representatives provided the Committee with an assessment of the quality and safety of care provided in Children's Services, and work being undertaken to address risks and improve quality and safety.

5.2 There was discussion on LACAS standards, the completion of cycle seven and the achievement of gold standard across all areas, except for one. There had also been two areas that had moved from bronze to gold standard. Work was currently ongoing to look at the degree of assurance around internal self-assessments and external scrutiny was being considered as part of improvement work ahead of cycle eight. Increased clinical engagement was also recognised and the work of the clinical nurse manager in driving standards forward.

5.3 In relation to workforce, the Committee noted that nursing recruitment and retention remained positive with over 200 applicants this year, 110 shortlisted and 81 to be appointed. The impact of the reduced working week would see 45 new graduates required again this year. An increase in paediatric nurses within neo-nates was also expected and there was an increased number of educators by ward base with a developing internal education programme to support new graduates. Overall, the workforce position remained healthy with two areas within medical to focus on and some minor establishment tweaks.

5.4 There was also discussion on the work being undertaken to avoid children being admitted to critical care in the first place, the work of the 24/7 outreach team, work around patient centred care, seeing children closer to home in the community, patient experience and engagement with primary care colleagues. The successful community model and desire to expand community clinics was acknowledged, it was hoped there would be a positive Scottish Government funding bid to progress the expansion work.

5.5 The Committee asked about the stability of staffing within paediatrics at St John's Hospital. The service confirmed that there was now enhanced rotas in place and that rotas had remained stable over recent months, but this would continue to be monitored. There was also ongoing work between RHCYP and St John's on the resilience model.

5.6 There was further discussion on patient safety, observation compliance audits, engagement with the Sick Kids Charity, Critical care medical staffing, child mortality review process, scheduled care waiting time targets and the approach to quality improvement.

5.7 The Committee agreed to accept moderate assurance that Children's Services had comprehensive systems in place to deliver safe, effective, and person-centred care.

The Chair thanked Mr Tyrothoulakis, Dr Leonard and Mr Campbell and they left the meeting.

6. Person Centred Care

6.1 Involving People Update – The Committee received the report providing a summary on progress with Public Engagement in NHS Lothian during 2024/25. The main focus had been on efforts to mitigate ongoing risks to the organisation arising from a previous inability to fund proposals to expand engagement resources and current planning underway to bring forward fresh proposals.

6.2 There was discussion on the challenges presented following the retirement of the Public Involvement Manager, the appropriate training of staff as part of the move to change, transform, and install a robust engagement function, the definition of risk and value of engagement, the ongoing evaluation process and need for a sustainable engagement model, and engagement and learning that can be taken from recent HSCPs and IJBs strategic plans consultation processes.

6.3 The Committee acknowledged the work carried out to date to support patient/public engagement across the organisation and agreed to take moderate assurance regarding risk to the organisation, taking into account the measures described in the report.

7. Safe Care

7.1 Infected Blood Inquiry – Local Assurance - The Committee received an assessment of the work ongoing across the NHS in Scotland and the UK to implement the recommendations form the Infected Blood Inquiry (IBI).

7.2 The Committee had received both written and verbal updates on this matter previously. The IBI's report had been published in May 2024 and consisted of seven volumes, with twelve recommendations, some with multiple parts. For those relevant to the NHS in Scotland, the Scottish Government had established an Oversight and Assurance Group (IBI OAG) with membership taken from policy, professional leads, and experts and most importantly representatives of the infected and affected.

7.3 There was discussion on the report appendices as submitted and the expectations for future reporting to the Committee. The Committee acknowledged that the IBI OAG progress report summarised areas for NHS in Scotland to consider after a year of the IBI OAG being in place. The SHOT Transfusion Safety Standards provided the Committee with a useful illustration of the detail in place around how to use blood safely and the SNBTS Transfusion Team Annual Update report 2023/24 looked at the detail around our processes and level of appropriate oversight.

7.4 The Committee would not expect to have regular updates on the IBI again, unless there was a significant issue to report, this would be the same approach to any national inquiry. The Hospital Transfusion Committee report would come to Healthcare Governance Committee as appropriate. As mentioned at paragraph 1.3.2 above, the relevant actions in relation to IBI and blood transfusion would be removed from the Committee's cumulative action note

7.5 The Committee noted the update following discussion on evidence of progress and delivery within the regular reports received by Healthcare Governance.

8. Effective Care

8.1 Immunisation Annual Report

The Chair welcomed Ms McLellan to the meeting.

8.1.1 The Committee received an overview of the performance of the Lothian Immunisation Programme, and the work being undertaken to address risks and improve quality and safety.

8.1.2 The Committee discussed the Public Health Scotland five-year Immunisation Strategy Guidance, opportunities for development, focus of the national strategy and implementation at local level, vaccination uptake targets, new pre-school delivery models, new Child Health system digital solution, under-performance in relation to HPV uptake within adolescents and ongoing work with school teams in deprived areas.

8.1.3 There was also discussion on adult immunisation programmes. The Committee recognised that Lothian performed well against the national averages, however, there had been a reduced uptake for the Spring Covid Programme, but this remained above the national average. The timeframes for delivery of vaccinations were noted and this was also a challenge for colleagues working in operational settings. There would be a significant vaccination challenge over the coming Winter.

8.1.4 There was further discussion on accessibility to immunisations and a digital first approach to communication. The Committee noted there was a National Programme of work to extend use of digital tools to provide an end-to-end solution but there had been lack of progress, with this which impacts data quality and ability to report locally.

8.1.5 The Committee approved the Lothian Immunisation Programme Annual Report and accepted moderate assurance on the performance and risk management of the Lothian Immunisation Programme.

8.2 Women's Health Plan

The Chair welcomed Ms Chadwick to the meeting.

8.2.1 The Committee acknowledged the broad remit for the women's health plan, the 24 actions derived from the equalities work, and the approval from the Corporate Management Team in June for the developed action plan.

8.2.2 There was discussion on the delivery annex, noting the September 2025 deadline for many actions, the challenges around the domestic abuse item and the nebulous task for the NHS Lothian Women's Health Plan Short Life Working Group in relation to agreed priority actions and embedding of these actions within the NHS Lothian LSDF implementation books.

8.2.3 The Committee agreed to accept a moderate level of assurance on progress made with the Women's Health Plan. This was on the basis that priority actions specifically addressed inequalities for women and girls and outcomes were achievable as outlined.

8.3 Bowel Cancer Screening Annual Report

The Chair welcomed Ms Glen to the meeting.

8.3.1 Ms Glen updated the Committee on the performance of the NHS Lothian bowel screening programme, highlighting risks, and summarising actions taken to strengthen the programme. The Committee recognised that the report used the most recently published Key Performance Indicators (KPIs) data for Lothian 2022-2024 and local management information for 2024/25.

8.3.2 There was discussion on the GAP analysis, how standards were met, inequalities, staff training, access to diagnostic testing, SIMD 1 and SIMD 2 performance, and correlation between positivity rates and deprivation. The Committee recognised that the screening pathway in Lothian was working well and was different from other areas due to a full preassessment process and being very patient centred which led to low DNAs for future investigations.

8.3.3 The Committee also discussed potential for risk given financial constraints imposed in 2024 along with the removal of Waiting List Initiatives and use of external provision. These ongoing restriction impact bowel screening waits given there had been a loss in capacity of around 4,000 patients.

8.3.4 Low uptake within ethnic minorities, use of multi-language information, lack of control around reminders as they are done nationally, and routine backlog were also discussed.

8.3.5 The Committee agreed to accept moderate assurance on the performance and risk management of the bowel screening programme and noted that through local data analysis, work would be targeted to engage the under reached populations with bowel screening in areas with lowest uptake.

8.4 Diabetic Eye Screening Annual Report

The Chair welcomed Ms Cooke to the meeting.

8.4.1 The Committee received an update on the performance of the NHS Lothian Diabetic Eye Screening Programme, which summarised actions taken to improve the programme and looked at future developments.

8.4.2 There was discussion on the pressure on the service due to the increase in type 2 diabetes, the programme review to reduce DNAs and improve clinic accessibility, the screening uptake rate which was below the national minimum standard, and the impact on quarter 4 performance due to the temporary closure of the Princess Alexandra Eye Pavilion.

8.4.3 The Committee noted the ongoing work to target low uptake groups such as 20-40yrs old, this included use of SMS reminders and extension of evening appointments which were being well received.

8.4.4 There was further discussion on modelling, diabetes incidence increase and impact of weight loss drugs on service demand and the uptake of screening within deprived areas and by ethnic minorities.

8.4.5 The Committee recognised the new NHS Lothian Corporate Objective around innovation and transformation and the key pieces of work with the Data Loch and academic partners that could help with the focus on chronic disease management and the increase demand around diabetes.

8.4.6 The Committee agreed to accept moderate assurance on the performance and risk management of the Diabetic Eye Screening Programme.

9. Exception Reporting Only

Members noted the following previously circulated reports for information:

9.1 Palliative Care Managed Clinical Network Annual Report (note update on legislation Scotland assisted dying proposals.)
9.2 Blood Transfusion Annual Report
9.3. Litigation Annual Report

10. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

10.1 Health and Safety Committee, 28 May 2025
10.2 Area Drug and Therapeutics Committee, 7 February 2025 & 4 April 2025
10.3 Clinical Management Group, 8 April 2025, 13 May 2025 & 10 June 2025
10.4 Policy Approval Group, 25 March 2025
10.5 Public Protection Action Group, 19 February 2025

11. Corporate Risk Register

11.1 The Committee welcomed the report reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

11.2 The Committee reviewed the April 2025 updates provided by the executive leads concerning risk mitigation, and noted that the grading of risk **3600 – Finance** had reduced from **Very High 25** (Likelihood: Almost certain (5), Impact: Extreme (5)) to **Very High 20** (Likelihood: Likely (4), Impact: Extreme (5)). The Committee also acknowledged the overview of the changes in the CRR over the past 2 calendar years.

12. Reflections on the meeting

12.1 The Chair highlighted the range of papers in relation to screening that had been considered, noting the importance of evidencing what is being done as part of evidence led prevention. The Chair would mention this at the next Board meeting.

13. Date of Next Meeting

13.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 23 September 2025** via MS Teams.

14. Further Meeting Dates

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

Signed by Chair, 23 September 2025

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 30 July 2025 via Microsoft Teams.

Present: Ms V. de Souza, Non-Executive Board Member (Chair), Mr J. Innes (Non-Executive Board Member) and Ms K. Kasper (Non-Executive Board Member).

In Attendance: Ms C. Hiscox (Chief Executive), Mr T. Power, Director of People & Culture, Human Resources, Mr. J Crombie (Deputy Chief Executive), Miss T. Gillies (Executive Medical Director), Ms S. Preston (Senior HR Manager), Ms M. Campbell (Director of Estates and Facilities), Mr N. McAlister (Head of Workforce Planning), Ms L. Cunningham (Partnership Representative), Ms A. Langsley (Associate Director of OD & Learning), Miss F. Ireland (Deputy Director - Corporate Nursing & Business Support), Ms H. Johnstone (B4 Physiotherapy Assistant), , Staff Wellbeing Development Lead (MLHSCP)(Item 13); Ms F. Tynan (Associate Nurse Director, Corporate Nursing (Item 19.2); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager - Minute).

Apologies for absence were received from Ms T. Miller (Employee Director); Ms E. Gordon (Non-Executive Board Member); Mrs R. Kelly (Deputy Director of People & Culture) and Ms A. MacDonald (Executive Nurse Director, Nursing);

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.

12. Declaration of Conflicts of Interest

12.1 No interests were declared.

13. Presentation on Local Wellbeing Plans

The Chair welcomed Cheryl Cassidy (REAS) and Wendy Armitage (MLHSCP) to the meeting.

13.1 The Committee received presentations on the local implementation of Staff Wellbeing Plans, delivered by Wellbeing Leads within the Royal Edinburgh Hospital & Associated Services (REAS) and the Midlothian Health & Social Care Partnership (HSCP).

13.2 Members considered the content of the presentations and engaged in a wide-ranging discussion. Key points included the collection and application of attendance data to support wellbeing initiatives, the current provision of staff mental wellbeing workshops, and how data could be better utilised to enhance mental health support. The committee reflected on the role of wellbeing champions and identified areas where additional support could be offered beyond what is currently available. There was interest in building upon simple, existing initiatives and recognition of the support previously received from the Cyrenians charity during the period of available funding. Members also discussed the value of peer support and pastoral care, and explored the potential for future engagement with the NHS Lothian Charity regarding funding opportunities.

13.3 Further discussion took place regarding engagement with the University of Edinburgh, and a deliberate focus on aligning staff wellbeing initiatives with the Board's anchor institution commitments and broader population health work. Members considered how data could be used more effectively to target health and wellbeing support, including mapping this against the Scottish Index of Multiple Deprivation. The importance of reaching the facilities workforce was highlighted, alongside the need to ensure that all staff wellbeing initiatives are as impactful and inclusive as possible.

13.4 The Chair thanked Ms Cassidy and Ms Armitage for the presentation and would have a further offline discussion with the Director of People & Culture around reframing of culture and how this could usefully be addressed at Staff Governance Committee.

Cheryl Cassidy (REAS) and Wendy Armitage (MLHSCP) left the meeting.

14. Minutes & Action Note of Previous Meetings held on 27 May 2025.

14.1 The minutes of the meeting held on the 27 May 2025 were approved as an accurate record.

14.2 Most actions on the action note were noted as completed or on the July agenda. There remained the actions against Annual Employment Tribunal training sessions and RIE fire safety.

15. Matters Arising

15.1 None.

16. RIE Fire Safety

16.1 The Director of Estates and Facilities provided an update on the Royal Infirmary of Edinburgh's fire safety risk mitigation plan, confirming that there had been no changes to the risk grading, controls, or associated risks. The Committee acknowledged the establishment of two key groups - the Fire Technical Safety Group and the Fire Strategy Development & Implementation Group - which were proactively planning future safety measures. Current projects were progressing on schedule, including fire safety upgrades in wards 108 and 110, and ongoing lifecycle works such as fire door, alarm, and LCD panel replacements.

16.2 The Committee discussed the Scottish Fire and Rescue Service (SFRS) enforcement notice, for which the court appeal date had been extended to October. Positive engagement with SFRS was noted, including a recent patient safety walkaround attended by senior managers and non-executives, which highlighted fire response and evacuation procedures. The Committee was reminded that external fire safety engineers had been commissioned to assess progress against the current risk rating, with findings expected in the coming months to support the upcoming court hearing.

16.3 The Committee welcomed the update provided and commended staff for the work done to progress the situation. The Committee agreed to:

- Acknowledge the continued risk rating of Very High (25) following ongoing review of this risk by the Estates & Facilities Fire Safety Team and RIE Programme Director.
- Accept a Limited assurance level.
- Acknowledge and accept the updated Risk Mitigation Plan outlined within this report, which includes NHS Lothian actions for Staff Governance Committee oversight. Further

actions relating to the PFI Duty Holder continue to be reported at the Finance & Resource Committee.

- Acknowledge the dependency of compliant fire safety measures at the Royal Infirmary of Edinburgh to be able to ensure the safety of patients, staff, and visitors of the site, as well as ensuring compliance with current fire safety standards.

17. STAFF EXPERIENCE

17.1 Advancing Equalities Action Plan 2024/26 update

17.1.1 The Committee received an update against the Advancing Equalities Action Plan for 2024-26. The Committee acknowledged that the action plan was half way through and there was discussion on BME Career Progression, Neurodiversity and Inclusion and Reasonable Adjustments actions.

17.1.2 The Committee welcomed the progress and agility within the report, which appeared to be responsive to the challenges arising. There was further discussion on the trans staff experience project work which had stalled due to a staff member leaving the organisation, this would be a question that would have to go back to the LGBT+ Staff & Allies Network (Lesbian, Gay, Bisexual, Transgender +) staff network, as it was not clear that this work was being taken forward. The Director of People & Culture noted that the 2026 action plan would need to be updated alongside engagement with the staff network to get a sense of what would be helpful.

17.1.3 There was further discussion on disability passports, ethnic minority role holders pipeline, data from the talent management programme and the third Annual Equality and Diversity Conference which took place on 26 June 2025 and had been very well received.

17.1.4 The Committee agreed to accept a moderate level of assurance in relation to the progress with the delivery of the actions contained in the Advancing Equalities Action Plan 2024-26.

17.2 Whistleblowing Report

17.2.1 The Director of People & Culture provided the Committee with the Q1 Whistleblowing Report for 2025/26, and updated on ongoing Whistleblowing cases including those with Independent National Whistleblowing Officer (INWO) involvement.

17.2.2 The Committee discussed the report noting the slight increase in investigation duration. There would be further information on this along with data around Turas training take up, as part of the Quarter 2 report.

17.2.3 The Committee approved the Q1 Whistleblowing Performance Report 2024/25 which would now be presented to the NHS Board at its meeting on 15 October 2025. The Committee agreed to accept moderate assurance based on the evidence presented that systems and process were in place to help create a culture in NHS Lothian which ensured staff had confidence in the fairness and objectivity of the procedure through which their concerns would be raised and acted upon. The status of ongoing cases, including those interventions initiated by the INWO, was noted.

18. SUSTAINABLE WORKFORCE

18.1 Workforce Report

18.1.1 The Committee noted the Workforce Report for June 2025. There was discussion on the key headlines from the report which included a fall in supplementary staffing, a slight growth of the establishment gap, very low use of agency staff, staff turnover, reduction in retirals, sickness absence levels and recruitment activity and the challenge ahead.

18.1.2 There was discussion on absence reasons, in particular the increase in anxiety, depression, psychiatric codes. Mr McAlister would look into this further and provide a briefing note for the Committee or bring it back as part of the next workforce report. The Director of People & Culture also asked if there could be more information provided around the interpretation of bullying and harassment under the Employee Relations section. Mr McAlister would add some further commentary to this section for future reports.

NMcA

18.2 Agenda for Change Reform Update

18.2.1 The Committee received an update on the current progress with the implementation of the Band 5 Nursing Review, Protected Learning Time and the further Reduction in the Working Week by 1 hour from 1 April 2026:

- **B5 Nursing Review** – as of 11 July 2025 – there had been 293 applications, 103 outcomes issued and 64 staff rebanded to Band 6. Work was ongoing to increase the number of matching panels, and there remained no stated deadline for applications as yet.
- **Protected Learning Time** – a set of mandatory training modules on TURAS was being developed. There was a concern that the reduced working week may impact on staff ability to have protected learning time.
- **Reduced Working Week** – service areas were required to submit high level risk assessments by 4 July. Work is ongoing to review these returns and identify risks, mitigations, costs, and backfill required. Feedback would be provided to the Corporate Management Team as appropriate.

18.2.2 The Committee discussed the financial implications of the reform areas, and the total funding envelope from Scottish Government, that was unlikely to be sufficient. There was ongoing discussion at the Directors of Finance meetings and there was a national Reduced Working Week group, of which the Director of People & Culture was vice chair. It was noted that this group was looking at what needs to be in the implementation plans by 1 October 2025.

18.2.3 The Committee note the update on the Agenda for Change Reform Programme and also the proposed planning approach for the implementation of the further reduction in the working week. The Committee agreed to accept moderate assurance that actions were being taken in line with the relevant circulars issued by the Scottish Government, and limited assurance that impacts of the reforms could be mitigated without short-term financial, service or workforce impact.

19. ASSURANCE AND SCRUTINY

19.1 Corporate Risk Register

19.1.1 Corporate Risk 3328 – Traffic Management - The Deputy Chief Executive provided an update on the traffic management risk, confirming the risk remains high with limited assurance. The Committee noted the update and that there remained four red risks – backlog maintenance at WGH, and three at RIE. Two instructions had been raised for Consort to quote on but there was a debate as to whether NHS Lothian could do this work itself, which would require indemnity letters and agreements. The final red risk was for the RIE ED entrance and a Short Life Working Group was in place to discuss potential options to reduce this risk. Once the options appraisal had taken place these it would go through the appropriate governance and funding if appropriate.

19.2 Health and Care Staffing Act Quarterly Report – 1 April to 30 June 2025

The Chair welcomed Fiona Tynan, Associate Nurse Director, Corporate Nursing to the meeting.

19.2.1 The Committee accepted the report as meeting that obligation under the Act, noted that the report was constructed using the Scottish Government rating criteria and agreed to accept moderate assurance on how NHS Lothian was 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. The Report would be presented to the 13 August 2025 Board Meeting.

19.3 Workforce Efficiencies Programme Board Closure Report

19.3.1 The Committee note the report for awareness. The report summarised progress achieved in relation to the completed workstreams. It set out a recommendation to the incoming Chair, the Director of People & Culture, that the Board should now be formally closed for two main reasons:

- The majority of projects are complete and/or are also overseen through parallel structures
- Limited additional opportunities for workforce efficiency / cost reduction have been identified by the group, wider stakeholders and/or review of published information from home countries

19.4 Implications of the Supreme Court judgment on meaning of sex in the Equality Act 2010: Update

19.4.1 T*he Director of People & Culture provided an update on NHS Lothian's ongoing planning and actions in response to the UK Supreme Court ruling in For Women Scotland Ltd v The Scottish Ministers (UKSC 16). It was reported that an internal short-life working group had been established to review and oversee the implementation of required actions and assess their impact, informed by the results of an ongoing audit of spaces and facilities across NHS Lothian's estate.*

19.4.2 Members noted that professional legal advice had been commissioned, with a formal legal opinion received in July, which would also inform ongoing actions and the assessment of risk. Members stressed the need for the Board to be kept informed and to have a clear understanding of its legal duties and any associated compliance risks, informed by the legal opinion received. The Director of People & Culture agreed to consider how this could best be

achieved amongst Board and Committee members, whilst ensuring the protection of legal privilege. As a minimum, there would be continued standing updates to the Committee as work progressed.

TP

19.4.3 The Committee accepted a moderate level of assurance regarding NHS Lothian's current response, acknowledging that there was a continuing level of residual risk."

19.5 Staff Governance Work Plan 2025/26

19.5.1 The Committee noted the Work Plan for information.

20. FOR INFORMATION AND NOTING

20.1 Protection of Vulnerable Groups – Retrospective Checks Update

20.1.1 The Committee noted the position in relation to retrospective PVG checks and the staff numbers requiring to be checked. As at 15 July 2025 there were 1,898 staff requiring checks, 1,522 applications had been started and of those 560 had now come back from Disclosure Scotland. Work remained ongoing however some timescales had been missed due to annual leave of staff.

20.1.2 The Committee also noted that the PVG process was part of the internal audit programme with this expected to take place at the end of September 2025. The digital challenges around the high proportion of Estates and Facilities colleagues requiring checks was recognised and it was agreed that this item would remain on the agenda for the next Staff Governance Committee meeting for update

20.2 Staff Governance Assurance Statement

20.2.1 The Committee noted the final Statement of Assurance Need for 2025/26.

21. REFLECTIONS ON THE MEETING

21.1 The Chair noted three issues to be highlighted at the next Board meeting:

- The Committee approved CMT's recommendation for escalating AfC reform and its associated financial and workforce risks to the Corporate Risk Register.
- The agreed closure of Workforce Efficiencies Programme Board.
- Staff Wellbeing Experience & Engagement discussions (presentation slide would be shown at Board).

21.2 Matters to be highlighted to another Board Committee:

21.2.1 The Chair noted the following reports to be highlighted to other Board Committees for information:

- Workforce Efficiencies report to Chair of Finance & Resources Committee.
- Agenda for Change report to Healthcare Governance Committee Chair and Finance & Resources Committee Chair.

- Single Sex Spaces report to all governance committee chairs.

22. Any Other Competent Business

22.1 No other business.

23. Date of Next Meeting

23.1 Date of Next meeting: Wednesday 24 September 2025 at 9.30am

Signed by Chair, 24 September 2025

Midlothian Integration Joint Board

4.6

Midlothian Health & Social Care

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 12 June 2025	14:00	Virtual Meeting held using Microsoft Teams

Present (voting members):		
Councillor McManus (Chair)	Councillor Parry	Dr Amjad Khan (NHS Lothian)
Val de Souza (Vice Chair, NHS)	Andrew Fleming (NHS Lothian)	Councillor Milligan
Councillor Winchester	Andrew Cogan (Non-Executive Director, NHS Lothian Board)	

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)
Keith Chapman (Lived Experience Member)		

In attendance:		
Fiona Kennedy (Group Service Manager)	Roxanne King (Executive Business Manager)	Elouise Johnstone (Performance Manager)

Midlothian Integration Joint Board

Jim Sherval (Consultant in Public Health)	Maria Perez (Democratic Services Officer)	Hannah Forbes (Democratic Services)
Apologies:		
Grace Cowan (Head of Older People and Primary Care Services)	Gill Main (Integration Manager)	

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.

The Chair noted that due to the apologies submitted by Gill Main, Integration Manager the agenda will be reordered to hear items 5.7 and 5.9 last on the agenda.

3. Declarations of Interest

The Chief Officer noted and welcomed Andrew Cogan to the meeting of Midlothian Integration Joint Board.

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

4. Minute of Previous Meetings

4.1 The Minute of previous Midlothian IJB Board Meeting held on 24th April 2025 was approved as an accurate record.

4.2 The Minute of the meeting of the MIJB – Strategic Planning Group held on 20th March 2025 was noted by the Board.

4.3 The Minute of the meeting of the MIJB – Audit and Risk Committee held on 6th March 2025 was noted by the Board.

5. Public Reports

	Decision	Action Owner	Date to be Completed/ Comments
5.1 IJB Member Reappointment - Democratic Services (for noting and approval) The purpose of this report is to outline that NHS Lothian Board have provided confirmation to Midlothian Integration Joint Board of the reappointment of Val de Souza as the Lead Voting Member of the Midlothian Integration Joint Board. As a result of this report, Board members are asked to: • Note and approve the extension of term from 1 August 2022 to 31 March 2025 (retrospectively) of Val de Souza, as Lead Voting Member of NHS Lothian on Midlothian IJB until 31 July 2025. • to reappoint Val de Souza as the Lead Voting Member of NHS Lothian on Midlothian IJB, from 1 August 2025 (for a further 3-year term). The Board highlighted an error in the letter from Chris Graham to Lisa Cumming, which is titled non-voting member appointment, the Chair confirmed that this was an error and requested this to be corrected to voting member. The Board agreed the report.	**Request amendment of Letter**	**Lisa Cumming**	**Complete**

	Decision	Action Owner	Date to be Completed/ Comments
5.2 Chair's Update – Councillor McManus, Chair The Chair opened the meeting by informing the Board that due to the refurbishment of Midlothian House the meeting today is being held virtually over MS Teams. The Chair informed the Board that the meeting is being recorded. This recording will be uploaded to the Midlothian Council YouTube channel to ensure this meeting is publicly available. The Chair advised the Board that Scottish Government continue to experience delays in recruiting Non Executive Members to NHS Lothian. Andrew Cogan is in attendance. Midlothian will continue to work with NHS Lothian to minimise the impact on Midlothian IJB. The Chair noted to the Board today that Midlothian Council and NHS Lothian have formally acknowledged receipt of Midlothian IJB Directions. It was highlighted to the Board that future meetings will move to a new location due to the unavailability of Midlothian House. There will be an option to join remotely. Democratic Services will update the Chair of any changes prior to the next meeting of 21st August 2025. The Chair lastly noted that this will be their last meeting being the Chair of the Midlothian Integration Joint Board. The Board thanked the Chair for all their hard work over the last year and hoped, depending on the Council's decision, that they would continue in the position of Vice Chair to support Midlothian IJB.			
5.3 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.			

	Decision	Action Owner	Date to be Completed/ Comments
The Chief Officer highlighted items for the attention of the Board. • NHS Lothian Gold & Silver Command Structure – REH Bed Capacity • Midlothian Unscheduled Care Performance • Midlothian Substance Use A11 Access to Treatment The Chair thanked the Chief Officer for the report and opened to questions from the Board. The Board noted that Substance Use and the Social Work team have continued to deliver high performance in relation to Midlothian Access to Treatment in Midlothian. The Board asked a question relating to the 12-week target, in relation to guardianship orders, it was also asked if there is a problem with Partner homicides and, if adult support and protection are experiencing a trend with that and is it increasing and if so, do we know the cause of the increase. The Head of Adult Services and Chief Social Work Officer explained the increase in adult support and protection figures. There has been an introduction around a national data set for this, however, this seems to be problematic to implement fully. Receiving national data has always proven to be challenging. Midlothian have a higher number of referrals than East Lothian. This appears to be an operational issue and how referrals are managed when received. Midlothian are meeting legislative duties and manage risk correctly. For Adults with incapacity, there is a standard of 12 weeks to allocate the work, it is not the completion of guardianships. It can take up to that period of time due to private guardianships. Private applications were explained to the Board and it was explained that reports cannot be completed until the work with the Solicitors is agreed. The time scales are long due to points of law, legislation and policy. The Group Service Manager explained the Justice team are developing a women and justice network that is a national network and a national offer for all local Councils and partnerships to join including Third Sector stakeholders. All areas of interest within women and the justice system, a recent piece of research will be			

	Decision	Action Owner	Date to be Completed/ Comments
shared within the network to raise awareness and have a discussion across all stakeholders and agencies involved, it is not necessarily a key local issue, more to raise awareness and share information. The Board asked how we plan to report on the mental health work and noted that it would be beneficial to the Board to get a sense of what we are looking at and the extent of how this will reach out to the community services. The Chief Officer advised that the NHS Lothian Gold Command has been operating for 4 weeks now. The Chief Officer confirmed that there will be a combination of feedback of information in the Chief Officer report or a formal mental health paper that will be reported regularly to Midlothian IJB. The mental health model is good for Midlothian, there will be a cost for the mental health improvements and there may be an opportunity to feed into that, this has been highlighted as a particular challenge at the gold meeting. The Board expressed a concern around the Additional Support Needs (ASN) costing for adult services and if the process currently in Midlothian is the most effective. The Chief Officer explained that phase 1 is being reduced by half an hour in most of our areas and whilst this has managed to be absorbed, the bigger concern is by next year is moving down to the extra hour. There will be templates to record what the accumulation of that activity is to identify specific challenges. A 'Transition Lead' post is working to bring adult and children services together to start the transitions much earlier to take a proactive approach. However, there are rising numbers of people moving into Midlothian. The Head of Adult Services and Chief Social Work Officer discussed the importance of supporting young people as they transition across the system. Financial implications are being considered. Transport cost continue to be a pressure as well as a lack of college placements for people in Midlothian. The rising number of people with complex and significant learning and physical disabilities creates additional capacity pressures.			

	Decision	Action Owner	Date to be Completed/ Comments
The Chief Finance Officer noted that work to map out the transition costs will be captured in the Medium Term Financial Strategy (MTFS), as this is a key component in how the cost base will move in the next 3-5 years. Additionally, the Agenda for Change reform agenda has 2 financial impacts; the reduction is working week from 37 to 36 hours for all staff employed under Agenda for Change by 1st April 2026, and any reevaluated nursing posts regraded from Band 5 to Band 6. Both of these issues will have a significant cost implication and assessments is ongoing to determine the full cost impact. If there creates a significant financial impact, details will be presented o the Board.			
5.4 Strategic Planning Group Update – Andrew Fleming, Strategic Planning Group Chair Andrew Fleming, the Strategic Planning Group Chair presented the main activity of the Strategic Planning Group since the last Board. This includes the general point around the uncertain financial world and complexity of demand coming forward. National validated data has significant time lag and our ability to respond on time in order to make corrections if required is challenging. The Strategic Planning Group are looking at how to navigate this and intervene to the ongoing issues.			
5.5 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. The Midlothian IJB Internal and External Audit Plan was approved. A verbal update was provided for Midlothian A&R that was held on 5th June 2025. Audit Scotland delivered a presentation on the national picture and the need for transformation. This raised questions and discussed focused on the assurance to be taken that the HSCP is taking positive action.			

	Decision	Action Owner	Date to be Completed/ Comments
The Reserve policy was reviewed and approved by A&R Committee on 5th June 2025. This policy will be brought to the Midlothian Integration Joint Board for approval in the near future.			
For Decision **5.6 Midlothian IJB Draft Annual Accounts 2025-2026 - Paper presented by Chris King, Chief Finance Officer** This report presents the Midlothian Integration Joint Board (IJB) draft unaudited accounts in line with the statutory duty to publish a set of Annual Accounts every financial year. As a result of this report, Members are asked to: • Consider the attached draft annual accounts, noting that some performance detail in the management commentary is incomplete, and • Approve this draft and give delegated the authority to Morag Barrow in her capacity as Chief Officer to publish a set of unaudited annual accounts for 2024/25 on the Midlothian Heath and Social Care Website by 30th June 2025. The Board approved publication of the draft Annual Accounts.	**Board Approved**		
For Discussion **5.7 Midlothian IJB Strategic Plan 2025-2035 Update -** Verbal update by Elouise Johnstone, Programme Manager on behalf of Gill Main, Integration Manager			

	Decision	Action Owner	Date to be Completed/ Comments
Elouise Johnstone, Programme Manager, provided a verbal update to the Board on the Midlothian IJB Strategic Plan 2025-2035. This included the timeline of when the Strategic Plan will be presented, noting that this remains on track. It was noted that Midlothian Communication Team have supported the promotion of the Midlothian HSCP Health and Care Survey that has provided some data to inform the strategy. This survey is now open and is available on Midlothian's social media feeds. The data will be analysed as it is received and continue to the Strategic Plan development before final approval in October. The Chief Officer noted that the Strategic Plan has been discussed and well received at an Elected Members briefing, the Midlothian Councils Corporate Management Team and NHS Lothians Strategic Planning and Performance Committee. Feedback has been incorporated into the Strategic Plan. The Chief Officer thanked all that have been involved in the Strategic Plan and said well done for all the hard work.			
5.8 Midlothian IJB Finance Update - Paper presented by Chris King, Chief Finance Officer This report outlines the approach to the development of the Medium-Term Financial Strategy (MTFS) for the Midlothian Integration Joint Board (IJB). As a result of this report, Members are asked to: • Note the requirement to review the Midlothian IJB Medium Term Financial Strategy (MTFS), • Note the areas of financial resilience, budget setting, strategic alignment, and Directions as the key mechanisms for executing good financial governance, and			

	Decision	Action Owner	Date to be Completed/ Comments
• Review the planned activity outlined in the report, provide feedback, and agree to progressing this work. The Board thanked the Chief Finance Officer for the report and noted it was good to see the strategy and framework laid out in the report. The Board asked if the Transformation agenda should have a higher profile. The Chief Finance Officer noted that Transformation is an important part of our future plan and will be included in the final strategy. Additionally, the Board asked the Chief Finance Officer how confident they are that the Integration Joint Board can maintain financial stability. The Chief Finance officer advised the Board that they are still working through financial recovery. Currently there are not substantive numbers until the end of the month. As such, the Chief Finance Officer could offer limited assurance at this stage, noting ongoing challenge and the potential for overspend remains. The Chief Officer further noted the biggest challenge remains the financial allocation required by resource panel. Particular challenges are any new or existing high-cost packages ranging between £150,000 - £300,000. The team also have undertaken a focused review of packages of £150,000 and over and updated and revised how the resource panel processes. The Integration Manager, the Chief Finance Officer and the service are working on a digital reporting dashboard to get a more live and agile view of what the resource panel spend and projections.			
5.9 Midlothian IJB Performance Update - Paper presented by Elouise Johnstone, Programme Manager The purpose of this report is to:			

	Decision	Action Owner	Date to be Completed/ Comments
• Update on progress towards the IJB performance goals set for the period 2023-25. • Provide Midlothian IJB with assurance in relation to Column 1 'What we do' of the Midlothian IJB Strategic Governance Map. Members are asked to: • Note performance against the Midlothian IJB Improvement Goals for 2023-25 (**appendix 1**) • Note the inclusion of the Midlothian IJB Strategic Governance Map (**appendix 2**). • Consider the assessment of progress described in Column 1 of the Midlothian IJB Strategic Governance Map, and • Provide feedback in relation to improvements in evaluation and planning. The Board recognised the significant assurance provided and resource, input and work that is put into this. The Board also requested that this process be revisited at a future development session in the future to support new members learning The Programme Manager advised the Board that this is reporting mechanism reduces workload and avoids any duplication by utilising a digitally held central repository of work that is undertaken in a phased approach throughout the year.			
Presentation **5.10 Midlothian Unscheduled Care Workstream Update -** Presentation by Morag Barrow, Chief Officer on behalf of Grace Cowan, Older Peoples & Primary Care Services The Chief Officer delivered a presentation to the Board and noted thanks to Debbie Crerar, Integrated Service Manager, Home First for providing the slide deck.			

	Decision	Action Owner	Date to be Completed/ Comments
The Chair thanked the Chief Officer for the presentation and opened up to the Board for any questions or comments. The Board congratulated the HSCP for the improvement described in the presentation. The Board discussed critical points in the system for consideration, the work that is under way to improve the experience of people coming in through the front door, and ensuring GPs were supported in that process. The Chief Officer noted the importance of supporting the services that are making an impact, and any financial decisions will be presented to the Board for decision. Work is ongoing to consider key process changes and 'triggers'. The Chief Officer noted that updates will remain ongoing, and anticipated Midlothian being well prepared moving into the winter months. The Clinical Director provided further clarity on the importance of the message approved by the Deputy Medical Director regarding good sign posting of advice and encouraging people to explore other options to Accident and Emergency, and only to attend if it is necessary. Attendance continues to be carefully monitored at Accident and Emergency. The Chair noted having met with Penicuik General Practice who advised that Pharmacy First has been extremely beneficial. The Board made an observation on the 'success enablers' described, noting out of 8, 6 or 7 are soft enablers, and requested that any changes regarding the 4-hour target or other targets be presented to Midlothian IJB. The Chief Officer noted that they would be happy to take this back to the Unscheduled Care Group and feedback to the Board as required.			

	Decision	Action Owner	Date to be Completed/ Comments
5.11 Prevalence and Management of Type II Diabetes in Midlothian - Paper presented by Jim Sherval, Public Health Consultant The purpose of this report is to provide an overview of the prevalence of Type II diabetes in Midlothian and the current work managing Type II diabetes. Members are asked to: • Note the report, • Endorse a continued commitment to this ongoing work, and • Discuss the potential early intervention opportunities for those in the population of 'pre-diabetes' The Public Health Consultant highlighted to the Board that Public Health Practitioner, Jacqueline Kirkland has secured non-recurring funding to better understand the impact of weight stigma. The Chair asked a question relating to weight loss injections and medications, noting the press are currently reporting a mixed review on the use of the medication and what the public health perspective was on this. The Chief AHP described an extensive piece of work progressing in a short life working group on how to operationalise the use of drugs that have been added to the formulary and seeking approval of the shared care agreement. The pathway continues to develop, and the service is considering the model required to support that. Dietitians are not independent prescribers, so must work in collaboration with prescribers to ensure the safe prescription of medication alongside lifestyle management and physical activity. The work			

	Decision	Action Owner	Date to be Completed/ Comments
is underway and complex. Updates will be presented to Midlothian IJB as the impact of this on the dietetic service evolves. The Clinical Director advised the medications that are being discussed in the press can only be prescribed by specialist only. The Board asked a question regarding people who are pre-diabetic, if as many people as possible are being supported for thoughts on how this can be improved. The Clinical Director highlighted the Scottish Government are funding a primary care for cardiovascular prevention enhanced service, providing funding for General Practitioners to find patients in the 30-45 age group who are hard to reach, and we are asked to identify 5 key markers. The Chief AHP noted the Direction to enable access, and to explore the 'request for assistance' approach. The weight management service is the only part of the weight management service that has a self-referral option. The numbers of self-referrals range from between 3-5%. The service are utilising public comms to improve availability and accessibility of information. The self-referral option will remain and will continue to be promoted to increase the number of people using this option. The Chief AHP also highlighted that NHS inform are reviewing the information on weight loss and weight management including references to weight loss. It is expected that the information will be live in the new format at the end of July. The Chief AHP also noted in relation to the diabetes prevention agenda, the positive new story regarding a digital support to people who have been identified as pre diabetic.			
5.12 Midlothian HSCP Transformation Programme - Paper presented by Morag Barrow, Chief Officer			

	Decision	Action Owner	Date to be Completed/ Comments
This report provides an update on the Midlothian Health and Social Care Partnership's (HSCP's) Transformation Programme and the work overseen by the Operational and Change Programme Board (the Programme Board). As a result of this report, Members are asked to: • note the significant financial recovery achieved in 2024/25, the ongoing impact of financial challenges on services, and the actions being undertaken by the HSCP within the transformation projects noted, • note the continuing development of transformation plans across all three phases of the Transformation Programme, • note the growing demand and complexity of care provision and its impact on budgetary pressures, and • note the capacity challenges within the HSCP Executive Leadership Team created by simultaneously taking forward the Financial Recovery Programme and the Transformation and Change work streams. The Board asked for clarification on why we chose the phrase of moving away from specialist provision The Chief Officer noted that this was a good point on how we can change the descriptor and will look at how we can address that.			

5 Private Reports

No items for discussion.

6 Any Other Business

No items for discussion.

7 Date of Next Meeting

The next meeting of Midlothian Integration Joint Board will be held on Thursday 21st of August 2025, 14.00 - 16:00 and will take place at Normandy Court, 20 Normandy Drive, Dalkeith, EH22 1JG

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 26 August 2025

Hybrid Meeting – Main Council Chamber, City Chambers / Microsoft Teams

Present

Board Members

Councillor Tim Pogson (Chair), Katharina Kasper (Vice-Chair), Philip Allenby (items 1-5), Robin Balfour, Councillor Alan Beal, Hannah Cairns, Patricia Cantley, Dr Andrew Coull, Bruce Crawford, George Gordon, Heather Gilfillan, Jill Irwin, Matt Kennedy, Peter Knight, Christine Laverty, Allister McKillop, Councillor Max Mitchell, Eugene Mullan (items 1-8), Councillor Alys Mumford, Councillor Vicky Nicolson and Moira Pringle

Officers

Carolanne Eyre	Assistant Committee Officer, CEC
Katie D'Souza	Convener Support Officer, CEC
Andrew Hall	Service Director Strategic Planning, EHSCP
Andrew Henderson (Clerk)	Committee Officer, CEC
Mike Massaro Mallinson	Director of Service, Operations, EHSCP
Katie McWilliam	Strategic Programme Manager, EHSCP
David Williams	EADP Joint Commissioning Officer, EHSCP

Apologies

None

1. Deputations

a) CAPS Independent Advocacy

(in relation to item 6.1 – Review of Contracts and Service Level Agreements)

The deputation highlighted that projects in table 4 helped the IJB meet its strategic aims and were included as part of the original award winning Thrive tender for that very reason. The deputation made specific reference to item 25 which helps enable the voices of members of the LGBTQIA+ community and people from Minority Ethnic backgrounds. The deputation also highlighted that item 22 helped people their views and mental health experiences through creative means. The deputation expressed concerns that proper consideration had not been given regarding the negative consequences of ending the projects outlined in the report.

The Deputation requested that board members agree the proposal that would include the CAPS Thrive contracts in the recommissioning exercise, with others in Table 2.

(See item 5 below)

b) The Ripple Project

(in relation to item 6.1 – Review of Contracts and Service Level Agreements)

The deputation shared concerns that the Contracts and Service Level Agreements report was procedurally flawed as it claimed to align with both the Strategic Plan and the Medium Term Financial Strategy, advising that the report presented a picture of coherence and legitimacy. The deputation highlighted that Medium Term Financial Strategy had already been adopted without the benefit of the Strategic Plan being in force. The deputation highlighted the report rested on a financial strategy without a strategic anchor, and on a strategy that had not yet been approved and expressed concern that it left the were being made without a valid mandate.

The deputation requested the return principles of good governance and partnership adding when those foundations are respected, collaboration becomes real and the people of Edinburgh would be the ones who truly benefit.

(See item 5 below)

c) UNITE Edinburgh Not for Profit

(in relation to item 6.1 – Review of Contracts and Service Level Agreements)

The deputation expressed concern that, despite being a stakeholder of the services highlighted in the report, no consultation had taken place and that there had been no application of fair work principles. The deputation expressed concern that providers listed in Table 1 were worried by the contradiction between the declaration that there will be no change to existing arrangements and the possibility of a formal assessment of need. The deputation also referenced concerns regarding future changes, expressing concern that this could result in changes to terms and working conditions. The deputation also highlighted a lack of consideration being given to preventative work.

The deputation requested that the EIJB support the proposed amendment, expressing concern that the effects of proposed disinvestment extended beyond workers' employment status and income and would impact those with experience of mental health issues or marginalisation. The deputation also asked the EIJB to consider the value of the arts as advocacy and highlighted that this was a deeply important project to all at CAPS.

(See item 5 below)

d) Edinburgh & Lothians Greenspace Trust (on behalf of Thrive Lot 4)

(in relation to item 6.1 – Review of Contracts and Service Level Agreements)

The deputation highlighted that Thrive Lot 4 supported 1600 people each year, including many with complex mental health needs through evidence based physical activity and nature based interventions. The deputation believed that recommendations in the report were not in the best interest of the IJB nor the people of Edinburgh and that lot 4 should sit with other services recommended for review and recommissioning to ensure a fair and consistent approach.

The deputation highlighted the impact of disinvesting in Thrive Lot 4 to vulnerable service users who will lose proven early intervention and preventative support. The deputation asked that the board recognise that the services Lot 4 delivers are essential mental health infrastructure in the city, delivering both preventative and recovery focused support, and requested that the board protect and recommission Thrive Lot 4 for the long -term sustainability of Edinburgh's mental health system.

(See item 5 below)

e) Safe Consumption Facilities Edinburgh Campaign
(in relation to item 6.2 - Responding to the Edinburgh Safer Drug Consumption Facility Feasibility Study)

The deputation referenced Scotland's drug crises, highlighting that Scotland has the highest drug related death rate in the whole of Europe. The deputation highlighted that deaths from overdose, infection and other drug related harms are completely preventable in many cases and that a safer consumption facility, SCF, is urgently needed in Edinburgh. The deputation referenced the feasibility study released in early 2024 commissioned by the City of Edinburgh Council and conducted by the University of Stirling confirming the effectiveness of drug consumption rooms.

The deputation highlighted that the Scottish Government has appointed a new Minister for Drugs and Alcohol Policy and Support, and that there were strong indications that the national mission on drugs will be a priority in the next session at Holyrood. The deputation expressed that drug legislation failed to help those who really need it. The deputation asked that the board vote in favour of a safe consumption facility in Edinburgh.

(See item 6 below)

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Tuesday 17 June 2025 as a correct record.

(Reference – minute of the Edinburgh Integration Joint Board of Tuesday 17 June 2025, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to August 2025 was presented.

Decision:

To note the outstanding actions

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

4. 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 the report by the Chief Officer, Edinburgh Integration Joint Board.

Decision

To agree the annual cycle of business attached to the report at appendix 1.

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

5. Review of Contracts and Service Level Agreements

The Edinburgh Integration Joint Board met on 25 March 2025 to agree its Medium-Term Financial Strategy and associated savings programme for 2025/26. As part of the savings programme, it was agreed that savings of £2.2 million would be identified from the EIJB's circa £27m annual spend on block contracts and service level agreements. The EIJB approved this in principle but asked for a further report to be presented with details of the review process applied and recommendations in relation to each individual contract and service level agreement. The results of the review process are summarised in this paper. Recommendations are made to reduce expenditure by a total of £1.26m, of which £0.39m can be realised within this financial year. As a matter of courtesy, EHSCP officers wrote to all contract and SLA holders to advise them of the recommendations contained in this paper before this information was released into the public domain.

Proposal 1

1) To note the review process and associated logic model applied to the review of contracts and service level agreements, as set out in paragraphs 46 – 52 and in appendix 2 of the report by the Chief Officer, Edinburgh Integration Joint Board.

2) To approve the recommendations in Appendix 3, which will release savings of £0.39m in 2025/26, with a full year recurring effect of £1.26m.

3) To note the intention to recommission contracts and service level agreements as set out in paragraphs 64 – 72 and in appendix 3.

4) To agree to issue directions to the City of Edinburgh Council and NHS Lothian to give formal notice of reduction or cancellation to affected providers, as set out in appendix 3 and in line with individual contract or service level agreement terms and conditions.

- Moved by Councillor Pogson, Seconded by Katharina Kasper

Proposal 2

1) To acknowledge the work done to date on the review of contracts and service level agreements.

2) To recognise that communities of people with protected characteristics are most impacted by the social determinates of health and experience greater health inequalities.

3) To understand that partner organisations who deliver many of the services earmarked for decommissioning comprise organisations which support people with complex mental health needs through evidence-based arts, advocacy, physical activity and nature interventions in accordance with Section 26 of the Mental Health Care and Treatment Act.

4) To further understand that the Act imposed a duty on a local authority to provide, or secure the provision of, services to promote the well-being and social development of persons who have or who have had a mental disorder who are not in hospital. These services include the provision of social, cultural and recreational activities and training and assistance in obtaining and undertaking employment for individuals over school age.

5) To understand there is strong professional endorsement from frontline health professionals including GPs, Community Link Workers, Local Area Co-ordinators and Mental Health practitioners and that some of the Third Sector Organisations recommended in the paper to be decommissioned are key recipients of referrals from all these professional groups.

6) To note that a number of the recommendations for non-renewal had been done on the basis that the projects could be done more cost-effectively, and others list ‘Consider alternative commissioning approaches and opportunities for efficiency’ as the primary reason for the recommendation.

7) To note that analysis made available to board members shows that organisations are performing well, with benefits including proven therapeutic benefits, cost-effective alternatives to clinical mental health interventions, accessible support for communities and providing self-sustaining peer support networks that reduce long-term service dependency.

8) To further note that evidence shared with Board Members by officers is clear that many of the projects partially meet statutory obligations, and that some should be continued as part of certain pathways within the IJB.

9) To believes that these factors show that these projects are having a positive impact on the work of the IJB, and should result in a recommissioning exercise rather than an agreement for non-renewal.

Therefore,

10) The Board amends Table 4 at Appendix 3 to remove all items except those for which the project has concluded or the contract is not being fully utilised, namely:

• 6, 10, 20, 21, 31

11) The Board amends Table 5 at Appendix 3 to remove all items except those which are due to expire in 2027, namely:

• 2, 3.

12) The Board moves the items removed from these tables into Table 2

Full list of projects retained, for clarity:

Table 4: 1,2,3,4,5,7,8,9,11,12,13,14,15,16,17,18,19,22,23,24,26,27,28,29,30,32 (there is no #25 listed)

Table 5: 1,4

13) To understand that this means these contracts should be retained or renewed at the current level while a recommissioning exercise is undertaken, as set out in paragraphs 64-72 of the report;

14) To additionally asks that officers undertake talks with all projects recommended for recommissioning under Table 2 (including those added) to see if the current service could be delivered for less and what impact that may have on the return on investment, and report back on the impact this may have on the budget at the next Board meeting.

15) To finally, asks that the recommissioning process is clearly set out and communicated, meets with the principles of ethical commissioning, and that decisions come back to EIJB for board approval.

- Moved by Councillor Mumford, Seconded by Nicholson

Voting

For Proposal 1 – 6 Votes

For Proposal 2 – 4 Votes

(For Proposal 1 – Philip Allenby, Councillor Beal, Patricia Cantley, Katharina Kasper, Councillors Mitchell and Pogson

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

Decision

To approve the following proposal by Councillor Pogson;

1) To note the review process and associated logic model applied to the review of contracts and service level agreements, as set out in paragraphs 46 – 52 and in appendix 2 of the report by the Chief Officer, Edinburgh Integration Joint Board;
2) To approve the recommendations in Appendix 3, which will release savings of £0.39m in 2025/26, with a full year recurring effect of £1.26m;
3) To note the intention to recommission contracts and service level agreements as set out in paragraphs 64 – 72 and in appendix 3; and
4) To agree to issue directions to the City of Edinburgh Council and NHS Lothian to give formal notice of reduction or cancellation to affected providers, as set out in appendix 3 and in line with individual contract or service level agreement terms and conditions.

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

6. Responding to the Edinburgh Safer Drug Consumption Facility Feasibility Study

The Edinburgh Integration Joint Board Strategic Plan made a commitment to the development of a business case for consideration by the Scottish Government for a Safer Drug Consumption Facility within the City of Edinburgh. An outline service model was developed which would inform this business case, but full costings cannot be produced without a definitive location being identified. This would require a public consultation to enable Edinburgh's communities to express their views. Officers requested permission to progress with the planning of a public consultation for launch in Early 2026.

Decision

To defer the report to the Edinburgh Integration Joint Board of 22 September 2025.

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

7. Financial Update – Quarter 1 2025/26

The latest financial monitoring information for 2025/26 was presented. This indicated a projected year end overspend of £12.7m, driven largely by financial pressures in hosted and set aside services. A recommendation will be made by the Chief Officer following the half year review on whether a recovery plan will be required.

Decision

To note the forecast financial position for delegated services for 2025/26.

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

8. Edinburgh Integration Joint Board Annual Performance Report 2024/25

The draft EIJB Annual Performance Report 2024/25 (APR) was submitted for approval.

Decision

To approve the publication of the Annual Performance Report.

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

9. Edinburgh Integration Joint Board Operating Arrangements

An update was provided on the results of the survey which asked EIJB members their views on, meeting venue arrangements, webcasting arrangements, quality of EIJB papers and general operating arrangements. The survey was circulated to all EIJB members on the 12 June with a return date of the 4 July. There were 7 responses to the survey.

Decision

1) To agree to move the EIJB meetings from the Council Chambers to a community venue as soon as practical;

2) To agree to continue with existing hybrid and webcasting arrangements;

3) To note that officers would implement operational improvements to ensure that reports include key context, papers are published in line with Standing Orders and that Integrated Impact Assessments (IIA) links are contained within the report;

4) To agree that officers consider and bring back a proposal in relation to management of papers and officer attendance (point 9d of the main report) and management of written deputations as part of the EIJB's consideration of the governance handbook in December 2025;

5) To note progress with a carer representative on the EIJB; and

6) To agree to implement regular engagement sessions in advance of formal board meetings to improve board cohesion and morale and ensure that there is EIJB Teams template with name and role.

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

10. Appointments to the Edinburgh Integration Joint Board

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

Decision

1) To note the reappointment of Katharina Kasper as the Lead Voting Member on the EIJB, from 27 June 2025;

2) To note the extension of Elizabeth Gordon's appointment as a Voting Member of the EIJB, to 31 July 2025 thereby supporting completion of a full three-year term;

3) To note the appointment of Patricia Cantley as a Voting Member of the EIJB, from 1 August 2025;

4) To note the reappointment of Dr Robin Balfour, General Practitioner, as a Non-Voting Member of the EIJB, from 1 October 2025 until the 30 June 2026;

5) To note the NHSL Voting member vacancies on the EIJB Audit and Assurance Committee and EIJB Clinical and Care Governance Committee and consider suitable appointments; and

6) To note the boards thanks to Elizabeth Gordon for her work on the EIJB as a Voting Member and Jacqui Macrae for her work as a Non Voting member.

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

11. Committee Update Report

An update on the business of the Committees covering May and June 2025 was provided.

Decision

To note the work of the Committees.

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

12. Minute of the Performance and Delivery Committee of 29 May 2025

Decision

To note the minute of the Performance and Delivery Committee of 29 May 2025

(Reference – Minute of the Performance and Delivery Committee of 29 May 2025, submitted.)

13. Minute of the IJB Audit and Assurance Committee of 18 June 2025

Decision

To note the minute of the IJB Audit and Assurance Committee of 18 June 2025.

(Reference – IJB Audit and Assurance Committee of 18 June 2025, submitted.)

14. Minute of the IJB Clinical and Care Governance Committee of 23 June 2025

Decision

To note the minute of the IJB Clinical and Care Governance Committee of 23 June 2025.

(Reference – IJB Audit and Assurance Committee of 23 June 2025, submitted.)

15. Minute of the IJB Performance and Delivery Committee of 12 August 2025

Decision

To note the minute of the IJB Performance and Delivery Committee of 12 August 2025.

(Reference – IJB Performance and Delivery Committee of 12 August 2025, submitted.)

16. Date of next meeting

Decision

To note Monday 22nd September 2025 at 10am as the date of the next EIJB meeting.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 JUNE 2025
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:
Councillor S Akhtar
Mr J Blazeby
Dr P Cantley
Mr A Cogan (Chair)
Councillor L Jardine
Councillor C McFarlane

Non-voting Members Present:
Ms L Byrne
Ms M McNeill
Ms F Wilson
Mr D Hood
Mr M Porteous

Officers Present from NHS Lothian/East Lothian Council:
Ms L Berry
Ms C Goodwin
Ms L Kerr
Mr N Munro
Mr G Whitehead
Ms M Burton
Ms J Jarvis
Mr R McGill
Ms I Nisbet

Additional Persons Present:
Councillor L Allan

Clerk:
Ms F Currie

Apologies:
Councillor J Findlay
Ms E Gordon
Mr D Binnie
Mr D Bradley
Ms S Gossner
Dr J Hardman
Dr K Kasengele
Dr C Mackintosh

Declarations of Interest:
None

The Chair welcomed everyone to the meeting, which was being held remotely.

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 webcast of this meeting will be publicly available.

1. MINUTES FOR APPROVAL: EAST LOTHIAN IJB ON 22 MAY 2025

The minutes of the IJB meeting on 22 May were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 22 MAY AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 22 May were discussed:

Page 3 (Item 6) – In response to a question from Councillor Akhtar, Laura Kerr advised that a press release had been issued, funding confirmed, and they were currently looking for suitable premises. She said that a further update would be provided early next year.

Page 5 (Item 7) - Fiona Wilson and Mike Porteous confirmed that they were keeping track of new monies and allocations to ensure that the IJB received its share. Mr Porteous said he would update the IJB when allocations were received. The Chair said that members should be assured that monies would be appropriately allocated when they became available.

Rolling Actions Log:
The Chair confirmed that he would continue with verbal updates for his Chair's Report. He also advised that the Clinical Care Governance Committee reports would be picked up once they had been considered by the Health Care Governance Committee.

Post Meeting Note:
VCEL and Enjoy Leisure presentations will form part of the development session on 29 January 2026. This action has been removed from the Rolling Actions Log.

3. CHAIR'S REPORT

The Chair drew attention to the letter from Caroline Lamb on the publication of the Health and Social Care Service Renewal Framework (SRF) and the Population Health Framework which had been circulated to IJB members prior to the meeting. He encouraged members to review the contents of the letter and 4 supporting documents which would form part of future development session planning. He welcomed the continuing shift from hospital to community care although he noted that there was very little mention of IJBs which would need some further reflection.

Jonathan Blazeby agreed with the proposed inclusion in planning for development session and suggested that these should also be considered as part of the review of the Strategic Plan. Ms Kerr confirmed that they would be tied into the first draft of the new Strategic Plan and would provide a helpful emphasis on moving forward work with the Third Sector.

4. MEMBERSHIP CHANGES FOR THE IJB AND AUDIT & RISK COMMITTEE

A report was submitted by the Chief Officer informing the Integration Joint Board (IJB) of a change to its voting membership; and seeking nominations and IJB approval for a change to the membership of the Audit & Risk Committee, and appointment of a new Chair for the Committee.

Ms Wilson presented the report setting out the background and recommendations. The Chair thanked Councillor Jardine for her contributions to the IJB and Audit & Risk Committee, and he welcomed Councillor Allan to the IJB.

It was noted that 3 members of the Audit & Risk Committee were not present to give their views on nominations for a replacement Chair, and it was agreed that the IJB would delegate authority to the Committee to elect a new Chair at its next meeting in September 2025.

Following a request for nominations for a replacement East Lothian Council voting member of the Audit & Risk Committee, it was agreed that Councillor Akhtar would replace Councillor Jardine on the Committee.

Decision

The IJB agreed:

(i) to note the appointment of Councillor Liz Allan as a voting member of the IJB, replacing Councillor Lyn Jardine.

(ii) that Councillor Akhtar would replace Councillor Jardine as an East Lothian Council voting member on the Audit & Risk Committee; and

(iii) to delegate to the Audit & Risk Committee members the authority to appoint a new Chair. This appointment to be made at the Committee's September meeting.

5. REVIEW OF THE EAST LOTHIAN IJB STRATEGIC PLAN

A report was submitted by the Chief Officer providing the IJB with an update on progress in relation to the review of the East Lothian IJB Strategic Plan; and presenting proposed draft strategic objectives and delivery priorities to the IJB for consideration prior to commencement of the next stages of development

Claire Goodwin presented the report providing further detail on the draft strategic priorities, which had been reduced from 7 to 3, and the rationale for each. She advised that public engagement work would be carried out during the summer, the feedback would be used to prepare a draft plan by September. They remained on track to deliver the final draft Strategic Plan for approval by the IJB in December

Councillor Akhtar commented on the need for a stronger emphasis by partners on shifting the balance of care to support transformational change. Although she acknowledged that without more investment from government in local services and early intervention and prevention, it may be difficult to achieve such change. She also wished to see a stronger focus on housing, particularly in meeting mental health needs.

Councillor McFarlane expressed concern about the recruitment and retention of staff to support a shift in the balance of care and to ensure that appropriate community services would be available to those discharged from hospital.

The Chair acknowledged that staffing would be a significant challenge for the IJB over the next 5 years.

Councillor Jardine highlighted the IJB's contributions to the Council's housing strategy. She suggested that another area of influence should be the new Local Development Plan which was currently being prepared, especially in considering how best to address some of the challenges of an ageing population.

Mr Blazeby said that the document was a very good start and very easy to read. He agreed that having 3 strategic objectives was sensible but emphasised that the plan needed to be evidence-led, and, at present, more evidence was needed. He asked for further detail on the feedback received to date and whether it would be possible to have a summary paper including feedback from other IJBs and partners. He felt that this would help members to better understand the options. He also said it would be helpful to understand if there were any stark differences in the proposed direction within the feedback received to date.

Ms Goodwin advised that feedback had been captured in a spreadsheet and there had been a presentation to a recent development session on the main themes. She said that officers would continue to capture engagement feedback in that way to get a sense of ongoing themes. While the current document reflected the high-level themes which were the subject of engagement work earlier in year, that would change with further consultation. To date, the engagement had been with contacts within and familiar with the Health & Social Care Partnership. A more diverse range of opinions was expected in the next stage of consultation, and it would be a challenge to incorporate these views.

Mr Blazeby also pointed out that language was important, and they needed to be clear about what they meant by transformational change. Ms Goodwin agreed and said she would try to ensure that the language used in the plan was clear and that it reflected the language used within other key documents.

Ms Wilson thanked members for their comments. She said that the draft plan was progressing positively, and that consultation and engagement was something that was done well in East Lothian. She addressed concerns about shifting the balance of care noting that there had been great progress in the last 6 months with fewer delays and services supporting people better than before.

The Chair noted that this was a very important piece of work, and he invited members to approve the recommendations contained in the report.

Decision

The IJB agreed to:

i. Note progress to date and next steps planned in relation to the review of the current IJB Strategic Plan.

ii. Consider the proposed draft strategic objectives and delivery priorities and provide feedback.

iii. Approve the proposed draft strategic objectives and delivery priorities as the basis for wider engagement and for the development of a revised IJB Strategic Plan Consultation Draft.

6. REVIEW OF THE EAST LOTHIAN IJB DIRECTIONS

A report was submitted by the Chief Officer presenting recommendations regarding the East Lothian IJB Directions 2025-26 for consideration and approval by the IJB.

Ms Goodwin presented the report informing members that the recommendations regarding the 2025-26 Directions were based on a review of existing Directions and reflected updated budget information for the current financial year. She drew attention to the changes outlined in report and confirmed that, as part of the IJB's Directions policy, they would continue to actively consider whether Directions needed to be revised during the year and any changes would be brought to the IJB, if required.

Ms Goodwin responded to questions from Councillor Akhtar and Mr Blazeby on engagement, the practical effect of the Directions for officers liaising with delivery partners, enforcement, and performance management.

Mr Porteous advised on the finance aspects of the Directions and how this was used to direct spending and provide clarity on the flow of funds.

Ms Kerr provided information on the role of delivery groups, programme boards and the Strategic Planning Group in monitoring delivery and identifying issues which needed to be addressed.

Decision

The IJB agreed to:

i. Consider and approve the 2025-26 East Lothian IJB Directions contained at appendices 1 and 2.

ii. Note that active consideration should continue to be given to the introduction of additional directions as and when required, and that these should be developed in line with the IJB Directions Policy.

7. 2024/25 DRAFT (UNAUDITED) ANNUAL ACCOUNTS

A report was submitted by the Chief Finance Officer presenting the IJB's draft (unaudited) Annual Accounts for 2024/25 to the Board.

Mr Porteous presented the report and summarised the content of the draft accounts. He thanked colleagues for their help in pulling together the information in such a short timescale. He advised that the final (audited) accounts would be brought back to the IJB for sign off in September.

The Chair noted that the draft accounts had been considered and accepted by the Audit & Risk Committee.

Mr Blazeby queried the process for audit and approval and the involvement of the Audit & Risk Committee. Mr Porteous outlined the process by which the IJB was bound in preparing, considering and approving its annual accounts, including the role of external audit.

The Chair added that the accounts of IJB partners were also audited which should provide additional assurance.

Patricia Cantley, a member of the Audit & Risk Committee, said she was satisfied that the committee had appropriately followed process in reviewing the draft accounts.

Ms Kerr clarified that the IJB was being asked to consider and agree that the draft accounts should go forward for audit. The final agreement of the accounts would happen later.

Mr Blazeby said that he understood the process but did not necessarily agree with it. He suggested that consideration might be given in the future to challenging this process.

The Chair said he looked forward to seeing the audited accounts and hearing view of the external auditors in due course.

Decision

The IJB:

i. Considered the IJB's draft (unaudited) Annual Accounts: and

ii. Agreed that the draft annual accounts could be published and presented for audit.

8. CARERS STRATEGY YEAR 2 UPDATE

A report was submitted by the Chief Officer updating the IJB on work towards the Outcomes in East Lothian's Carers Strategy 2023-2026; and highlighting the proposed legislation giving every carer the "Right to a Break".

Maria Burton presented the report advising members that there would be a development session in August. She outlined the key points of the report, in particular the priority area of breaks for carers and continuing to maximise the carer voice through the panel and advisory groups. She also drew attention to the new 'Right to a Break' which was part of the Care Reform Bill passed on 10 June, and which would place specific duties on the Health & Social Care Partnership.

Ms Burton replied to questions from Councillor Akhtar, Dr Cantley, Isobel Nisbet and Mr Blazeby. She provided further information on providing support to increase capacity for breaks or respite for carers, increase the range of breaks and getting feedback on all types of breaks, not just respite. She agreed to provide an update on the rehabilitation service as part of the forthcoming development session.

Lesley Berry added that the rehab service was hugely valued and had garnered interest from other parts of the UK.

In response to further questions, Ms Burton provided details of the number of carers within the county and the current range of support and breaks available through social work services and third sector organisations. She acknowledged that the new legislation would have a significant impact, not least because there was no new funding attached to it, and it was difficult to assess how many carers currently had access to breaks.

Councillor Akhtar thanked Ms Burton for her leadership in this work and offered her thanks to all community partners without whom it would be impossible to deliver these

services. She noted that East Lothian was the fourth highest provider of breaks in Scotland.

Mr Kerr agreed that Ms Burton was doing an amazing job, and that East Lothian was often recognised for the unique and innovative support provided to its carers.

The Chair endorsed these comments on behalf of IJB.

Decision

The IJB agreed to:

i. Note progress towards stated Outcomes in Year 2 (2024-25), as summarised in section 3.4 of the report and detailed within appendix 1; and

ii. Note proposed action plan for continuing work in Year 3 (2025-26), within appendix 2.

9. IJB ANNUAL REPORTING SCHEDULE

A report was submitted by the Chief Officer informing the IJB of the annual reports required to come to the Board for review and approval, in line with the Public Bodies (Joint Working) Scotland Act 2014 and the East Lothian IJB Integration Scheme.

Neil Munro presented the report explaining that the schedule included reports which had to be presented annually to the IJB, and it also reflected comments from a recent audit report highlighting gaps in reporting. The schedule had been discussed with officers within the HSCP.

Responding to a question from Mr Blazeby, Mr Munro highlighted reports which had been not been presented regularly in recent years. He added that the schedule would help by highlighting the reports that should be coming forward to the IJB.

Decision

The IJB agreed to the annual reporting schedule provided at section 3.5 of the report.

10. TRANSFER OF TELECARE (TEC) SERVICES

A report was submitted by the Chief Officer presenting to the IJB a proposal to transfer the management of Telecare (TEC) service from the East Lothian Rehabilitation Service (ELRS) to East Lothian Council, Communities and Partnerships Customer Services Contact Centre; and seeking approval for this transfer.

Ms Berry presented the report outlining the background and explaining the rationale behind the proposed transfer from ELRS to the Contact Centre.

The Chair noted that this seemed a sensible and logical thing to do.

Councillor Akhtar asked a number of questions about mitigation of the debt transferred with the service. She felt uncomfortable about passing that debt onto one of the IJB's partners.

Ms Berry and Ms Kerr explained that this sum was in relation to client debt rather than budget debt. Work was underway with social work colleagues to review debts individually and offer help to clients where possible. Mr Porteous added the Council had its own debt management team which worked on behalf of all services they delivered for the IJB. In addition, the income generation aspect of the Telecare service would also move to the Council and would be of benefit to it going forward.

Ms Wilson said officers had worked closely with Council staff and there had been oversight by the Council's Executive Management Team and others before this proposal had been brought to IJB.

Raymond McGill said that his team had felt that it was important to highlight the debt to understand more about how the service was being delivered. They also wanted to ensure that those who required the service were receiving it, and that those who couldn't afford to pay did not miss out, while also making sure that those who could pay did pay.

Mr Blazeby felt that the proposal made a lot of sense and that it probably should have been done some time ago. He asked why this was being discussed at the IJB as it felt like an operational matter.

Ms Kerr explained that it was a significant change to a service sitting within the HSCP and it was right that the IJB was consulted.

Mr Blazeby commented that as there was no impact on clients and no change to the level of service; he was happy to agree the proposals.

Dr Cantley asked why an Integrated Impact Assessment (IIA) had not been carried out and whether clients were missing out due to cost factors. Ms Kerr explained the rationale for not completing an IIA. She advised that there were mechanisms in place to ensure that those who couldn't afford to pay for the service could still receive it.

Dr Cantley noted this response but said she still had concerns that some people who need the service may not be getting access to it due to financial issues.

Mr McGill acknowledged the point and said that they had long heard a desire nationally to make the service more widely available, but this had not happened for a variety of reasons.

Ms Nisbet added that the appeals group looked at the risks to the individual as well as the money aspect when reviewing cases.

Decision

The IJB agreed to:

i. Note and approve contents of the report as summarised below:

Approval of Staffing resources and budget transfers

It is proposed the existing staffing resources and associated budgets, including income generated from service charges be transferred to Communities and Partnerships, Customer Services - Contact Centre to ensure the continued management of the Telecare Service.

Transfer of Business Administration Support

Approval sought to transfer 21 hours from ELRS Business Administration Support allowing the continued the essential provision of administration support to the Telecare (TEC) service.

Governance and Reporting Structure

To maintain consistent professional oversight. Agree and establish a dedicated HSCP point of contact to for continual professional and clinical Social Work and Allied Health Professional governance. Agreement of regularity of contact and two-way reporting with HSCP and East Lothian Council to maintain transparency and accountability.

11. APPROVED MINUTES OF THE AUDIT & RISK COMMITTEE ON 18 MARCH 2025 (FOR NOTING)

The IJB agreed to note the minutes of the Audit & Risk Committee meeting on 18 March 2025.

Signed .....

Mr Andrew Cogan
Chair of the East Lothian Integration Joint Board

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 13 AUGUST 2025.

Present

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

Non-Voting Members – Steven Dunn, Hamish Hamilton, David Huddlestone, Jo MacPherson, Alan McCloskey, Alison White and Linda Yule

Apologies – Damian Doran-Timson, Lesley Cunningham, Douglas McGown, Donald Noble and Ann Pike

In Attendance – Rob Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Leona Jackson (NHS), Bhav Joshi (General Manager for Mental Health and Addictions Services), Lorna Kemp (Programme Manager – Mental Health and Workforce Planning), Yvonne Lawton (Head of Health), Karen Love (Senior Manager, Adult Services), Lesley Montague (Standards Officer), Helana Sleeth (NHS) and Diane Stewart (Project Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minutes of its meeting held on 26 June 2025 as a correct record.

3 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 8 May 2025.

b The IJB noted the minutes of the West Lothian Integration Joint Board ADP Executive held on 27 February 2025.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that John Innes would become IJB Chair and Tom Conn would become IJB Vice-Chair from 21 September 2025.

5 CHIEF OFFICER'S REPORT

The IJB considered a report (copies of which had been circulated) by the

Chief Officer providing a summary of key developments relating to West Lothian IJB and updating members on emerging issues.

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

Decision

To note the terms of the report.

6 2025/26 INDICATIVE FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2025/26 indicative forecast budget outturn for the Integration Joint Board (IJB).

It was recommended that the IJB:

1. Consider the indicative forecast outturn for 2025/26 which takes account of delivery of agreed savings;

2. Note that an update on the forecast budget position and progress towards achieving a balanced budget position would be reported to the Board in September; and

3. Note the need to focus on medium term financial planning and to agree a consultation process for the 2026/27 savings measures.

Decision

To note the terms of the report.

7 REVIEW OF ROSEMOUNT CAFÉ

The IJB considered a report (copies of which had been circulated) by the Senior Manager Older People Services providing an update on the proposed budget saving measure relating to Rosemount café and seeking a decision on the future of the café.

It was recommended that the IJB:

1. Note the updated position detailed in the report; and

2. Agree the amended Savings Directions be issued to West Lothian Council in respect of the operational delivery of the saving measure to close Rosemount café (appendix 3 of the report).

Decision

To approve the terms of the report.

To agree a slight amendment to the Saving Direction to West Lothian Council in order to comply with the council's governance processes.

8 UPDATE ON THE DEVELOPMENT OF THE WEST LOTHIAN PRIMARY CARE STRATEGY 2025–2028

The IJB considered a report (copies of which had been circulated) by the General Manager for Primary Care and Community Services presenting the proposed West Lothian Primary Care Strategy 2025-2028 for ratification.

It was recommended that the IJB:

1. Approve the ratification of the proposed West Lothian Primary Care Strategy 2025–2028; and

2. Note WLHSCP's intention to develop an associated Implementation / Action Plan and Monitoring Framework, to be presented to the board Autumn 2025.

Decision

To approve the terms of the report.

9 DEVELOPMENT OF HSCP WORKFORCE PLAN 2025–2028

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update to the Integration Joint Board on the development of the new HSCP Workforce Plan 2025–2028 and presenting a draft plan for discussion and comment.

It was recommended that the IJB:

1. Note that development of the new HSCP Workforce Plan 2025–2028 was under way;

2. Note the draft plan and provide comment;

3. Note the outcome of engagement with staff and partners to date;

4. Agree the broad approach and proposed content of the plan; and

5. Agree to further engagement with staff and partners to inform the final plan and associated action plan.

Decision

To approve the terms of the report.

10 ANNUAL REVIEW OF RECORDS MANAGEMENT PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance seeking approval of the recommended changes to the Records Management Plan following its annual review; and assuring the Board that its Publication Scheme has been reviewed and updated.

It was recommended that the IJB:

1. Note that the Records Management Plan was required to be reviewed annually;

2. Note that a review had been carried out and agree the recommended changes to the Plan;

3. Note that a Progress Update Review would be submitted to National Records Scotland on approval of the changes; and

4. Note that the Board's Publication Scheme had been reviewed and updated

Decision

To approve the terms of the report.

11 WEST LOTHIAN BATON OF HOPE 2025

The IJB considered a report (copies of which had been circulated) by the Suicide Prevention Lead seeking approval to support the national Suicide Prevention initiative Baton of Hope by signing up to the Baton of Hope Workforce Pledge.

It was recommended that the IJB:

1. Note the contents of the report, which detailed the purpose of the Baton of Hope Initiative, the associated Workforce Pledge and actions being undertaken locally to raise awareness of Suicide Prevention and Mental wellbeing via the West Lothian Baton of Hope Tour; and

2. Raise awareness of the Baton of Hope Tour via their own networks where appropriate.

Decision

To note the terms of the report.

12 COMING HOME DYNAMIC SUPPORT REGISTER

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services providing an update on the work being progressed in relation to the Coming Home Dynamic Support Register.

It was recommended that the IJB:

1. Note the contents of the report; and

2. Note that further update reports would be provided to the Board on an annual basis.

Decision

To note the terms of the report.

13 LONG TERM CONDITIONS FRAMEWORK CONSULTATION

The IJB considered a report (copies of which had been circulated) by the General Manager for Primary Care and Community Services advising members that the Scottish Government had undertaken a consultation on a new Long-Term Conditions (LTC) Framework.

It was recommended that the IJB:

1. Note the contents of the report, which detailed the purpose and context in launching the consultation process;

2. Note the LTC consultation had been approved by the Health and Social Care Partnership Senior Management Team on Tuesday 24 July; and

3. Note the final consultation submitted to the Scottish Government (Appendix 1) on Friday 25 July 2025.

Decision

To note the terms of the report.

14 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

15 DATE OF NEXT MEETING

The IJB noted that its next meeting would take place on Wednesday 24 September 2025, commencing at 2pm in the West Lothian Council Chambers.

Decision

To note the date of the next meeting.

MINUTE of MEETING of AUDIT, RISK AND GOVERNANCE COMMITTEE held within Council Chambers, West Lothian Civic Centre, Livingston, EH54 6FF, on 4 June 2025.

Present – Councillor Andrew McGuire (Chair); Martin Connor (NHS Lothian Non-Executive Director); and Councillor Tony Boyle

Apologies – George Gordon (NHS Lothian Non-Executive Director)

In Attendance – Stuart Saunders (WLC Internal Audit), Lesley Montague (IJB Standards Officer), Hamish Hamilton (IJB Chief Finance Officer), Alison White (IJB Chief Officer), Sharon Houston (Interim Head of Strategic Planning and Performance); Lesley Cunningham (NHS Staff Representative); and Diane Stewart (IJB Project Officer)

1. DECLARATIONS OF INTEREST

No declarations of interest were made

2. MINUTE

The Committee approved the minutes of its meeting held on 17 March 2025.

3. INTERNAL AUDIT ANNUAL REPORT 2024/25

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the internal audit annual report and their conclusions on the IJB's framework of governance, risk management and control.

It was recommended that the Audit, Risk and Governance Committee considers the internal audit annual report for 2024/25.

Decision

To note the content of the report and of the Internal Audit Annual Report 2024/25.

4. BEST VALUE - ANNUAL COMPLIANCE

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the Best Value Annual Statement of Compliance for 2024/25.

It was recommended that committee :-

1. Notes that the IJB has a statutory duty to make arrangements to secure Best Value as prescribed in Part 1 of the Local Government

in Scotland Act 2003.

2. Agrees that the IJB has demonstrated compliance with its Best Value duties based on the Framework agreed for reporting on Best Value.

Decision

To approve the recommendations of the report

5. LOCAL CODE OF CORPORATE GOVERNANCE 2024/25

The committee considered a report (copies of which had been circulated) by the Standards Officer asking the committee to consider the completed Local Code of Corporate Governance for 2023/24.

It was recommended that committee :-

1. Review the completed Local Code of Corporate Governance for 2024/25 (Appendix 2) and accept the assurance that it demonstrates substantial compliance with its standards.

2. Agree that no changes are required to the Code or the current administrative and reporting arrangements.

3. Note that the Code was a significant factor in preparing the draft annual governance statement for approval by the committee and inclusion in the Board's accounts

Decision

To approve the recommendations of the report

6. GOVERNANCE ISSUES - UPDATE ON PROGRESS 2024/25

The committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on issues identified for attention through the annual governance statements for recent years.

The committee was asked to :-

1. Note the update on governance issues of concern since committee met in December 2024 and to note that information was a significant factor in preparing the draft annual governance statement for approval

2. Agree the status allocated to each issue in the appendix

Decision

To approve the recommendations of the report.

7. ANNUAL GOVERNANCE STATEMENT 2024/25

The committee considered a report (copies of which had been circulated) by the Standards Officer presenting a copy of the draft annual governance statement for consideration and approval.

The committee was asked to :-

1. Consider the draft annual governance statement in the appendix and its conclusion that the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2024/25

2. Approve the draft annual governance statement in the appendix on behalf of the Board

3. Note that the statement will form part of the Board's unaudited accounts to be considered by the Board, published and submitted to the external auditors before the end of June 2025

4. Authorise the Standards Officer to make any minor changes to the statement deemed reasonable and necessary before finalisation of the accounts for Board approval

Decision

To approve the recommendations of the report

8. INTEGRATION JOINT BOARD HIGH RISKS

The committee considered a report (copies of which had been circulated) by the Chief Officer advising of the IJB's high risks.

It was recommended that the committee :-

1. Considers the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact;

2. Makes recommendations it thinks appropriate to the Chief Officer in relation to those risks, controls and actions;

3. Makes recommendations it thinks appropriate to the Integration Joint Board in relation to the risk register and the degree of assurance it provides.

Decision

To note the content of the report

9. RISK MANAGEMENT ANNUAL REPORT 2024/25

The committee considered a report (copies of which had been circulated) by the IJB Risk Manager advising committee of the risk management annual report.

It was recommended that the Audit, Risk and Governance Committee considers the risk management annual report for 2024/25.

Decision

To note the content of the report and of the Risk Management Annual Report 2024/25.

10. SELF-ASSESSMENT SURVEY - RESULTS

The committee considered a report (copies of which had been circulated) by the Project Officer informing committee of the results of the self-assessment survey of the committee's administrative arrangements and activity. The committee was invited to discuss the results and identify any action required.

It was recommended that the committee :-

1. Notes the results of the self-assessment survey; and

2. Discuss if any actions should arise from the results

Decision

1. To note the content of the report

2. To ask officer's to consider how best to address any issues regarding training needs for AR&G committee members later in the year when a new Chair and/or new members were appointed to the committee

3. To ask officer's to give consideration on how best to engage with stakeholders with regards to the work of the IJB and the committee

11. WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

NHS Lothian

4.10

Meeting:	**NHS Lothian Board**
Meeting date:	**8 October 2025**
Title	**Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July - 31 August 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. The report also provides an update on progress made against the Board-approved recommendations outlined in the 2025/26 Q1 Health & Care Staffing Board Compliance Report.

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.

2.2.2 The Annual Board Compliance Reporting Plan was approved by the Staff Governance Committee in March 2025. Under this plan, specific Board quarterly reports are scheduled for submission before each quarter ends, ensuring timely approval and compliance with statutory deadlines. Reporting timelines are tailored to legislative requirements and aligned with Board meeting dates to prevent delays and maintain regulatory compliance.

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

2.3.5 The report also highlights progress that has been made in advancing Board-approved recommendations through the establishment of dedicated subgroups and development of annual objectives, with initial actions underway to support governance, education, and system optimisation (points 4.14 to 4.28)

Financial

2.3.6 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 4.4 to 4.13).

Risk Assessment/Management

2.3.7 The report includes an overall level of assurance by duty, and across all duties (points 4.1 to 4.3).

2.3.8 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

2.3.9 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

2.3.10 None.

Communication, involvement, engagement and consultation

2.3.11 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 3.5, 3.7 and 3.8 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

2.3.12 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 02 September 2025.
- Staff Governance Committee, Wednesday 24 September 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.
- Note the progress made against the Board-approved recommendations outlined in the 2025/26 Q1 Health & Care Staffing Board Compliance Report.
- 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 2, 01 July - 31 August 2025

Appendix 1

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

Quarter 2
01 July - 31 August 2025

Date: 8th September 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 an overview of compliance with all health duties under the Act and updates on progress made against the board approved recommendations from the Q1 Health & Care Staffing Board Compliance Report. 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. This paper does not include reporting on any workforce data as this is not a requirement of the Act.

2.5 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 Q2 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 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. Responses were analysed to assess NHS Lothian's compliance with the Act, identify gaps, and informed the development of Q1 recommendations. These findings also shaped the subsequent objectives and actions outlined in this report.

3.6 The Annual Reporting Plan was formally approved by the Staff Governance Committee in March 2025. As part of this plan, certain Board quarterly reports are scheduled to be prepared and submitted prior to the end of each quarter. This approach ensures timely approval through the agreed governance route and supports adherence to statutory reporting deadlines. The reporting timelines have been approved as bespoke to meet strict legislative requirements, which necessitates aligning report submissions with Board meeting dates. This proactive scheduling helps avoid delays in subsequent reporting cycles and ensures compliance with all relevant statutory obligations.

Assurance Level Rating

3.7 Responses from the April 2025 audit were used to rate compliance at NHS Lothian level and by Health & Care (Staffing) (Scotland) Act Duty. 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.

3.8 **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.

3.9 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.

3.10 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.

3.11 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.

3.12 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.

3.13 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.

3.14 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 bi-annual 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.

Assessment

Overall level of assurance

4.0 The overall (across all professional groups) Q2 2025/26 level of assurance for each duty, remains unchanged from Q1 2025/26. A detailed comparison of these ratings with Q1 2024/25 is available in the Q1 Board Compliance Report (Appendix 3), which provides narrative where there have been changes in assurance by duty and at professional group level.

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

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

4.3 **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

12IB Duty to ensure appropriate staffing: agency workers

4.4 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.

4.5 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.

4.6 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 and Pharmacy 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.

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

4.8 NHS Lothian: Agency Reporting timeline and Update

Period	Deadline	Status
01 April to 30 June	31 July 2025	Submitted
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

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

Agency Submission Narrative | 01 April to 30 June

4.10 During Q1 of 2025/26, NHS Lothian recorded a total of 54 agency shifts that exceeded the 150% cost threshold, representing a 52% reduction from the previous quarter (113 shifts). This significant decrease reflects a positive trend in managing agency expenditure and aligns with the Health and Care Staffing Act's emphasis on sustainable staffing models.

4.11 Of the high-cost shifts:

- 83% (45 shifts) were attributed to medical staffing, particularly among Junior Doctors (FY2, ST3) and Consultants.
- 9.26% (5 shifts) were within Healthcare Science Services (HSS), specifically Cardiac Physiologists and Vascular Scientists.
- 7.4% (4 shifts) were in Pharmacy, involving Band 5 Pharmacy Technicians.
- Notably, no Nursing or Allied Health Professional (AHP) shifts exceeded the threshold, indicating effective cost control in these staff groups.

4.12 The predominant driver for high-cost shifts was vacancy cover, particularly in rotational training posts (e.g., Neuroscience, Paediatrics, Urology) and in the Hospital to Home service. A smaller number of shifts were due to maternity leave backfill and increased activity due to high acuity, especially in Consultant roles.

4.13 From a compliance perspective, NHS Lothian demonstrates strong assurance in both the completeness and accuracy of the data. The reduction in high-cost agency usage, combined with transparent reporting and data assurance, supports the organisation's efforts to deliver safe and effective high-quality care while managing resources responsibly.

Progress Update

4.14 This section provides an update on progress made against the Board-approved recommendations outlined in the 2025/26 Q1 Health & Care Staffing Board Compliance Report. These recommendations were designed to strengthen NHS Lothian's compliance with the Health & Care (Staffing) (Scotland) Act 2019, with a particular focus on improving governance, standardisation, and operational alignment across professional groups.

Overview of Q1 Recommendations

4.15 The Q1 report identified four key areas for action:

1. Board-wide Communication and Education Planning
2. Development of Board-wide Policy and Guidance
3. Profession-specific Audit Analysis and Gap Identification
4. System Optimisation for Staffing Tools

4.16 Each recommendation was aimed at enhancing understanding and implementation of the Act's duties, particularly around severe and recurrent staffing risks, escalation protocols, and clinical advice governance.

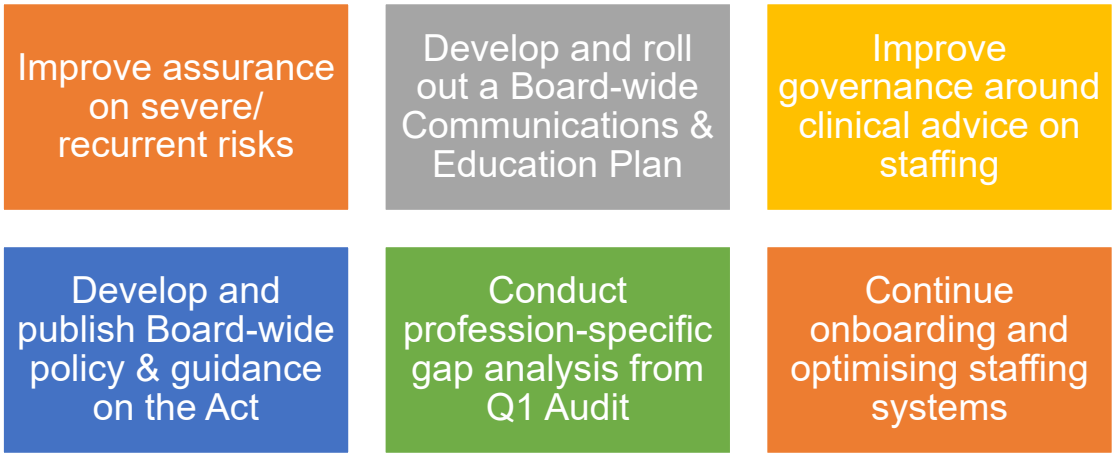
Establishment of the Professional Leads Group (PLG)

4.17 A significant milestone this quarter was the formal establishment of the Health & Care Staffing Professional Leads Group (PLG). The PLG serves as the operational arm of the Health & Care Staffing Programme Board, tasked with delivering strategic objectives and ensuring multi-professional alignment across NHS Lothian. This includes recommendations from the Q1 2025/26 Board Compliance Report.

4.18 The PLG comprises senior professional leaders from allied health professions, healthcare science, registered chaplains (Spiritual Care), dentistry, medicine, midwifery, nursing, pharmacy, psychology and public health. The group meets every six weeks and reports quarterly to the Health & Care Staffing Programme Board, ensuring consistent oversight and accountability.

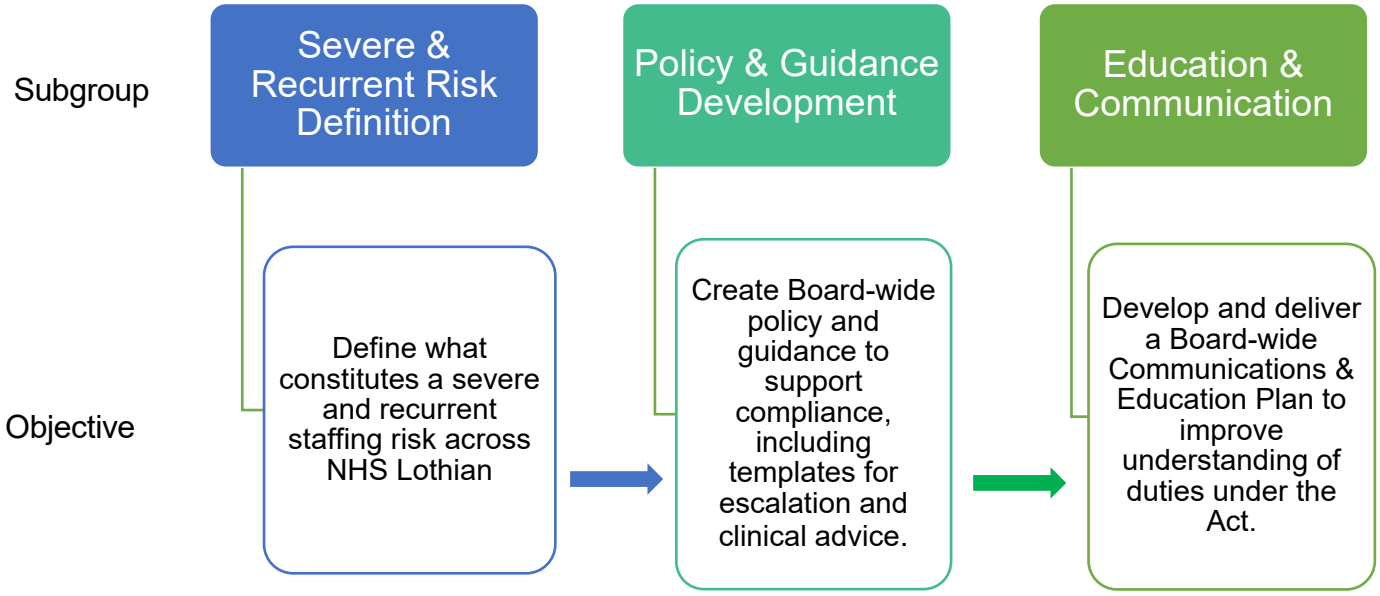
Agreed Annual Workplan Objectives

4.19 The PLG has agreed on the following annual objectives to guide subgroup activities and ensure strategic alignment. These are based on the recommendations form the Q1 Board Compliance report, multi-professional judgment and Q1 compliance audit findings.



Formation of Subgroups

4.20 To meet these objectives and address the compliance gaps identified in Q1 2025/26, the PLG agreed to establish three dedicated subgroups:



4.21 Each subgroup is tasked with developing its own detailed workplan, aligned with overarching objectives and key deliverables set by the PLG. Operational representation from across professions is being sought, with the aim of convening initial meetings before the next PLG meet.

Recommendations and Initial Actions

Q1 Recommendation | Profession-Specific Audit Analysis

4.22 Professional Leads will review the Q1 audit results across both profession and area, leading to several key actions aimed at strengthening clinical governance. Some professions have already begun this process. These actions include conducting profession-specific gap analyses to identify areas for improvement, sharing findings through local governance structures and Professional Leads Group (PLG) meetings to ensure transparency and collaboration, and addressing gaps in risk reporting and mitigation strategies unique to each profession. This targeted approach embeds

escalation processes at the local level and fosters consistent clinical engagement in staffing decisions.

Q1 Recommendation | Communication and Education Planning

4.23 The Education and Communication Subgroup will draft a Board-wide Communications & Education Plan. Early identified actions include:

Developing	Planning	Ensuring
Developing targeted communication materials tailored to clinical staff.	Planning delivery through staff meetings, intranet updates, and newsletters.	Ensuring all clinical staff understand their responsibilities under the Act.

4.24 This work supports the standardisation of definitions and reporting for severe and recurrent risks, enhances risk escalation processes, and strengthens clinical advice governance.

Q1 Recommendation | System Optimisation

4.25 Efforts are actively underway to onboard and optimise critical workforce systems, including HealthRoster, SafeCare, and eJobPlan. As more areas are onboarded onto the HealthRoster, in line with a national rollout, more professions will be able to benefit from these systems. These systems play a vital role in integrating staffing data into service and workforce planning, while also enabling automated tracking and reporting of severe or recurrent risks. By supporting real-time escalation and documentation, they enhance responsiveness and accountability across clinical operations. Furthermore, they provide transparent decision-making processes and comprehensive audit trails that underpin clinical advice and governance. To ensure these systems meet compliance requirements and drive continuous improvement, system leads are working in close partnership with operational teams to align functionality with evolving service needs.

Q1 Recommendation | Policy and Guidance Development

4.26 The Policy & Guidance Development Subgroup will progress toward the creation of Board-wide documentation that:

Clarifies	Defines	Aligns
Clarifies roles and responsibilities for giving and recording clinical advice on staffing	Defines consistent escalation protocols	Aligns with Statutory Guidance to support a shared understanding of “severe” and “recurrent” risks

4.27 Templates for escalation and clinical advice documentation will receive input from the Severe & Recurrent Risk Definition Subgroup and feed into the Education and Communication Subgroup

Next Steps

4.28 Each subgroup will finalise its membership and convene initial meetings before the next PLG session. Subgroups will generate detailed workplans with specific actions to achieve their objectives. Progress will be monitored through regular PLG updates to NHS Lothian's Health & Care Staffing Programme Board. With quarterly reports to NHS Lothian's Board, as required in the Health & Care (Staffing) (Scotland) Act 2019.

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

Appendix 3

Appendix 3 - Q1 Health and Care (Staffing) (Scotland) Act 2019 - Quarterly Board Compliance Report

Appendix 3_Q1 Health and Care (Sta

NHS Lothian

4.11

Meeting:	**NHS Lothian Board**
Meeting date:	**8 October 2025**
Title:	**Pharmacy Practices Committee – Outcomes Report Q1 & Q2 2025/26**
Responsible Director:	**Tracey McKigen, Director of Primary Care**
Report Author:	**Aleisha Hunter, Primary Care Contracts 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

The purpose of this report is to advise the Board on outcomes of Pharmacy Practices Committee hearings held in Q1 and Q2 2025/26.

2.2 Background

PPC Hearing Outcomes

No PPC hearings have yet taken place in 2025/26. In recent months, several potential applicants have withdrawn their interest either during, or at the end of, the pre application stage. This is why no applications have been submitted for some time. We continue to work with potential applicants to try and get a flow of applications through the system, but this is challenging due to the lengthy timescales involved and the unpredictability of whether applicants will proceed.

The Rosewell hearing was scheduled to take place on 18 June however, due to the panel becoming not quorate, the hearing was postponed. It is now scheduled to take place on 30 September which was the first available date that a quorate panel could be convened.

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

Outstanding Appeal Outcomes

The Linlithgow application was originally granted on 26 September 2023. Following three appeals by interested parties, the NAP dismissed the appeal in September 2024. The process was therefore at an end and the applicant was added to the provisional pharmaceutical list. Subsequently, one of the interested parties has lodged a Judicial Review of the NAP Decision. We await the outcome.

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

Issues to Note

There are currently 61 expressions of interest on the live list. Our projected timeline reflects that it will take until April 2031 to process these to conclusion. This timeline does not account for NAP remitting applications back to the Board for reconsideration. If this happens, the timeline will be extended.

Further details are available on the pharmacy application section of the NHS Lothian website: Current Position – Pharmacy Application Process

Additionally, we currently have 107 expressions of interest on the waiting list.

Efforts to secure new PPC members will be undertaken in the coming months.

2.3 Assessment

2.3.1 Quality/ Patient Care

Many pharmacy applications are not granted by the PPC. This aligns with our extant Pharmaceutical Care Services Plan which outlines we have good core provision of pharmaceutical services for our population. Therefore, while the few granted applications should improve access to pharmaceutical services for that neighbourhood, the process itself of managing unsolicited applications is not effective, efficient, or person-centred (we cannot commission services based on population need). However, we are required to work within the current framework as set out in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

2.3.2 Workforce

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

2.3.3 Financial

The key resources are workforce as described above which are managed within core budgets.

2.3.4 Risk Assessment/Management

There is a risk that PPC hearings are delayed due to the challenges in providing quorate panels, leading to delay in processing pharmacy applications.

There is a risk that the reform of the current regulations (National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended) is further delayed and the challenges with the current procedures continue, leading to an unsatisfactory process for both applicants and health boards.

Risks relating to the pharmacy application process are held on local risk registers.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

No other known impacts.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

Awareness – For information only.

3 List of appendices

None.

NHS Lothian

6.

Meeting: NHS Lothian Board

Meeting date: 08 October 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.

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 – October 2025**

Appendix 1

Chief Executive's Report
NHS Lothian Board Meeting, 8 October 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.

In particular, I want to highlight positive discussions at the NHS Scotland Board Chief Executives meeting in August in relation to improving national resilience in the provision of Hospital Sterilisation and Decontamination Units (HSDUs). Members will recall the update provided by colleagues at the last Board meeting in August, which clearly laid out the ongoing challenges in maintaining a resilient service and the significant risks this brings for the wider system, at local, regional and national levels.

Board Chief Executives have now collectively acknowledged and considered these risks, recognising the fragility of services across Scotland. It was agreed that a business case would be prepared and there was agreement, in principle, to support increased resilience.

2. Mental Health Services

Improving and developing our mental health services in Lothian remains an important priority, both in relation to the pressures on acute inpatient mental health and the performance of our Child and Adolescent Mental Health Services (CAMHS).

As members are well aware, NHS Lothian remains on escalation for its performance in relation to the CAMHS 18-week waiting times standard. Our response to this escalation status was the subject of discussion at our last Board meeting in August and subsequently at the Strategy, Planning & Performance Committee (SPPC) in September. These discussions have informed the necessary work to improve our performance and demonstrate future trajectories that will give assurance about a pathway to de-escalation within an appropriate timescale.

Given the ongoing nature of this work and our engagement with Scottish Government, we are continuing to shape the detailed trajectories and will be in a position to share them soon. My intention is to provide a fuller update at the SPPC meeting in November and then to the Board meeting in December.

3. Board Development Session, 2 October 2025

By the time of this meeting, we will have undertaken our planned Board Development Session on 2 October. This represents an important opportunity for the Board to explore its strategic role in responding to the national health and care reform agenda and shaping transformation efforts across our system. I hope Board members find this to be an engaging and interactive experience, and I look forward to hearing any feedback and working together to deliver the outcomes agreed at the session.

4. Maternity Services

An Improvement Programme for Maternity Services was introduced in September 2024, ensuring a focus on providing sufficient resources and processes to deliver safe care and support an improved safety culture at all levels. This programme has included significant staff engagement and consultation as well as an additional investment in the service of around £1.5M to deliver improvements in staffing levels. We continue to work on a range of key objectives in the current year, including leadership training and visibility, developing a Culture Charter for Women's Services, increased HR support, and improving professional relationships and joint working. All of this has been reported previously to the Board.

Members will note the signal within the Corporate Risk Register paper presented at this meeting that the Corporate Management Team intends to develop a specific corporate risk in relation to Maternity Services. This will help ensure that our existing improvement focus is maintained and provide another means to demonstrate how our actions are directly mitigating and addressing key risks.

5. Permanent Secretary Visit, 5 September 2025

We welcomed a planned visit from the Scottish Government's Permanent Secretary and the NHS Scotland Chief Operating Officer to the Royal Infirmary of Edinburgh campus on 5 September. This provided an opportunity to demonstrate the excellent progress of our Unscheduled Care Transformation Programme and to talk about our future ambitions in this area. Our visitors spent time meeting staff in the Emergency Department, Acute Medical Unit and within the Health & Social Care Partnerships' Inreach Teams.

The Corporate Management Team is actively discussing proposals to extend this impactful programme to other acute sites within Lothian, to ensure that the demonstrated benefits are realised across the full system (these include gains in 4-hour emergency access compliance, reductions in delayed discharges, and enhanced patient flow). Although a previous funding bid to the Scottish Government to support the programme's extension was not successful, we are committed to doing what we can within our existing resources. This will require commitment from partners across our integrated system and discussions are ongoing with the IJB Chief Officers on how to achieve this.

6. Cabinet Secretary Visit, 25 September 2025

The Cabinet Secretary for Health and Social Care visited the Astley Ainsley Hospital and outlined long term plans to support people with long-COVID, myalgic encephalomyelitis (ME) and chronic fatigue syndrome. He met with patients and staff to learn about NHS Lothian's services for people with the conditions.

7. Western General Hospital Clocktower Building

As part of NHS Lothian's strategic focus on enabling works for the reprovision of cancer services at the Western General Hospital, an internally commissioned report highlighted infrastructure issues within the upper floors of the Clocktower Building.

This included a concern around fire safety in the upper two floors of the building, which we swiftly responded to by moving the inpatient Oncology Ward within the building to another part of the hospital and commencing a programme of relocation for other staff. This programme is progressing, all clinical services have been moved and the final staff members will be moved within the next six months.

Our priority is to maintain service continuity, minimise disruption and support staff through this transition. The ground floor of the building does not represent the same fire risk, so it is safe for staff to continue to be based there for the time being. Several mitigations have been put in place for colleagues who are still working in the Clocktower building. Staff have been advised not to enter the now vacant areas of the Clocktower Building.

The Clocktower Building has stood at the heart of the Western site for over 150 years and has been home to generations of staff. As we make these necessary changes to the usage of the upper floors of the building with safety our priority, we also want to take time to recognise its legacy and importance for our community.

8. Celebrating Success Awards Ceremony

Our Annual Celebrating Success Awards Ceremony will take place on 3 October, and I look forward to celebrating the achievements of all our finalists. Details of the finalists in each category are available on our website here: Celebrating Success | Finalists – News & Media and the results will be announced via media and NHS Lothian's social media channels on the day.

9. Leadership Festival

We held a successful Leadership Festival from 9-11 September, utilising both online and face-to-face methods to deliver events, workshops and networking opportunities for staff, thereby maximising the opportunities available to engage and learn. I am grateful to everyone involved in organising this programme of events, which aimed to inspire staff by spotlighting culture, digitally enabled change and practical, everyday innovations.

10. Organ and Tissue Donation Week Activities

22-29 September was Organ and Tissue Donation Week. I was delighted to see the work of our Organ and Tissue Donation Group and our Communications Team come to fruition in another successful awareness-raising campaign, which focused on encouraging our staff and patients to have a conversation about organ donation and highlighting some of the amazing local stories of donation and transplantation from within Lothian.

This complemented the national campaign of *'Let's Make a Life Changing Difference – Together,'* which focused on garnering support for organ donation nationally, by encouraging people to register their decision on the NHS organ donor register and spreading the word with colleagues, friends and family.

11. Speak Up Week 2025

Speak Up Week is a national event across NHS Scotland to celebrate the importance of speaking up and to raise awareness about how staff, students and volunteers can raise concerns. This year's event took place from 29 September to 3 October, and this was an opportunity to hear about how sites and services are continuing to drive the change that enables more people to speak up.

Building on previous years and feedback the theme for 2025 was Listen, Act, Build Trust. We once again collated resources and held local events aligned to the Speak Up Week topics to support staff in growing a healthy and sustainable speak up culture. All resources and events were communicated and promoted widely via regular channels.

NHS Lothian

8.

Meeting: **NHS Lothian Board**

Meeting date: **08 October 2025**

Title: **Performance Report**

Responsible Executive: **Jim Crombie, Deputy Chief Executive**

Report Authors: **Wendy Reid, Head of Performance & Business Unit**
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 – July 2025	On Track – Q2 2025/26
Scheduled Care Inpatients/Day cases	Not Met – July 2025	On Track – Q2 2025/26
8 Key Diagnostic Tests - Endoscopy	N/A	Off Plan – Q2 2025/26
8 Key Diagnostic Tests - Radiology	N/A	Off Plan – Q2 2025/26
31-Day Cancer Performance	Not Met – July 2025	Off Plan – Q2 2025/26
62-Day Cancer Performance	Not Met – July 2025	Off Plan – Q2 2025/26
Accident and Emergency 4 Hour Performance	Not Met – August 2025	Off Plan – August 2025
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – June 2025	N/A
Early Access to Antenatal Services	Met – June 2025	N/A
Primary Care *General Practice Activity Measures*	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – August 2025	N/A
CAMHS Waiting Times Performance	Not Met – August 2025	TBC
Smoking Cessation Performance	N/A	Off Plan – Q3 2024/25

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.

[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. In December 2024, NHS Lothian's CAMHS service was escalated to Stage 3, indicating that the Board requires enhanced support and oversight from the Scottish Government and other senior external stakeholders. Please see appendix 1 for further details on the CAMHS service actions.

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].

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 September 2025.

[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 is anticipated that, due to the constraints of the reduced financial envelope, we may not be able to consistently meet the national 18-week standard going forward. However, services continue to focus on improving performance through clinical prioritisation and further targeted efforts to reduce long waits are being explored and secured, ensuring that those with the greatest need are seen as promptly as possible. CAMHS Trajectories underpinning these assumptions and actions will be shared with NHS Lothian Board in December 2025.

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 additional 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.

- Relevant CMT members during September 2025.

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

October 2025/26

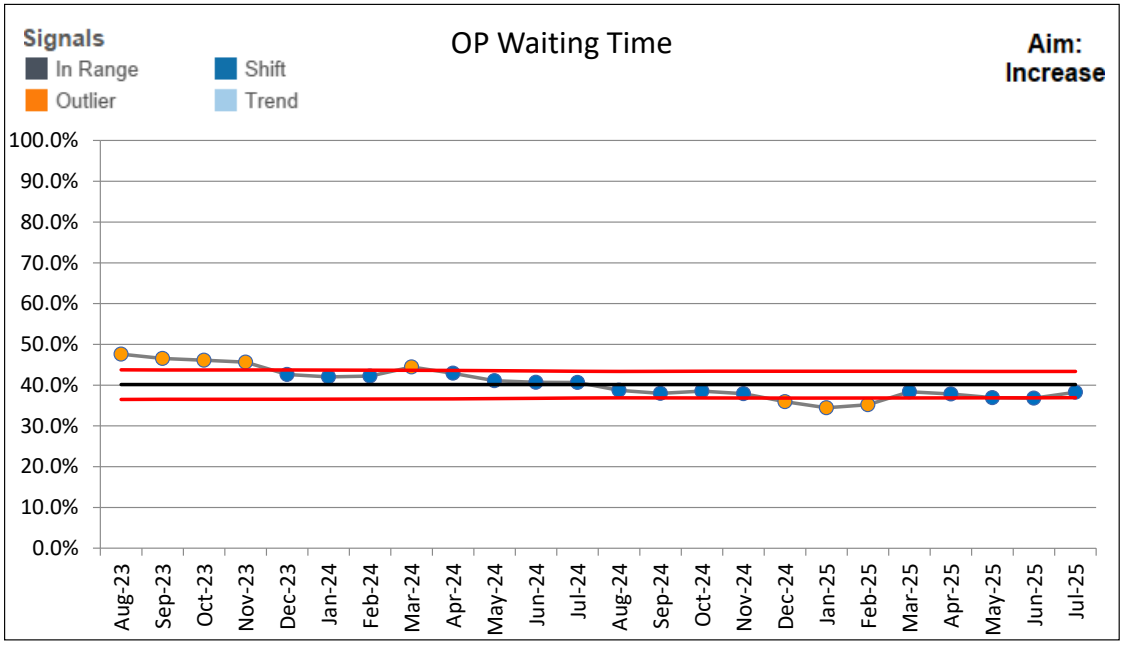
Overview of 2025/26 NHS Lothian Board Indicators

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	38.3% (Jul25)	N/A	Limited	40.5% (June25)	95%
	Outpatient >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	20,317 (Aug25)	22262 (Q2 25/26)	Limited	67,095 (June25)	N/A
	Treatment Time Guarantee (TTG)	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	50.6% (Jul25)	N/A	Limited	57.0% (June25)	100%
	TTG >52 Week Performance	Scottish Government Focus	5185 – Access to Treatment	4,204 (Aug25)	5,551 (Q2 25/26)	Limited	36,694 (June25)	N/A
	Diagnostic Tests – Endoscopy Waits >6 Weeks	Annual Delivery Plan (ADP) Measure Scottish Government Focus	5185 – Access to Treatment	5,706 (Aug25)	4,112 (Q2 25/26)	Limited	N/A	N/A
	Diagnostic Tests – Radiology Waits >6 Weeks	Annual Delivery Plan (ADP) Measure Scottish Government Focus	5185 – Access to Treatment	10,599 (Aug25)	9507 (Q2 25/26)	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	69.4% (Aug25)	N/A	Limited	70.1% (July25)	95%
	Delayed Discharges	Annual Delivery Plan (ADP) Measure	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	211 (Aug25)	N/A	Limited	1,1948 (Jul25)	N/A
Cancer Care	31 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	92.5% (Jul25)	94.2% (Q2 25/26)	Limited	95.3% (Q1 25/26)	95%
	62 Day Cancer Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	5185 – Access to Treatment	64.7% (Jul25)	80.0% (Q2 25/26)	Limited	69.9% (Q1 25/26)	95%
Mental Health	Psychological Therapies Waiting Times	Local Delivery Plan (LDP) Standard	-	78.7% (Aug25)	TBC – See Cover Paper for Details	Moderate	79.4% (June25)	90%
	CAMHS Waiting Times	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	65.2% (Aug25)		Limited	91.4% (June25)	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% (June25)	N/A	Significant	100% (June25)	90%
	Early Access to Antenatal Services	Local Delivery Plan (LDP) Standard	-	84.88% SIMD1 93.53% SIMD5	N/A	Significant		80%
Population Health and Reducing Health Inequalities	Smoking Cessation	Local Delivery Plan (LDP) Standard Annual Delivery Plan (ADP) Measure	-	58%	163/295	Limited	11th out of 14 Boards	295/295

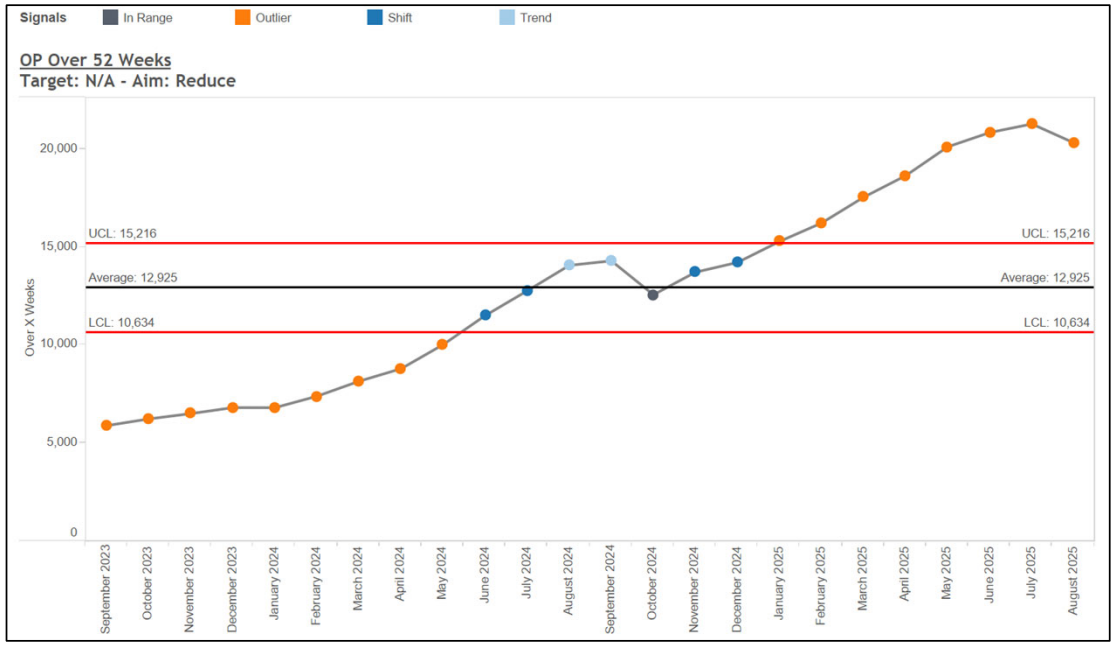
Planned Care – New Outpatients

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**July/August 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



Planned Care – New Outpatients

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

KPI *Data downloaded and reviewed on 18th Sept 2025	**Latest Performance (Aug 2025)**	**Trajectory (Q2 2025/26)**	**Trajectory Forecast (March 2026)**	**National Benchmarking (June 2025)**
Total List Size	97,487	N/A	N/A	N/A
Waits > 52 weeks	20,317	22,262	8,828	N/A
Waits > 78 weeks	8,186	N/A	N/A	N/A
Waits > 104 weeks	3,034	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)	38.3% (July 2025)	N/A	N/A	40.5% Scottish Average

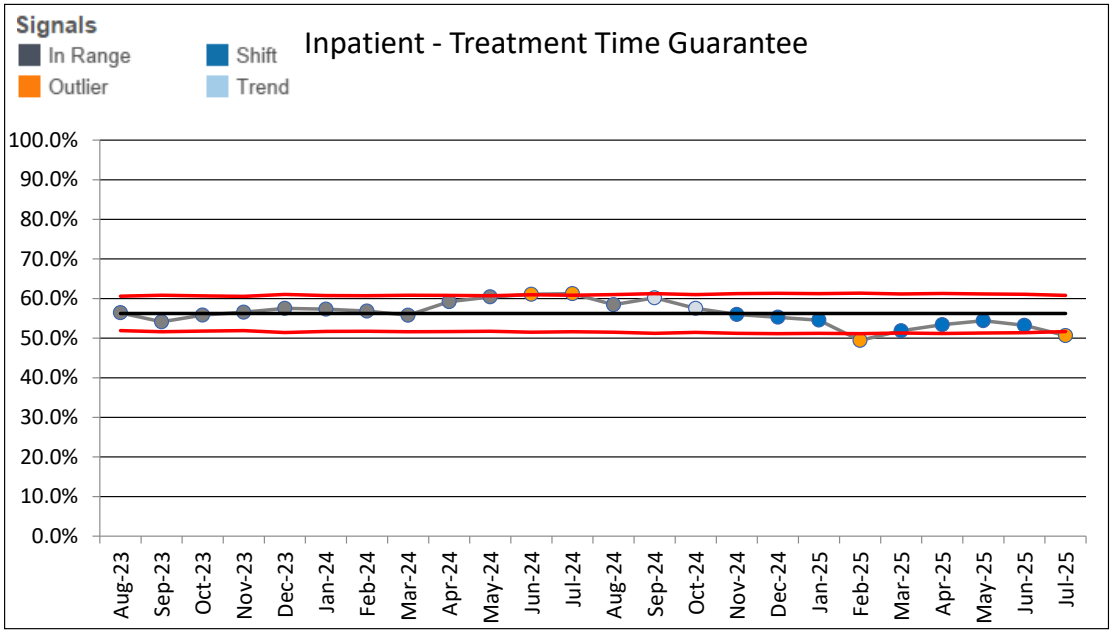
Summary	**Actions**	**Assurance**

In August 2025, the number of patients waiting over 52-weeks was 2,618 better than our planned trajectory of 20,317.
 	
Activity was 3.2% lower than planned (-1.4% for the year to date). However, additions to the waiting list were 5.8% lower than planned (-2.2% for the year to date).
 	
The anticipated position for the number of new Outpatients waiting over 52 weeks is 8,828 by end of March 2026.
	• Weekly and monthly Access meetings are established to monitor the delivery of both core and additional planned activity. These meetings serve to identify any deviations from the agreed trajectory, implement mitigating actions, and optimise productivity and efficiency measures.
	• A formal request has been submitted to the Scottish Government for funding to support the delivery of additional activity via local external providers. This includes provision for 624 patients to be managed through a See & Treat pathway. The outcome of this request is currently pending.
	• Recruitment is actively underway for posts funded through the additional allocation received from the Scottish Government for the 2025/26 financial year.
	• An agreement has been reached to access Dermatology See & Treat services from NHS Forth Valley, which includes the triage of high-quality clinical images. This initiative, alongside the commencement of a new insourcing contract in mid-October, is critical to achieving the target of zero patients waiting over 52 weeks by the end of March 2026.
	
	• ***Waiting List Management and Capacity Expansion***
	  • The Waiting List validation process is now fully embedded. All patients reaching 26 weeks on the waiting list are contacted to confirm whether they still require an appointment.
	  • High Impact Lists (HILs) continue to progress, with further sessions planned to specifically target long-waiting patients in key specialties. To date, 4,995 Outpatients have been seen through HILs.
	  • Key Performance Indicators (KPIs) have been established for the Outpatient Delivery Group, with stretch targets in place for service areas such as reducing Did Not Attend (DNA) rates.
		Limited
		
		4

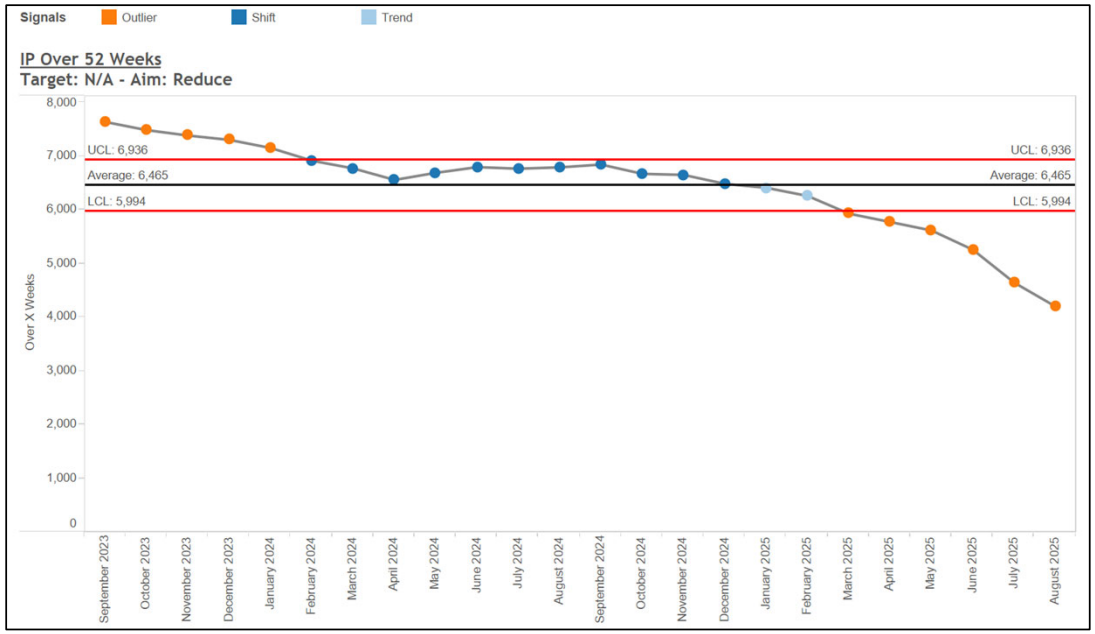
Planned Care – New TTG

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**July/August 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

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

KPI *Data downloaded and reviewed on 18th Sept 2025	**Latest Performance (Aug 2025)**	**Trajectory (Q2 2025/26)**	**Trajectory (March 2026)**	**National Benchmarking (June 2025)**
Total List Size	22,064	N/A	N/A	N/A
Waits > 52 weeks	4,204	5,551	3,735	N/A
Waits > 78 weeks	1,317	N/A	N/A	N/A
Waits > 104 weeks	280	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)	50.6% (July 2025)	N/A	N/A	57.0% Scotland Average

Summary	**Actions**	**Assurance**
In August 2025, the number of patients waiting over 52-weeks was 1,522 better than trajectory at 4,204. Activity was 6.4% higher than planned (+3.3% for the year to date). Additions to the waiting list were 4.0% higher than planned (+0.8% for the year to date). The anticipated position for Inpatient Daycases is 3,735 patients over 52 weeks by end of March 2026.	• Weekly and monthly Access meetings are established to monitor the delivery of both core and additional planned activity. These meetings serve to identify any deviations from agreed trajectories, implement mitigating actions, and optimise productivity and efficiency across all relevant areas. • A formal request has been submitted to the Scottish Government seeking funding to support the delivery of additional activity through local external providers. This proposal includes treatment for 1,294 patients across the specialties of Urology, Gynaecology, and Ophthalmology. The outcome of this request is currently awaited. • All available capacity at the Golden Jubilee National Hospital and the Fife National Treatment Centre is being fully utilised, with strong uptake. Utilisation levels are reviewed regularly through established weekly and monthly performance meetings. • Additional capacity is being delivered through High Impact Lists (HILs), specifically targeting long-waiting patients in key specialties. To date, 339 patients have been treated through weekend sessions across General Surgery, Urology, Maxillofacial Surgery, Plastic Surgery, and Gynaecology. • Recruitment is progressing for the additional posts supported by the recently confirmed recurring funding.	Limited 6

Planned Care – Diagnostics (Endoscopy)

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**August 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 18th Sept 2025	Latest Performance (Aug 2025)	Trajectory (Q2 2025/26)	Trajectory Forecast (March 2026)
Total List Size	7,570	N/A	N/A
Waits > 6 weeks	5,706	4,112	2,234
Waits > 26 weeks	3,889	N/A	N/A
Waits > 52 weeks	1,976	N/A	N/A
Percentage of waits within 6 weeks	24.6%	N/A	N/A

Summary	Actions	Assurance
Activity delivered in August 2025 was 10% above plan (14.8% year to date). The number of patients waiting over 6 weeks at the end of August 2025 exceeds trajectory by 1370 patients. However, the waiting list size has continued to decrease each month. Currently, 81% of the patients on the waiting list are prioritised as Urgent or USoC and this is a key driver of the over 6 weeks/long wait position. The long wait position is pressured for both new and surveillance patients. As of August 2025, there is a surveillance backlog of 3755 (decreased from 4028 patients at the end of June 2025). 828 of these patients are deemed High Risk which has decreased from previous report (June 2025: 1449).	• Performance against agreed trajectories and associated mitigating actions is reviewed regularly through established weekly and monthly Access meetings. • In-source provision commenced on 7 August 2025 to support utilisation of fallow clinical space and increase overall capacity. During the month, 109 scopes were successfully delivered. • Additional capacity continues to be provided through weekend High Impact Lists (HILs), with 415 patients treated to date. Due to ongoing pressures within the cancer pathway, this capacity is being prioritised for patients within the Urgent Suspicion of Cancer (USoC) and Bowel Screening cohorts. • The Endoscopy pre-assessment process is now supported by two Clinical Nurse Specialists. This team ensures that all patients are appropriately assessed and prepared for their procedures. In parallel, monthly capacity for the Oesophageal Sponge pathway has increased from 30 to 60 patients. This expansion is expected to reduce the urgent waiting list to within the six-week target by the end of March 2026. • A comprehensive service review, in collaboration with colleagues from the Centre for Sustainable Delivery (CfSD), will be undertaken to determine the requirements for a sustainable long-term service model. • The service has successfully appointed two Trainee Nurse Endoscopists. However, funding for these posts has been provided on a non-recurring basis by the Scottish Government. • Additional non-recurring funding was requested from the Scottish Government as part of a £930k bid to support the development of the Colorectal Optimal Pathway. Unfortunately, the Endoscopy components of this bid were not supported, and internal options are currently being explored to address this gap.	Limited

Planned Care – Diagnostics (Radiology)

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**August 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 18th Sept 2025	Latest Performance (Aug 2025)	Trajectory (Q2 2025/26)	Trajectory Forecast (March 2026)
Total List Size	20,100	N/A	N/A
Waits > 6 weeks	10,599	9,507	0
Waits > 26 weeks	2,197	N/A	N/A
Waits > 52 weeks	202	N/A	N/A
Percentage waits within 6 weeks	47.3%	N/A	N/A

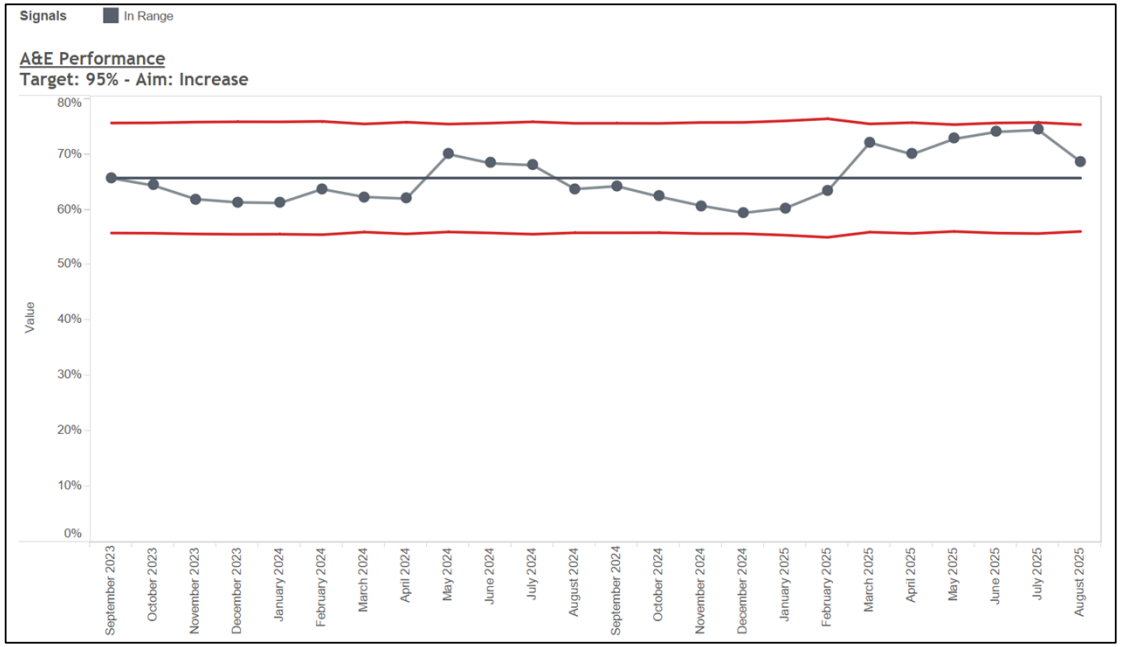
Summary	Actions	Assurance
The waiting list is higher than planned however has decreased by 271 patients since April 2025. This is being driven by increased demand against activity planned. In the last three months demand has increased in the following: • MR – demand increase of 27% • CT – demand increase of 18% • US – demand increase of 13% The over 6 weeks position for August 2025 was 1,396 better than trajectory. The modality breakdown is shown below: • CT is 1,628 better than trajectory and this is continuing. • MRI is 196 better than trajectory, however, this position is not stable due to increased reporting backlog. • Ultrasound is 431 worse than trajectory. This is due to high vacancy rate and delays to recruitment.	• Patients continue to be scheduled in accordance with clinical priority, including Urgent Suspicion of Cancer (USoC), Urgent, Inpatient (IP), and Emergency Department (ED) referrals. • A mobile MRI unit has been operational on the Western General Hospital (WGH) site since early August 2025, providing enhanced imaging capacity seven days per week, twelve hours per day. In addition, increased utilisation of a second mobile MRI unit—provided through the National Imaging Plan—commenced at Midlothian Community Hospital (MCH) in August 2025, offering an additional 15 days of scanning capacity per month. • The initial recruitment round yielded limited success. A broader advertising campaign is now underway to attract additional staff to support rota expansion across MRI and CT imaging services, with interviews scheduled for October 2025. • Scoping is in progress to secure additional locum sonography capacity to maintain service delivery during recruitment to substantive posts. • External CT capacity, including reporting, commenced on 11 August 2025, with a total of 2,285 scans planned. • Local and regional reporting capacity is being fully utilised, and further outsourcing options are currently being explored to further support demand.	Limited

Urgent & Unscheduled Care – Accident and Emergency Waiting Times

Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	**Reporting Period:**	**August 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 30th Sept 2025	Latest Performance (Aug 2025)	Trajectory (Jun 2025)	Trajectory Forecast (end Mar-26)	National Benchmarking (July 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)	69.4%	N/A	N/A	70.1% Scottish Average
RHCYP	93%	N/A	N/A	N/A
RIE	62%	80%	N/A	N/A
SJH	64%	N/A	N/A	N/A
WGH	68%	N/A	N/A	N/A



Urgent & Unscheduled Care – Accident and Emergency Waiting Times

Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	**Reporting Period:**	**August 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*

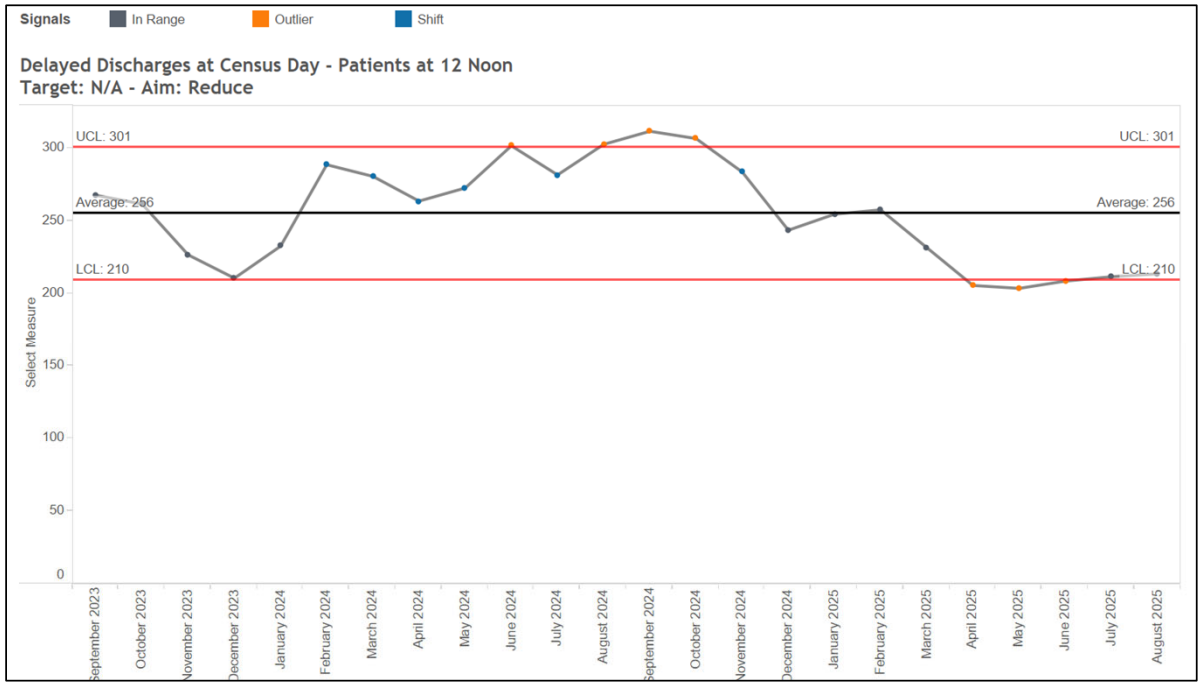
Summary	Actions	Assurance
NHS Lothian performance for the 4 Hour Emergency Access Standard (EAS) in August 2025 was 69.4% (down from 74.1% in June 2025 with a 2024 baseline average of 63%). Summary: • 12-hour breaches: There were 1,122 breaches in August 2025, down from 1,493 in August 2024 — a reduction of 25%. This equates to an average of ~36 breaches per day (vs ~48 per day in 2024). • 8-hour breaches: August 2025 recorded 2,414 breaches, compared with 3,251 in August 2024 — a 26% reduction. This is an average of ~78 breaches per day (vs ~105 per day in 2024). • Time to first assessment: The average time was 95 minutes in August 2025, an improvement of 20 minutes (–17%) compared with 115 minutes in August 2024. • RIE 4-hour Performance: 62% in August 2025 (compared to 72.6% in June 2025 and 50% in August 2024).	NHS Lothian continues to focus on three overarching priorities within unscheduled care: 1. Reduction in Emergency Department (ED) Attendances 2. Reduction in Length of Stay (LoS) 3. Reduction in Acute Admissions **In-Reach Model** The sustained implementation of the In-Reach model has delivered a 5% reduction in ED attendances compared to the 2024 average. This equates to approximately 31 patients per week being redirected to alternative care pathways, resulting in an estimated saving of 98 acute bed days weekly. The model has proven effective in alleviating front-door pressures; however, further scaling beyond the current impact will require additional workforce investment and expanded community capacity. **Frailty LES and Enhanced Frailty Model** Targeted interventions within the frailty workstream have led to an 11.2% reduction in occupied bed days for patients aged 75 and over, relative to the 2024 baseline (a slight decrease from the 13% improvement reported in June). The integration of proactive frailty assessments within ED, alongside strengthened HSCP engagement, is facilitating earlier clinical decision-making and reducing the incidence of prolonged admissions. **Alternative Pathways** Services including Ambulatory Care, Same Day Emergency Care (SDEC), Deep Vein Thrombosis (DVT) clinics, and Hospital at Home collectively accounted for 26.4% of urgent referrals in August 2025—surpassing the internal target of 20%. These pathways remain instrumental in mitigating unnecessary admissions and preserving acute capacity. Opportunities exist to further expand these services through enhanced collaboration with General Practice and the Scottish Ambulance Service (SAS). **Flow Navigation Centre (FNC) Initiatives** The Flow Navigation Centre is increasingly central to urgent care triage, with its role in directing patients to appropriate pathways continuing to strengthen. In August 2025, redirection activity across minor injuries and same-day care pathways was supported by increased utilisation of clinical decision-makers, including consultants, contributing to a reduction in inappropriate ED attendances. The phased implementation of digital referral tools and early adoption of the Consultant-Led model have enhanced system resilience, ensuring patients are more consistently streamed to the correct care setting on first contact. **Funding Position** Following the Scottish Government's funding call in February 2025, NHS Lothian's £15 million transformation bid received partial support, with £1.1 million allocated in July 2025 specifically for Hospital at Home. While mobilisation of this funding is underway, the allocation falls short of the level required to drive system-wide transformation and limits the ability to scale FNC-linked community alternatives.	Limited

Urgent & Unscheduled Care – Delayed Discharges

Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	**Reporting Period:**	**August 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 30th Sept 2025	**Latest Performance (Aug 2025)**	**Trajectory**	**National Benchmarking (Jul 2025- census)**
Total Delayed Discharges (Lothian)	211	N/A	1,948 (NHSL accounted for 11% of July delays in Scotland)
Delays at monthly census point per 100,000 18+ East Lothian HSCP	20.9	34.6 total delays per 100,000 adults	N/A
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	27.1		N/A
Delays at monthly census point per 100,000 18+ Midlothian HSCP	34.2		N/A
Delays at monthly census point per 100,000 18+ West Lothian HSCP	39.3		N/A



Urgent & Unscheduled Care – Delayed Discharges

Responsible Director(s):	Chief of Acute Services Unscheduled Care Programme Director	**Reporting Period:**	**August 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

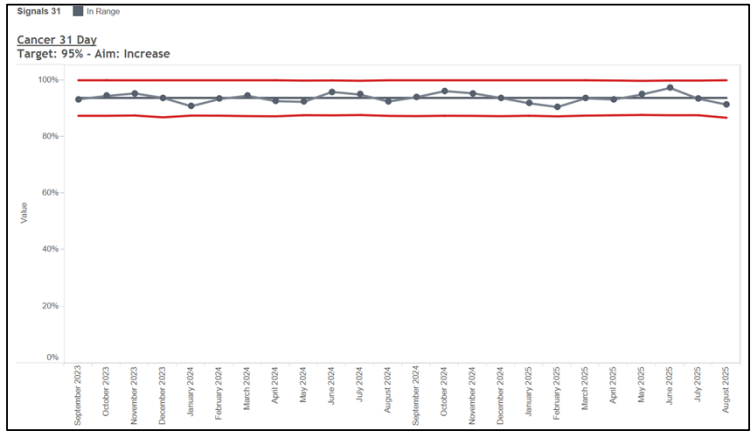
Delayed Discharges – *ADP Measure*

Summary	Actions	Assurance
Delayed Discharge – Occupied Bed Days Occupied Bed Days attributable to delayed discharges continue to decline relative to the 2024 baseline. However, the rate of improvement has plateaued since June 2025, indicating a need for further targeted interventions. **Inpatient Capacity Gains – August 2025** Significant reductions in inpatient numbers have been achieved across HSCPs compared to the same period in 2024: • East Lothian: 16% reduction • Edinburgh: 1% reduction • Midlothian: 10% reduction • West Lothian: 9% reduction These improvements have contributed to HSCPs being nationally recognised as outliers for low levels of discharge-related delays when benchmarked against the Scottish average. **Demand Context – August 2025** Despite a 14% increase in admissions and an 8% rise in attendances compared to August 2024, HSCPs have maintained progress in reducing delays. This reflects the effectiveness of integrated system-wide approaches. **Impact on Unscheduled Care (USC) Bed Utilisation** Combined HSCP interventions have enabled a net reduction of 93 Unscheduled Care beds utilised across adult acute sites in August 2025. **Older Adults – Targeted Improvements** For patients aged 75 and over, bed days reduced by 12% in August 2025. This improvement is directly linked to the implementation of the Frailty Local Enhanced Service (LES), enhanced Emergency Department frailty models, and strengthened HSCP pull-through mechanisms.	**Enhanced Care @ Home Capacity** All Health and Social Care Partnerships (HSCPs) have increased capacity within Enhanced Care @ Home services. This expansion is contributing directly to a reduction in inpatient numbers by enabling greater throughput and facilitating more timely transitions to community-based care. **Day of Care Audits – Edinburgh (August 2025)** Recent audits have identified delays associated with inconsistent discharge practices. Targeted actions are currently underway to standardise discharge processes across sites to improve efficiency and reduce avoidable delays. **Rehabilitation Pathways – Edinburgh HSCP** Edinburgh's enhanced rehabilitation offer was soft launched in early September 2025. This initiative is expected to support improved patient flow, particularly for individuals with complex discharge needs. **East Lothian ICAT/D2A Expansion** The Intermediate Care Assessment Team (ICAT) and Discharge to Assess (D2A) model in East Lothian has been extended to provide seven-day coverage. Early data indicates a reduction in length of stay (LoS) within East Lothian Community Hospital (ELCH) wards. **West Lothian MDT Redesign** Locality multidisciplinary teams in West Lothian are embedding the principles of Getting It Right for Everyone (GIRFE). Initial improvements have been observed; however, long-term sustainability remains contingent on workforce capacity. **Midlothian BRC Pathway** The Bed Reconfiguration and Coordination (BRC) pathway in Midlothian is actively supporting earlier discharges. Discussions are ongoing regarding the potential expansion of this pathway to additional patient cohorts.	Limited

Cancer Care – 31 Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**July 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 (July 2025)	Trajectory (Q2 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (Apr-Jun 2025)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	92.5%	94.2%	94.7%	95.3% Scottish Average
Median 31-Day Wait	12	N/A	N/A	N/A
95th Percentile 31-Day Wait	33	N/A	N/A	N/A

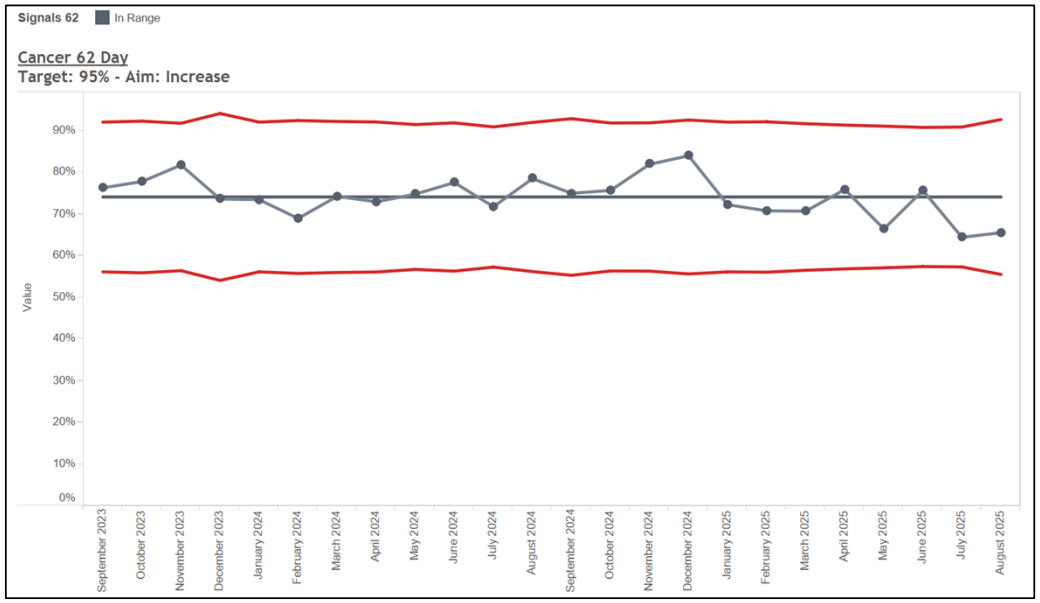
Summary	Actions	Assurance
NHS Lothian's performance against the 31-day cancer treatment standard in July 2025 was 92.5%, which was below both the NHS Lothian Quarter 2 trajectory of 94.2% and the national average of 95.3% for Q1. Of the 12 cancer types treated: • 8 met the 95% national standard, • 7 met the NHS Lothian cancer-specific trajectory, • 5 met or exceeded the national average performance. During July, 31 patients breached the 31-day standard. The majority of breaches were attributed to delays in surgical scheduling, primarily due to reduced theatre capacity over the summer months, impacted by consultant absence and annual leave. The most significant challenges were observed in Urology, where 18 patients breached the standard. Of these, 13 were due to extended waiting times for Robot-Assisted Radical Prostatectomy (RARP), which increased from 6 to 8 weeks. An additional 9 breaches were recorded in Breast and Colorectal surgery pathways.	• The Urology service is currently prioritising the clearance of the outstanding backlog of complex Robot-Assisted Radical Prostatectomy (RARP) cases. Non-complex patients are now being scheduled within a 4–8 week timeframe, with several patients receiving treatment within the 31-day standard. Delays in patient listing experienced over the summer period have been resolved. In addition, a number of cases—varying in complexity—are being referred to SPIRE to support capacity. • Efforts to improve the Radio Frequency Ablation (RFA) pathway for Upper GI patients have been successful, with no RFA breaches recorded in July 2025. • Further data analysis is underway to examine pathway stage durations and patient volumes over time, with the aim of informing and targeting improvement initiatives. Initial focus areas include Breast, Urology, and Colorectal pathways by the end of October 2025.	Limited

13

Cancer Care – 62 Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**July 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 (July 2025)	Trajectory (Q2 2025/26)	Trajectory Forecast (March 2026)	National Benchmarking (Apr-Jun 2025)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	64.7%	81.0%	89.4%	69.9% Scottish Average
Median 62-Day Wait	69	N/A	N/A	N/A
95th Percentile 62-Day Wait	174	N/A	N/A	N/A

Cancer Care – 62 Day Cancer Waiting Times

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

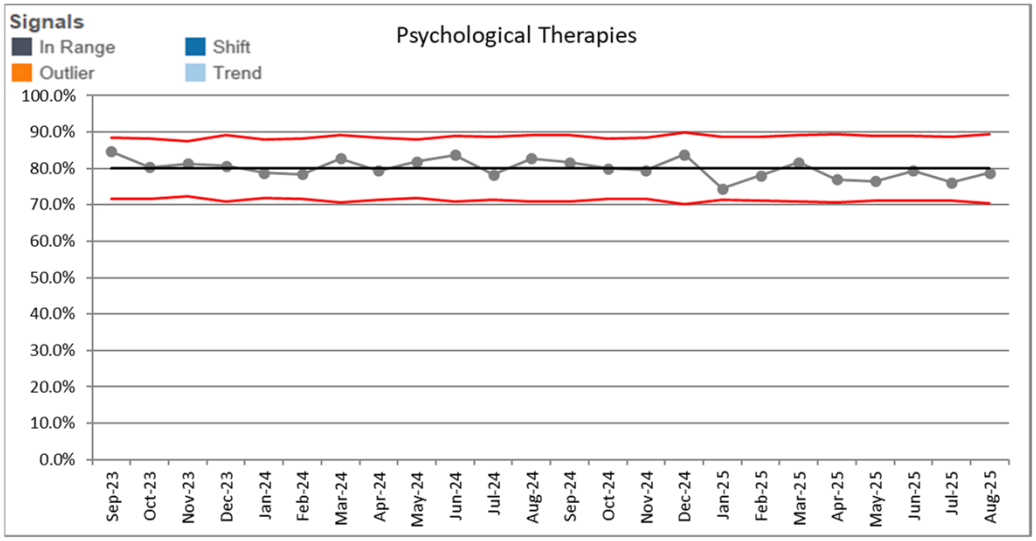
62 Day Cancer Waiting Times – *LDP Standard*

Summary	Actions	Assurance
NHS Lothian's performance against the 62-day cancer treatment standard in July 2025 was 64.7%, which was below both the NHS Lothian trajectory of 81.0% and the national average of 69.9% in Q1. Of the 11 cancer types treated during the reporting period: • 4 met the 95% national standard, • 5 met the NHS Lothian cancer-specific trajectory, • 6 met or exceeded the national average performance. A total of 95 patients breached the 62-day standard. The primary cause of breaches was delays within the Urology Prostate diagnostic pathway, which continues to experience constrained capacity across multiple stages. Additional key factors contributing to underperformance against trajectory included: • Extended waits for Endoscopy, impacting both Colorectal and Upper GI pathways. • Imaging delays affecting several tumour groups and scan types. • Delays in Breast cancer pathways, particularly at the screening stage, where 11 of the 13 breaches were due to delayed receipt of screening results.	• Targeted additional activity is being implemented across the Urology Prostate pathway to address backlogs at key stages, including triage, MRI, transrectal ultrasound (TRUS), transperineal (TP) biopsy, and surgical outpatient clinics. Further capacity is also being added to support Flexible Cystoscopy within the Bladder pathway. • High Impact Lists are currently underway for Flexible Cystoscopy, Colorectal, and Urology specialties. • The mobile MRI unit at Western General Hospital (WGH) continues to operate, primarily supporting the Prostate pathway. Plans are in place to extend its use to other Urgent Suspicion of Cancer (USoC) pathways, including Breast and Colorectal. Insourcing has commenced within Radiology to reduce reporting turnaround times; however, its impact has been limited, and outsourcing options are now being explored. • Additional Endoscopy capacity—supported by a mix of permanent and fixed-term staffing—will become operational in October 2025 to address extended waits for oesophagogastroduodenoscopy (OGD) and colonoscopy procedures. High Impact Lists in Endoscopy are already in progress. • The Scottish Government has responded to the funding bid for the Colorectal Optimal Pathway. Measurement metrics to support this work are currently being agreed by the project group. • The redesigned Breast Multi-Disciplinary Team (MDT) meeting is scheduled to go live in October 2025. This change will release Radiology capacity to support increased new patient activity. Recruitment is underway for a joint Radiology Consultant post to enhance capacity across both symptomatic and screening services.	Limited

Mental Health – Psychological Therapies

Responsible Director(s):	REAS Services Director	**Reporting Period:**	**August 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

Psychological Therapies Waiting Times – *LDP Standard*



KPI	Latest Performance (Aug 2025)	Trajectory (March 2026)	National Benchmarking (June 2025)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	78.7%	To Be Confirmed	79.4% Scottish Average
Total Waits	4182	N/A	N/A
Waits > 52 weeks	151	N/A	N/A

Mental Health – Psychological Therapies

Responsible Director(s):	REAS Services Director	**Reporting Period:**	**August 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

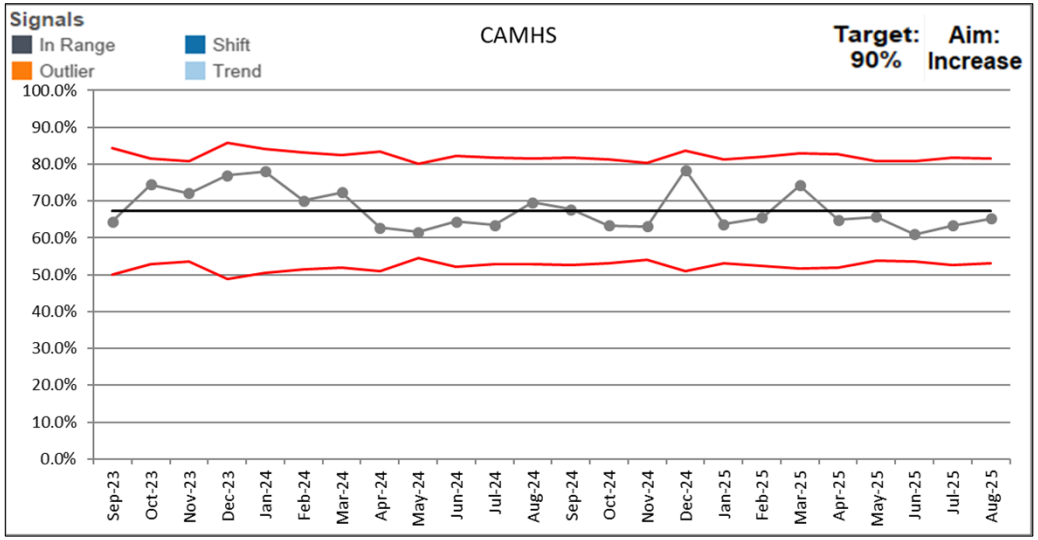
Psychological Therapies Waiting Times – *LDP Standard*

Summary	Actions	Assurance
The treatment waiting list has increased slightly, rising from 4,093 patients in June 2025 to 4,182 by the end of August 2025. A detailed analysis indicates a reduction in the number of patients waiting under 18 weeks—from 2,952 in January 2025 to 2,781 in August 2025. However, there has been an increase in patients waiting 19–52 weeks (from 1,075 to 1,250) and those waiting over 52 weeks (from 83 to 151) during the same period. This shift in waiting times was anticipated and reflects both workforce reductions and rising demand across services. Due to a reduction in Mental Health Outcome Framework (MHOF) funding and the removal of previously relied-upon slippage funding, Psychology services have been required to reduce the workforce by approximately 18 whole-time equivalent (WTE) posts to achieve financial sustainability. While several Adult Mental Health (AMH) Psychology services met the 18-week target during the last reporting year, this level of performance is not expected to be maintained, and the number of patients waiting over 18 weeks is projected to increase. Additional pressures are being experienced across general Psychological Therapy Services within the four Health and Social Care Partnerships (HSCPs), driven by funding reductions and the reconfiguration of the Psychology Staff Support Service. West Lothian HSCP has recently withdrawn funding from the Neuropsychology Rehabilitation service. Discussions are ongoing regarding the potential redeployment of affected posts within the Adult Acute Inpatient service, following the cessation of slippage funding that had previously supported these roles on a permanent basis. Recruitment to vacant posts is currently constrained due to the forthcoming Psychology Review. This will impact fixed-term posts beyond June 2026, with all recruitment decisions being made on a case-by-case basis.	• Agreement has been reached across the four Health and Social Care Partnerships (HSCPs) regarding the funding reductions required to achieve financial balance. However, it is recognised that a further strategic review of services will be necessary to ensure equitable access across the Integration Joint Boards (IJBs). The implications for the workforce are currently being assessed, including potential redeployment within the Adult Mental Health (AMH) Outpatient service. • A paper outlining the potential need for redeployment of posts within the Adult Acute Inpatient Psychology service has been presented to the REAS Senior Management Team (SMT) and the REAS Partnership. A formal response from REAS SMT is now awaited. • Additionally, a paper has been submitted to the Programme Board detailing the reduction in Neuropsychology funding and the anticipated impact on waiting times within that service. • Robust governance arrangements are in place, with monthly performance meetings enabling service leads to raise concerns, validate data, and access support for maintaining accurate waiting lists and capacity planning at both individual and team levels. • Ongoing support from eHealth is required to progress TRAK system builds and address historic data errors that continue to affect the accurate recording of activity. • The Psychology SMT conducts monthly reviews of performance across all services to identify areas requiring additional support, assess emerging challenges, and understand their impact across NHS Lothian. Risks associated with Psychology workforce capacity have been formally escalated to the REAS SMT.	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:**	**August 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

CAMHS Waiting Times – *LDP Standard*



KPI	Latest Performance (Aug 2025)	Trajectory (March 2026)	National Benchmarking (June 2025)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	65.2%	To Be Confirmed	91.4% Scottish Average
Total Waits	1633	N/A	N/A
Waits > 52 weeks	113	N/A	N/A

Mental Health – CAMHS

Responsible Director(s):	REAS Services Director	**Reporting Period:**	**August 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

CAMHS Waiting Times – *LDP Standard*

Summary	Actions	Assurance
As of August 2025, NHS Lothian's Child and Adolescent Mental Health Services (CAMHS) reported a quarterly performance of 65.2% against the Local Delivery Plan (LDP) standard. This reflects a slight improvement from 63.4% at the end of July 2025, though a decrease compared to 69.6% in August 2024. There remains a strong operational focus on prioritising clinically urgent cases and those patients who have been waiting the longest. At the end of August 2025, the total number of patients waiting was 1,633—a reduction from 1,909 in March 2025. Of those waiting, 653 patients had been waiting between 19 and 52 weeks, and 113 patients had been waiting over 52 weeks. This represents an improvement from March 2025, when 144 patients were waiting over 52 weeks. The Choice and Partnership Approach (CAPA) job planning process operates on a three-monthly cycle and is subject to ongoing refinement. Collaborative work with the Scottish Government is underway to review the application of the LDP standard, with particular focus on the criteria used to define the start of treatment.	• Staff retention remains a critical factor in sustaining service capacity and achieving ongoing performance against the Local Delivery Plan (LDP) standard. Measures are in place to support staff wellbeing across all teams, ensuring a balanced approach between performance expectations and workforce sustainability. • Enhanced monitoring and regular review of CAPA job plans—undertaken on a three-monthly cycle—are helping to optimise the use of existing resources. This is complemented by ongoing financial oversight to ensure alignment with available funding. • Capacity monitoring across CAMHS sector teams continues, with a specific focus on identifying opportunities to offer appointments to patients waiting over 52 weeks. • The LDP Standard Workshops held in May 2025 provided staff with a valuable opportunity to engage with the guidance, share ideas and concerns, and identify risks. Future engagement will include young people, families, and carers to ensure transparency and confidence in the accuracy of treatment start reporting across Lothian CAMHS. • A service-wide focus on waiting list validation is underway to ensure data accuracy and inform capacity planning. This will see the refinement of draft CAMHS trajectories against the LDP standard to end of March 2026 in October 2025. • A full service review is in progress to support strategic planning and ensure equitable access and delivery across the region.	It is anticipated that the LDP standard 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.

Primary and Community Care

Responsible Director(s):	Director of Primary Care	**Reporting Period:**	**September 2025**
Data Source:	DataLoch & Adastra	**Linked Corporate Risk(s):**	N/A

KPI	Latest Performance (September 2025)
Estimated General Practice (in hours) activity	Week commencing 1st September 2025 there were an estimated 97,642 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 8th September LUCS activity was 2319, with the weekly mean excluding public holidays at 2393. This is within normal variation.
Closed Practice Lists	In September 2025 to date, there are 5 practices with closed lists: an increase of 2 since July 2025.

Summary	Notes	Assurance
Chart A presents an overview of direct patient activity during in-hours General Practice (Monday to Friday, 8:00am–6:00pm) across NHS Lothian. This data reflects clinical activity from a representative sample of 66 practices with robust reporting systems. Chart B illustrates activity within the Lothian Unscheduled Care Service (LUCS), which provides GP Out-of-Hours care. The charts demonstrate clear seasonal variation and the impact of public holidays. Notably, spikes in LUCS activity correspond with public holidays and show an inverse relationship with in-hours General Practice activity. Overall, activity levels remain stable and within expected 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

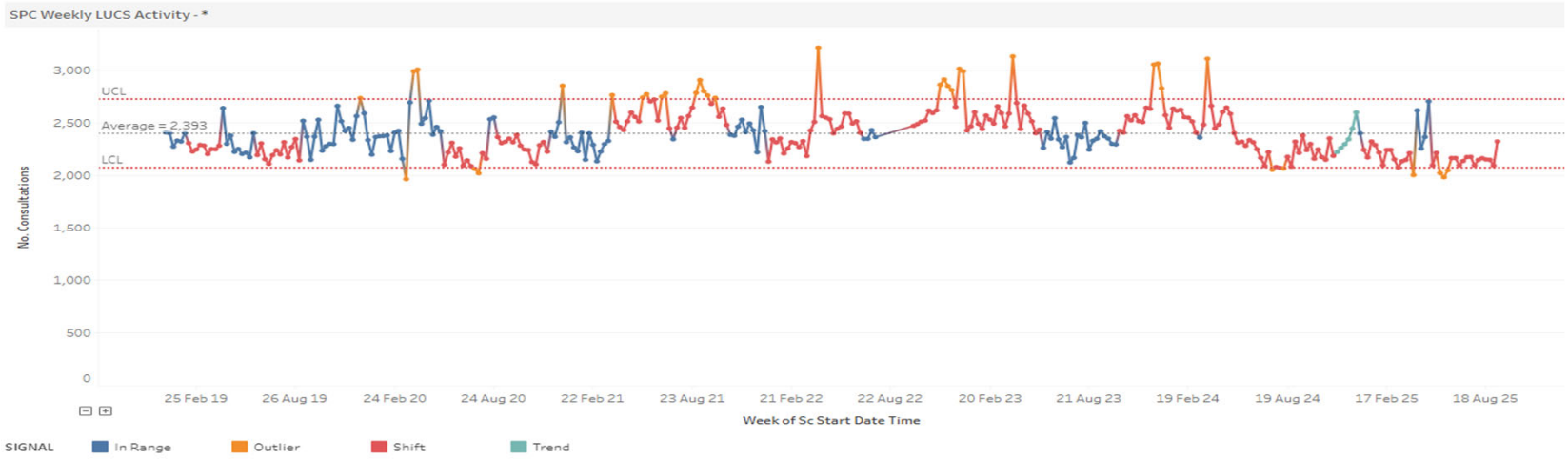
Primary and Community Care

Responsible Director(s):	Director of Primary Care	**Reporting Period:**	**September 2025**
Data Source:	DataLoch & Adastra	**Linked Corporate Risk(s):**	N/A

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

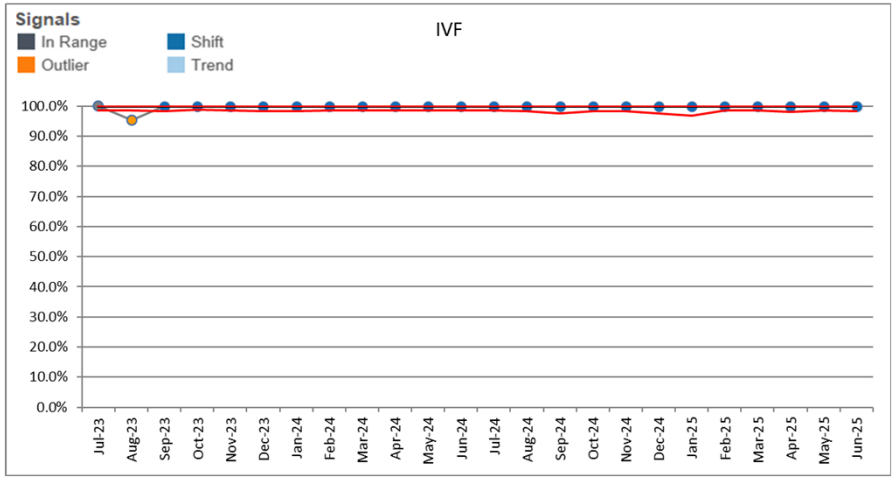


Women & Children's Health – IVF Waiting Times

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**June 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

IVF Waiting Times – *LDP Standard*

KPI	Latest Performance (June 2025)	National Benchmarking (June 2025)
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	100%



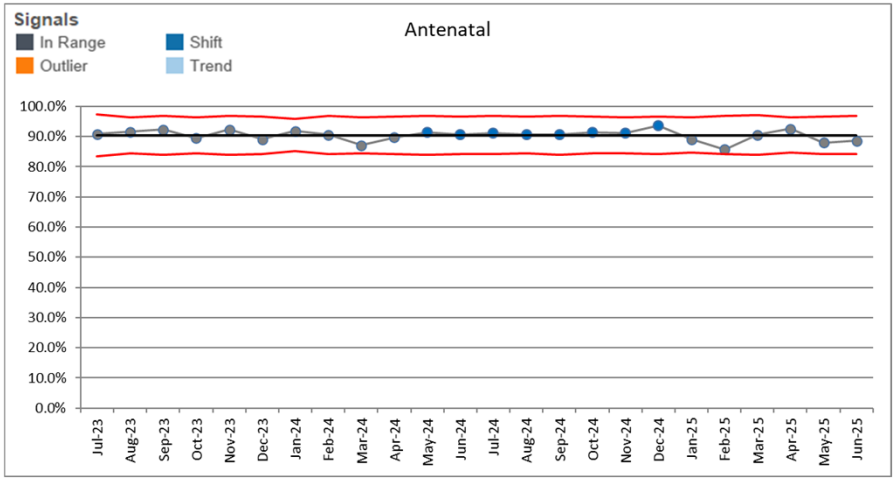
Summary	Actions	Assurance
NHS Lothian achieved 100% compliance with the national standard in June 2025, exceeding the national target of 90%. The national average for the same period was also 100%. Performance against this standard has remained consistently high over the past 24 months, with only isolated breaches recorded. These did not result in non-compliance with the overall performance standard. Notably, no individual patient has breached the standard 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

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**June 2025**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

IVF Waiting Times – *LDP Standard*

KPI	Latest Performance (June 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.	84.88% (SIMD 1) 93.53% (SIMD 5) 89.24% (Overall)	91.1% (SIMD 1) 93.9% (SIMD 5)

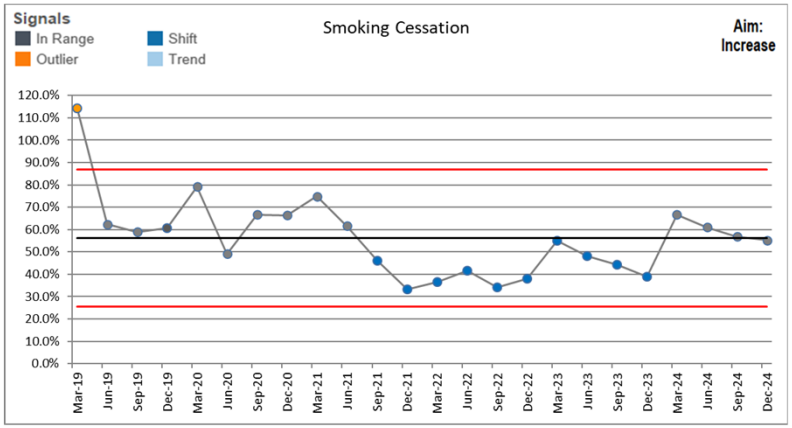


Summary	Actions	Assurance
Performance data for June 2025, disaggregated by Scottish Index of Multiple Deprivation (SIMD) quintiles, is as follows: • SIMD 1: 84.88% • SIMD 2: 85.16% • SIMD 3: 92.11% • SIMD 4: 89.86% • SIMD 5: 93.53% This reflects an overall compliance rate of 89.24%, exceeding the national target of 80%. Antenatal access across all SIMD quintiles remains consistently above target and aligned with national benchmarking standards. Notably, the standard has been met continuously throughout the 24-month reporting period.	Ongoing monitoring of appointment bookings is in place to ensure sustained compliance with the relevant performance standards. There are currently no outstanding actions required.	Significant

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*



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%	163/295	295/295	11 out of 14 NHS Scotland Health Boards

Summary	Actions	Assurance
During Quarters 1 to 3 of 2024/25, NHS Lothian achieved 58% of the Annual Delivery Plan (ADP) target. Data for Q4 2024/25 is due to be published by PHS this month but not available as yet. Specialist community and acute quit numbers reached 80% of the target for the same period. Performance in this area has consistently exceeded the Scottish average, with NHS Lothian ranked among the higher-performing Boards in 2023/24. Targeted efforts are underway to improve quit rates within Edinburgh to support achievement of the Specialist service targets. Community Pharmacy quit numbers have declined since Quarter 2 of 2021/22. However, a modest improvement has been observed in early 2024/25. *It is important to note that the Quit Your Way (QYW) service targets in NHS Lothian are split evenly (50:50) between Specialist community/acute quits and Community Pharmacy quits. Seasonal variation in quit rates is evident, with Quarter 4 (January to March) consistently showing higher activity. Public Health Scotland (PHS) reports data approximately six months following the end of each quarter.*	• Quality improvement plans have been implemented for both the Edinburgh service and Community Pharmacy. Implementation within Community Pharmacy was delayed due to unforeseen staff absence; however, appropriate cover is now in place and progress is underway. • Varenicline is now available via prescription through the Specialist Quit Your Way (QYW) service, in collaboration with General Practitioners. In addition, the newly authorised Patient Group Direction (PGD) enables Community Pharmacies to supply Varenicline directly. • Performance updates are provided biannually to the Public Health and Health Policy Population Health Senior Leadership Team and Senior Management Team, ensuring continued oversight and strategic alignment.	Limited level of assurance against delivery by end March 2026 due to consistently failing to meet the target. 24

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

10.

Meeting: NHS Lothian Board

Meeting date: 8 October 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 August 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.

2.1.2 Note changes to format of risk assurance table following feedback from members of the Audit and Risk Committee.

2.1.3 Note the overview of the changes in the CRR over the past 2 years in table 1.

2.1.4 Accept the CMT recommendation to add a new risk onto the CRR, relating to Implementation of Agenda for Change Reforms – Reduced Working Week

2.1.5 Note CMT recommendation to develop a corporate risk relating to maternity services.

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 Summary of risk profile

An overview of changes to the CRR over the last 2 years is provided in Table 1 below.

Table 1

Risk Title	Aug-23	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24	Sep-24	Nov-24	Dec-24	Mar-25	May-25	Jul-25	Sep-25
3600 - Finance	25	25	25	25	25	25	25	25	25	25	20	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				12	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		20	20	25	25	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)													
5020 - Water Safety and Quality	12	12	12	12	12	12	12	12	12	8			
3828 - Nursing Workforce	20	20	20	20	12	12	12	12	12	6			
5784 - Low Secure Accommodation	Split of risk 5687, approved by Board April			20	15	15	15	15	15	10			

2.3.2 Changes have been made to the format of the risk assurance table (appendix 1) following feedback from members of the Audit and Risk Committee. The table provides an overview of all risks, and all information required to comply with previous internal audit recommendations has been retained. Historical information regarding previous CMT updates and assurance levels from relevant committees has been removed.

2.3.3 CMT members considered a detailed paper on 26 August and agreed that a new risk, as detailed below, should be added to the CRR. A further paper was presented to CMT on 23 September ahead of an extraordinary meeting of Partnership Forum on 30 September to agree process and principles to enable development of the Board specific implementation plan by 1 October 2025 for submission to the Scottish Government for assurance purposes. Thereafter, a further workshop will take place which may see further risk mitigation measures come forward. The risk mitigation plan will be presented to Staff Governance committee for assurance in December.

Implementation of Agenda for Change Reforms – Reduced Working Week

Executive Lead Tom Power

Context

Alongside enabling Band 5 Registered Nursing staff to seek a regrade to Band 6, and a commitment to introduce Protected Learning Time (PLT) for all Agenda for Change staff, NHS Circular PCS(AFC) 2024/2 confirmed the intention to reduce the full time working week for Agenda for Change staff in Scotland to 36 hours, in line with the commitment made as part of the 2023-24 pay settlement. The first half hour of this reduction was implemented from 1 April 2024. PCS(AFC) 2025/1 further advised that the further reduction in the standard working week required to deliver the 36-hour commitment for Agenda for Change staff should be effective from 1 April 2026. All NHS Scotland Boards are now expected to work towards this effective date and have a Board specific Implementation Plan by 1 October to ensure that all Agenda for Change staff are able to transfer to a 36-hour working week on 1 April 2026.

Risk Description

There is a risk that the Board will not be able to achieve the reduction in the working week to 36 hours for all Agenda for Change staff by 1 April 2026 without adverse impacts on service performance, financial performance and / or staff experience. This is due to a lack of available workforce and funding, which may be exacerbated by the requirement to ring-fence time for learning and, for nursing teams, the financial consequences of Bands 5 to 6 regrading which may not be aligned to existing workforce planning or recommendations arising from the Common Staffing Methodology (a requirement of the Health and Care Staffing Act). Addressing any intolerable risks in this regard could result in some or all the provisions of the circulars not being fully implemented, impacting on employee relations at local and national level.

Governance

Staff Governance Committee (SGC) will be the principal committee for oversight of this risk and will receive assurance on the implementation plans and impact for staff.
Any clinical risks associated with the reduction in the working week will also be considered by the Healthcare Governance Committee.

Finance & Resource Committee (F&RC) will receive assurance in relation to the financial implications of this change.

Management

The Reduced Working Week Implementation Group will prepare the relevant advice and guidance to support implementation. This group reports into the Agenda for Change Reform Programme Board (chaired by the Director of People & Culture) which provides Executive oversight. This will report to the NHS Lothian Corporate Management Team (CMT) and Lothian Partnership Forum (LPF).

Adequacy of controls

Limited – Until further analysis of data provided by services detailing approaches to implementation and anticipated impacts is undertaken, there is limited assurance that the reduction in the working week from 1 April 2026 will be achievable without intolerable performance or financial impacts.

Mitigation plans have still to be considered in detail and the financial impact of these assessed. It is expected that mitigation of the risks will exceed the capability of the Programme Board alone, requiring a collective leadership approach from the Corporate Management Team.

Grading

High (16) – Impact – Major (4) / Likelihood – Likely (4)

2.3.4 CMT members have discussed known and emerging issues relating to maternity services. The unannounced inspection by HIS against a new set of standards, along with the existing programme of work, are very significant pieces of necessary work which will take time. During that period, and in the light of increasing media attention both throughout the UK and locally, increases the risk of adverse publicity resulting in additional pressure on staff and in a loss of public confidence in our services. It is therefore recommended that a corporate risk is developed and add to the corporate risk register.

2.3.5 Quality/ Patient Care

The CRR includes risks to quality and patient care and risk mitigation plans will positively impact on quality of care.

2.3.6 Workforce

The resource implications are directly related to the actions required to mitigate against each risk. The mitigation of risks relating to staff health and safety will positively impact on health and well-being.

2.3.7 Financial

The resource implications are directly related to the actions required to mitigate each risk. This is managed through relevant governance and operational management structures which are set out against each risk.

2.3.8 Risk Assessment/Management

In line with the CRR process, risks are identified and/or escalated for assessment and consideration by the CMT who will in turn make recommendations to the Board. Risk mitigation plans are in place for all risks on the CRR and are monitored through reporting to relevant governance committees for assurance.

2.3.9 Equality and Diversity, including health inequalities

This paper does not consider developing, planning, designing services and/or policies and strategies therefore the statutory duties do not apply.

2.3.10 Communication, involvement, engagement, and consultation

This paper does not consider developing, planning, designing services and/or policies and strategies therefore the statutory duties do not apply.

2.3.11 Route to the Meeting

In line with agreed process, discussions are held with executive leads to provide updates on risks which are then considered by the CMT who make recommendations to the Board. Following Board review, the updated CRR is shared with Audit and Risk and Healthcare Governance Committees to provide context for discussions at their meetings.

2.4 Recommendation

Decision and discussion – Board members are asked to:

- Review the August 2025 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- Note changes to format of risk assurance table following feedback from members of the Audit and Risk Committee.
- Note the overview of the changes in the CRR over the past 2 years in table 1.
- Accept the CMT recommendation to add a new risk onto the CRR relating to Implementation of Agenda for Change Reforms – Reduced Working Week
- Note CMT recommendation to develop a corporate risk relating to maternity services.

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Risk assurance table

Appendix 1

Risk Assurance Table – Executive/Director Updates

Risk Number	Title *Corporate Objective*	Executive Lead	Score (Aug)	Score (Jun)	Target Score	Assurance Committee	Assurance Level	August update
3600	Finance *Revenue*	Craig Marriott	V High: 20 **Likelihood:** Likely (4) **Impact:** Extreme (5)	V High: 20 **Likelihood:** Likely (4) **Impact:** Extreme (5)	V High: 20 **Likelihood:** Likely (4) **Impact:** Extreme (5)	Finance & Resources Committee	Moderate June 2025	• On conclusion of the month 3 financial results, the Board is now embarking on its quarter 1 review. This will identify whether the Board will be able to meet the objectives of the 25/26 financial plan, which is to deliver 3% recurrent efficiencies and to reduce the size of the recurrent deficit. Based on the month 3 results, both of these objectives are under significant risk of delivery. • The Scottish Government allocated the Board circa £40m of non-recurring sustainability funding for 25/26, to assist Boards in delivering both a break event and an improved recurrent position. These objectives are consistent with the Board's financial strategy in 25/26. • Risks also remain with regards expected improvements in performance for unscheduled care, scheduled care and mental health. The financial impact of improved performance may have a consequential impact on the Board's financial targets. The Scottish Government have been clear that additional funding for performance will only be allocated based on delivery. • There are ongoing risks to a number of capital assets that the Board in continuing to manage. Specifically, the clock tower on the WGH site and the RIDU building. Further fragility also exists with some of our supporting systems, notably HSDU and broader power supply issues.
5186	4 Hours Emergency Access Target *Unscheduled Care*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	High: 15 **Likelihood:** Possible (3) **Impact:** Extreme (5)	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited March 2025 Limited May 2025	• **July 2025 performance NHS Lothian 74%** • Improvements in 4 Hr EAS performance have been sustained at RIE, with WGH and SJH showing smaller but steady gains. Performance continues to improve despite rising attendances and admissions. • In July, RIE delivered a 23-percentage point improvement compared to the 2024 average. WGH performance is 66% (+1pp vs 2024) and SJH 70% (+4pp vs 2024). CYP remains consistently high at 89%. • NHS Lothian overall is 74% (+10pp vs 2024 average). • Substantial reductions maintained against 2024 baseline (latest 7-day averages, late June 2025): ○ Average wait for a bed reduced ○ Average LoS in the Emergency Department reduced ○ 12-hour breaches: decrease of 66% across Lothian compared to 2024 ○ 8-hour breaches: decrease of 59% across Lothian compared to 2024 • The Flow Centre continues to divert ~25% of urgent referrals to alternative services, saving an estimated 90–100 bed days per week. • Frailty and HSCP initiatives have reduced bed days for patients over age of 75s by 14% across Lothian (week ending 26 June 2025 vs 2024 average) through: ○ Frailty interventions – Enhanced ED Frailty Model, Frailty LES in community settings ○ Community capacity – expansion of Care @ Home and Crisis Response Teams ○ Hospital @ Home and step-down care – reducing admissions and length of stay

Appendix 1

Risk Assurance Table – Executive/Director Updates

3726	Hospital Bed Occupancy *Unscheduled Care*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	High: 15 **Likelihood:** Possible (3) **Impact:** Extreme (5)	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited March 2025 Limited May 2025	• Bed occupancy remains above **85% across Lothian sites**, although reductions in delayed discharges and shorter LoS are providing incremental improvement • WGH has maintained lower occupancy than RIE, enabling daily transfers to ease RIE flow. This has increased occupancy at WGH, with some long waits during OOH periods — mitigations are being developed for both sites. • RIE has consistently utilised **~89 fewer unscheduled care beds** compared to the **2024 average baseline** • Across Lothian, there has been a further reduction of **~99 beds daily utilised by patients over 75 years old** (7-day average, late June 2025 vs 2024 baseline). • HSCPs continue to face capacity challenges due to reduced care home availability and phased inpatient bed reconfiguration. Work is ongoing to ensure new community and step-down services are aligned with patient needs • Frailty pathways and alternatives to admission are helping release bed-based capacity, but sustainability remains at risk with attendances **up ~13%** and admissions **up ~24% in July vs 2024.**

Risk Assurance Table – Executive/Director Updates

5185	Access to Treatment *Scheduled Care*	Jim Crombie	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	*Not yet agreed	Healthcare Governance Committee Strategy Planning & Performance Committee	Limited May 2025 Limited May 2025	***Unable to predict a target risk grading due to the amount on non-recurring funding in place in 2025/26** • NHS Lothian submitted scheduled care proposals equating to £36.6m in year 25/26 with £22.3m recurring from 26/27 on the 6 March. Even if fully funded, plans would not deliver zero waits >52 (and 6) week position in some more challenged specialties e.g. Orthopaedics, Dermatology, Endoscopy, General Surgery, Plastic Surgery, ENT, Gynaecology, Neurosurgery, OMFS, Ophthalmology and Urology. As such, NHS Lothian also requested additional national support, including utilising any available capacity at GJNH and other Boards. • NHS Lothian received formal written confirmation from SG of partial funding on the 13 May 2025 - £27.791m funding in 25/26, and recurring funding of £14.405m. On the 4 June NHS Lothian subsequently submitted updated over 52- & 6-week trajectories to SG based on agreed funding above. • On the 4 July NHSL submitted proposals for additional OP & IP High Impact Lists with funding of £457,693 confirmed on the 22 July. • 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 1 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 the 4 August NHS Lothian received written formal confirmation of the additional £10m for Scheduled Care. • Performance to date against SG trajectories (Activity and number of patients waiting >52/6 weeks) are included within the tables below. **Outpatient** / **Jun-25** / **Jul-25** Activity (monthly): 17,654 / 17,928 Planned: 16,969 / 18,622 Variance: +685 / -694 Over 52 weeks: 20,686 / 21,102 SG trajectory: 22,688 / 23,092 Variance from SG trajectory: -2,002 / -1,990 **Inpatient** / **Jun-25** / **Jul-25** Activity (monthly): 3,230 / 3,626 Planned: 3,009 / 3,389 Variance: +221 / +237 Over 52 weeks: 5,230 / 4,614 SG trajectory: 6,089 / 5,869 Variance from SG trajectory: -859 / -1,255

Risk Assurance Table – Executive/Director Updates

								Diagnostics Endoscopy / **Jun-25** / **Jul-25** Activity (monthly) 1,423 1,421 Planned 1,186 1,423 Variance +237 -2 Over 6 weeks 5,753 5,853 SG Trajectory 4,707 4,560 Variance +1,046 +1,293 **Diagnostics Radiology** / **Jun-25** / **Jul-25** Activity (monthly) 7,894 9,140 Planned 9,074 9,698 Variance -1,180 -558 Over 6 weeks 10,818 11,128 Trajectory 12,786 13,390 Variance -1,968 -2,262
5388	HSDU Capacity *Capital*	Jim Crombie	V High: 20 **Likelihood:** Almost certain (5) **Impact:** Major (4)	V High: 20 **Likelihood:** Almost certain (5) **Impact:** Major (4)	*Not yet agreed	Finance & Resources Committee	Limited August 2025	*** Unable to confirm target grading due to the ongoing review and potential increase of this risk** • Corporate risk update paper with the latest detail on risk mitigation activity submitted for the Finance & Resource Committee of 20 August 2025. • Following recent, and continued, infrastructure failure within the unit there is a foreseen risk around continued degradation of assets. It should be noted, however, that a **critical infrastructure plan** is nearing completion (for which there is an action on the risk mitigation plan). This overall plan will aim **to address key infrastructure areas**. • Additionally, and as a further consequence of recent infrastructure failure (steam supply) it has been highlighted that **NHS Lothian can no longer fully rely on external contingency measures** (neighbouring Boards and private sector). Detail on this is included within the corporate risk update paper however It is now the intention of **Estates & Facilities to re-open** (or create a new) **action on the mitigation plan surrounding external resilience** (or lack thereof). This, in turn, will almost certainly trigger a review of the overall risk grading associated with this corporate risk. • **Additional infrastructure failures have occurred** in the period from the last report to the Committee (further steam supply failures), most recently on 24 July 2025. These failures have resulted in significant impact and loss of production to the unit. As such, **there are no grounds to explore the lowering of this risk at this time.** • While key infrastructure issues remain, and further failures are evidenced, **it is now the intention of stakeholders to review the current risk further with particular focus on the previously closed mitigation plan action surrounding resilience and contingency.** Recent failure of steam supply to the unit has highlighted that resilience options have been reduced, with some no longer reliable. As such, it will be recommended that this action (on investigating resilience assurance) should be reviewed and re-opened. Subsequently, this may have an impact on the suggested risk grading and adequacy of controls. The outcome will be presented to the Finance & Resource Committee at the next available opportunity (October 2025).

Appendix 1

Risk Assurance Table – Executive/Director Updates

5189	RIE Facilities *RIE*	Jim Crombie	High: 15 **Likelihood:** Possible (3) **Impact:** Extreme (5)	High: 15 **Likelihood:** Possible (3) **Impact:** Extreme (5	Medium: 8 **Likelihood:** Unlikely (2) **Impact:** Major (4)	Finance & Resources Committee	Limited June 2025	• 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 risk is significantly aged. 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 hand back discussions progress.
3455	Violence & Aggression *Underpins the quality and safety of delivery of services throughout NHS Lothian*	Alison MacDonald	High: 15 **Likelihood:** Almost certain (5) **Impact:** Moderate (3)	High: 15 **Likelihood:** Almost certain (5) **Impact:** Moderate (3)	High: 12 **Likelihood:** Likely (3) **Impact:** Moderate (4)	Staff Governance Committee	Moderate July 2025	• Violence & Aggression Programme Board closed on 5th August • Following objectives successfully delivered: ○ Reviewed the Management of Violence and Aggression Policy ○ Defined and implemented specific roles and responsibilities ○ Reviewed and implemented the revised V&A risk reduction and management system (Purple Pack) ○ Created, developed, and implemented a V&A training strategy ○ Implemented a system to ensure adherence for use of Lone Worker Devices ○ Implemented a measurement evaluation framework • The Pan Lothian Health & Safety Committee will monitor through the measurement evaluation framework • Audit informed by internal audit and HSE letter currently being scoped to be implemented Sept – Dec
3328	Roadways/Traffic Management *Underpins the quality and safety of delivery of services throughout NHS Lothian*	Jim Crombie	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	Staff Governance Committee	Limited July 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). • An initial plan has been presented by the Soft FM Area Manager, including to the Pan Lothian TMG, surrounding contingency for staff and patients during the period of closure for the multi-storey car park (Scheduled for mid-2026). This plan will see patients re-located to other areas of the site campus and staff directed to the temporary RVH car park. It should be noted that Capital Planning colleagues, who are overseeing the demolition/sale of RVH are aware of the interdependencies with this decant of staff – i.e. that the RVH land will be needed during the period of multi-storey closure.
1076	Healthcare Associated Infection *Underpins the quality and safety of delivery of services throughout NHS Lothian*	Alison MacDonald	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)	High: 16 **Likelihood:** Likely (4) **Impact:** Major (4)	Medium: 9 **Likelihood:** Possible (3) **Impact:** Moderate (3)	Healthcare Governance Committee	Moderate March 2025	• Business Manager post appointed with anticipated start date of end Nov 2025. • 1 WTE Band 7 and 4 WTE Band 4 posts to support care home IPC are currently out to advert, with several expressions of interest for the Band 4 posts. • Recruitment for lead nurse has been unsuccessful • NHS Lothian continues to perform favourably against the NHS Scotland rates for both healthcare and community acquired infections (CDI, SAB, ECB) overall, and no exceptions to report. • Board dashboards have now been updated to provide data for improvement and assurance purposes in as near to real time as possible.

Appendix 1

Risk Assurance Table – Executive/Director Updates

5322	Cyber Security *Underpins the quality and safety of delivery of services throughout NHS Lothian*	Tracey Gillies	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	Unable to reduce	Audit & Risk Committee	Moderate June 2025	• West Lothian council education department, update to note Friday 16th May that the link between NHSL and WLC was restored and tested after local and SG Cyber Resilience Team review • Continue analysis of West Lothian Council data exfiltration, and NHS Lothian representative is part of these discussions. Press statements have been made • Continued vigilance is required for cyber security to mitigate ongoing threats
5510	Royal Edinburgh Bed Occupancy *Mental Health, Illness, and Wellbeing*	Caroline Hiscox	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	Medium: 9 **Likelihood:** Possible (3) **Impact:** Moderate (3)	Healthcare Governance Committee	Limited March 2025	• Weekly gold and silver meetings continue, with a focus on flow and capacity • Divert suite on REH remains in place and continues to be utilised • New service director has now commenced in post (August) • First patients have now moved into new supported accommodation in EHSCP, enabling 2 contingency beds to be closed. All moves expected to be complete by end of December 2025 ○ MHAS formal options appraisal has now been completed, and the team are exploring the best ways to implement ○ A review of governance arrangements for REAS is being progressed
5737	Royal Infirmary of Edinburgh Fire Safety *RIE*	Caroline Hiscox	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	V High: 25 **Likelihood:** Almost certain (5) **Impact:** Extreme (5)	Staff Governance Committee and Finance & Resources Committee	Limited July 2025	• Particular risk exists in the Basement area of the site in terms of our ability to move waste throughout the site, through 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 has been produced with a staffing solution to 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.
5785	Absence of Female High Secure Accommodation in the Estate *Mental Health, Illness, and Wellbeing*	Caroline Hiscox	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	High: 12 **Likelihood:** Possible (3) **Impact:** Major (4)	Unable to assign	Healthcare Governance Committee	Limited January 2025	• Awaiting timescale for opening of new unit

NHS Lothian

11.

Meeting: NHS Lothian Board

Meeting date: 08 October 2025

Title: July 2025 Financial Position and Quarter 1 Forecast update

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 Board with an update on the end of July financial position for 2025/26 and an update on the Quarter 1 forecast outturn position for NHS Lothian.

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 and provides an early indication of the forecast position against financial plan estimates.

2.3 Assessment

The reported financial position for NHS Lothian at month 4 of 2025/26 is a year to date overspend of £3.1m. The financial position is comprised of an operational overspend of £14.8m, offset by the release of non pay uplift funding of £3.3m and a proportionate share of Sustainability Funding of £8.4m (pending release to services). Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 4 Summary Financial Performance

	Year to Date Variance from Budget **£'000**
Pay	7,335
Non Pays	(30,941)
Income	8,715
Operational Position	**(14,891)**
Corporate Reserves	11,761
Total	**(3,130)**

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

There are no new workforce implications from this report.

2.3.3 Financial

Financial Position as at 31st July 2025

After 4 months, an overspend continues to be reported with financial pressures ongoing in areas consistent with last financial year. Acute Drugs, Medical supplies, GP Prescribing, and Medical & Dental Pay costs all continue with overspends being reported year to date. Similar to last month a further 1/12th of the 3% base uplift relating to non pay has been released corporately and also released corporately is a further twelfth of the balance of the non-recurring Sustainability Funding.

There continues to remain significant financial pressures within the Business Units of REAS and the RIE that were not reported as part of the Financial Plan for 2025/26. REAS services, particularly within Nursing costs due to the ongoing use of agency nursing, has REAS Nursing reporting a £1.8m overspend after the first 4 months of the year. There continues to be a strategic focus on these REAS service issues. For the RIE the most significant factors behind the reported in year financial pressures relate to Lothian cardiac activity, cardiac supplies pricing, drug costs within Neurosciences and non-delivery of Financial Recovery Plans in relation to Nursing efficiencies. Table 2 below gives the current variance against budget across expenditure headings.

Table 2 – Breakdown of Variance

Description	Month 04 Variance from Budget £000's
Medical & Dental	(3,565)
Nursing	4,471
Administrative Services	4,178
Support Services	(817)
Other Therapeutic	1,539
Other Pay	1,529
Total Pay	**7,335**
Drugs	(5,433)
Medical Supplies	(8,449)
Property Costs	(5,138)
Administration Costs	(3,810)
Other Non-Pay	(5,806)
Pharmaceuticals	(1,298)
Other FHS	(538)
Total Non-pay	**(30,472)**
Income	**8,715**
Other	**(474)**
Profit/loss On Disposal	**4**
Operational Position	**(14,891)**
Corporate Reserves	11,761
Total Variance	**(3,130)**

Medical and Dental Pay uplift adjustments were processed in July to reflect pay settlements (all except Resident Doctor Grades) with uplift agreed at 4% and funding allocated accordingly. The Scottish Government allocation for 2025/26 pay uplift has now been received, and work continues to review and ensure that the funding allocation covers both the recurring and non-recurring staffing budgets accordingly.

The month 4 position shows an improvement in the month of £2.5m, largely due to a catch up on the release of allocations and deferral funding, as these go through the corporate controls review process prior to release.

Financial Forecast Position - Quarter 1 Review 2025/26

The Quarter 1 forecast reported to the Finance & Resources Committee (F&R) on the 20th August highlighted a £28m projected deficit. This represents a £12m deterioration in the operational position compared to the Financial Plan (which assumed a balanced outturn on the basis of further delivery of £16m to achieve 3% efficiency savings). The £12m movement being due to specific issues in relation to the RIE & REAS highlighted previously.

The latest Finance Performance Return (FPR) submitted to the Scottish Government continues to report a year end balanced outturn position to be achieved for NHS Lothian despite the Quarter 1 forecast. A commitment was made by the Board and Business Units to deliver in full 3% FRPs and therefore deliver financial balance in 2025/26, we are for that reason retaining a year end forecast of breakeven based on this commitment.

Table 3 – Quarter 1 Forecast Position vs Financial Plan

	Adjusted FP	**Q1 YE Forecast Variance**	**Movement from Financial Plan**
	£000's	**£000's**	**£000's**
Acute Divisional Management	(2,226)	(2,823)	(597)
DATCC	(10,219)	(8,882)	1,337
AHP Services	(679)	(487)	192
Outpatients & Assoc Services	(3,874)	(4,288)	(413)
Royal Infirmary Edinburgh Site	(3,211)	(10,715)	(7,504)
St John's Hospital Site	(3,337)	(2,922)	415
Western General Hospital Site	(9,386)	(10,279)	(893)
Women & Children Services	(4,063)	(4,033)	30
Acute Services Division	**(36,997)**	**(44,430)**	**(7,433)**
REAS	(419)	(8,629)	(8,210)
Edinburgh Partnership	396	581	185
East Lothian Partnership	2,134	3,693	1,559
Directorate of Primary Care	(192)	1,167	1,359
Midlothian Partnership	383	120	(263)
West Lothian Partnership	1,945	990	(955)
Facilities	(16,518)	(17,518)	(1,000)
Corporate Services	**264**	**2,503**	**2,239**
Income/Healthcare Purchases	11,558	11,584	25
Strategic Services	(3,848)	(3,164)	684
Operational Position	**(41,293)**	**(53,103)**	**(11,810)**
Balance of Reserves	**25,406**	**25,406**	**0**
Outturn Total before Additional Savings	**(15,887)**	**(27,697)**	**(11,810)**

As shown above the 3 main drivers behind this adverse movement are the operational positions of Business Units Royal Infirmary Edinburgh (RIE) and Royal Edinburgh Hospital and Associated Services (REAS), and the continuing gap in delivery of FRPs. The forecast will be updated routinely and updates reported to the Corporate Management Team (CMT) and F&R.

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 with Month 3 delivery of savings now reported. There is a £64m (3%) recurring delivery target for FRPs with £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 still currently minimal delivery against that outstanding target. Further schemes require to be identified to support the FRP 3% delivery gap and a breakeven position.

Based on the £50m of plans identified, there were £12m of savings due to be delivered by month 3 and £8m of savings recorded as delivered, leaving a shortfall of £4m at this stage, a contributing factor to the current year-to-date overspend. Currently only £40m of plans identified are estimated to be delivered recurrently, which leaves ongoing issues for next year, particularly in relation to managing the recurring financial gap. Financial Oversight Board (FOB) escalation for performance monitoring of the 3% target and recurrency remains in place, as does the Financial Improvement Group where cost reduction initiatives are required to close the gap. 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 3 Financial Recovery Plan Summary

Financial Year 25/26						
	Schemes Identified	**Planned April - June**	**Achieved April - June**	**Shortfall April - June**	**CY Forecast @ M03**	**FY Forecast @ M03**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Acute Services Division	23,416	5,539	3,434	(2,106)	18,971	17,332
Corporate Services	5,643	2,055	1,762	(293)	5,331	3,492
East Lothian HSCP	2,450	585	447	(138)	2,450	2,450
Edinburgh HSCP	6,690	1,526	787	(739)	6,643	6,643
Midlothian HSCP	2,505	539	407	(131)	2,505	2,505
West Lothian HSCP	3,279	820	497	(323)	3,079	3,215
Facilities	3,760	744	640	(105)	3,766	3,764
REAS	1,270	317	43	(275)	170	170
Dir Of Primary Care	1,192	203	203	0	812	278
Income/Healthcare Purchases	441	0	0	0	441	441
Grand Total	**50,647**	**12,328**	**8,219**	**(4,110)**	**44,169**	**40,290**

Distribution of Additional Resources

The Corporate Management Team (CMT) at its meeting on 9th September approved the proposal for the distribution of flexible resources across Business Units, both for Sustainability Funding (non-recurrent) and for the balance of non-pay uplift (recurrent). Both these funding sources are accounted for in our financial position corporately and therefore distribution to Business Units does not improve the current financial position or forecast. The Non Pay Uplift and the Sustainability funding were known and included in the 2025/26 Financial Plan, supporting the planned achievement of financial balance for this year. Allocating these resources does not improve the overall financial position this year.

Further to these sources, CMT also approved the re-allocation of resource arising from Service Level Agreements (SLA) with other Heath Boards totalling £7.5m, again recurrent funding.

These resources should be seen in the context of and support to the strategic intent from Finance this year to deliver three ambitions in 2025/26:

- A **balanced outturn** for the current financial year;
- The creation of **flexibility** across budgets in order to support budget realignment for 2026/27 onwards;
- A **reduction** to the recurrent underlying financial gap

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

Monthly reporting is provided to CMT with the Month 4 financial position for 2025/26 reported to CMT on the 9th September and a Quarter 1 forecast update provided to F&R on 20th August.

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the reported financial position being a £3.1m overspend as at the end of July 2025.
- **Awareness** – For Members to note that the Quarter 1 forecast is an overspend of £27m.
- **Awareness –** For Members to note the shortfall on delivery of £4m 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.
- **Awareness** – For Members to note the approved distribution of funding.
- **Awareness** – For Members to note the ongoing commitment to Scottish Government to achieve the outstanding FRP balance to achieve 3% savings and deliver financial balance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 31st July 2025
- Appendix 2, NHS Lothian Summary by Operational Unit to 31st July 2025

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st July 2025

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	425,007	141,213	144,778	(3,565)
Nursing	721,847	239,865	235,394	4,471
Administrative Services	206,664	67,914	63,736	4,178
Allied Health Professionals	129,352	42,927	41,912	1,016
Health Science Services	60,718	20,223	19,654	569
Management	7,471	2,480	2,216	264
Support Services	110,843	36,240	37,057	(817)
Medical & Dental Support	21,487	7,174	7,295	(121)
Other Therapeutic	77,574	25,136	23,597	1,539
Personal & Social Care	3,787	1,122	994	128
Other Pay	(6,377)	(11,034)	(11,173)	139
Emergency Services	0	0	4	(4)
Vacancy Factor	(2,276)	(515)	(54)	(461)
Pay	**1,756,097**	**572,746**	**565,411**	**7,335**
Drugs	147,430	51,574	57,008	(5,433)
Medical Supplies	105,255	37,556	46,005	(8,449)
Maintenance Costs	6,123	2,041	2,689	(648)
Property Costs	48,544	15,463	20,601	(5,138)
Equipment Costs	33,502	12,265	14,829	(2,565)
Transport Costs	8,776	3,184	4,197	(1,013)
Administration Costs	308,021	37,085	40,895	(3,810)
Ancillary Costs	11,922	3,873	6,004	(2,131)
Other	(9,664)	(13,194)	(13,628)	435
Service Agreement Patient Services	43,306	13,883	14,690	(807)
Savings Target Non-pay	1,936	1,220	0	1,220
Resource Transfer/LA Payments	119,132	55,348	55,645	(298)
Non-pay	**824,283**	**220,299**	**248,934**	**(28,635)**
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	176,995	59,509	60,045	(537)
NCL Expenditure	923	308	307	1
Other Primary Care Expenditure	87	29	28	1
Pharmaceuticals	172,961	56,778	58,076	(1,298)
Primary Care	**350,966**	**116,623**	**118,459**	**(1,836)**
FHS Non Discret Allocation	(19)	(6)	0	(6)
Bad Debts	0	(9)	458	(467)
Other	**(19)**	**(15)**	**458**	**(474)**
Income	**(394,736)**	**(149,498)**	**(158,213)**	**8,715**
Extraordinary Items	**0**	**0**	**(4)**	**4**
Operational Position	**2,536,591**	**760,154**	**775,045**	**(14,891)**
Corporate Reserves	11,761	11,761	0	11,761
Total Variance	**2,548,351**	**771,915**	**775,045**	**(3,130)**

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st July 2025

Month 04 Variance from Budget	Acute Services Division	East Lothian Partnership	Edinburgh Partnership	Midlothian Partnership	West Lothian Partnership	Directorate Primary Care	REAS	Corporate Services	Facilities	Strategic Services	Research & Teaching	Income & Healthcare Purchases	Operational Variance	Corporate Reserves Flexibility	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(4,393)	156	65	24	(45)	450	(121)	197	(26)	0	127	0	(3,565)	0	**(3,565)**
Nursing	2,106	1,541	1,697	348	312	(28)	(1,834)	311	31	(0)	(12)	0	4,471	0	**4,471**
Administrative Services	1,262	233	805	17	119	53	54	1,372	263	1	(2)	0	4,178	0	**4,178**
Allied Health Professionals	(88)	308	631	(116)	254	3	(3)	16	24	0	(14)	0	1,016	0	**1,016**
Health Science Services	560	0	140	(5)	12	(1)	(17)	(122)	0	0	2	0	569	0	**569**
Management	(93)	31	104	3	0	(45)	34	138	84	0	8	0	264	0	**264**
Support Services	16	0	26	68	2	(8)	116	47	(1,084)	0	0	0	(817)	0	**(817)**
Medical & Dental Support	(393)	(1)	(4)	0	0	252	10	15	0	0	0	0	(121)	0	**(121)**
Other Therapeutic	56	231	139	52	11	(4)	449	472	(5)	0	137	0	1,539	0	**1,539**
Personal & Social Care	16	(4)	42	0	0	0	(17)	90	0	0	0	0	128	0	**128**
Other Pay	39	0	23	0	0	(0)	(0)	(2)	69	0	11	0	139	0	**139**
Emergency Services	0	0	0	0	0	0	0	0	(4)	0	0	0	(4)	0	**(4)**
Vacancy Factor	0	0	(662)	0	0	201	0	0	0	0	0	0	(461)	0	**(461)**
Savings Target Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Pay	**(912)**	**2,496**	**3,005**	**391**	**666**	**872**	**(1,328)**	**2,535**	**(648)**	**1**	**256**	**0**	**7,335**	**0**	**7,335**
Drugs	(4,523)	(121)	(179)	(83)	4	(459)	(292)	223	(3)	0	0	0	(5,433)	0	**(5,433)**
Medical Supplies	(7,268)	(179)	(643)	(112)	(124)	83	(73)	9	(143)	0	0	0	(8,449)	0	**(8,449)**
Maintenance Costs	(314)	(19)	(54)	(5)	(95)	(3)	(77)	43	(125)	0	0	0	(648)	0	**(648)**
Property Costs	(60)	9	(61)	(10)	(72)	(66)	(0)	(1)	(4,878)	0	0	0	(5,138)	0	**(5,138)**
Equipment Costs	(1,483)	(130)	(121)	(32)	(132)	(12)	(69)	(600)	15	0	(2)	0	(2,565)	0	**(2,565)**
Transport Costs	(529)	(112)	(128)	(17)	(15)	(14)	(150)	(25)	(39)	9	(1)	7	(1,013)	0	**(1,013)**
Administration Costs	(256)	(34)	(97)	307	(184)	128	(153)	(3,851)	1,253	(526)	(406)	10	(3,810)	0	**(3,810)**
Ancillary Costs	(441)	(20)	(1)	(21)	(10)	(4)	(39)	(453)	(1,142)	0	0	0	(2,131)	0	**(2,131)**
Other	0	(1)	(2)	(0)	(1)	0	0	349	89	0	0	0	435	0	**435**
Service Agreement Patient Serv	33	(78)	(402)	(6)	(66)	(31)	17	1	(2)	0	0	(274)	(807)	0	**(807)**
Savings Target Non-pay	0	0	0	0	0	0	0	1,115	0	105	0	0	1,220	0	**1,220**
Resource Trf + L/a Payments	(6)	(59)	(83)	(150)	0	0	(0)	0	0	0	0	0	(298)	0	**(298)**
Non-pay	**(14,845)**	**(744)**	**(1,770)**	**(128)**	**(694)**	**(378)**	**(836)**	**(3,188)**	**(4,973)**	**(412)**	**(410)**	**(257)**	**(28,635)**	**0**	**(28,635)**
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)	(98)	(318)	(75)	(7)	3	(3)	(24)	(5)	0	0	0	(537)	0	**(537)**
Ncl Expenditure	0	0	0	0	0	1	0	0	0	0	0	0	1	0	**1**
Other Primary Care Expenditure	1	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Pharmaceuticals	0	(229)	(566)	(147)	(301)	(55)	0	0	0	0	0	0	(1,298)	0	**(1,298)**
Primary Care	**(13)**	**(327)**	**(884)**	**(221)**	**(308)**	**(51)**	**(3)**	**(24)**	**(5)**	**0**	**0**	**0**	**(1,836)**	**0**	**(1,836)**
Fhs Non Discret Allocation	0	0	(6)	0	0	0	0	0	0	0	0	0	(6)	0	**(6)**
Bad Debts	0	0	0	0	0	0	0	0	(273)	0	0	(194)	(467)	0	**(467)**
Other	**0**	**0**	**(6)**	**0**	**0**	**0**	**0**	**0**	**(273)**	**0**	**0**	**(194)**	**(474)**	**0**	**(474)**
Income	**2,194**	**58**	**(94)**	**27**	**6**	**4**	**(16)**	**193**	**35**	**115**	**154**	**6,040**	**8,715**	**0**	**8,715**
Extraordinary Items	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**0**	**4**	**0**	**4**
Operational Position	**(13,575)**	**1,483**	**251**	**68**	**(330)**	**447**	**(2,184)**	**(484)**	**(5,865)**	**(292)**	**0**	**5,589**	**(14,891)**	**0**	**(14,891)**
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	11,761	**11,761**
Total Variance	**(13,575)**	**1,483**	**251**	**68**	**(330)**	**447**	**(2,184)**	**(484)**	**(5,865)**	**(292)**	**0**	**5,589**	**(14,891)**	**11,761**	**(3,130)**

NHS Lothian

13.

Meeting: **NHS Lothian Board**

Meeting date: **08 October 2025**

Title: **Midlothian Integration Joint Board Strategic Plan**

Responsible Executive: **Colin Briggs, Director of Strategic Planning**

Report Author: **As Above**

1 Purpose

To advise the Board on response to and handling of the EIJB Strategic Plan.

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 Midlothian Integration Joint Board is in the final stages of the review and refresh of its Strategic Plan. This requires agreement by the Board and this paper provides advice to support a decision.

Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, each Integration Authority ("IJB") is required to produce a Strategic Plan covering its delegated functions, and outlining how that Authority would intend to utilise the resources at its disposal to deliver on their statutory aims and objectives. This Strategic Plan is then the basis of Directions issued to Health Boards and Local Authorities.

2.2 Background

Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), each IJB is required to produce a Strategic Plan covering its delegated functions, and outlining how that IJB would intend to utilise the resources at its disposal to deliver on their statutory aims and objectives. This Strategic Plan must be reviewed every three years.

As colleagues are aware, the Act mandates that the responsibility for the strategic planning and commissioning of four key areas of health and social care is with IJBs. These areas are;

- Unscheduled Care
- Mental Health, Illness, and Wellbeing
- Primary Care
- Social Care

The terminology that NHSL uses for the LSDF is used above for ease of understanding. It should also be noted that the responsibility is for adult services, although clearly general practice and other primary care services will of course provide services for Children and Young People.

The logic of the Act and supporting regulations and guidance is that the Strategic Plan should be the basis for Directions issued to the Health Board and the Local Authority over the lifespan of that Plan. With this in mind, the Act also includes the provision that each Health Board and Local Authority must be consulted on the content of the Strategic Plan, and that if the Health Board and/or Local Authority believe that the Strategic Plan would interfere with the delivery of their functions, they can – together – reject the Strategic Plan and ask it be re-written.

Clearly, this would be the worst-case scenario. It is much better to have strong support from the Health Board and Local Authority for any Strategic Plan, and so close working between the partners to ensure alignment is crucial.

NHS Lothian has the advantage of the joint endeavour that is the Lothian Strategic Development Framework, and the close working that exists through our Programme Board structure. There is therefore a relatively easy set of linkage points between the five organisations constituting the Lothian Health and Care System.

Midlothian IJB has a strong history with the development of its Strategic Plans, with these being sensible, well-aligned with NHSL, and rooted in a good understanding of the needs and views of the local population. In many ways, this is the very model of how an IJB should operate in partnership. This has the been the case since its inception.

The draft Strategic Plan came through NHSL's Corporate Management Team and on the basis of discussion there some minor changes were made for clarity and the Director of Strategic Planning advised the Strategy, Planning, and Performance Committee to recommend agreement and endorsement of the Midlothian Strategic Plan.

A final draft of the Midlothian IJB Strategic Plan is appended to this document.

2.3 Assessment

While we would not necessarily agree with every sentence and priority within the latest draft seen, it is clearly a competent document with a solid logic and theory of change behind it. With this in mind the advice would be that, in the most basic analysis, NHSL would have no reasonable basis to reject the Strategic Plan. However, it is important to note that there is much to admire in the most recent drafts and that NHSL should seek to actively support the work of the IJB as it develops.

The latest draft continues the Midlothian IJB tradition of solid partnership working and this is to be highly commended.

2.3.1 Quality/ Patient Care

The clear intent of the Strategic Plan is to improve quality of services and care for the citizens of Midlothian. The linkage to the LSDF provides comfort that there is alignment and that this will remain a joint effort going forward.

2.3.2 Workforce

This work should not have any specific impact on workforce.

2.3.3 Financial

This work will be undertaken within existing financial resources.

2.3.4 Risk Assessment/Management

There are no specific implications at this point for the NHSL Corporate Risk Register.

2.3.5 Equality and Diversity, including health inequalities

The IJB has undertaken impact assessments as part of its consultation work. The implications of those are for the IJB to consider and manage.

2.3.6 Other impacts

N/A.

2.3.7 Communication, involvement, engagement and consultation

Midlothian IJB has undertaken multiple consultations on drafts of the Strategic Plan and worked closely with NHSL leadership to evolve this work.

2.3.8 Route to the Meeting

The Strategic Plan has been considered at the Corporate Management Team and most recently at the September meeting of the Strategy, Planning, and Performance Committee.

2.4 Recommendation

- **Agree** to accept the advice offered to support the agreement of the Strategic Plan by SPPC and then the Board.

3 List of appendices

- Appendix 1 - Midlothian Integration Joint Board Strategic Plan

Appendix 1

Midlothian Integration Joint Board

Strategic Plan
2025-2035

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Contents

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Foreword

Welcome to this, our fourth Midlothian IJB Strategic Plan 2025-2035 that looks to the future of integrated health and social care in Midlothian with a10-year plan.

As a board, we have learned together over the past years 10 years what it means to plan and direct integrated health and social care. We have worked hard to bring together the two equally vital elements of social work and health care to best serve the people who live in our communities.

We know we cannot be truly strategic in a 3-year plan, so have looked ahead to understand the health and social care system we will need for the next 10 years. We have intentionally set expectations in the short term aims of this plan to ensure the foundational capabilities are in place for real transformation, not marginally improving an outdated system. We have already set our plan in motion with the action described in our **Directions for 2025/26** issued in March 2025.

This strategy is meant to be bold. It is not intended to be either optimism dressed up as strategy, or a reduction of strategic planning to a series of incremental tasks. In developing this plan, the question most important to us was 'what kind of future health system do we need to build?' and 'how do we get there?'.

Being a meaningful part of our communities and contributing to people achieving what matters to them is at the centre of all we do. We have been listening to people and communities for over 2 years in the preparation of this strategy and will continue to do so as we learn, plan, and change together.

We have always understood that people, not services, are at the centre of our decisions and the new Scottish Government **Health and Social Care Service Renewal Framework** helps make that agenda a national ambition.

Our first concern is planning for that new future; one where we meaningfully contribute to our growing population experiencing better health and wellbeing. This is a complex task, and one made more difficult by available funds being unable to keep pace with the speed of demographic changes.

Environmental issues and how we can support our Partners to be more sustainable are also a key consideration as our communities continue to grow.

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We have made good progress in our Financial Recovery Plans and have planned how we will allocate resources to drive our Transformation and Change programme. Despite this, we are under no illusion that without significant change to how our Partners are funded, they will be unable to offer us the resources we need to meet future demands.

Digital transformation is one of our biggest challenges and must be more central to our planning. We know digital is not a department or a dashboard, but instead the intelligence layer of the future we have planned. As we have no control over the systems our Partners adopt, we will continue to maximise the skills we have at our disposal to find solutions, think differently about the whole system, and build a dynamic, adaptive, real-time information infrastructure.

As we work through the first 3 years of this 10-year plan, we will continue to set a bold vision with serious strategic design. We will continue to enable learning and focus on coordination, collaboration, prevention and personalisation to happen in real time, to ensure we build the capabilities that will determine the next 50 years of health and wellbeing in Midlothian.

Val de Souza
Chair, Midlothian IJB

Morag Barrow
Chief Officer, Midlothian IJB

Councillor Connor McManus
Vice Chair, Midlothian IJB

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Introduction

This Strategic Plan has been developed by Midlothian Integration Joint Board (IJB). The purpose of this plan is to describe how we will work with our Partners Midlothian Council and NHS Lothian, people, communities, the Third and Independent Sector, and the services who provide care and support and agree how we can best contribute to people in Midlothian living well in their community.

This plan is effective from 1st November 2025 until 31st October 2035, but we will review and update this work every three years.

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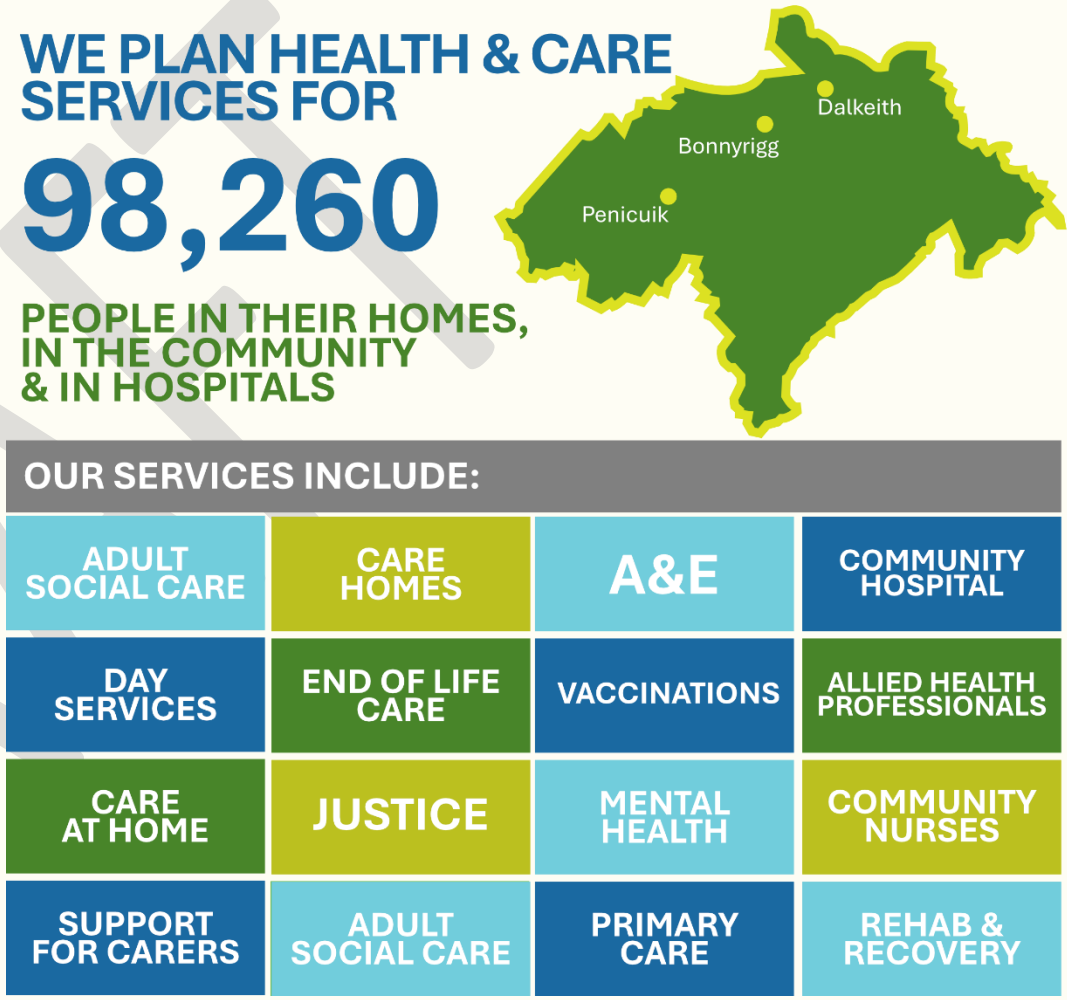
Who we are

Midlothian Integration Joint Board (IJB) is a planning and decision-making body created by Midlothian Council and NHS Lothian that plans and directs some health and social care services. We are responsible for an integrated budget that we receive from Midlothian Council and NHS Lothian. The priorities set out in this Strategic Plan will guide how we allocate the money we receive.

Midlothian Health and Social Care Partnership oversees more than 60 services on our behalf. This includes two hosted services, Dietetics and Adults with Complex and Exceptional Needs, who deliver care to people across the whole Lothian region for the four Health and Social Care Partnerships; Midlothian, East Lothian, West Lothian, and City of Edinburgh.

Our responsibilities and legal duties are outlined in the Public Bodies (Joint Working) (Scotland) Act, 2014. We meet regularly and include members from NHS Lothian and Midlothian Council, the Third Sector, staff, and people who represent the interests of people and communities, people who experience our services, their families, and carers.

Scottish Government asks us to take action required by law and in national policies when deciding what our local priorities should be. Some of these policies and national drivers are in appendix 5.



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National ambitions for local action

Like all Integration Authorities in Scotland, our role is to plan and deliver the services that support better health and wellbeing in our communities. We are asked by the Scottish Government to work with our Partners to plan across the whole system using the **National Health and Wellbeing Outcomes Framework**. Evaluating and reporting on how we contribute to the **9 National Health and Wellbeing Outcomes** becoming a reality for more people in Midlothian is how the Scottish Government measure out performance.

This plan has also been written in line with the **Principles for Planning and Delivering Integrated Health and Social Care** which are the driving force behind our planned activity to successfully and improve outcomes. These national ambitions are the same for every Integration Authority in Scotland and they will be our ultimate aim for as long as we are asked to work in this way. The action we choose to take, and the pace at which we are able to make progress, is unique to Midlothian.

What people told us

As we prepared this plan, we spoke to over 1000 people involved in delivering care, or who experience our services, their families, and carers. Between September 2023 and September 2025, we undertook a range of consultation activities to ask what mattered, how people wanted things to change, and for feedback on a draft of our plan.

We also listened to our Partners and local providers to better understand what is already working well and where they are opportunities to improve how we work together to see people in Midlothian living good lives and achieving the things that matter most to them. You can read more about how we listened to and consulted with people and Partners over the past 2 years to develop this plan in our **Consultation and Engagement Statement 2025-2028** that accompanies this strategy.

People want to be reassured we are prepared for the future

During our consultation, there was a clear message that our ambitions and aims still felt like the right ones, but that strategies and plans can feel like words that don't mean anything. The consultation challenged us to look at our plans and be clear about what we want to change. Some people were concerned with the rate of housing expansion in Midlothian and were unsure that local services would cope unless we do things differently in the future.

People want us to simply tell them what we are going to do

The challenges for health and social care are understood by our communities and they don't want a well-rehearsed list of reasons and explanations why things are difficult like increased demand, demographic changes, funding issues or the pandemic. They told us they don't want to read about our future ambitions if those ambitions are out of reach in the coming years. People asked us to be clear and realistic.

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What we will do

Being a meaningful part of our communities and contributing to people achieving what matters to them is at the centre of all we do. Over 1000 voices have been included in the development of this strategy and we want to keep the conversation going as we learn, plan, and change together. Our **Participation and Engagement Statement 2025-2028** sets out how we will do this.

Strategy isn't always new or exciting. Strategies find solutions to the challenges we face and are a choice in direction that others may disagree with. Because we still have to find sustainable ways of working to meet all of our challenges, you might have heard some of this before.

That doesn't mean we will stop trying to find ambitions solutions to these issues. Our job is to write a strategic plan that sets out our ambitions and the approach we will take, allocate available funding to the services that we are responsible for, and issue directions to our Midlothian Council and NHS Lothian partners that describe how we want them to support us achieve the ambitions of this plan.

The **Public Bodies (Joint Working) (Scotland) Act, 2014** asks us to plan for each function that is delegated to us, but we know that services cannot be either planned or delivered in isolation. As a result, we have chosen to plan and talk about our services in an integrated way, while taking care to ensure that have carried out our duty to plan and direct all the functions we are responsible for.

Funding and resources

Our Partners have supported us with the best funding offer they can, but it is not enough to keep pace with increases in our population or the changing health and social care needs of people and communities. We can only spend the resources that are made available to us from our partners. This may mean our progress slows down or that some services will stop.

Hard choices lie ahead, but we will always make decisions that aim to ensure the services you need most are available when you need them. Sometimes we will not be able to deliver everything we want to provide with the resources we have, but that doesn't mean we won't keep working hard to support people with what they need or keep improving what we can offer.

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A new future for health and social care

In January 2025 the Government announced 3 publications that will shape the future of health and social care in Scotland. **NHS Scotland Operational Improvement Plan**, **Health and Social Care Service Renewal Framework** and **Scotland's Population Health Framework**. The 5 principles of the service renewal framework focus on prevention, people, community, population planning and digital innovation. This echoes the 3 recommendations for strategic change proposed by Lord Darzi in his 2024 **Independent report in the National Health Service in England**, a shift from hospital to community, the move from analogue to digital and a shift from focusing on sickness to delivering prevention.

Scotland's Public Reform Strategy also asks us to think and act strategically, focus on the 'bigger picture' and have ensure our leadership supports and requires joint working. We have recognised the importance of this in our strategy and taken the bold move to plan for the next 10 years and consider the actions that will be the foundations of a new, shared future in Midlothian.

While we would have liked to have seen more recognition of the vital role of social work and social care within these publications, we are confident this strategic plan aligns with national ambitions.

National Care Service for Scotland

Our role in a National Care Service remains unclear. Plans and are progressing for a National Care Service, but in a new way. The **Care Reform (Scotland) Act 2025** sets out the foundations for change and some previously proposed policies will have to be delivered in different ways to originally planned.

Until the Scottish Government provide further details, we do not know how we will be asked to plan and direct care in the future.

Scottish Government publications

- **NHS Scotland Operational Improvement Plan** - March 2025
- **Health and Social Care Service Renewal Framework** – June 2025
  This sets out a 10-year plan to improve outcomes for the people and communities of Scotland and deliver a sustainable future for health and social care.
- **Scotland's Population Health Framework** – June 2025
- **Scotland's Public Service Reform Strategy – Delivering for Scotland** - June 2025
  This is clear about the change we must deliver through integrated solutions and local action. We must ensure we create lasting change that focuses on people, communities and places.

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Transformation

Health and social care is changing. This is because of the way our communities are growing, the types of support people need, and other influencing factors like legislation, national policy, and Scottish Government priorities. The change required is not small, gradual change over time. We must completely redesign how we deliver treatment, care, and support in new, and previously unimagined ways. This is called transformation.

We continue to believe that our services are best placed to work with people and communities to design the care and support people want and need. We know this can't happen as quickly as we would like and that we won't always get it right. However, we will always do our best to support positive change and always put our communities at the centre of our decisions.

This Strategic Plan sets out an ambitious but realistic programme of transformation and we have asked Midlothian Health and Social Care Partnership to start the work required to redesign health and social care as part of a new, sustainable financial plan.

We know there are a range of people and groups of professionals that will contribute to the success of this work. We have identified a number of enabling factors which including finance and resource; business, intelligence, and insight; workforce; sustainability (including digital), and unpaid carers.

We will continue to work with Midlothian Health and Social Care Partnership, Midlothian Council, and NHS Lothian to ensure we have the right support to make our plans a reality.

Transformation and change

The Midlothian Health and Social Care Partnership Transformation and Change Programme Board has 8 workstreams.

These are

- Palliative care
- Bed based care
- Unscheduled care and Home First services
- Primary, community and social care
- Commissioned services and the Third Sector
- Community assets, wealth and capacity
- Mental health and dementia
- Multiagency Single Point of Access (community front door)

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Our approach

If we are serious about building a sustainable health and social care future, it's important we recognise that the most powerful and cost-effective interventions are ones with a shared purpose and grounded in relationships.

Only by people and communities being seen and heard, and by leading the change can we unlock the kind of action that will change the future of health and wellbeing in Midlothian.

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Our commitment

We have asked Midlothian Health and Social Care Partnership to base their transformation plans on developing relational ways of working, breaking down the silos of diagnosis or age-based care and focus on a new person-led, outcome-focused approach. It's time for us to be a part of making a relational way of working become the reality for people and communities.

In the face of rising demand and very real capacity pressures, we must support services to stop saying 'no' and start asking 'how'. This is much more than structural reform and based in a change of culture where compassion is the driving force and relationships are at the centre of how we care for our workforce and the people we are here to serve. The future must be deeply human.

Our capabilities

Planning is important, but we know it is the actions we choose to take that matter. Our strategy will continue to evolve, and we will adapt as we learn. To do this, we must continue to support Midlothian Health and Social Care Partnership to have the skills and capabilities to redesign and respond to financial challenges, population growth, and increasing demand.

The rest of this plan sets out the areas of focus and ambitions that we believe will allow services to continue to provide high quality care and support while also taking significant steps forward towards local health and social care reform.

Our commitment to the people and communities of Midlothian is to

- Keep it simple and avoid strategies and plans that add nothing new or add no value to people and communities.
- Do things differently. Just because something is statutory it doesn't mean we shouldn't think about planning and delivering that service in new and radical ways.
- Take a 'once for Midlothian' approach and avoid siloed planning.
- Focus on impact by understanding what our collective contribution is to personal outcomes and positive change.
- Have better conversations with our communities, be visible, and be part of the work.
- Be ambitious, ready to change, and ready to adapt.

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Working together

The aim of integrated health and social care is to ensure that everyone in Midlothian has joined up care and support.

We know the decisions we make influence how people live and make choices about what they do and where they go within our communities. We also know that we can't design services that rely on communities to take action without contributing to community resilience.

The decisions our Partners make will also influence people's choices and ultimately how well we are able to achieve the ambitions in this plan. We must work with all our Partners to avoid this plan unintentionally making it harder for people to live well in their community. We will always share our plans, successes, and challenges so we can support people live well.

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Working with our Partners

When people need services, it is important to get support quickly. We want to have different conversations and create new relationships with our Partners so that together, all our offers collectively support more people. We will work with our Partners where it is possible to develop joint frameworks for planning across the whole system and use mechanisms like our Market Facilitation to drive change. We have started this work in key areas, e.g., workforce planning, and will continue to find opportunities to work and find solutions together.

Where it makes sense to do so, we will explore ways to create more opportunities to have shared goals and outcomes, jointly fund services, and share our data. For example, services like mental health, substance use, primary care, housing, employability, and welfare support can all contribute to preventing some of the causes of poor or deteriorating mental health. We must avoid limiting what we can do with unnecessary 'red tape' while also meeting our duties to keep people safe.

Where people live can have a significant impact on health and health inequalities. An emerging threat to heath and health inequalities is climate change. Environmental issues and how we can support our Partners to be more sustainable are a key consideration as our communities continue to grow. We have a duty to report on how we are working with our Partners in this regard, and we must find the shared opportunities within all our strategies to underpin the principles of equality, net zero emissions, and sustainability. We will continue to support 'Green Health Prescribing' and work with others to ensure the health and social care needs of people are considered as part of proposed local development plans.

Public transport provides opportunities for active travel which has a direct positive impact on health. If we want to provide more community-based treatment, care, and support, Midlothian needs to have good transport links that help people travel locally and sustainably.

We will prioritise working with all our Partners to help reduce poverty because we know there is a strong relationship between money, income and wealth, and health and wellbeing. We will ask services to make sure that every contact counts and we actively connect people to the support they need, rather than expecting them to navigate complex systems alone. Where we can help, we will work with our Partners so people can access specialist welfare and debt advice. This might be through our local services in venues that are easy to access, for example, day services, community venues, and our Community Hospital.

We want to see more fair work for local people. In addition to income, good employment also provides social connections and can support people to improve their mental and physical health and wellbeing. We don't employ anyone, but we will continue to build on the work with our Partners and do all we can to support local opportunities in health and social care.

Secure, quality, and affordable housing is another foundation of good health and wellbeing and has a significant positive impact on people's lives. We want to ensure we coordinate health and social care support with people's housing options. We don't have any direct responsibility for housing matters other than aids and

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adaptations but can support the work of others to improve housing stability and security and prevent homelessness. Our **Housing Contribution Statement** sets out how we will work with all our Partners but particularly Midlothian Council to ensure people live in safe and quality housing within their community.

This plan is closely aligned to the work of both our Partners, and the Third Sector. We have ensured we have woven these shared ambitions throughout this plan so we can work together to contribute to positive change for people and communities.

NHS Lothian

The **NHS Lothian Strategic Development Framework** sets out what needs to happen across Lothian's Health and Care system over the next 5 years. It is a joint plan between the all the Health and Social Care Partnerships in the Lothians.

The vision is that 'Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide'.

We connect health and social care services seamlessly, wrapping around the citizen in their home.

We improve performance across our system, with better experiences for citizens.

Midlothian Council and Community Planning

The **Midlothian Council Plan 2025/30** sets the ambition to grow and transform by harnessing opportunities.

The strategic objectives and key priorities align with the Scottish Government's Economic Strategy and link to the Midlothian Community Planning Partnership vision.

Prioritising our work with the Community Planning Partnership is one of the best ways to ensure all the strategies and plans for services across Midlothian are joined up. We lead 'Midlothian will be Healthier' and 'Midlothian will be safer' thematic areas of the **Midlothian Community Planning Partnership Single Midlothian Plan 2023/27** and work together to achieve more together than health and social care can do alone.

The Third Sector

The Third Sector is a vital part of health and social care in Midlothian.

There are at least **700** voluntary sector group and organisations in Midlothian, and **228** registered charities (voluntary organisations or community groups) who identify their main operating area to be Midlothian.

Approximately **40** organisations are commissioned by Midlothian Health and Social Care Partnership to provide services and support for people and communities.

The Midlothian Third Sector Interfaces (TSIs) plays a key role and provides a range of supports and advice.

Our strategy on a page

Our Vision

People in Midlothian are enabled to lead longer and healthier lives.

Our Mission

We will provide the right support at the right time in the right place.

Our Values

Respect. Compassion. Quality.

Our Strategic Aims

1. People are able to make good decisions that help them stay well, plan ahead, and prevent ill or worsening health.
2. People are able to access the care and support they need when they need it in the community and at home.
3. People's human, social, and economic rights are protected and promoted in how we design and deliver our services.

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Information, evidence, and insight

This section sets out the information and evidence we have used to determine our strategic aims.

Before writing this plan, we undertook a review of a wide range of information, local data, and the views of people and communities' local data to help us identify the areas where we want to make the biggest difference over the next 10 years.

The most significant piece of evidence we have used is our **Joint Strategic Needs Assessment (JSNA)**. This brings together coordinated information from local, regional, and national sources to help us understand the health and social care issues for people living in Midlothian.

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Information, evidence and insight

Health and social care services collect and report on a huge amount of information. The way we are asked to do this means the data we collect is often about one part of the system or a single issue. We are working hard to improve the data and evidence we use so we can be more confident about the decisions we make and how the whole system fits together. We have reviewed all our data and information to make sure it is accurate and available to us at the right time to make good decisions.

We have also looked at a wide range of other information and evidence, so we can be as sure as we can that the priorities in this plan will help us make the fastest progress towards achieving the 9 National Health and Wellbeing Outcomes for everyone who lives in Midlothian.

Our communities are more than numbers and statistics to us, and we have combined number data with descriptive data, people's stories, and experiences to ensure this plan helps everyone in Midlothian achieve what matters most to them.

When a new source of data has become available, we have connected it with existing information in new ways. Seeing the links between existing and new information across the whole system has given us better insight into where real change can be achieved. We have examined the information, evidence, and insight from all of these sources to help us make decisions about our plan. As more data becomes available across time, we will review this alongside information from Midlothian Health and Social Care Partnership services to help identify emerging risks and inform our decisions when we need to change our approach.

Our data sources

We have considered a wide range of information and evidence so we can be as sure as we can that the priorities in this plan will help us make the fastest progress towards achieving the 9 National Health and Wellbeing outcomes for everyone that lives in Midlothian.

- The National Indicators and our performance on these as described in our **Annual Performance Report 2024/25**.
- The Ministerial Steering Group indicators.
- Our **Joint Strategic Needs Assessment** (JSNA).
- The Midlothian Citizens Panel.
- Our Annual Midlothian Survey.
- Local service performance data.
- Feedback from local providers, people, and communities.

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Information and support

In our recent Citizens' Panel survey, we asked residents of Midlothian to tell us how they find information about services in their community. People told us that one of the top sources of information they use is word of mouth (56%), and we also know that providing information in person is not everyone's preferred option. People told us that they use social media (56%) just as much as seeking information face to face.

We know our services provide a variety of in-person advice and information, but we must do more to ensure information is available and accessible to all people and communities across Midlothian. There is much we can learn from other national examples of good information sharing, e.g., community pharmacies.

Digital skills and confidence, along with access to devices and data, are becoming increasingly essential to life in the UK. People should be able to use digital technologies in ways that enhance their lives and contribute to helping them overcome other disadvantages which they might face. Digital exclusion (limited or no access to internet connection, devices, skills) creates digital inequalities, which are strongly linked to wider social and economic disadvantage. In Scotland, areas of higher economic deprivation have lower levels of internet use.

The evidence tells us that we must ensure improve the information we provide and ensure it is useful, easily available, and accessible to everyone in a range of places and formats.

Pharmacy First

Pharmacy First Scotland is a service for people living in Scotland, registered with a Scottish GP Practice, residents in care homes and care settings, people who are experiencing homelessness, and the traveler community.

Across Scotland:

- Across all age groups women use Pharmacy First more than men.
- Children aged 0-9 are the largest group by age who use Pharmacy First.
- Children living in areas of highest economic deprivation are more likely to use Pharmacy First than those living in the areas of least economic deprivation.

Digital skills and confidence

People in Midlothian have access to digital tools, but not everyone is able to make best use of them.

- 97% of people in Midlothian have report having access to the internet at home.
- The average internet speed in Midlothian is 15% lower than then UK average.
- 31% of Midlothian's population experience slow or very slow internet connections.
- Older people are less likely to own smartphones or connect to the internet.
- People with lower incomes are less likely to have access to smartphones and be on pay monthly data plans.

What matters most to people and communities

We know that good conversations are vital in understanding how to support someone to achieve their personal goals. This can be difficult to measure as it is often a combination of factors that people describe as making a positive difference in their lives.

We need to ensure that people are supported to achieve the things that matter most to them and our services are confident of what our contribution is to their success.

This means taking the time to have good conversations with people, to understand what is working well, what could be better, and who might be able to help. We call this The MidWay, and all staff are supported with training.

What is important

Respondents to our Citizens' Panel survey told us that the 3 most important things for health and care professionals to do are:

- Start with asking about what matters to me (68%).
- Ask me what I think would make a difference (63%).
- Ask about other areas of my life where I might need some help (55%).

We want to be able to provide people with meaningful support to live the lives they choose in good health and wellbeing. To be confident we are continuously learning and improving, we want our services to be able describe their contribution to people achieving the outcomes that matter to them.

Outcome Mapping is a useful way to describe what we do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. We have already made good use of this approach to understand our progress towards achieving our Directions and the national indictors reported in our **Annual Performance Report 2024/25**.

We believe this methodology will also help our services to understand their contribution to people achieving outcomes and can help services make more targeted, locally informed decisions about how to design, deliver or commission services.

We will build on our application of Outcome Mapping to support services as they develop meaningful action plans for change based on the triangulation of three types of data: service data (activity), system data (population experience), and what matters to people (outcome mapping).

Supporting local people

We know that people generally access health and care close to home, rather than where they work. This means that our services need to support people who commute to work outside of Midlothian, those who work locally, those who are unable to work, and those who have caring responsibilities.

People who live in Midlothian and that are in employment consistently earn less than the Scottish median earnings per week. Midlothian full-time employed residents in 2022 earned on average £622.90 per week compared to the Scottish equivalent of £640.30.

Midlothian's largest employer is Midlothian Council with 3,990 employees. However, over 50% of the working age population work for Edinburgh City based employers.

Along with services being easy to find, and ensuring Good Conversations take place, we need to ensure that service offers and supports are designed around how people live their lives.

In our recent Citizens' Panel survey, only 37% of people thought "it is easy to get the support I need when I need it". It's important we take action to address this for the health and wellbeing of people in Midlothian now and in the future.

Local economic activity

- In 2024, the economically active population of Midlothian was 81.5% of the total working age population.
- 11,200 people were classed as economically inactive.
- 29.2% were inactive due to long-term sickness (this has been relatively consistent over the past 10 years).
- 25.6% of people were retired, an increase from 17.6% in the past 10 years.
- In March 2025, 1,405 Midlothian residents, were receiving out of work benefits. This included a greater number of males than females, at 805 and 595, respectively.
- In October 2023, 2.2% of Midlothian residents aged 16-64 were claiming Universal Credit - male (2.6%), female (1.8%).

The Scottish Burden of Disease study predicts that the burden of disease will increase in Scotland by 21% over the next 20 years. This study monitors the diseases, injuries and risk factors which prevent people living longer lives in better health and estimates that two thirds of increases in disease will be cardiovascular diseases, cancers, and neurological conditions.

Staying well, independent, and active

Less than half of adults in Midlothian meet the physical activity recommendation of more than 2.5 hours of activity per week. Adults in the most deprived areas are less likely to meet these guidelines compared to those in the least deprived.

Maintaining a healthy weight is important to avoid increased risk of illness and diseases which can lead to premature death or reduced quality of life. 2 out of 3 adults in Midlothian are overweight or obese. This means people are living less of their lives in good health, so we need to make it easier for people to access services to help them stay well, independent, and active.

Improving outcomes

There are areas where Midlothian is making sustained improvements in improving outcomes for people.

- Hospitalisations for asthma and COPD are both at their lowest in Midlothian since 2002.
- Emergency admissions for people aged 65 and over are reducing overall.
- Deaths from suicide are also reducing and currently below the national average.
- The number of babies reported by their parent as being exposed to second-hand smoke at the 6-8 week review has fallen significantly from 38.46% in 2002, to 6.82% in 2023.

One of the ways to measure overall health is by looking at information about life expectancy. Healthy life expectancy is the average number of years that a new-born can expect to live in "full health".

Life expectancy

- Since 2019, the gap between life expectancy and healthy life expectancy has increased by 0.9 years for both men and women in Midlothian.
- Life expectancy at birth in Midlothian is slightly better than the Scottish average (2019/21) for both males and females.
- Women's overall life expectancy is higher than men's in Midlothian.
- Life expectancy varies by up to 10 years across different parts of Midlothian, because of poverty and social disadvantage.
- Early deaths of people aged under 75 years from cancer and chronic heart disease have both been reducing over time. Some areas with higher deprivation are experiencing increasing rates. Early death from chronic heart disease varies across areas. Dalkeith had the highest rate of early deaths with the next highest rate in Easthouses, whilst Pentland had the lowest rate.

Where we live

Midlothian's population has grown every year since 2006 and at the 2022 Census there were 96,600 people living in Midlothian. It is the fastest growing Council area in Scotland. The local birth rate and the number of people either moving to, or leaving, Midlothian each year combined with plans for new houses means the population of Midlothian could increase by 27% by 2036.

It is not clear how the economic profile of Midlothian may change in future years, and what the impact on access to community services might be. We anticipate a population increase in Midlothian of approximately 40% over the next 10 years. This is largely due to large, planned housing developments. It is likely that the health and care needs of these new families will be different to those of the people already living in the area or close by in neighboring housing developments.

The challenge facing health and social care providers is not only an increasing population. The profile of who lives in Midlothian is also changing, and the impact of this is difficult to predict with certainty. We know we have more babies being born, more people moving into the area, and more people living into older age.

If more affluent families, who often have higher levels of health literacy, move into Midlothian, there is a risk that residents in areas of existing economic deprivation may find it harder to access the support they need. This is sometimes called the inverse care law, where those who need care the most are least able to access it.

The evidence tells us we must plan for the future with different types of health and care services, in different numbers, and in new locations to avoid existing health inequalities widening, particularly for the most vulnerable people.

Changes in population

- Midlothian has the highest standardised birth rate of all council areas in Scotland.
- Midlothian is projected to see the largest increase in Scotland due to people moving into the area from other councils in Scotland (11.6%).
- Midlothian is predicted to see the number of children grow by 11.2%, the largest increase across Scotland.
- Most council areas are projected to see an increase in their working age population over the next 10 years. The highest increase is projected in Midlothian (16.1%).

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Services in our communities

The data tells us we must focus on prevention activities to improve population health outcomes, reduce health inequalities and support the long-term sustainability of health and social care services When we asked people to tell us about the health and care services they had accessed recently, the most frequent responses were all community-based:

- GP team (64%)
- Pharmacy (61%)
- Dentist (30%)
- Optician (21%)

The impact of impact of planned housing development is likely to be most significant for General Practice, Pharmacies, Health Visiting and Community Health and Social Care services that support people to live in good health for longer in the place of their choosing.

We must work together to ensure that people can access the services they need in their own community and recognise people are the experts in their own experiences. It is vital that people are involved in planning services and that their contribution is valued. Less than half of the Citizens' Panel respondents agreed that they "feel confident about getting involved in decision-making in my community" when thinking about health and social care.

Journey times to appointments

(home to health and social care appointments)

- 58% of respondents travel by car to appointments at a GP practice, hospital, or vaccination clinics.
- 23% walked, 11% used public transport.
- 64% travelled less than 15 minutes.
- 29% travelled 15 to 30 minutes.
- 8% travelled more than 30 minutes.

One of the reasons people told us that makes it difficult to get involved is having enough free time. Free time can be limited by several factors, but one of the most significant is having caring responsibilities.

Unpaid carers tell us that it can be difficult to arrange cover, or respite care, for the person they look after. Many carers do not identify what they do as "caring". Some groups are more affected than others with more women identifying as carers, and 28% of carers live in the 20% most deprived data zones.

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Flexible and adaptable care and support

The Health and Social Care Standards in Scotland are designed to ensure that everyone receives high-quality, person-centred care and support. These standards are grounded in principles of dignity, compassion, inclusion, and respect, and they apply across all health and social care services in Scotland.

These standards support people to have control over their care, to ensure care is flexible and responsive to changing circumstances, and to promote equality and fairness, especially for vulnerable groups. In line with these ambitions, the Scottish Government published the Health and Social Care Service Renewal Framework 2025–2035 in June 2025 which focuses on:

- Prevention and early intervention
- Community-based care
- Digital-first approaches
- Tackling health inequalities

The profile of Midlothian's population in almost all age groups is changing. As people's lives change, their needs for support change too. As people grow older, they often require more practical support to help them live well for longer.

The number of people who are of pensionable age in Midlothian is projected to increase by 8.9% between mid-2018 and mid-2028. The proportion of people aged 75 and over is predicted to grow by over 40%. Midlothian's total population includes 4.53% of minority ethnic populations, which is an increase from the 2011 Census figure (1.77%).

We have already seen an increase in the number of people employed to provide this support, and health and social care is the largest employment sector in Scotland. There is also a thriving local Third Sector in Midlothian, supported by the Midlothian Third Sector Interface.

Core principles

The Health and Social Care standards are built around five core principles:

- **Dignity and Respect**: People are treated with dignity and respect at all times. Their human rights are upheld.
- **Compassion**: Care is delivered with kindness and understanding.
- **Be Included**: People are supported to be part of their community and involved in decisions that affect them.
- **Responsive** Care and Support: Services adapt to people's changing needs, choices, and decisions. Individuals can lead and direct their own care if they choose.
- **Wellbeing**: People experience high-quality care that supports their physical, emotional, and mental wellbeing.

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Most of the people working in Midlothian work full-time. There has been a slight decrease in the full-time workforce and an increase in the number of self-employed, part-time, and retired individuals from 2012-2019.

In order to ensure that care and support can be adapted when needed, we must make sure we have a workforce that is developing the right people, with the right skills. Given that the population of Midlothian is changing, the need for social care services is likely to increase, but there may be a lack of people who are qualified or wish to be employed in these roles.

The national Health and Care Experience Survey 2023/24 asked people about the impact of having caring responsibilities: The data for Midlothian told us that

- 37% agreed "I have a say in services provided for the person I look after"
- 35% agreed "I feel supported to continue caring"
- 64% agreed "I have a good balance between caring and other things in my life"
- 33% agreed "Local services are well coordinated for the person I look after"

It is vital we support carers in Midlothian and take action to ensure that working towards our ambition of shifting the balance of care closer to home does not put unpaid carers are under additional pressure as a result. Our Carers Strategy 2025-2028 sets out how we will achieve this and improve the experience of carers in Midlothian.

Public Sector staff

- In 2021 there were **1,100** staff employed by the Public Sector in Social Care Services and 45 registered care services in Midlothian.
- This is an increase of 32.5% more staff working in the public sector for Social Care Services from 2012.
- In 2021 employees were mostly between the ages of 35 and 64.
- The rate of 16-19 years olds in employment is higher in Midlothian than in Scotland. Across Scotland the majority of 16-19 year olds are in education, with a slightly lower rate for Midlothian.

Caring

12.5% of the Midlothian population are carers. In the 2023 survey of carers in Midlothian:

- 80% reported effects on their mental health, 66% on their physical health.
- More than half said caring responsibilities reduced their ability to see health professionals.

Caring has a significant impact on employment and income:

- 28% of survey respondents have left the workforce.
- 27% have reduced their hours at work.
- 14% have lost pension and National Insurance contributions.
- 24% of carers have used personal savings for care.
- 13% have relied on food banks.

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There are at least 500 formal groups or voluntary associations and other Community Planning Partners and approximately 56% of the population volunteer informally.

The data tells us we must continue to work in closely with our Partners to plan for a workforce fit for the future. This includes building on the value we know volunteers add to care and support.

The Volunteer Charter, developed by Volunteer Scotland, outlines 10 key principles that promote good practice and protect the rights of volunteers. It is designed to ensure volunteering is safe, fair, and meaningful, and to prevent exploitation.

Volunteering

- 92% of respondents to our Citizens Panel survey who provide support as a formal volunteer stated that it makes a positive difference to their health/wellbeing.
- 90% of respondents to our Citizens Panel survey who receive support from an informal group stated that it makes a positive difference to their health/wellbeing.

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Sharing information safely

We work with a number of organisations to provide the health and social care services in Midlothian, all with different structures: e.g., hospitals, GP practices, care at home, and social work all have their own specialised multidisciplinary teams.

These teams often need to work together to support people, especially when their needs change. This might be a single event, like an admission and discharge from hospital, or it might be support provided over a period of time that increases as the person's needs change. 56% of respondents asked us to "contact other support or services that might help me on my behalf".

Data Protection

Safe information sharing must follow laws including the Data Protection Act 2018.

We can only share information safely when it is:

- Proportionate (only what's needed)
- Purposeful (to support care)
- Consent-based where possible
- Secure (protected from misuse)

When we share information safely, it reduces duplication and means people don't have to repeat their story multiple times. People benefit from co-ordinated care, with professionals from different services working together differently to meet an individual's needs. This will help us adopt a way of working where we can pull in the right team of professionals to meet the individual needs of people rather than pushing referrals to multiple services and organisations.

Safe sharing of relevant information helps to identify risks (e.g. safeguarding concerns, medication issues), and supports early intervention, preventing problems from getting worse. Services can provide personalised care, based on a better understanding of someone's needs, preferences, and history, which leads to increased trust, and improved outcomes.

To do this well, we need to improve how we share information safely. The information held about people can sit in the systems of our Partners, but they aren't connected to each other. In Midlothian, a person could have their health and care data saved in at least ten separate electronic systems.

The **Care Reform (Scotland) Act, 2025** has made provision for change, but we don't know how long it will take before solutions are developed. The evidence is clear that must continue to work with our Partners to ensure agreements in place that allow us to connect their information safely to deliver more person-led health and care.

Our strategic aims

We have identified 3 strategic aims that we think can make the biggest impact in the shortest time possible. These focus on the national ambition to provide the right care, at the right time, and in the right place.

Each of the strategic aims support at least one of the 9 National Health and Wellbeing outcomes and our **Directions for 2025/26** are structured this way too.

We have intentionally designed our planning this way to help people see how our ambitions for change are linked to the way we make decisions about funding and the action we ask our Partners to take.

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Strategic aim 1

People are able to make good decisions that help them stay well, plan ahead, and prevent ill or worsening health

What we are trying to achieve

1.1 People can easily find the information they need to make good decisions.

1.2 People achieve the things that matters most to them, and our services are confident of what our contribution is to their success.

1.3 People access services and support designed around how they live their lives.

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What we are trying to achieve

We know that our service offers and supports are only one part of what helps people and communities stay well and feel connected to the place where they live. The only way we can be sure that we are offering the services that support people to stay well is to be confident that people and communities are alongside us when we plan and discuss the future.

As we developed this plan. As part of that work, people have told us we should spend more time having conversations with communities to understand what matters to them and help them take action to see that become a reality. Our **Participation and Engagement Statement 2025-2028** sets out how we will keep the conversation going and work alongside people and communities to drive meaningful change.

We know when communities are involved in designing services, they better understanding their own health and wellbeing and plan ahead using the resources that already exist in their community. We also know we need to ensure people who experience disadvantaged have a voice in how we work towards a more equal future.

Most people wanted us to stop talking about models and pathways because these words don't mean anything to them. People said it would be more helpful to have information that was easy to find, and services that were easy to access. By working together and being clear, we think everyone will have a better understanding of what we can offer, and what people can do for themselves.

Short-term aims

1.1 People can easily find the information they need to make good decisions

Information is easy to find and accessible

When strategies, plans, and service information are not designed to be accessible, people get left behind without alternatives. We reviewed the information we provide and found there was work to do to improve our published documents and information about the services Midlothian Health and Social Care Partnership provides.

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We know we have work to do to better understand the preferred formats and methods of communication for people living in Midlothian. This includes both how and when we present information, as well as how useful the information is. Our information needs to be equally available to everyone, which means everything is easy to read, in plain English, and compatible with text to speech technology.

Our **Participation and Engagement Statement 2025-2028** describes how we will have better conversations with people and communities then act on the things that are most important to them. Our work with the Community Planning Partnership is an important part of how we stay connected with local Partners.

Early intervention and prevention

We must not let the challenges in some areas take our attention away from the need to develop our early intervention and prevention offer. We know that the best way to prevent people needing our service is the future is to improve our population health.

Breast feeding has a range of health benefits, including infants maintaining a healthy weight and supporting healthy weight in childhood. Midlothian Health Visitors are working with the NHS Lothian Public health team who are leading on how a whole system approach to tackling childhood obesity and type two diabetes could be taken forward. Currently this work is underway in Easthouses and Mayfield with plans to expand to other areas in Midlothian.

Speech, language, and communication is a key part of a child's social, emotional and educational development. Language

What we will do

- Work is underway to improve how we share printed materials and our website. We will work closely with Midlothian Council and NHS Lothian to help people find the information they need, and ensure information is up to date on all our webpages. We aim to have this completed by early 2026.
- We have asked Midlothian Health and Social Care Partnership to develop a Public Communication Strategy and Action Plan to help as many people as possible access the information they need.

What we will do

- Our 'Bump Buddies' group and telephone helpline will continue to provide vital antenatal and post-natal support for women who breastfeed. The groups are designed to support women make informed choices around infant feeding, increase the numbers of women who choose to breastfeed, and enable more women to breastfeed successfully for longer
- Antenatal visits to identify children with speech or language difficulties will follow on from the three visits delivered by midwives. Sessions have been developed in collaboration with colleagues from NHS Lothian Speech and Language Therapy and Public Health teams as part of the 'prevent' agenda and will continue with targeted follow-up and evaluation to monitor the effectiveness of this prevention activity.

difficulties have a long-term impact on children and can result in poorer outcomes in adulthood. A review of children's speech and language development at the 27-30 month review is an important way to identify children with signs of speech or language difficulties and ensure they receive the support they need.

More children are showing difficulties with speech and language at this important development milestone, and this prompted Health Visiting in Midlothian to take a proactive approach to prevention and early intervention alongside Speech and Language Therapy and Public Health teams.

As part of our programme of transformation and change, the Midlothian Health and Social Care Partnership Public Health Practitioners coordinate several early intervention and prevention initiatives across Midlothian. This includes information and support to people as early as possible and working with our Partners to ensure people have good quality housing, education, and employment.

Justice Services

We must meet the challenges of the rising prison population. An important part of the Justice service is ensuring that people can access appropriate information and resources at each stage of their Justice journey.

We will continually improve the ways we do this by continuing to work collaboratively with key stakeholders including people impacted by, or involved in, the Justice system. For example, the Women's Justice Network is a national forum established in 2023 by the Midlothian Health and Social Care Partnership.

As national innovators, the Midlothian Justice Services are coordinating a programme of learning with subject matter leaders to help practitioners share learning and support women at risk.

What we will do

The Women's Justice Network is a national forum to support all social work staff working with women who have a history of trauma and complex needs by sharing best practice, developing local resources, and advocating for women's issues.

Ongoing work includes identifying common behavioural patterns that can be identified by professionals to support women at risk in cases of coercive control and stalking.

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1.2 People achieve the things that matter most to them, and our services are confident of what our contribution is to their success

Self-Management

Self-management is a way of living that helps people feel more in control of their long-term conditions, health and wellbeing. This can be through access to information or developing the skills and confidence people need to manage their own health and wellbeing on their own terms. 'Green prescribing' is a way professionals can support people to improve their wellbeing e.g., Health Visitors encourage mums to go for 'pram walks' to help maintain good mental health.

Some people told us they found it difficult to understand what self-management means for them and wanted clarity before deciding if this was the right approach to support their health and wellbeing. People told us they wanted to be more informed about their condition(s), be better prepared for when they feel less well, and know how to access support when it is needed.

When people's circumstances change, understanding how to access the right support is an important part of self-management. We will continue to develop ways of working that support people through times of change so they can continue to live well, for longer.

Personal outcomes

"What matters to you?" cannot only be a slogan, it must be the core of compassionate, relational and person-led health and social care. It's time for us to lead the shift and see relational working become a reality.

What we will do

- We have asked Midlothian Health and Social Care Partnership to develop a self-management strategy that defines self-management and sets out how we will support people to manage their own conditions.
- Midlothian Health and Social Care Partnership is developing its use of an evidence-based frailty scale to help people navigate self-management. This also helps us understand the types of care that make the biggest difference and how to improve care in the future.

We need to change and make outcomes, trust, and neighbourhood working our priority. Our good relationships with Midlothian Council and their commitment to place based working will be key to delivering real change.

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As we continue to work towards people achieving what matters most to them, it is important that we understand what our contribution is that process is. To do this, we have not simply taken old processes and made them electronic, we have adopted new ways to describe our impact in Midlothian. This is called Outcome Mapping.

We began developing our approach in 2021/22 with a framework that describes how we contribute to improving outcomes. Based on this learning, we have developed this work over the last three years that provides a way for services to tell their story and describe the contribution we make to changing outcomes. The stories of the people who experience our services are an important part of showing and evidencing how people feel and the difference we have helped make in their lives.

This approach is most developed in our Strategic Governance Outcome Map that describes how we operate and gives assurance on the progress we are making towards our three strategic aims and the 9 National Health and Wellbeing Outcomes. This information also helps us learn, continually improve, and share this with our Partners.

What we will do

We have asked Midlothian Health and Social Care Partnership to work towards every service area reporting their contribution to outcomes for people, and our strategic aims using an outcomes-focused approach.

We have also asked services to ensure they are able to describe how they are contributing to personal outcomes and continually improving to support people achieve what matters most to them.

Medium-term aims

1.3 People access services that are designed around how they live their lives

Whole system Transformation

System transformation is more than service redesign. We are already developing our ability to understand the relationship and connections between services to help us make good decisions and are continually developing intelligence and data that helps us make the right changes in health and social care.

We have worked with Midlothian Health and Social Care Partnership to start planning a programme of whole system transformation. This work will help us deliver care and support in ways that will completely redesign how we think about health and social care. It's important that we keep early intervention and prevention at the centre of our planning and decisions. Our ongoing partnership with the Third Sector, Independent Sector, and community groups will remain at the heart of our work with people and communities.

Primary care and connected community services

As we develop our Primary Care services as close to home as possible, this might change the number of hospital beds we need. We will monitor this closely as we transform and continually review how we allocate the resources made available to us by Midlothian Council and NHS Lothian. We are hopeful that by investing in community services and working with our GP colleagues, fewer people will need to go to hospital.

One way we think we can improve how people access the care and support they need quickly, is to develop a Community Front Door Multiagency Single Point of Access to reach any of our services across Midlothian. This will take time and require all of our Partners across the system to work together.

Unscheduled care

We are responsible for a range of health services called unscheduled care. Another way to describe this is the care that people need quickly because it is unexpected and unplanned. This includes some services from GP practices, pharmacies, and teams like district nursing, emergency departments, acute medical wards, and medical wards for older people.

We must ensure that people are only directed to Accident and Emergency (A&E) when they need this type of care. Our work to better understand the system tells us that this is more likely if we invest in social care. We believe we can improve outcomes for people with early intervention and prevention activity that avoids people having to go to hospital when they could be at home.

We are continuing to work in a 'whole system' way with the Scottish Government, NHS Lothian, Midlothian Council and local providers to develop new ways of working that improve the experience of people in hospital when the care they need cannot be provided at home. This includes making sure people are not in hospital for any longer than they need to be and the services they need work together and feel joined up.

What we will do

We know the Third Sector is particularly well placed to help us think differently about how we provide first contact services.

We will work closely with our Third Sector colleagues to develop our Community Front Door as part of our transformation plan.

What we will do

Midlothian Health and Social Care Partnership has reviewed how 'Home First' services are delivered. This has included considering how we ensure the care people need closer to home e.g., at Highbank Intermediate Care service.

Alongside our ambitions to deliver Hospital at Home where it is possible, we will redesign our community and bed-based services as part of our transformation planning.

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Digital

Using digital tools is an important part of how we help people to live the lives they choose. This means considering where digital tools and options play a meaningful part of our service offers. We understand that digital has to be a choice and needs to be an appropriate part of safe and effective care.

Digital tools and lifestyle monitoring technology help us to better understand the support people need and want to live the life they choose. As Scotland moves from an analogue to digital service for telecare support to keep people safe and well at home to alert professionals when people need help.

We are also continuing to increase the number of ways that people can access our services e.g., digital consultations, telephone review, text message reminders, and Artificial Intelligence (AI). These services provide information on what to expect, how to prepare for the group, and provide signposting to other online resources to help people to 'wait well' for care and support.

What we will do

- We will work with Midlothian Council and NHS Lothian to ensure we are safely gathering and using data and technology where it can improve outcomes for people and support the workforce.
- We are expanding our digital offers and utilising NearMe online consultations to support more people attend weight management groups run by a specialist team of dietitians.

Longer-term aims

Living well with multiple conditions

One of the ways we think we can make a big difference is how we support people with more than one health condition (known as multimorbidity). In the UK, one in four people live with at least two health conditions. We know that people often have several long-term conditions and working on how we predict who is most likely to have multiple long-term conditions and frailty is the obvious thing to do.

We are working to improve care for people with multiple health and social conditions and know the right mix of services working together has made a real difference to people and communities. This has been particularly successful with the Health and Social Care Partnership's use of 'No.11' which houses a range of integrated Mental Health, Substance Use, Justice Services, and the Third Sector.

That doesn't mean we can simply recreate this success by asking services to work in the same building. To be well connected services need more than a shared working location or to be reorganised in a single management structure. Without creating the time and resources for Midlothian Health and Social Care Partnership to think through the practicalities of how to join

up their work around people and communities, plans will not be successful. We know improving coordination is about relationships between people, not just the building they work in.

As we collect local evidence about how and where we could better coordinate and link service and supports for people with complex needs, we will be able to connect services and multidisciplinary teams in new ways. We will look for opportunities to build new relationships and work more closely with our Partners.

Falls and frailty

Falls, and illnesses associated with frailty remain common reasons for people in Midlothian being admitted to hospital. Reducing falls and the number of people who need to go to hospital will help people stay well, improve wellbeing, and reduce pressure on the wider system.

For older people, we know that falls can be associated with being unwell. However, falls are not an inevitable consequence of getting older.

What we will do

We are taking a multi-agency approach to make sure people are able to take action and bring to life the outcomes and ambitions of national direction, the **Health Improvement Scotland's Ageing and Frailty Standards**, and the **NHS Lothian Falls Prevention and Management Framework**.

Building new relationships and working more closely with a range of organisations will better coordinate services for people with multiple conditions, including frailty.

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Strategic aim 2

People access the care and support they need when they need it in the community and at home

What we are trying to achieve

2.1 People easily access the services that help them stay well, independent, and active.

2.2 People have access to services in their own community.

2.3 People are living in the place of their choosing for longer.

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People told us that they know there is not enough money or staff in the health and social care system to do everything for everyone.

One of the things we can do to help people continue to live in the place of their choosing for longer is ensure we are providing care, support and rehabilitation that supports people to make good choices and prevents difficulties in the future. Activities, interventions, or information resources that support people to recover, adapt, and achieve their full potential are all types of 'rehabilitation'. If we have the right service offers and supports in place, people will recover faster and fewer people will need support from health and social care services. This includes supported self-management, and information that helps people take action to stay well.

Working with our Partners to ensure it is possible to provide what people need in our communities is a priority . Of course, this means making sure the right health and social care is available, but it also requires the availability of transport and other services that help people access the support they need in their community.

Short-term aims

2.1 People easily access services that help them stay well, independent, and active.

The right approach

We want to focus on providing the support people want, when they need it, and in a way that people can best manage their own health and wellbeing. As we work to build new, more relational services we have asked Midlothian Health and Social Care Partnership to move away from planning our services in categories e.g. by age or diagnosis.

An 'ageless' provision of care and support must be a personalised approach, agreeing together the purpose of working together, and tailoring care and support to each individual's specific circumstances. We know that equality means providing what individuals need to success, not rolling out the same set of offers to everyone.

What we will do

Midlothian Health and Social Care Partnership is working closely with Midlothian Council and others to develop a shared Transitions Policy. This work will take a phased approach and move away from single service provision to a holistic and whole-system approach as the support people need adapts from child to young person, and adulthood.

New approaches and their application to our traditional service design of learning disability and physical disability will help us transform. Learning from this process will help us implement this work in other key areas like Justice, Mental Health, and Dementia Services.

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As part of our commitment to work with neighbourhoods and communities, we will invest in a social care led approach to building bespoke support offers.

We want to move away from simply trying to connect all the services people experience, to agreeing what the purpose of our work together will be and 'pulling in' the right professionals to make this a reality.

We have asked our Strategic Planning Group to coordinate this work and suggest the corrective action we may need to take. We will communicate this through the Directions that we issue to Midlothian Council and NHS Lothian.

What we will do

Over the next two years we will set out more clearly how we want Midlothian Health and Social Care Partnership to adopt a more person-led approach to service design. Rather than 'pushing out' referrals to multiple services across the system, we want to develop a system that 'pulls in' the right professionals to support individuals.

We need to evaluate and learn from the progress of our short-term priorities and information sharing, feedback, engagement, embedding outcomes-based approaches, and our early transformation work to know how best to proceed.

The right support

We want to provide the right support at the right time then continue to support people to thrive while stepping back. Having the right service offers and support to supplement what people can do for themselves is crucial and we know our Third Sector colleagues and other providers will be the key to success.

We want everyone in Midlothian to have equal opportunities to improve their health and wellbeing and this will mean the services we commission over time might change. In order to make the fastest progress possible towards our strategic aims, we have already started work to review the services we commission and are using the learning from this process to ensure that we are using the resources we have to provide the most effective range of services in the future.

What we will do

We have asked NHS Lothian and Midlothian Council to work alongside us to ensure the right services are available, in the right numbers, from a range of providers so we can work towards a future where everyone in Midlothian has good health and wellbeing outcomes.

This will mean developing a new relationship with providers to ensure everything we commission is strategically chosen to see the most progress for people and communities in the shortest possible time.

Our **Market Facilitation Plan 2025-2028** sets out how we want to work collaboratively with local providers. We don't have any more funds, but we can make sure we are using the resources we do have in the most effective way.

Support is easy to access

Ensuring people can easily access the right help when they need it is vital to improve health and wellbeing. However, we know that some of our services are not as easy to access as we would like. People have to wait longer than we would like for some services, and others don't have enough staff to offer the flexibility and adaptability that we would like to offer. We want our services to be available at the heart of our communities and help people focus on what is already strong, what could be even better, and how we can take the next steps together.

Midlothian Health and Social Care Partnership's Social Work and Occupational Therapy teams are reviewing the way they plan and deliver support. This review will consider the current legislative requirements for Social Work alongside a range of key information and help us support people more effectively and efficiently while still retaining specialist knowledge and skills within the service.

Staying active

Wellness is influenced by so many things, but we know staying active and making good choices is one of the best ways to contribute to good health and wellbeing.

Our work with Midlothian Active Choices and our Allied Health Professional teams are good examples of when this works well and has helped us support more people in the community, create opportunities for people to design the support they need, and develop more links with services.

We will learn from the successes and challenges of working in this way and develop more opportunities for people to improve their health and wellbeing e.g., the Weight Management Physical Activity programme.

What we will do

We have asked Midlothian Health and Social Care Partnership to introduce Community Appointment Days.

By asking people to attend a session in their own community supported by a range of professionals across health and social care, people will more quickly find the help they need.

What we will do

A review of weight management services is already underway by Midlothian Health and Social Care Partnership. We know that people are often impacted by weight stigma. The Health Inclusion Team, Public Health and Dietetics are working together to develop new ways to support both professionals and families.

This includes reviewing the options and types of support available and improving the effectiveness of weight management programmes as part of a whole systems approach.

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2.2 People have access to services in their own community

Better choices, better care

We know that providing care in the community is preferable to people being in hospital whenever it is possible, and this means we must invest in our community services. We know that people who go to hospital when it could have been avoided often have poorer outcomes and that it is an expensive way to provide care. Moving care from hospital-based to community-based settings is better for people, but very rarely less expensive. We must link what we know about high quality care, outcomes for people, and the resources made available to us by Midlothian Council and NHS Lothian.

Bed based care

Bed based care is a term we use to describe care received by someone in a hospital or care facility. NHS Lothian is developing a predictive system for bed-based care to understand how best to use the resources available across the system.

We are working with NHS Lothian to make sure this will help us understand the factors unique to Midlothian. This digital tool will help us predict the availability of bed-based care across the whole system bed and record and forecast how capacity is affected under a variety of conditions. This will help us plan for seasons pressures throughout the year, winter pressures and outbreaks of disease, and understand what the impact of changes in other sectors might mean for Midlothian. e.g., private nursing homes.

Planning for the future

Programmes of work are influenced by national ambitions, including realistic care and support as well as local need. We want to build on what we already know about the quality of care and support provided by services, build a better understanding of the relationship between these care and support options, and look for opportunities to help people to live in their community for longer.

What we will do

We will undertake a review of all our bed-based care to support people to be as independent as possible by maximising what they can do for themselves.

As part of our Transformation Programme, our bed-based review will include.

- Midlothian Community Hospital,
- Highbank Intermediate Care Facility,
- Newbyres Care Village,
- Extra Care Housing, and
- our Care at Home service.

We have asked Midlothian Health and Social Care Partnership to develop a new strategy and workforce plan to ensure people can access bed-based care when they need it.

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We hope that more people will be able to benefit from care in their own home and that when people do need to go to hospital, it will be for shorter periods of time. How we use Midlothian Community Hospital, Highbank Intermediate Care Facility, Newbyres Care Village, and our Care at Home service is vital to this ambition.

Continually improving

To make positive changes to health and social care in Midlothian as safely, equitably, and as quickly as possible, we need to be confident that we are continually improving. Better understanding the relationships between our services and how we can improve is one way we can support people to take action to prevent, ill or worsening health and stay well.

What we will do

We have asked Midlothian Health and Social Care Partnership to continually evolve and adapt using the available resources. This includes all services adopting a culture of continuous improvement, so they are confident they are support people to achieve what matters to them most.

Longer-term aims

2.3 People are living in the place of their choosing for longer

Thriving communities

We want our communities to thrive, and for people to live well and as independently as possible for longer in the place of their choosing. We need to strike the right balance between health and social care supporting population approaches to improve health and wellbeing, the care and support delivered locally by our services, and the action individual people need to take to stay well. We want to get this right because we know how important it is to improve health equality across our communities.

The progress we make in the next 10 years towards the 9 National Health and Wellbeing outcomes will contribute to seeing strong and resilience communities in Midlothian take action to prevent ill or worsening health. We want to bring health and social care together with local communities and community organisations to make a real difference in people's lives through the Midlothian Community Planning Partnership. Effective community planning and working with all our Partners will achieve more than we can through health and social care alone.

What we will do

As the lead organisation for the **'Midlothian will be healthier'** and **'Midlothian will be safer'** components of the Single Midlothian Plan, Midlothian Health and Social Care Partnership will work alongside people, communities, and community groups to co-design and co-deliver the right support to help communities thrive.

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Strategic aim 3

People's human, social and economic rights are protected and promoted in how we design and deliver our services

What we are trying to achieve

3.1 People are recognised as experts in their own lives, are involved in planning services, and feel valued.

3.2 People's care and support adapts when their needs, choices and decisions change and can control their own care and support if this is what they want.

3.3 People benefit from organisations working together and sharing information safely.

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We believe that everyone should have equal opportunities and that no one should have less life chances because of their sex or gender, what they believe, or whether they have a disability. It is important that we work together with all our Partners to improve outcomes for everyone in Midlothian.

Equality does not mean that everybody should be treated in the same way. Equality means services should be provided in different ways to meet the different needs of people. We are committed to working to advance equality in Midlothian.

We believe that equality has to be at the centre of all our decisions and have ensured that this strategy is closely aligned with our **Equality Outcomes for 2025-2029** which sets out our priorities for the next 4 years and how we will work together for a fairer and more equal Midlothian.

Short-term aims

3.1 People and their carers are recognised as experts in their own lives, are involved in planning services, and feel valued.

Midlothian has built a long-term commitment to strength based, and community led health and social care and have taken a "good conversations" approach, for over a decade. More recently this has grown in a system wide approach in Midlothian – The Midway. This is not just about how we welcome people into our services and work alongside them, but also how we lead and plan, talk about health and social care, and work with each other.

The Midway has provided us with a solid foundation to build relationships and understand what matters most to people and communities. However, we need to do more than talk about the case for change. Part of this work will be how we ask Midlothian Health and Social Care Partnership to take action to redesign services. Our commitment to transforming service offers and supports around the way people live their lives means we will need to do things very differently.

What we will do

Midlothian Health and Social Care Partnership is reviewing and refreshing **the Midway**.

This includes a focus on the trauma informed and inequalities informed elements of this work. It is anticipated that this work will be completed in 2025.

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Shared decision making, representation, inclusion, and action

People told us they want to see be included in decisions, treated with dignity and as individuals, and that they value meaningful face-to-face interactions and feedback. We want to plan for the future alongside people and have person-led service officers and supports. This means listening to what matters most to people and then working with them to make what they care about become a reality.

As part of the process in developing our revised Participation and Engagement Statement, we undertook the Healthcare Improvement Scotland Quality Framework for Community Engagement Self-Assessment. This informed how we want to practically support people and communities to be part of service design and planning.

Our **Participation and Engagement Statement 2025-2028** sets out the agreement we have made with people and communities about how we will work together. It also sets out how we will ensure people who experience our services, their carers, and families are represented and included in service design and planning.

Examples

Midlothian Health and Social Care Partnership is undertaking work to ensure that everyone with a diagnosis of dementia can be offered Post-Diagnostic Support for the first year of their diagnosis and has access to the 8 Pillars of Community Support.

This includes learning from our work on transitions and recognising the increasing number people being diagnosed with dementia at a younger age.

Mental health, illness and wellbeing

We want to support everyone in Midlothian to experience the best mental health they can. This is particularly true for people who are experiencing poor health or conditions that are medically classified as mental illness.

Our focus is to support the priority work of NHS Lothian through the LSDF and actively contribute the programme of work agreed with the 4 Lothian Health and Social Care Partnerships. This will include work locally to reduce waiting times and improve the experience of people who access our service offers and supports by working closely together.

When the care we provide is person led, we know we are helping people achieve the outcomes that matter most to them. For people with dementia, support delivered in a coordinated way can help people live in their community for a long as possible during the moderate to severe stages of the illness.

It is important to consider all the factors that impact on overall health and wellbeing to provide the right care and support for each person.

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Carers

We will continue to invest supporting carers, raising awareness of the important role of carers, support people to identify when they are providing a caring role, and then ensure they can easily access the services that will best meet their needs. As we work to deliver more care as close to home as possible, we understand this could impact on our unpaid carers.

We know that carers are a vital part of the support people need to stay well and remain at home. We have work to do to support our carers and ensure they can continue delivering care and support for as long as they are able and willing to do so. Work is continually underway to better understand how we can support carers in Midlothian. This includes working with VOCAL to consider how the information, advice and support that matters most to carers could be improved.

Our Carers Strategy 2025-2028 (in development) sets out how we plan to work with carers, the people they care for, and all our Partners, to improve carers support, the accessibility of services, and support the ambition for carers to receive appropriate remuneration and experience fairer working conditions.

Doing more of what people value

More than half of the population of Midlothian volunteer informally in their community by doing things like supporting others or participating in local projects and groups. People told us that they benefit from volunteering, they value receiving support from volunteers, and that this support makes a positive difference to their health and wellbeing. Where possible, we want volunteers to be part of our plans and continue to build on our good relationships with volunteers, volunteering groups, and Third Sector organisations.

As care and support services improve and evolve, services are considering how volunteers can work alongside services. This includes considering where there could be opportunities for Voluntary Service Managers to help coordinate this work in a way that is sustainable, safe, and meaningful for both volunteers and people who access this type of support.

What we will do

We have asked the Midlothian Health and Social Care Partnership services involved in shifting the balance of care from hospital at home to ensure the potential impact on unpaid carers is considered. We know that appropriate support is a central part of how we keep people safe and well, and at home.

Our Community Hospital has a thriving volunteer programme with over 35 volunteers making a difference to people who are in hospital. As part of the NHS Lothian Volunteer Service, volunteers are supporting patients and their families through a shared love of music.

Opportunities to listen to music together or share a favourite song are led by volunteers to make connections, reduce isolation, and improve wellbeing. The Volunteer Service is exploring guidance from the dementia care charity ‘Playlist for Life’ and hoping to create personalised playlists for people living with dementia.

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3.2 People's care and support adapts when their needs, choices and decisions change and can control their own care and support if this is what they want

We want to make sure that when people's needs, choices, or decisions change, we can respond quickly and help people take as much control of their care as they would like to. We will continue to work with our Partners to ensure this happens consistently and as easily as possible when needs or choices change.

Self-Directed Support

We know the importance of choice, independence and good conversations to support people who want to manage their own self-care. Self-Directed Support (SDS) is a Scottish Government policy that supports people to access the care that they want to help them live the life they choose.

We want to make it as easy as possible for people to make the choices that matter most to them, but we know that people are sometimes uncertain about what is available through social care SDS options. We have asked Midlothian Health and Social Care Partnership to ensure services support people to understand and access the right amount of support.

Choice and opportunity

We want people in Midlothian to live independently as possible, with choices and opportunities, and in a safe environment. We are already working with our Partners to provide more opportunities and choices to support this. We are learning from where we have had success in supporting other groups of people to live well in the community, e.g., Primrose Lodge.

Primrose Lodge in Loanhead is a development of four tenancies with a 'short breaks' service for two people next door. The development will become available in 2025 and be

What we will do

We have asked Midlothian Health and Social Care Partnership to adopt new approaches to ensure people who experience services or supports are given the right information, advice and help to them make the decisions that are right for their life. In practical terms this means

- ensuring all the teams who work with people, including the teams of our Partners, understand what SDS is and how to signpost this information at the right time,
- providing training for staff in sensory awareness,
- supporting people to request and access accessible information,
- ensuring the information we provide about SDS is accessible so those who may benefit from different options are able to make informed choices.

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is part of the strategic redesign of Learning Disability services in Midlothian. The building has been designed to be accessible and barrier free with provided 24 hours a day, seven days a week, by highly trained staff that are supported by specialist disciplines such as nursing, physiotherapy, speech and language therapy, dietetics, and occupational therapy.

What we know already works well, and identifying what we need to do differently is helping us plan for new developments. For example, we are already planning a new development to support older people have more choices and opportunities to stay at home for longer and receive the care and support they need.

Changing needs

People's needs can change for a number of reasons and at any time. When this happens, we want to be able to respond as quickly as possible and provide the right care. This is important for everyone but can significantly improve the experience of care for people at the end of their life.

As part of the transformation programme, we have asked Midlothian Health and Social Care Partnership to ensure people can access co-ordinated, timely and high-quality palliative care, care around death, and bereavement support based on their needs and preferences. This must include support for both families and carers as they deal with loss and grief, and for staff to manage the emotional impact of caring for people at the end of life.

What we will do

We will build into our Transformation Programme more opportunities for people to live in the place of their choosing for longer with the right care and support.

We will review how we provide support for people with complex needs. The Adults with Complex and Exceptional Needs (ACENS) service will continue to provide person-led care as we work with both of our Partners to develop a whole system approach that can cope with increasing demand and provide the right support to those who need this specialist service.

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3.3 People benefit from organisations working together and sharing information safely

People have access to their own health and social care information

People told us they want information about their care to be shared more easily between services. People also want to be able to share information themselves and on their own terms – e.g. linked health and social care records. Integrated care records could help avoid people having to repeat their story, help them better manage their care, and support discussion and shared decision-making. Effective digital systems and linked technologies could lead to better and more consistent care, but this is not yet available.

In Scotland, we are some way off from having the data sharing agreements between organisations that would need to be in place for linked records. However, this remans a key objective for Scottish Government, and we will continue to work with our Partners to make sure we are able to adopt new ways of working as soon as it is possible. By doing this we will save time for people and staff and create new opportunities to do things differently.

What we will do

We are working with local Partners and data specialist to bring together health and social care data in ways that have never been done before.

This will help us create new ways of safely storing, sharing, and connecting information so that people only need to tell their story once.

Bringing data together in new ways

Our experience tells us that there are some services that people are more likely to need at the same time. If we could reliably predict in Midlothian, we would be able to reorganise health and social care around what people most frequently need, rather than individual diseases. Understanding the local patterns of health and wellbeing would help us redesign our services around how people live their lives.

Currently, due to the way national information is collected, there is no data that can tell us the most commonly occurring clusters of health and social care need in Midlothian. We must develop this ourselves and consider how we use the data we already have to better understand how people access our services in Midlothian.

What we will do

By creating the conditions for the safe sharing of information between organisations and connecting systems, we are confident we will be able to plan and design more person-led approaches and improve how we support people who need health and social care services.

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Making this a reality

Other key documents and information

In developing this Strategic Plan, Scottish Government require us to produce a number of documents alongside it:

- Medium Term Financial Strategy (due December 2025)
- Joint Strategic Needs Assessment
- Consultation and Engagement Statement 2025-2028
- Housing Contribution Statement 2025-2028
- Market Facilitation Plan 2025-2028
- Performance Framework
- Equality and Children's Rights Impact Assessment on the Strategic Plan

You can find all of these documents on our **Midlothian Health and Social Care** website.

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Our priorities

The priorities set out in this plan describe the action we will take to make our ambitions a reality. Every year, as close to the start of the new financial year as practicably possible, we issue written instruction to NHS Lothian and Midlothian Council.

These instructions are called Directions and are the mechanism to deliver the ambitions of this strategic plan. Directions are legally binding and instruct NHS Lothian and Midlothian Council to do the things we think are the highest priority, describes what they need to deliver, and the budget that they have been allocated to do this with.

Our Directions are written in a way that aligns them with both the strategic aims in this plan and the National 9 Health and Wellbeing Outcomes. This allows us to be clear what we are doing, why, and what we hope to see as a result.

Directions for 2025/26 were issued in March and September 2025 and provide a formal record and audit trail of our decisions and the responsibilities of our Partners.

We looked ahead to the publication of this plan and set out the priority actions for 2025/26 and transformation plans as part of planning how to use our resources.

We review progress made towards our Directions regularly and report on this twice a year. We can issue a new Direction at any time or revise a Direction if we think we need to take corrective action e.g., if we make a decision that changes service delivery, or if we receive new funding across the year. Midlothian Health and Social Care Partnership uses Directions to ensure operational planning has a clear connection between our strategy and delivery.

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How services plan

People told us they believed our ambitions were the right ones, but they also wanted to know what we were going to do and have carefully considered how we ask Partners to take forward key actions and priorities in our Directions.

Our strategic plan has to be a deliberate choice in direction, and not an operational 'to do' list for Midlothian Health and Social Care Partnership and others to execute. We continue to believe that those delivering care and support are best placed to make the right decisions about the care and support they deliver.

Midlothian Health and Social Care Partnership has annual Service Plans for each operational area that set out the detail of how this Strategic Plan will be brought to life in our communities. These operational plans are based on our strategy, the realistic possibilities with the resources that have been made available to us by our Partners, and our Directions as well as national priorities and drivers, and what we know about people and communities. This includes frameworks like the **Framework for Community Health and Social Care Integrated Services** and the proposed multi-agency **Getting Right for Everyone** approach are both central to how Midlothian Health and Social Care Partnership plans its services.

The Midlothian Heath and Social Care Partnership Service Plans will be published on our website.

Our workforce

We do not directly employ any staff. The health and social care workforce are employed through Midlothian Council, NHS Lothian, and organisations in the Independent and Third sector alongside our unpaid carers and volunteers. However, we know that this combined workforce is the single biggest asset available to us in progressing the ambitions of this plan and improving outcomes for people and communities.

We know the needs of our workforce are changing and dependent on many new factors. In 2022, we published our **Integrated Workforce Plan 2022-2025** which focused on the 5 pillars of workforce planning set by Scottish Government to support recovery, growth, and transformation of health and social care. In response to this, Midlothian Health and Social Care Partnership developed a staff Communication, Engagement and Experience Delivery Plan.

We have continued to develop our skills in this area and worked with Midlothian Health and Social Care Partnership to develop an Integrated Workforce Plan for 2025-2028. This plan describes how we will plan, attract, train, and support the development of the workforce required to deliver the ambitions of this plan and has been submitted to Scottish Government for review.

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Monitoring and evaluation

There are a number of ways we work with our Partners, people, and communities to monitor and evaluate the progress we are making toward the ambitions of this plan.

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Measuring performance

We measure our performance to see what is working well, what can be improved, and how well we are meeting the key aims of integration and strategic aims of our strategic plan. We do this through evaluation and reporting methods that can be found on the **Midlothian Health and Social Care Website**.

- Our Performance Framework that uses quantitative (number) and qualitative (narrative) information,
- Our Annual Performance Report,
- Bi-annual reports on progress against our Directions,
- Our Equality Outcomes, and Mainstreaming Equality report and action plan, and
- Quarterly reports from Midlothian Health and Social Care Partnership's services.

Our performance framework

Our **Performance Framework** sets out the ways in which we review, monitor and evaluate the impact we are making in people's lives.

There are some elements of this framework that use nationally validated data i.e., the national indicators connected to the 9 National Health and Wellbeing Outcomes, and the Ministerial Steering Group (MSG) Indicators. Other parts of our framework include data on progress towards our Directions and the progress towards the operational plans of Midlothian Health and Social Care Partnership.

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Tracking outcomes

Our Strategic Governance Outcome Map is an important way that we evaluate our performance and how we monitor and evaluate progress towards our strategic aims.

Outcome maps are a way to understand how services contribute to people achieving the outcomes that matter to them. We are using this unique approach to provide a real time picture of the progress we are making towards our strategic aims and the nine National Health and Wellbeing Outcomes across the whole system. We do this by linking to service outcome maps and other national and local data.

Our Strategic Planning Group reviews the data and evidence we collect at every meeting. This group oversees the quality of the data we use and scrutinises the interpretation of our analysis.

Where there are data that need further examination, the group asks the senior leaders in Midlothian Health and Social Care Partnership to help us understand where we can learn from areas of success as well find opportunities for change. As part of our Performance Framework, this helps us better understand the contribution we are making to personal outcomes for people.

Working this way means Midlothian Health and Social Care Partnership services can quickly learn from what has worked well, identify what needs to improve, and use this information to make more targeted, locally informed decisions about how to design, deliver, or commission services. This approach allows services to describe what they do, who with, what people learn and gain as a result, how this makes them feel, and the difference this makes in their lives.

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Budget and financial plan

We must only spend the resources that have been made available to us by our Partners, Midlothian Council and NHS Lothian. This Strategic Plan helps us prioritise how we will allocate and best utilise those resources. We have agreed that achieving the ambitions of this plan will bring the change we want to see in our communities.

The way we allocate funding to the services that Midlothian Health and Social Care Partnership manage is based on this plan. However, we know we don't have enough resources to meet all the needs of the growing population in Midlothian.

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As we monitor our progress towards the 9 National Health and Wellbeing Outcomes, we will consider if the plans are delivering change in the way we hoped. We might not have resources available to us to make as much progress as quickly as we'd like, but our strategy will continue to aim to improve outcomes for everyone in Midlothian.

Midlothian Health and Social Care Partnership operationalises this plan and uses the money allocated to its services to plan, deliver, monitor, and evaluate the services it provides and commissions. The actions services take, and how they use the resources allocated to them will determine how much progress we make, and how quickly.

We monitor these plans and will ask Midlothian Health and Social Care Partnership to do things differently when we think there is a need to do so.

Annual Budget Setting

We can only use the resources that are made available to us. These resources are allocated to us by Midlothian Council and NHS Lothian each year and we are then responsible for the integrated budget. The budget offer we receive from both of these Partner's changes from each year and may not be enough to deliver everything we want to.

We work closely with both Partners but often don't know exactly what our budget offers will be until February or March each year. This is because of how our Partners receive funding from Scottish Government.

Future funding decisions that impact on our Partners are likely to also impact on the resources we have. This makes it very difficult to plan ahead in a meaningful way as we don't have firm offers from both Partners until after the start of the financial year.

The result of year-on-year budget offers means that strategic planning and progress towards our strategic aims can slow down, or we may need to revise this plan and our medium-term financial strategy to ensure we are prioritising the right actions.

The decisions taken by our Partners will impact on our capacity and ability to respond to changing needs in our communities.

Best Value

Best value is about ensuring that we effectively manage the resources available to us and focus on improvement to deliver the best possible outcomes for people and communities.

To achieving Best Value, we must work alongside our Partners. To help us do this, we monitor our actions using a Best Value Framework and record our progress in the Strategic Governance Outcomes Map. This helps us continually improve and describe our work across 7 key areas.

- Vision and leadership
- Governance and accountability
- Effective use of resources
- Partnership and collaborative working
- Working with communities
- Sustainability
- Fairness and equality

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Our annual budget

Our annual budget for 2025/26 is £177.528m.

£71.086m - Social work and Social Care (from Midlothian Council).

This is for the **adult social care services** in Midlothian.
These services are managed operational by the Midlothian Health and Social Care Partnership.

£73.191m - Health Core Services (from NHS Lothian).

These are **local health services** which are delegated to the Health and Social Care Partnership. These include primary care services like GPs and Pharmacists, and other community services like district nursing, community mental health teams, community learning disability teams, and the local community hospital.

£14.975m - Health Hosted Services (from NHS Lothian)

Some services are managed on a pan-Lothian basis. We manage a share of the total budget for these services based on its population. Midlothian hosts **Dietetics** and **Adults with Complex and Exceptional Needs** and provide services for people across Lothian on behalf of all four Health and Social Care Partnerships - Midlothian, East Lothian, West Lothian, and City of Edinburgh

£18.276m - Health 'Set Aside' budgets (from NHS Lothian).

Unscheduled care services (Accident and Emergency and unplanned admissions) are managed by NHS Lothian's Acute Hospital system. The IJB's budget includes a share of these services, based broadly on our population size. The budget is 'set aside' by NHS Lothian on the IJB's behalf. These services are Accident and Emergency, Cardiology, Diabetes, Endocrinology, Gastroenterology, General Medicine, Geriatric Medicine, Rehabilitation Medicine, Respiratory Medicine, and various ancillary support services for the above. They are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

How we fund 'Transformation'

The financial resources available to us are agreed when we set our annual budget. This is usually in March. Sometimes further resources are made available by the Scottish Government.

Working this way makes thinking about our strategy difficult. By law, we have to review our Strategic Plan every 3 years but also know that change doesn't happen quickly. We will review and refresh this plan in 3 years, but we only have the budget confirmed for one year at a time year. We also know that our population is changing, and we need to plan for this by thinking much further ahead.

This Strategic Plan asks the services in Midlothian Health and Social Care Partnership to redesign in specific ways over the next 10 years. New legislation, national policies, or other national changes may also require services to do things differently. When this happens, it often needs additional investment, but we don't always receive more money.

We have spent several years improving and making our services as efficient as they can be. This means we are no longer able to do more with less to achieve saving targets. We are now working towards total system transformation, and work at this scale requires a huge amount of planning, testing, learning, and retesting on top of our day-to-day business of supporting people and communities. We are working with Midlothian Health and Social Care Partnership to ensure they have the right capacity in the early planning and implementation stages of this work.

We only have 3 options available to us to fund additional services. This means we will not be able to truly transform without one of these options being made available to us.

New resources from Scottish Government.

These are generally agreed as part of the budget setting process each year.

A transfer of resources from elsewhere in the system.

As we provide more care in communities and avoid people going to hospital unnecessarily, more resources should be released from hospitals to support community services. However, in practice this is difficult to achieve and can impact on our ability to do more of the work that we think would make the biggest difference in our communities.

A reorganisation of how we allocate our own budgets.

We can choose to fund areas differently but giving more to one area means giving less to another. Sometimes this means we have to stop providing some services and we will always discuss these options with all Partners, people, and communities before making any permanent decisions.

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Our ‘reserve’ budget

All Integration Authorities should have reserves as this is part of good financial management. There are two types of reserves: general reserves, and earmarked reserves.

General reserves are funds which have been built up from surpluses in previous financial years. The main purposes of general reserves are to help support unexpected financial pressures through the year. In 2023/24 we had to spend all of our general reserve (c. £6.2m) to pay for services. Although this was planned, it means we no longer have any reserves to support recovery plans or to investment in service transformation.

Earmarked reserves are funds that we may have carried forward one year to the next for specific and allocated services or projects. We have earmarked reserves for this purpose.

Our medium-term financial strategy

Although our financial position is more unpredictable now than it has ever been, we are developing our medium-term financial strategy. We will ensure our medium-term financial planning supports the delivery of this strategic plan for 2025-2035 and closely links with our workforce plan for 2025-2028.

This 5-year financial plan will be published in December 2025. We will review this regularly and adapt and change to meet the challenges.

Financial risks

We are currently facing a number of serious financial risks. The main risk is that our Partners may not be able to provide the necessary levels of funding to support our aims.

The financial pressures we face are the same all across Scotland: the costs of changes relating to staff pay, terms and conditions, the changing cost of existing drugs and the cost of new drugs and rising costs due to inflation.

NHS Lothian and Midlothian Council have supported us with the best funding offer they can in the circumstances. However, in the future they may have to prioritise funding their own services first. This would mean less money was available for community health and social care.

There is also a risk that future Scottish Government policy decisions could impact on the way we have to use the money we have available to us. For example, it is not clear how the National Care Service will impact of the funding we receive of the services we will be asked to plan for.

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Appendices

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Appendix 1: Our responsibilities

Our responsibilities and legal duties are outlined in the Public Bodies (Joint Working) (Scotland) Act (2014). We meet regularly and include members from NHS Lothian and Midlothian Council, the Third and Independent Sector, staff, and people who represent their community, people who experience our services, their families, and carers.

Midlothian Health and Social Care Partnership oversees more than 60 services on behalf of Midlothian IJB. All people who work in Midlothian Health and Social Care Partnership are employed by either Midlothian Council or NHS Lothian.

You can find the full list of services the IJB is responsible for in the **Midlothian Scheme of Integration**. This includes 2 hosted services, Dietetics and Adults with Complex and Exceptional Needs, who deliver care to people across the whole Lothian region for the 4 Health and Social Care Partnerships. Some of the services include:

NHS Lothian

- Care in Hospitals which isn't planned (unscheduled care) including Accident and Emergency, Minor Injuries, Acute wards
- Midlothian Community Hospital
- Community based health care (Primary care) including GPs, District Nurses, Dentists, Pharmacists, Mental Health services, Substance Use Services, Community Respiratory Team
- The following Health services for children and young people under 18: Health Visiting, School Nurses, Vaccinations of children
- Allied Health Professionals – including physiotherapists, dietitians, podiatrists
- Palliative and End of Life Care

Midlothian Council

- Social Work support for adults including adults with dementia, learning disabilities and older people
- Care at Home services
- Day services for older people and people with learning disabilities
- Services to support unpaid carers and breaks from caring.
- Health services for people who are homeless
- Extra Care Housing for people who need housing with extra support
- Care Homes
- Services to address health and care needs of people in the Justice system

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Appendix 2: Locality planning

The Public Bodies Act requires that each Integration Authority area is split into at least two localities. However, the numbers in the available validated data that would support this are often too small to be reported.

There is no natural split into two or more areas across Midlothian and the population isn't large enough to make a locality approach viable for commissioning services. As the smallest mainland authority in Scotland, we do not consider this is a meaningful approach.

Instead, we work with the local Community Planning Partnership and Neighbourhood Plans to work with our 15 natural communities to identify what is working well and plan areas for development. The voluntary sector has strong roots in local areas and supports a system wide understanding of community intelligence that is invaluable. Our ongoing partnership with the third sector is at the core of our work in communities.

This approach has been particularly effective during civil emergencies such as extreme weather conditions and the pandemic.

More information on the health and social care needs of the Midlothian adult population can be found in our **Joint Strategic Needs Assessment**.

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Appendix 3: Policy and drivers

Some of the most important national policies that have contributed to this plan are

- National Performance Framework
- Principles for Planning and Delivering Integrated Health and Social Care
- Best Value in Public Services
- NHS Scotland Operational Improvement Plan
- Health and Social Care Service Renewal Framework
- Scotland's Population Health Framework
- Health and Social Care Standards (2017)
- National Health and Wellbeing Outcomes Framework
- Delivering Value Based Health and Care: a Vision for Scotland (2022)
- Framework for Community Health and Social Care Integrated Services
- Fair Work Action Plan (2021)
- Housing to 2040 (2021)
- National Workforce Strategy for Health and Social Care (2022)
- My Health, My Care, My Home - Healthcare Framework for Adults living in Care Homes (2022)
- National Clinical Strategy for Scotland (2016)
- NHS Recovery Plan 2021-2026
- Getting it Right for Everyone
- Getting it Right for Every Child Policy Statement 2022
- National Carers Strategy (2022)
- Self-Directed Support: framework of standards (2021)
- Rehabilitation and Recovery: a person-centred approach (2022)
- National Mental Health Strategy 2017-2027
- National Drug Mission Plan 2022-2026
- Creating Hope Together – Suicide Prevention Strategy 2022-2032
- General Medical Services Contract in Scotland (2018)
- Primary Care Improvement Programme
- Diabetes Improvement Plan (2014)
- Palliative and End of Life Care Strategic Framework for Action (2015)
- Palliative and End of Life Care by Integration Authorities: advice note (2018)
- Learning / intellectual disability and autism transformation plan (2021)
- See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)
- Enabling, Connecting and Empowering: Care in the Digital Age – Scotland's Digital Health and Care Strategy (2021)
- Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age (2023)

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